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COUNTY OF ABERDEEN



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# REPORT

BY THE

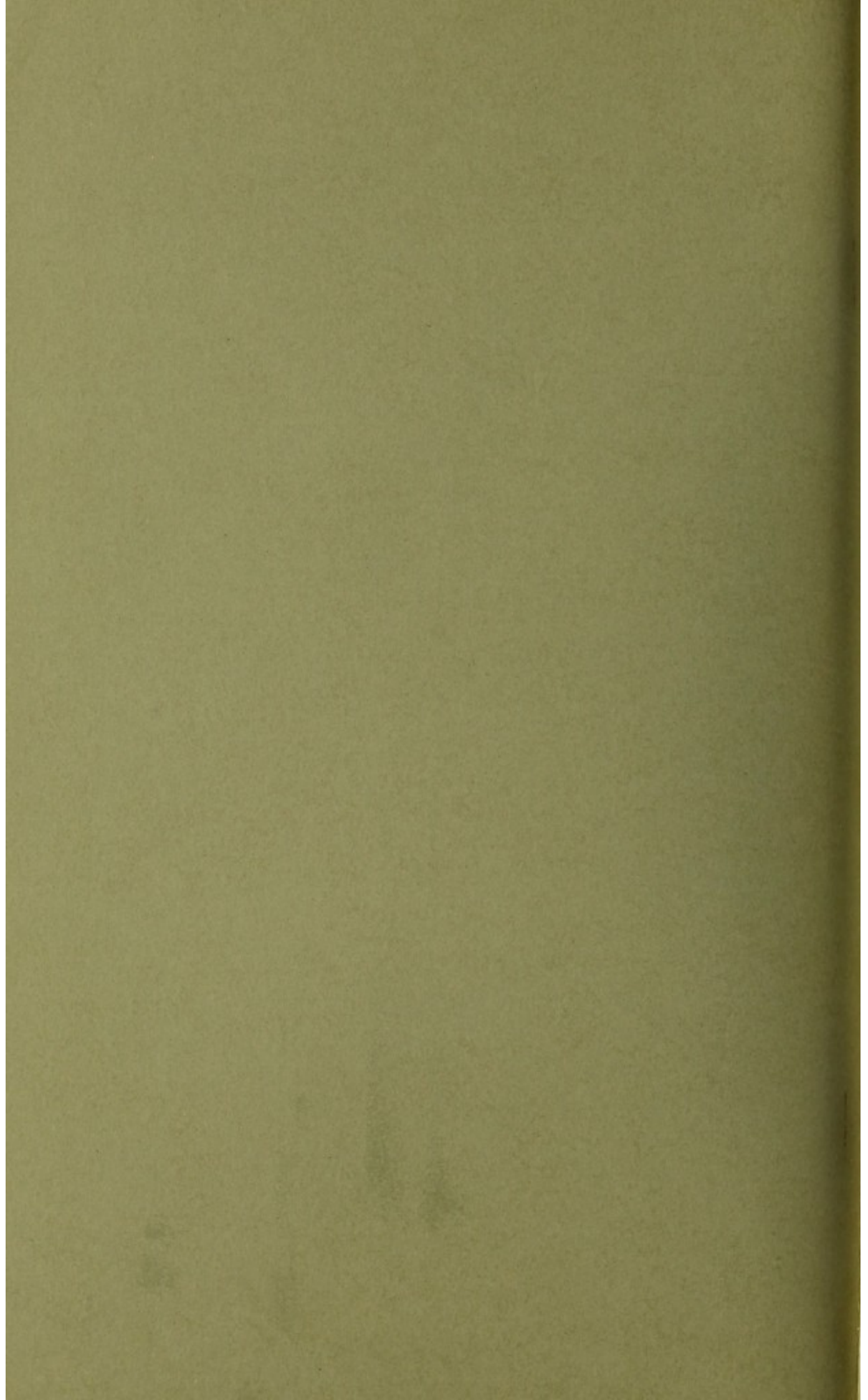
MEDICAL OFFICER OF HEALTH

ON THE

*Health and Sanitary Conditions of the  
County of Aberdeen*

FOR THE YEAR

**1951**



*With the Compliments  
of the  
Medical Officer of Health.*

*County Health Office,  
4, Albyn Place,  
Aberdeen.*

With the Compliments  
of the  
Medical Officer of Health

County Health Officer  
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London

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COUNTY OF ABERDEEN

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# REPORT

BY THE

**MEDICAL OFFICER OF HEALTH**

ON THE

*Health and Sanitary Conditions of the  
County of Aberdeen*

FOR THE YEAR

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**STATISTICAL SUMMARY**

(FOR THE LANDWARD AREA AND ALL THE BURGHS)

	1951	1950
1. Acreage ... ..	<b>1,244,631</b>	<b>1,244,631</b>
2. Population (Estimated Civilian) ... ..	<b>145,135</b>	145,074
3. Persons Married per 1,000 Population ... ..	<b>6.1</b>	6.4
4. Number of Live Births (Corrected) ... ..	<b>2,698</b>	2,781
5. Birth-rate per 1,000 Population ... ..	<b>18.6</b>	19.2
6. Illegitimate Birth-rate per 100 Births ... ..	<b>7.9</b>	9.0
7. Infantile Death-rate per 1,000 Births ... ..	<b>30</b>	30
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9. Number of Deaths from all Forms of Tuberculosis ...	<b>32</b>	17
10. Number of Deaths from Respiratory Tuberculosis ...	<b>28</b>	11
11. Death-rate from Respiratory Tuberculosis per 1,000 Population ... ..	<b>0.19</b>	0.08
12. Number of Deaths from Non-respiratory Tuberculosis	<b>4</b>	6
13. Death-rate from Non-respiratory Tuberculosis per 1,000 population ... ..	<b>0.03</b>	0.04
14. Number of Deaths (Corrected) All Causes ... ..	<b>1,761</b>	1,710
15. Death-rate—All Causes ... ..	<b>10.5</b>	11.8

## PREFACE

I beg to present my Annual Report on the Health and Sanitary Conditions of the County of Aberdeen. This is the last Report which I shall have the honour of submitting, as I retire from the Council's service on 30th January, 1952, after serving as Medical Officer of Health for 27 years.

Later, in my remarks, I shall comment on matters of interest which have a special bearing on the health of the community, but I wish, in the first place, to indicate briefly the chief administrative changes that have occurred during my tenure of office.

I was appointed Medical Officer of Health of the County in 1925, and, in September, 1929, received a similar appointment under Aberdeen Town Council. In the following year, a Scheme for the co-ordination of the health services of the County and City came into operation, and, in the end of 1930, Kincardineshire joined the amalgamation. This co-ordination has continued until the date of my retirement. The chief advantages of this Scheme were that patients belonging to the Counties of Aberdeen and Kincardine had ready admission to the well-equipped and well-staffed General and Fever Hospitals belonging to Aberdeen Corporation and that, in Tuberculosis, Venereal Diseases and in School Health and Maternity and Child Welfare Services, the advice and guidance of experts in these several branches of medicine were made available over the whole area of the Scheme.

The Local Government (Scotland) Act, 1929, came into operation in May, 1930, and health functions were thereafter transferred from the eight District Committees to the Public Health Committee, and this did much to simplify health administration.

In 1932, the County Council decided to reduce the number of Infectious Diseases Hospitals from twelve to five, as several of these hospitals were too small to be run economically, and could not be adequately staffed. One of these disused hospitals, namely, Strichen Hospital, was converted into a Tuberculosis Institution, and two others were opened as maternity units. The change was at first far from being popular, but time has shown the wisdom of this step.

The next outstanding feature was the National Health Service (Scotland) Act, 1947, which came into operation on 5th July, 1948. By this Act, the Council had to undertake responsibility for home nursing, and this they could do either by assuming direct control, or on an agency basis. The Council decided to take over direct control of the nursing services, and there is no doubt that the position of the nurses has been bettered and standardised by the change. By the Health Act, the Hospitals in the County were taken over by the North-Eastern Regional Hospital Board, and their day-to-day administration passed into the hands of several Boards of Management.

A recent and important advance in health preservation was the establishment, some four years ago, of the Milk Special Sub-Committee which has done excellent work in providing a clean and safe milk supply to the community.

The vital statistics which follow show that the health of the County has been well maintained.

The Registrar-General estimated the population of the County, with its ten constituent burghs, to be 145,135, at the middle of 1951, as compared with 145,074 in 1950, and 145,075 in 1949.

**Population**

In the post-war period, the birth-rate reached its peak in 1946 and in 1947, when it was 22.9 per 1,000 of population. Since then it has gradually decreased. It was 21.4 in 1948, 20.0 in 1949, 19.2 in 1950, and 18.6 in 1951. The birth-rates for all Scotland were 19.4 in 1948, 18.5 in 1949, 17.2 in 1950, and 17.7 in 1951.

**Birth-rate**

The general death-rate in 1951 was 10.5 per 1,000 of population. In 1950 it was 11.8, and in 1949, 11.7.

**Death-rate**

During the year, there was one confirmed case of diphtheria. During the four past years not a single death from this disease has occurred in the County.

**Infectious  
Diseases**

There was a decrease in the number of cases of scarlet fever, viz., 199, as compared with 240 in 1950.

Two hundred and thirteen cases of dysentery were notified as against 88 in 1950. Twenty-five of the cases were removed to hospital. There were 2 deaths from this disease in males over 75 years.

Unfortunately, there was another outbreak of acute anterior poliomyelitis, or infantile paralysis, 23 cases being notified from the rural areas. Of these cases, 21 were removed to hospital, and there were three deaths. In the City of Aberdeen, there were 4 cases, with no fatal results.

The death-rates from respiratory and non-respiratory tuberculosis were again remarkably low, being 0.19 and 0.03 respectively per 1,000 of population. For Scotland as a whole, the death-rates in 1951 from respiratory tuberculosis was 0.37, and for other forms of tuberculosis 0.06.

**Tuberculo**

In recent years, the scope of these preventive services has been gradually extended. There are now 9 Child Welfare Clinics in the County, 7 in the burghs, with one at Bucksburn, and another at Culter. Alternative suitable Clinic premises are urgently required at Peterhead.

**Maternity  
and Child  
Welfare  
Services**

Maternal mortality is the number of maternal deaths associated with or due to pregnancy and child birth, and occurring within 28 days of confinement or later, if the illness arose as a result of the confinement. The maternal mortality rate, or the number of these deaths per 1,000 live and still registered births was 1.08, as against 1.4 in 1950.

The infant mortality rate, or the number of infants under one year of age, per 1,000 live births, was 30. In 1950, it was also 30. In 1951, the infant mortality rate for the whole of Scotland was 37.

Midwifery, home nursing, health visiting and school and tuberculosis nursing are performed in the rural areas by the district nurses, most of whom are Queen's Nurses. These nurses performed combined duties. The Council found it necessary to appoint health visitors in the burghs of Fraserburgh, Peterhead and Inverurie. The duties and functions of these health visitors are not fully understood; they perform valuable preventive work and, in time, the general practitioners will call for their services, just as they do in the case of the district nurses.

**Nursing  
Services**

The Nursing Sub-Committee, who visit the nurses in their homes periodically, have done everything possible to lighten the lot of the nurses by providing suitable accommodation and transport facilities. The nursing services are excellently co-ordinated, and this is very largely due to the efficient and sympathetic control exercised by the Superintendent of Nurses.

The School Health Service still suffers from the dearth of whole-time dental surgeons, but it is hoped that, in view of the changed conditions in private dental practice, the recruitment of school dental surgeons will soon improve.

**School  
Health  
Service**

A synopsis of reports by the County Sanitary Inspector and by the Burgh Sanitary Inspectors appears in Section VII.

**Sanitary  
Service**

I wish to put on record my appreciation of the active interest taken in all matters relating to health by the members of the Health Committee and of the Council. To the medical and clerical staffs I tender my thanks for their loyal support at all times.

HARRY J. RAE,

*Medical Officer of Health.*

COUNTY HEALTH DEPARTMENT,

4, ALBYN PLACE,

ABERDEEN, 30th January, 1952.



## SECTION I

# General Public Health

### 1. VITAL STATISTICS

#### Population

The population of the County, including the constituent Burghs, as estimated by the Registrar-General to the middle of 1951, was 145,135.

In 1951, the natural increase in the population, that is, the excess of births over deaths, was 937, as compared with 1,071 in 1950.

#### Marriages

In 1951, 891 marriages were registered as compared with 933 in 1950. The marriage-rate, or the number of marriages per 1,000 of population, was 6.1 as against 6.4 in 1950.

#### Births

The number of live births, corrected for inward and outward transfers, was 2,698. Of these, 1,396 were males and 1,302 females.

Of the total births in 1951, 212 were illegitimate, thus giving an illegitimate birth-rate of 7.9. The illegitimate birth-rate is expressed as a percentage of the total births. The following Table shows the trend of the births and birth-rates in the County and in Scotland since 1940:—

TABLE I

YEAR	ABERDEEN COUNTY				SCOTLAND	
	Births		Birth-rates		Birth-rates	
	Total	Illegitimate	Total	Illegitimate	Total	Illegitimate
1940	2,582	275	17.6	10.7	17.1	5.9
1941	2,604	323	17.8	12.4	17.9	6.6
1942	2,828	358	19.3	12.7	17.6	7.1
1943	2,797	323	19.0	11.5	18.4	7.6
1944	2,767	329	18.7	11.9	19.2	7.9
1945	2,625	348	18.0	13.3	18.0	8.6
1946	3,298	321	22.9	9.7	20.3	6.6
1947	3,313	302	22.9	9.1	22.0	5.6
1948	3,125	305	21.4	9.8	19.4	5.8
1949	2,923	265	20.0	9.1	18.5	5.5
1950	2,781	249	19.2	8.9	17.9	5.2
1951	2,768	212	18.6	7.9	17.7	5.1

The number of still-births registered in the County in 1951 was 70, as compared with 55 in 1950.

#### Deaths and Death-rates

The net number of deaths, after correction for "transfers," was 1,761, equivalent to a death-rate of 10.5 per 1,000 population.

The total number of deaths in Scotland was 65,778, or a death-rate of 12.9.

#### Causes of Death

The chief causes of death, together with the number of deaths attributable to the various well-defined diseases are given in Table II.

TABLE II

CAUSES OF DEATH	COUNTY, including Burghs
	1951
Diseases of the Heart and other Circulatory Diseases ... ..	604
Cerebral Haemorrhage and other Diseases of Nervous System ... ..	347
Respiratory Diseases—	
Bronchitis ... ..	40
Pneumonia ... ..	57
Other ... ..	8
Cancer ... ..	248
Tuberculosis—	
Pulmonary ... ..	28
Non-pulmonary ... ..	4
Kidney, etc., Diseases ... ..	53
Chief Epidemic Diseases—	
Acute Anterior Poliomyelitis ... ..	3
Diphtheria ... ..	—
Whooping Cough ... ..	3
Dysentery ... ..	2
Measles ... ..	1
Scarlet Fever ... ..	—
Enteric Fever ... ..	—
Cerebro-spinal Fever ... ..	1
Other Infectious and Parasitic Diseases ... ..	6
Diseases of the Digestive System, including Diarrhoea and Enteritis ...	62
Influenza ... ..	19
Syphilis and its sequelae ... ..	2
Puerperal Conditions ... ..	2
Congenital Debility, Premature Birth, Malformation, etc. ... ..	37
Violence ... ..	84

## 2. MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES

## (1) NOTIFIABLE INFECTIOUS DISEASES

## Small-pox

No case of small-pox occurred in 1951.

## Scarlet Fever

## (a) Morbidity.

The number of cases of scarlet fever notified from the whole County since 1940 are given below:—

1940 ... ..	177	1946 ... ..	209
1941 ... ..	115	1947 ... ..	155
1942 ... ..	107	1948 ... ..	290
1943 ... ..	204	1949 ... ..	180
1944 ... ..	134	1950 ... ..	240
1945 ... ..	186	1951 ... ..	199

The age incidence of cases and the percentages in age groups, whether treated in hospital or at home, are given in Table III.

TABLE III

Year	All Ages	Under 1 Year	1-5	5-15	15-25	25-45	45-65	65 and Over	Removed to Hospital	Treated at Home
1951	199	—	53	127	14	3	2	—	94	105
Percentage	100	—	26.6	68.8	7.03	1.5	1.0	—	52.7	58.2

Of the 199 cases notified, 94 or 21.1 per cent. were treated either in County Infectious Diseases Hospitals or in the City (Fever) Hospital, Aberdeen.

*(b) Mortality.*

In 1951, there were no deaths from scarlet fever which, at the present time, is a comparatively mild disease.

## DIPHTHERIA AND DIPHTHERIA IMMUNISATION

*Diphtheria Incidence.*

As was mentioned in last year's report, a record was created in 1950, in that it was the first year since diphtheria became a notifiable disease that no confirmed cases of diphtheria occurred. This record, unfortunately, has not been maintained. One confirmed case was notified in 1951, namely, a girl aged 5 years, who had not been previously immunised against diphtheria.

*Diphtheria Mortality.*

No deaths occurred from diphtheria in the County during 1951, thus maintaining the record set up for the first time in 1948, and establishing a further record of **no deaths** from diphtheria in the County for four consecutive years.

*Diphtheria Immunisation:*

Owing to the inability to secure the services of a Medical Officer, it has not been possible, since March, 1950, to carry out routine immunisation work at schools in accordance with the revised Diphtheria Immunisation Scheme which was adopted in 1941. As a consequence, the numbers of children (a) primarily immunised and (b) re-immunised, have decreased considerably during that period, and particularly in the latter category. Immunisation work, however, was carried out (a), at the County clinics and (b), privately, by the County medical practitioners as a part of their medical services under the National Health Service (Scotland) Act, 1947. Practitioners were paid the regulation fee by the Local Authority for this work, provided that a completed record card for each child immunised was forwarded to the Medical Officer of Health within four calendar months of the date of the first injection.

The following table gives a return of the work carried out at the County clinics by the Council's Medical Officers, and privately by the County medical practitioners, together with relative statistical data of the incidence of and mortality from diphtheria in (a) immunised and (b) non-immunised children. The figures in the column "number of completed immunisations" refer to children who have received their second injection between 1st January and 31st December, 1951, both dates inclusive:—

TABLE IV

NUMBER OF COMPLETED IMMUNISATIONS, MAINTENANCE INOCULATIONS AND CONFIRMED DIPHTHERIA CASES AND DEATHS AMONGST THE IMMUNISED AND NON-IMMUNISED DURING 1951, CLASSIFIED ACCORDING TO THE YEAR OF BIRTH

Year of Birth	Number of Completed Immunisations	Number of Maintenance Inoculations	Immunised Persons Number of		Non-immunised Persons Number of	
			Confirmed Cases of Diphtheria	Diphtheria Deaths	Confirmed Cases of Diphtheria	Diphtheria Deaths
1951	158	—	—	—	—	—
1950	881	—	—	—	—	—
1949	215	—	—	—	—	—
1948	51	1	—	—	—	—
1947	29	7	—	—	—	—
1946	26	44	—	—	1	—
1945	11	7	—	—	—	—
1944	9	5	—	—	—	—
1943	1	—	—	—	—	—
1942	2	—	—	—	—	—
1941	5	2	—	—	—	—
1940	2	1	—	—	—	—
1939	2	—	—	—	—	—
1938	1	—	—	—	—	—
1937	—	—	—	—	—	—
1936	3	7	—	—	—	—
or earlier	—	—	—	—	—	—
Totals	1,396	74	—	—	1	—

#### Active Immunisation:

The table shows that 1,396 children completed the two-injection course of treatment during the year. This was a decrease of 244 children compared with 1950, and now makes 1951 the year in which the second smallest number of primary immunisations was recorded since the Diphtheria Immunisation Scheme was inaugurated in 1935. Of this number, 303 children were immunised at the County clinics, and 1,093 privately by medical practitioners. The total number of persons immunised since the year 1935 was 59,377.

#### Re-immunisations:

For the reason already stated, the number of children re-immunised was very low. Only 74 children of all ages received maintenance inoculations during the year, and this represents a decrease of 464 as compared with the previous year—a most regrettable state of affairs. The total number of children re-immunised since 1935 was 32,128.

#### Summary:

On the inauguration of the Diphtheria Immunisation Scheme in 1935, the target set was the elimination of diphtheria from the County. This aim was successfully attained in 1950 and was, in a large measure, the result of the active preventive measures which have been continuously in operation in the County for the past 16 years. If this magnificent achievement is to be maintained, there must be no easing-off of immunisation propaganda and of immunisation treatment, otherwise there will arise a real danger of the general public viewing with complacency the continued need for prophylactic protection against an infectious disease which has now become relatively rare in this country. It is of the utmost importance that every child should be actively immunised against diphtheria soon after the first birthday. Of equal importance is the maintenance of the immunity so acquired at as high a level as possible during the first ten years of the child's life—the period where the highest mortality from diphtheria occurs—and for this purpose, re-inforcing or maintenance doses of diphtheria prophylactic should be given to the child (a) on entering school and (b) again between eight and nine years of age.

In view of the great reduction in the numbers of immunised and re-immunised children recorded in 1950 and 1951, the need for the appointment of another Medical Officer to undertake the routine visitation and immunisation of children at the County schools, which has now been in abeyance for nearly two years, is, therefore, not only a matter of paramount importance, but is also one of urgency if the fruits of past labours in diphtheria prevention are to be maintained.

#### Typhoid and Para-Typhoid Fevers

In 1951, there were 2 cases of Para-typhoid B. in the County of Aberdeen. The cases occurred in the Ellon and Peterhead areas in male children aged 5 years and 4½ years respectively. After treatment both children made a complete recovery.

Full investigations were made of the water and milk supply and other likely sources of infection, but as far as could be ascertained, there was no common factor.

#### Acute Anterior Poliomyelitis (Infantile Paralysis)

During 1951, 31 cases were notified as suffering from Acute Anterior Poliomyelitis; of these, 23 cases were confirmed after investigation.

There were 3 deaths, 2 males aged 18 years and 7 years, and one female aged 35 years.

The age incidence of the cases showed no significance, ranging from 2 years to 42 years. Paralysis was present in 10 male and 6 female cases.

The following Table shows the age and sex distribution of the 23 proved cases:—

TABLE V

	Under 5	5-10	10-15	15-25	25-35	35-45
<b>Male</b>						
Paralytic	3	1	2	2	2	—
Non-paralytic	1	1	1	1	1	—
<b>Female</b>						
Paralytic	1	1	1	—	2	1
Non-paralytic	—	—	1	—	—	1

#### Cerebro-Spinal Fever

Six cases of cerebro-spinal fever were notified. Five were removed to hospital. There was 1 death.

### Ophthalmia Neonatorum

In 1951, 2 cases of ophthalmia of the new-born were notified. All were treated successfully in hospital.

### Erysipelas

Fifty-one cases were notified, as compared with 53 in 1950. Of the 51 cases notified, 6 were removed to hospital. The results of treatment were satisfactory. There were no deaths.

### Undulant Fever (Continued Fever)

There were received 5 notifications of this disease which is attributable to infected milk. Two of the cases were removed to hospital.

### Pneumonia

Acute and primary pneumonias are compulsorily notifiable. In 1951, 337 cases were notified, as compared with 386 in 1950. One hundred and fifty-nine cases received institutional treatment. The cases notified were classified as follows:—

Acute Primary Pneumonia ...	135.
Acute Influenzal Pneumonia ...	24.
Type not specified ...	178.
	<hr/>
	337.
	<hr/>

Pneumonia caused 57 deaths in 1951.

### Malaria

Four cases of malaria, contracted abroad, were notified, and 2 of them received institutional treatment.

### Dysentery

In 1951, 213 cases of dysentery were notified in the County of Aberdeen, as compared with 88 cases notified in 1950. 25 cases were treated in hospital and there were 2 deaths.

The large increase in notifications would appear to be consistent with that occurring in other regions of Scotland.

In the first four months of the year there was a wide-spread epidemic throughout the area, and, of the total 213 cases notified in 1951, 155 cases occurred before the end of April, compared with 9 cases notified in the same period in 1950.

Investigations into the spread of the disease were made difficult by the distribution of the cases in the whole county, and it seems probable that infection from case to case is in the main the most likely cause of the disease.

### Whooping Cough

As from 1st January, 1950, whooping cough became a compulsorily notifiable disease. During the year, 869 cases were notified, and 7 cases were removed to hospital. There were 3 deaths.

### Leprosy

From 1st September, 1951, leprosy became compulsorily notifiable under the Infectious Disease (Notification) Act, 1889, and the Public Health (Infectious Diseases) Regulations (Scotland), 1932.

One case was diagnosed in October, 1951, and suitable treatment arranged.

### (b) NON-NOTIFIABLE INFECTIOUS DISEASES

The common infectious diseases which are not compulsorily notifiable are chicken-pox, measles, german measles and mumps. It is not possible to obtain an accurate measure of the incidence of these diseases. Information as to their occurrence is usually communicated to the Health Department by family doctors, teachers, attendance officers and district nurses. From such information, it is possible to limit the spread of infection by the exclusion from school for specified periods—of actual sufferers and of children who have been in contact with others suffering from these diseases.

### Food Poisoning

In 1951, two cases of Food Poisoning occurred in the Garioch area.

One case, a male aged 68, was removed to hospital where he died after a very short illness. The second case, a male aged 37, was very mild and made a complete recovery.

It is of interest that the organism causing the disease has been found in other cases occurring in widely distant areas without any one source of infection.

### Disinfection

The number of official disinfections carried out during the year by the District Sanitary Inspectors was as follows:—

TABLE VI.

	SCARLET FEVER	SUSPECTED DIPHThERIA	TUBERCULOSIS	OTHER	TOTAL
1951 ...	149	4	18	416	587

## SECTION II.

### Maternity and Child Welfare Services.

The Maternity and Child Welfare Scheme covers the whole of the County including the Burghs.

#### Births and Birth-rates

The total number of births, after correction for transfers, was 2,768, and the birth-rate was 18.6. The birth-rate for the whole of Scotland was 17.7. Illegitimate births amounted to 212 representing 7.9% of the total births, as compared with 5.1% for the whole of Scotland.

The number of births, classified according to the nature of attendance at confinement, was:—

(a) Total number of births (including still-births) occurring in the area during the year—that is before correction for mothers' residence ... ..	2,392
(b) Number of births in (a) classified to show type of case and whether doctor present at confinement:—	
(i) Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947:—	
(a) doctor engaged and present at confinement ... ..	332
(b) doctor engaged but not present at confinement ... ..	339
(c) midwife alone (no doctor engaged) ... ..	—
(ii) Other domiciliary cases:—	
(a) doctor engaged ... ..	—
(b) midwife alone (no doctor engaged) ... ..	—
(c) without doctor or midwife ... ..	1
(iii) Cases attended at institutions (including private maternity and nursing homes) in the area of the local health authority ... ..	1,720

#### Infant Mortality

In 1951 there were 82 deaths of infants under one year of age, as compared with 84 in 1950. Of these, 56 occurred within 4 weeks of birth, and 26 from 4 weeks to 1 year. The infant mortality rate, as expressed per 1,000 live births, was 30.3 in 1951. The infant mortality rate for the whole of Scotland was 37.

The causes of deaths of children under 4 weeks were as follows:—

Enteritis ... ..	1
Pneumonia ... ..	6
Erythroblastosis ... ..	1
Cerebral Haemorrhage ... ..	8
Congenital Malformations ... ..	7
Asphyxia ... ..	2
Convulsions ... ..	1
Atelectasis ... ..	8
Prematurity ... ..	20
Other Violence ... ..	2
Total	56

The causes of deaths of children aged from 4 weeks to 1 year were as follows:—

Pneumonia ... ..	10
Bronchitis ... ..	1
Diarrhoea ... ..	1
Infectious Diseases ... ..	3
Diseases of the Skin and Septicaemia ... ..	1
Accidental Death—Asphyxia ... ..	1
Congenital Malformations ... ..	5
Prematurity ... ..	1
Cerebral Irritation and Pneumonia ... ..	1
Other Diseases—Convulsion ... ..	1
Jaundice ... ..	1
Total	26

### Deaths of Children between 1 and 5 years

The number of children dying between the ages of 1 and 5 years was 18.

The causes of deaths were as follows:—

Infectious Diseases ... ..	2
Respiratory Diseases ... ..	2
Malignant Neoplasms ... ..	2
Nonmeningococcal Meningitis ... ..	1
Diarrhoea ... ..	1
Other Digestive Diseases ... ..	1
Congenital Malformations ... ..	1
Other General Diseases ... ..	1
Road Transport Accidents ... ..	4
Other Violence ... ..	3
Total	18

### Still-births

The number of still-births registered and corrected for transfers during the year was 70, giving a rate of 25.2 per 1,000 total births, as compared with a rate of 19 in 1950. The still-birth rate for the whole of Scotland was 27.

### Maternal Mortality

During 1951 there were three deaths of women from causes associated with pregnancy and child-birth. The maternal death rate per 1,000 live and still-births was 1.08. There were no deaths from puerperal sepsis. All three deaths took place in Maternity Hospitals. The women were multiparae and high parity may be a significant factor in these three cases, as the deaths occurred in ninth (1) and 10th pregnancies (2).

The causes of deaths were as follows:—

1. Incomplete abortion with shock.
2. Ruptured uterus with haemorrhage and shock.
3. Acute bronchitis with secondary heart failure and pulmonary oedema.

### Puerperal Fever and Puerperal Pyrexia

Five cases of Puerperal Fever and 10 cases of Puerperal Pyrexia were notified. Ten cases were treated in the Puerperal Wards of Aberdeen City Hospital.

### Ophthalmia Neonatorum

Two cases of Ophthalmia Neonatorum were notified during the year and were treated at home. There was no resulting impairment of vision.

### Maternity Hospital Provision

Normal cases, for whom institutional confinement is required, were admitted to Ellon Maternity Hospital, Fraserburgh Maternity Hospital, the Maternity Unit of Huntly Jubilee Hospital, the Dee Valley Nursing Home and the several Cottage Hospitals where maternity cases can be accommodated. The accompanying statement shows the nature and extent of the mid-wifery work carried out in these hospitals during the year:—

#### I. Total number of institutional confinements—

Fraserburgh Hospital ... ..	448
Ellon Hospital ... ..	321
Kincardine O'Neil War Memorial Hospital, Torphins ... ..	280
Huntly Maternity Unit ... ..	208
Turriff Cottage Hospital ... ..	184
Insch War Memorial Hospital ... ..	86
Fyvie Cottage Hospital ... ..	107
Nicoll Hospital, Rhynie ... ..	83
Dee Valley Nursing Home, Ballater ... ..	3

#### II. Classification of labour—

1. Normal Confinements—	
(a) with medical assistance ... ..	602
(b) without medical assistance ... ..	915
2. Abnormal or complicated confinements—	
(a) instrumental deliveries ... ..	168
(b) other deliveries ... ..	35

III. No. of abortions	...	...	...	...	...	11
IV. No. of cases receiving ante-natal care in hospitals	...	...	...	...	...	140
V. No. of births—						
(a) live births	...	...	...	...	...	1,703
(b) still births	...	...	...	...	...	27
VI. No. of neonatal deaths occurring in Maternity Hospitals	...	...	...	...	...	19
VII. No. of maternal deaths occurring in Maternity Hospitals in County	...	...	...	...	...	—

### Home Visitation

The District Nurses and Health Visitors paid the following home visits under the Child Welfare Scheme:—

	First Visits	Total Visits
Infants	2,545	30,976
Children, 1-5 years	3,595	34,205
Expectant Mothers—		
(a) Hospital	2,517	19,491
(b) Domiciliary	750	5,733

### Child Welfare Clinics

There are eight Child Welfare Clinics provided by the Local Authority. These are conducted at Ballater, Bucksburn, Culter, Fraserburgh, Huntly, Inverurie, Peterhead and Turriff. Two sessions are held weekly at Peterhead and Bucksburn.

The County Council greatly appreciate the work of the voluntary workers at the Child Welfare Clinics. The ladies give the nurses valuable help, and are responsible in great measure for the distribution of the Welfare Foods at the Clinics.

The attendances at the Clinics were as follows:—

No. of children attending during year:—		
(i) under 1 year of age	...	500
(ii) 1 year of age and over	...	176
No. of attendances during year:—		
(i) under 1 year of age	...	5,692
(ii) 1 year of age and over	...	2,447

### Day Nursery, Peterhead

The Day Nursery at Peterhead has accommodation for fifty children. All the children are medically examined on admission and at intervals thereafter. Active immunisation against diphtheria and whooping cough is administered to all children attending the Nursery. Full advantage is taken of the facilities which the Nursery provides for the care of children of working mothers. Provision is made for the care of children who are deprived of maternal care in sudden medical emergencies.

In August approval was obtained from the Department of Health and the Scottish Education Authority for Peterhead Day Nursery to be recognised as a training school for nursery nurses. With the co-operation of the Fraserburgh Nursery School it will now be possible for girls, intending to take the Nursery Nurses' Examination Board Certificate, to complete their practical training in the County of Aberdeen.

The following figures show the number of attendances at the Nursery during the year:—

No. of attendances of children under 1 year	...	1,260
No. of attendances of children 1-5 years	...	9,342
Average daily attendance	...	34

### Domestic Help Service

The purpose of the Service is to assist families mainly where there is illness of the mother, and there is no relative or friend available to give domestic help. The Domestic Help Service is purely non-nursing. Each case is considered on its own merits and help is provided when necessary. Particulars of the work carried out are given below:—

No. of part-time Domestic Helps	...	18
No. of cases for whom Helps were provided	...	153
No. of cases provided for on account of confinement—		
(a) at home	...	49
(b) in hospital	...	10
Average period of assistance—		
Confinements	...	14 days
Other illnesses	...	5½ weeks

## SECTION III.

### School Health Service.

#### 1. STAFF CHANGES.

Dr. Elizabeth McCurrach retired on 15th August, 1950, after serving twenty-one years on the County Health Staff. At the September meeting of the Health Committee it was unanimously resolved to convey to Dr. McCurrach the Committee's appreciation of the long and devoted service rendered by her to the Council. Dr. McCurrach was succeeded by Dr. Mary E. Harrow, who took up duty on 16th December, 1950.

#### 2. GENERAL STATISTICS.

Population	...	...	...	...	...	...	144,803
Number of Schools:—							
(a) Nursery	...	...	...	...	...	...	1
Primary	...	...	...	...	...	...	133
(b) Secondary	...	...	...	...	...	...	84
(c) (I) Special Schools	...	...	...	...	...	...	—
(II) Special Classes at ordinary schools	...	...	...	...	...	...	—
(d) In receipt of grant from Education Authority and under Medical Inspection	...	...	...	...	...	...	218
Number of children on the registers	...	...	...	...	...	...	24,669

#### 3. SANITARY CONDITIONS OF SCHOOLS.

Apart from the rebuilding of the west wing of Peterhead Academy, destroyed by enemy action early in the last war, there has been no large scale building of schools during the year. Improvements and repairs to existing schools have been proceeding *in tempo* with the financial situation and the supply of building materials. During the year under review, sanitary arrangements have been modernised at 15 schools, while in 3 others, work of a similar nature is in progress. Approval has also been given for modernising the sanitation of 16 other schools, and, in a further 17 schools, schemes have been prepared, but the execution of the work has been deferred on account of existing water and drainage difficulties, or of the possible closure of the schools concerned. The installation of electricity to the county schools is proceeding at a satisfactory rate. In 1946, only 29 schools had electric lighting. Since then, schemes for the installation of electricity in 83 additional school properties have been approved. The installation of new central heating systems at 4 schools was recently approved. Substantial progress has been made in overtaking the arrears of work in the external and internal re-decoration of schools, in the repairs of school buildings and in the replacement of old-fashioned desks by modern school furnishings. The long term policy of tarmacadamising the playgrounds of a specified number of schools annually continues. The general standard of cleanliness both inside and outside the county school buildings was satisfactory.

#### 4. ORGANISATION AND ADMINISTRATION.

##### A. System and Extent of Medical Inspection and Treatment.

The systematic medical examination of the four routine age-groups of children, namely, infant entrants, 9, 13 and 16 year-old pupils, and the examination of the 7 year-old pupils for acuity of vision and hearing: the medical examination of children attending the Fraserburgh Nursery School and the ascertainment and assessment of the degree of defect present amongst pupils handicapped by physical and mental defects continued in the same lines as in previous years. Special cases, not falling within the above specified age-groups and referred to the visiting School Medical Officers, were also examined. Pupils who, at the previous medical inspection were found to have defects requiring to be kept under observation or requiring to be treated, were re-examined. The usual cordial invitation was extended to parents or guardians to be present at the medical inspection of their children. Another audiometric group test of 9 year-old pupils was carried out during the summer term, a statement on which appears under heading 10 of this report.

The Scheme for hospital and specialist services outlined in full in the 1949 report, functioned satisfactorily during the year. One change in the Scheme, however, falls to be recorded in connection with the travelling expenses of school children attending hospital for treatment. The particulars of this change were contained in D.H.S. Circular No. 81/1950, with which was enclosed a copy of the National Health Service (Expenses in attending Hospital) (Scotland) Regulation, 1950, which came into operation on 1st September, 1950, revoking earlier regulations. The arrangements for administering the new regulations regarding the payment of travelling expenses necessarily incurred by a person, including expenses of an escort, on attending hospital or clinic for the purpose of availing himself of hospital and specialist services, involve an assessment of need by the National Assistance Board and payment will be authorised only when, and to such an extent as, the Board determine that hardship would otherwise be caused.

Two other matters connected with the health and well-being of school children are worthy of recording:—

*(a) Emergency Medical Treatment of School Children.*

The question of the emergency medical treatment of school children in cases of accident, etc., on or in connection with the school premises or in the course of instruction there, was clarified in a Scottish Education Department memorandum No. 21/1950, dated 5th June, 1950. It is not necessary now for the Education Authority to make arrangements outwith the National Health Service for a particular doctor to attend emergencies arising in schools or to make any payment for emergency treatment afforded by a doctor who is providing general medical services under the National Health Service (Scotland) Act, 1947. If the pupil's own family doctor is not readily available, then the services of the nearest available doctor should be sought. In the exceptional case where the doctor summoned to an emergency call is not providing general medical services under the Act, the Education Authority will accept responsibility for the doctor's fee. For the information and guidance of Head Teachers in the above connection, a special insertion under the heading "Accidents to Pupils and Medical Attention" is being added to the Handbook for Schools.

*(b) Protection of Children from Tuberculosis.*

The other measure of great importance to the health and well-being of school children was contained in D.H.S. Circular No. 101/1950 on the "Protection of Children from Tuberculosis." In it the attention of the Local Authorities was drawn to the recommendations made by the Joint Tuberculosis Council regarding the protection of organised groups of children against the risk of infection by adults suffering from tuberculosis. Briefly these recommendations are as follows:—

- (1) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children unless and until the disease is certified as arrested.
- (2) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.
- (3) If a person, while thus employed, is found to be suffering from pulmonary tuberculosis, such employment should cease at once and not be resumed until two consecutive medical certificates based on clinical, X-ray and bacteriological investigations are given, stating (a) that the disease is no longer active and (b) that, after an interval of six months, the improvement in the general and local condition has been maintained. After the resumption of employment, similar investigations should be carried out at three monthly intervals for the first year, and at six monthly intervals for the next two years.
- (4) If any unusually high incidence of pulmonary or non-pulmonary tuberculosis occurs in an organised group of children, a full investigation of the staff employed should at once be undertaken. In so far as teachers may be an adult source of tuberculous infection, steps have been taken to implement these recommendations by the Scottish Education Department in their circular letter No. 196, dated 25th October, 1950. The installation of a mass radiography unit at Aberdeen in the near future will greatly facilitate the carrying out of these recommendations.

**B. System and Extent of Dental Inspection and Treatment.**

Owing to the very depleted state of the dental staff, the school dental service was only able to function in a very modified way. Details of the work done under the Dental Scheme will be found in Section 7 of this Report.

### C. School Nursing and Arrangements for Following-Up.

All nursing duties in connection with the School Health Service are undertaken by the 57 nurses employed by the County Council. Their duties in respect of medical inspection, treatment and the "following-up" of children at school and at their homes, as well as those in respect of diphtheria immunisation and assistance at Dental and Eye Clinics are detailed in memoranda circulated to each of them. The two Health Visitors in the burgh of Fraserburgh are in attendance daily on school days at the Minor Ailments Clinic. During the year the nurses spent a total of 3,308 hours at schools and at children's homes, and carried out 84,886 and 1,679 examinations at school and at home respectively.

### D. Co-ordination with the Public Health Services and other Local Authority Departments.

The close co-ordination which has existed between the School Health Service and the other County Health Services, namely, Welfare, Sanitary, Maternity and Child Welfare and Children's Departments has been well maintained. The chief points of contact between these services may be summarised as follows:—

- (1) In the co-operative use of medical, nursing and sanitary staffs and of authorised officers.
- (2) In the use of common premises as Clinics, e.g., Bucksburn and Fraserburgh.
- (3) In the control and notification of infectious diseases occurring in schools.
- (4) In the active immunisation of pre-school and school children against diphtheria.
- (5) In the care and supervision of children who are contacts of cases of active pulmonary tuberculosis.
- (6) In the assessment of persons handicapped by mental or physical defects.

The County Probation Officer continued to be most helpful in the domiciliary visitation and supervision of maladjusted and delinquent children.

### E. Co-operation with Other Bodies or Outside Agencies.

The other Bodies or outside Agencies with whom the School Health Service co-operates were as under:—

- (1) County Medical Practitioners in the general medical care and in the curative and preventive treatment of school children at their homes. The need to secure, in this connection, the closest co-operation between the School Health Service and the general practitioners for the maintenance of good health in school children, was again emphasised in a joint circular letter issued on 5th January, 1951, by the British Medical Association and the Society of Medical Officers of Health. They considered that harmonious relations would be most readily established if the following principles were put into action:—
  - (a) Where, in the opinion of a Local Authority Medical Officer, a child needs special investigation (other than ophthalmic examination) or treatment, he should send the child to a specialist *only* after prior consultation with the child's own doctor, upon whom rests the responsibility of his general medical care.
  - (b) The Medical Officer should give the general practitioner the opportunity to make the arrangements for the consultation or to agree—by replying or in the absence of a reply—that the arrangements should be made by the Medical Officer himself.
  - (c) A copy of any special report on the child, received by the Medical Officer should be sent to the child's own doctor.

So far as Aberdeenshire is concerned, these recommendations have been in practice for many years.

- (2) The Department of Health for Scotland, in various requests made from time to time, for information, including the School Annual Report.
- (3) North-Eastern Regional Hospital Board, in connection with the Hospital and Specialist Services provided under the National Health Service.
- (4) National Health Service Local Executive Council, regarding the forwarding of a list of names and addresses of school children supplied with spectacles to obviate possible duplication of supply.
- (5) Rudolph Steiner Schools, in connection with the examination and submission of medical reports on mentally handicapped children.
- (6) University of Aberdeen, in connection with the visitation to schools by D.P.H. students studying the practical aspects of the School Health Service.
- (7) Scottish Council for Health Education, in arranging for lecture tours, etc.
- (8) Royal Society for the Prevention of Cruelty to Children in the supervision of neglected children.
- (9) The Management Committee of Linn Moor Home, in the admission of ailing children to the Home.

- (10) Aberdeen and North-Eastern Association for Mental Health—a voluntary body recently established in this area to assist in the domiciliary care and training of mentally handicapped persons.
- (11) Local Voluntary Bodies granting the use of public parks and playing fields for recreational purposes, to whom grateful thanks are due.

#### F. Co-operation with Teachers and Parents.

The cordial relations which have existed for many years between the teaching staff and the School Medical, Dental and Nursing Staffs continue to be maintained in a highly satisfactory manner. Without the co-operation of teachers and parents, the whole purpose and usefulness of the School Health Service would be jeopardised. Grateful acknowledgement is made of their willing co-operation and assistance at the routine medical and dental inspections, audiometric group testing, visits made under the Diphtheria Immunisation Scheme, and in other health matters.

The attendance of parents at the systematic inspections of their children has never been a satisfactory feature of the County School Health Service. On the medical history sheet issued to each pupil for medical examination, an invitation is extended to all parents and guardians to be present at the routine inspection. Parents who indicated their wish to attend, subsequently received an intimation (card M.I./P.) of the date and time of the Medical Officer's visit from the Head Teacher. Despite this, the parents of only 449 pupils—equal to 6.9% of the children examined, attended. This is practically the same as last year. The very poor attendance of parents is to be deplored because their presence is of value, particularly amongst younger children, in obtaining, where necessary, further information regarding the medical history of the child. Furthermore, such an interview offers the School Medical Officer an opportunity to proffer advice as to the treatment of any defects found, and to disseminate simple rules of health, from which the children would benefit.

#### 5. THE FINDINGS OF MEDICAL INSPECTION.

The total number of children in the four age-groups examined systematically at the routine medical inspection was 6,476—a decrease of 255 as compared with the previous year. Of this total, 3,283 were boys and 3,193 girls; to this number have to be added 10 boys and 14 girls routinely examined at the Fraserburgh Nursery School, and 1,082 boys and 991 girls, born in the year 1943, examined for acuity of vision and hearing only, making a grand total of 8,573 children.

The number of children who were presented to the School Medical Officers as special cases by Head Teachers during the routine visits was 303, while the number of re-examinations was 3,611. Compared with last year, these totals show an increase of 41 in the number of special cases, and a decrease of 1,541 in the re-inspections. Of the children systematically examined, 753 were notified to parents as requiring treatment of some defect. Details of the number of children examined and the number of children recommended for treatment in the various age-groups will be found in Table I of this Report.

The following table shows the average heights and weights of boys and girls measured in the routine age-groups of pupils examined.

	Age Group	Number Measured	Average Age		Average Height (inches)	Average Weight (pounds)
			Years	Months		
Boys ...	Nursery	9	3	1	36.1	32.6
	Group I	1124	5	6	43.0	45.5
	Group II	1063	9	5	51.3	66.1
	Group III	1039	13	5	58.0	93.7
	Group IV	63	16	9	66.3	132.7
Girls ...	Nursery	9	2	11	35.9	32.9
	Group I	1109	5	5	42.6	44.0
	Group II	1026	9	5	51.3	63.1
	Group III	941	13	6	59.1	96.5
	Group IV	75	16	9	63.0	123.6

The average heights of boys and girls measured are, with minor but insignificant differences, much the same as those recorded in the previous year. The figures regarding the average weights, however, show some variation in both sexes in certain of the age-groups compared with last year, for example 9 year-old boys are 1.8 lbs. heavier, while 13 year-old boys and 16 year-old boys are 0.9 and 1.9 lbs. lighter. Girls, on the other hand, show an increase of 2.6 lbs. among the 13 year-olds, and a decrease in weight in the 16 year-olds. Despite the losses recorded, the average weights in each age-group for both sexes are still above the Anthropometric Committee's Standard of weights at these ages, and the height and weight findings for the year can be viewed with satisfaction.

The following is a tabulated statement showing the number and percentage of children recorded at the routine medical inspection of schools as suffering from specific defects, diseases or disabilities. The percentages for the previous year are also given for purposes of comparison. The detailed results and sex distribution of the defects found in each of the four age-groups are shown in Table II, at the end of this Report.

Nature of Defect	Number Examined	Number Defective	Percentage Defective	Percentage Defective 1949-50
1. Clothing unsatisfactory ... ..	6,476	79	1.2	0.7
2. Footgear unsatisfactory ... ..	"	23	0.3	0.3
3. Uncleanliness—				
(a) Head ... ..	"	84	1.2	1.2
(b) Body ... ..	"	66	1.01	0.6
(c) Head and Body ... ..	"	—	—	—
4. Skin—				
(a) Head : Ringworm ... ..	"	1	0.01	0.02
Impetigo ... ..	"	8	0.1	0.1
Other Diseases ... ..	"	50	0.7	0.3
(b) Body : Ringworm ... ..	"	7	0.1	0.02
Impetigo ... ..	"	7	0.1	0.02
Scabies ... ..	"	6	0.09	0.2
Other Diseases ... ..	"	122	1.8	0.9
5. Nutritional State—				
(a) Slightly Defective ... ..	"	220	3.3	1.2
(b) Bad ... ..	"	11	0.1	0.1
6. Mouth and Teeth Unhealthy ... ..	"	220	3.3	2.4
7. Naso-pharynx—				
(a) Nose :				
(1) Obstruction requiring observation ... ..	"	56	0.8	1.6
(2) Obstruction requiring treatment ... ..	"	44	0.6	0.3
(3) Other conditions ... ..	"	61	0.9	0.5
(b) Tonsils :				
(1) Requiring observation ... ..	"	363	5.6	9.4
(2) Requiring treatment ... ..	"	189	2.9	3.1
(c) Glands :				
(1) Requiring observation ... ..	"	318	4.9	5.4
(2) Requiring treatment ... ..	"	25	0.3	0.1
8. Eyes—				
(a) External Diseases :				
Blepharitis ... ..	"	51	0.7	1.1
Strabismus ... ..	"	83	1.2	1.3
Other Diseases ... ..	"	46	0.7	0.8
(b) Visual Acuity with/without glasses :				
(1) Fair ... ..	8,549	686	8.02	9.1
(2) Bad ... ..	"	135	1.5	1.7
(c) Recommended for refraction ... ..	"	712	8.3	4.5
9. Ears—				
(a) Diseases :				
Otorrhoea ... ..	6,476	18	0.2	0.2
Other ... ..	"	20	0.3	0.2
(b) Defective Hearing :				
Grade I ... ..	8,549	23	0.2	0.3
Grade IIa ... ..	"	27	0.3	0.3
Grade IIb ... ..	"	1	0.01	0.01
Grade III ... ..	"	—	—	—
10. Speech—				
(a) Defective Articulation ... ..	6,476	24	0.3	0.6
(b) Stammering ... ..	"	17	0.2	0.2
11. Mental and Nervous Condition—				
(a) Backward ... ..	"	38	0.5	0.4
(b) Dull ... ..	"	27	0.4	0.4
(c) Mentally Deficient (Educable) ... ..	"	18	0.2	0.2
(d) Mentally Deficient (Ineducable) ... ..	"	4	0.06	0.04
(e) Highly Nervous or Unstable ... ..	"	22	0.3	0.4
(f) Difficult Behaviour ... ..	"	6	0.09	0.2
12. Circulatory System—				
(a) Organic Heart Disease :				
(1) Congenital ... ..	"	44	0.6	0.4
(2) Acquired ... ..	"	25	0.3	0.2
(b) Functional Conditions ... ..	"	51	0.7	1.2
13. Lungs—				
Chronic Bronchitis ... ..	"	41	0.6	0.7
Suspected Tuberculosis ... ..	"	14	0.2	0.08
Other Diseases ... ..	"	35	0.5	0.8
14. Deformities—				
(a) Congenital ... ..	"	52	0.8	0.6
(b) Acquired (Infantile Paralysis) ... ..	"	5	0.07	0.08
(c) Acquired (Probable Rickets) ... ..	"	18	0.2	0.1
(d) Acquired (Other causes) ... ..	"	36	0.5	0.7
15. Infectious Diseases ... ..	"	4	0.06	0.02
16. Other Diseases or Defects ... ..	"	171	2.6	2.2

The percentages of various defects enumerated in the above table, are, by and large, much the same as that recorded the previous year, the variations in the majority of the items being less than 1% either way. Minor increases occurred in the number of pupils (1) whose nutritional state was slightly defective (item 5)—an increase being found of 2.1% which was equally shared between boys and girls, (2) whose mouth and teeth were in an unhealthy condition (item 6). There was a 1.1% increase under this heading—a finding not incompatible with the extremely unsatisfactory position in which the School Dental Service is at present and (3) recommended for refraction (item 8c)—an increase of 3.8%. The table shows that there were decreases of (1) 3.8% in the number of tonsillar defects requiring observation (item 7b), and (2) 1.4% in the number of pupils whose visual acuity was classified as being fair (item 8b).

The active measures taken to combat the increased prevalence of warts amongst Fraserburgh School children, mentioned in last year's report, met with success.

Among the other diseases or defects under item 16 above, the following is a statement of the nature and frequency of the main conditions found:—

Anaemia, 32; Enuresis, 26; Eczema, 7; Asthma, 5; Enlargement of Thyroid Gland, 8; Pes Planus, 9; Hernia, 5; Sprains and Injuries, 5; Cyst, 4; Pituitary Adiposity, 4; Undescended Testicle, 3; Cleft Palate, 2; Hydrocephalus, 2; Epilepsy, 2; Cretinism, 1; Chorea, 1; Diabetes, 1.

Two routine medical inspections and several re-inspection visits were made to Fraserburgh Nursery School during the year. The number of defects found among the 24 children routinely examined, was as follows:—

Tonsils requiring observation, 3; Glands requiring observation, 3; Tonsils requiring treatment, 1; Nutrition slightly defective, 2; Bronchitis, 2; Impetigo, 1; Nose (obstruction requiring treatment), 1; Strabismus, 1; Threadworms, 1; Obesity, 1.

The examination of the seven-year-old age group was confined to testing the acuity of vision and hearing. Of the 1,082 boys and 991 girls examined in this group, 129 boys and 141 girls were found to have visual defects, and these were classified as follows:—

	Fair Vision	Bad Vision	Total
Boys ...	106	23	129
Girls ...	114	27	141
Totals	220	50	270

The number of boys and girls recommended for refraction was 118 and 124 respectively.

The acuity of hearing in the 7 year-old age group was tested by the Conversational Voice Test and in doubtful cases by the Gramophone Audiometer, and any hearing loss found was classified into three grades defined in N.M. & C. Circular No. 60/1938. Of the 1,082 boys tested, nine had a Grade I and thirteen had a Grade IIa deafness. All the 991 girls had normal hearing.

On the whole, the findings of medical inspection show that the health of Aberdeenshire school children has been well maintained. During the year under review there have been more children found free from defects, and less suffering from temporary ailments, but to offset these improvements, there has been a slight increase in the number of pupils with less remedial defects (see Table III) compared with the previous year.

### Examinations conducted by the Medical Staff other than Routine School Examinations

In addition to the routine school work, a large number of special visits and examinations was made by the Medical Staff. These examinations were of a varied character and their nature and extent are indicated in the following table:—

(1) Absentee children or irregular attenders ... ..	6
(2) Necessitous children ... ..	3
(3) Examinations of Handicapped pupils:—	
(a) Physically handicapped ... ..	82
(b) Mentally Handicapped ... ..	63
(c) Maladjusted ... ..	15
(d) Deaf and Partially Deaf ... ..	11
(e) Epileptic ... ..	2
(f) Speech Defects ... ..	15
(4) Certification of ineducable children to the General Board of Control ... ..	2
(5) Examinations under Children and Young Persons Acts—	
(a) Juvenile delinquents ... ..	5
(b) Guardianship cases ... ..	3
(6) Disablement Persons (Employment) Act ... ..	4
(7) Examination of County Council Staff:— (teachers, janitors, school cleaners, clerical staff, etc.) ...	60
(8) Examination of students in preliminary training for the teaching profession ... ..	2
(9) Examination of "After School" Bursars ... ..	6
(10) Examination of children for admission to Linmoor Home ... ..	27
(11) Examination of children at Rudolph Steiner Schools for other Local Authorities ... ..	9
(12) Diphtheria Immunisation:—	
(a) Number of initial inoculations administered to Pre-school Children ... ..	508
(b) Number of re-inoculations administered to Pre-school Children ... ..	8

#### 6. MEDICAL TREATMENT.

##### A. Minor Ailments.

The Minor Ailments Clinic established at Fraserburgh last year continued to function and to serve a useful purpose in the treatment of minor ailments amongst school children in the Burgh. During the year under review, 164 new cases were treated involving a total of 547 attendances.

No further progress in establishing a similar clinic in Peterhead has been made owing chiefly to the lack of suitable premises. In all areas in the County, other than Fraserburgh, the practice of referring to the family doctor for treatment, pupils suffering from minor ailments, except those who could be suitably treated by the Council's Nurses at schools or at their homes, was continued as in the past.

Details of the conditions treated through the Local Authority or private agencies are as follows:—

Detects	Fraserburgh Minor Ailments Clinic		Nurses Follow-up		Totals	
	Local Authority	Local Authority	Private	Local Authority	Private	
(1) Cuts, bruises, sprains and minor injuries ... ..	24	7	2	31	2	
(2) Diseases of the Ear ... ..	3	3	11	6	11	
(3) Diseases of the Eye (excluding defective vision) ... ..	2	2	1	4	1	
(4) Diseases of the Skin—						
(a) Ringworm (scalp):						
X-ray treatment ... ..	—	—	—	—	—	
Other treatment ... ..	1	—	—	1	—	
(b) Ringworm (body) ... ..	—	4	3	4	3	
(c) Scabies ... ..	—	4	6	4	6	
(d) Impetigo ... ..	9	4	1	13	1	
(e) Other Diseases ... ..	125	141	5	266	5	

## B. Defective Vision and Squint.

The Council's Scheme for the treatment of visual defects continued to function as in previous years. By arrangement with the North-Eastern Regional Hospital Board, the services of an Ophthalmologist are available one day per week to examine and treat pupils referred to him by the School Medical Officers. The supply and delivery of spectacles have again been speeded up, the waiting period now being reduced from six weeks a year ago, to about three weeks now. The time taken to effect repairs has also been reduced to a week, which is half what it was last year. A new contract with the Council's opticians, containing revised prices for the provision and repair of spectacles to Aberdeenshire school children was signed on 6th January, 1951. Since then, there has again been a further reduction in the prices of flat lenses, the new price being operative from 1st May, 1951.

Dr. Cockburn, School Oculist, reports as follows:—

No. of Children examined :—		Total
Boys ... ..	441	
Girls ... ..	562	
		1003
No. of Children with Refractive Errors ... ..	669	
No. of Spectacles Ordered ... ..	380	
Analysis of Refractive Errors :—		
Hypermetropia ... ..	86	13%
Hypermetropic astigmatism ... ..	301	44%
Myopia ... ..	70	11%
Myopic astigmatism ... ..	73	11%
Mixed astigmatism ... ..	139	21%
	669	
Pathological conditions met with were :—		
Internal concomitant strabismus ... ..		84
Aphakia ... ..		2
Blepharitis ... ..		5
Choroidal atrophy ... ..		1
Choroidal scar ... ..		1
Coloboma macula Right ... ..		1
Congenital cataract ... ..		2
Conjunctivitis ... ..		6
Corneal nebulae ... ..		9
Corneal ulcer ... ..		1
Epicanthic folds ... ..		2
Granular maculae ... ..		1
Iridocyclitis ... ..		1
Meibomian abscess ... ..		1
Meibomian cyst ... ..		1
Nystagmus ... ..		4
Optic atrophy ... ..		2
Prosthesis ... ..		1
Pseudopapilloedema ... ..		1
Ptosis ... ..		2
Styes ... ..		7
Divergent strabismus ... ..		24
Word blind ... ..		5
Alternating strabismus ... ..		2

### Highly Myopic Children.

A list of children with high degrees of myopia is maintained by the School Oculist. It is essential that such children should be kept under supervision and examined annually. During the year 11 boys and 16 girls were re-examined.

### C. Nose and Throat Operative Treatment.

School children requiring operative treatment for nose and throat defects were referred to the family doctor. There is a long waiting list for tonsil and adenoid operations, and, despite an increase in surgical staff, there is still much delay before cases recommended for operation are treated. The number of nose and throat operative treatments carried out privately was 15.

### D. Orthopaedic and Postural Defects.

The monthly Orthopaedic Clinics, held at Peterhead, Fraserburgh and Huntly and conducted by the North-Eastern Regional Hospital Board, continued to function as in the past. Hospital and specialist treatment, as well as orthopaedic appliances, special boots and artificial

limbs were all provided for by the Board. The number of school children who attended and were examined at these Clinics during the year was as follows:—

	<i>No. of Children</i>
Peterhead Orthopaedic Clinic ... ..	37
Fraserburgh Orthopaedic Clinic ... ..	72
Huntly Orthopaedic Clinic ... ..	33

Advice and instruction in remedial exercises for correcting postural defects found in school children were undertaken by trained physical instructors on the County Education Staff.

#### 7. DENTAL INSPECTION AND TREATMENT.

It is disheartening to have to report for the second time that during the past year the dental staff consisted of only two dental surgeons. Owing to an injury sustained while at a school, one of the staff was absent from duty for almost half the school year. In those schools treated by the dental surgeons the pupils were given as comprehensive treatment as possible, the accent being on the conservation of the teeth. In the County, 59 schools were inspected and 59 were treated out of a total of 218 schools.

The chief dental officer in one of the larger English counties has carried out a survey of schools in his area not treated for some time owing to the curtailment of the Dental Service. His findings show that of the pupils examined 79% required treatment, and only a small proportion of those examined had received regular treatment by a private dentist. There is no doubt that an investigation in Aberdeenshire would show similar results.

The moral is obvious and it is clear that, until parents recognise the need for regular dental treatment for their children, it is not sufficient to provide free treatment in the general dental service unless this is supplemented by regular inspection.

##### *Staff.*

The staffing problem is a serious one. Hitherto the highest number of dental surgeons on the staff in the County at any one time has been five, although the authorised staff is seven. At the present time, having regard to the requirements of the National Health Service Act, even seven dental surgeons would be inadequate. Prior to 1939 the School Dental Service as a whole was never more than a palliative one, being habitually understaffed.

##### *Accommodation.*

As was the case last year, two of the three fixed Clinics in the County are not in commission owing to loss of staff. The question of accommodation in schools has already been reported on and stressed for some years now. The difficulty of obtaining suitable rooms for treatment in schools is definitely serious and in the larger schools the number of treatment sessions has had to be spread over a much longer period of time. This is having a retarding effect on the whole routine of inspection and treatment as most of the work in the County is carried out on the school premises.

The use of the Mobile Dental Units as a temporary measure has been reported on in previous reports.

##### *Care of Mothers and Young Children.*

No routine work in connection with "Care of Mothers and Young Children" is possible with the present staff, as their time is fully occupied with the inspection and treatment of school children.

##### *Fluorides.*

Conflicting reports on the results of topical applications of fluorides to the teeth of children lead one to assume that it has not yet been definitely proved that this treatment has any lasting beneficial effect. Certainly with so many children requiring the relief of pain and much conservative work having to be carried out it would be a waste of the dental surgeon's time to introduce this measure at present.

##### *Orthodontics.*

In the orthodontic field only those cases which can be treated by extraction are being attempted in present circumstances, other cases being referred to private practitioners.

##### *Dental Findings.*

It will be seen from Table V that, as was expected, there is a slight fall in the amount of work completed this year for the reasons mentioned at the beginning of this report.

The rate of acceptance continues to be good while the number of actual refusals is low, the percentage being approximately 3.5-4%, although it has been found that of those children on whose behalf the acceptance card has been signed for treatment by a private dentist, only a small percentage actually receives treatment.

The ratio of fillings to extractions in permanent teeth, which has shown an improvement recently, is again gratifying, and the number of operations, other than extractions, to temporary teeth shows that last year's improvement has been maintained.

There is no doubt at all that the demand for dental treatment in schools remains high despite the provision of free treatment under the National Health Service Act.

#### 8. SPECIAL SCHOOLS AND CLASSES.

No special schools, have, as yet, been established by the Council for the special educational treatment and training of children handicapped by physical and mental defects, but a few special classes for backward pupils have been formed in some of the larger schools, where, owing to the number of handicapped pupils, such a provision is warranted, and where the teaching facilities to conduct such classes, are available.

The building of the special day school at Inverurie for mentally handicapped children mentioned in the two previous reports, has, unfortunately, not commenced. In addition to this special day school, there is also urgent need for the provision of a residential school to supplement the existing provision at Baldovan Institution, Dundee, where the accommodation for mentally handicapped pupils is not only limited, but is likely, so far as the needs of this area are concerned, to be non-existent in the course of time as this Institution is controlled by the Eastern Regional Hospital Board. Both the Local Authorities and the North-Eastern Regional Hospital Board have statutory obligations to provide residential care and training for the mentally handicapped and the solution to this problem might be for the Board to establish for use throughout the region an appropriate residential home or homes.

Approximately 10 per 1,000 of the school population is on the waiting list of pupils recommended for special educational treatment. The longer the delay there is in providing the necessary educational facilities for these handicapped pupils, the greater will be the detrimental effects and consequences on them. The number of educationally subnormal children for whom provision is at present made is as follows:—

	<i>Children</i>
Baldovan Institution, Dundee ... ..	16
Rudolph Steiner Schools, Milltimber ... ..	6
Rubislaw Special School, Aberdeen ... ..	5
	<i>Child</i>
Woodlands Home, Cults ... ..	1
St. Joseph's Certified Institution ... ..	1

Apart from 17 children who are receiving domiciliary education, the special provision made for the education of other physically handicapped children is shown in the following statement:—

<i>Nature of Defect</i>	<i>Institution or Special School</i>	<i>No. of Pupils</i>
Blind ... ..	The Royal Blind School, Edinburgh ... ..	5
Deaf ... ..	Donaldson's School for the Deaf, Edinburgh ... ..	5
Do. ... ..	Polmuir Road Special School, Aberdeen ... ..	13
Defective Speech ... ..	Speech Clinic, Aberdeen City Education Authority ... ..	17
Epilepsy ... ..	The Colony for Epileptics, Bridge of Weir ... ..	1
Other Physical Defects	Raeden House Special School, Aberdeen ... ..	3
Do. Do.	East Park Home, Largs ... ..	2

During the year 8 school children suffering from emotional, habit or behaviour disorders were referred to the Child Guidance or Psychiatric Clinic for advice and treatment.

#### 9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

There is no material change in the general arrangements made under this heading which were detailed in the 1947 Annual Report, except that an increased staff of instructors is being employed, and improved facilities for physical education are being provided. By arrangement with the Supervisor of Physical Education, instruction on the special physical exercises approved by the Medical Advisory Committee of the Asthma Research Council was made available to all cases suffering from severe asthma.

#### 10. OTHER ACTIVITIES IN RELATION TO HEALTH OF SCHOOL CHILDREN.

##### (a) Audiometric Survey.

A further Audiometric Survey, on lines similar to those detailed in last year's School Health Service Annual Report, was carried out during the summer term of 1951 in 36 of the larger

County Schools. The age-group selected for survey was pupils born in the year 1942. Excellent hearing conditions again prevailed at all schools visited, and this factor had undoubtedly a bearing on the improved results which were obtained for the past two years compared with those in 1949.

At the 36 schools visited, 1,174 pupils—573 boys and 601 girls—born in the year 1942 had their hearing tested by the Gramophone Audiometer (G.A.). Of this number 314 or 26.7% were retested as their initial test result was considered unsatisfactory. This represents a decrease of 1.8% of children retested compared with last year. The following table shows the incidence of pupils with normal and defective hearing found as a result of the audiometric group tests carried out at these schools:—

Hearing Grade.	Boys		Girls		Both Sexes	
	Number	%	Number	%	Number	%
Normal ... ..	512	89.3	550	91.5	1062	90.5
Grade I. ... ..	49	8.6	43	7.2	92	7.8
Grade IIa. ... ..	12	2.1	8	1.3	20	1.7
Grade IIb. ... ..	—	—	—	—	—	—
Grade III. ... ..	—	—	—	—	—	—
Totals ... ..	573	100.0	601	100.0	1174	100.0

It will be seen from the above table that of the pupils tested, 92 or 7.8% of them were classified as having a Grade I defect in hearing, while 20 or 1.7% had a Grade IIa hearing loss. There were no pupils found with Grade IIb and Grade III hearing losses in the age-group tested. These results are closely similar to those recorded last year, the percentages then of Grade I and Grade IIa defects being 7.2% and 1.3% respectively.

Of the 573 boys tested, 61 were found to have hearing defects, 8.6% and 2.1% of these being classified as Grade I and Grade IIa respectively. The corresponding figures for the girls were 601 tested, 51 defective and 7.2% and 1.3% with Grade I and Grade IIa hearing losses respectively. In last year's survey, it was reported that the differences in the percentages of hearing defects between the two sexes were nearly twice as high among boys as compared with the girls tested in this age-group. This year the hearing defects found amongst girls were again less than the boys, but it will be noted from the above table that the differences between the sexes are not nearly so marked. Twenty-one pupils, 9 boys and 12 girls, in whom hearing defects were found were referred to the Regional Deafness Clinic for further investigation and treatment.

It will be recalled in last year's report that a recommendation was made to the Health Committee by the Education Committee after the latter had given full consideration to the Report of the Advisory Council on Education in Scotland on "Pupils who are Defective in Hearing" that a full-time Audiometrist be appointed to carry out this important audiometric work at schools as a routine measure. Nothing further has transpired in the implementation of this recommendation.

Once again our grateful thanks are due to the Director of Education for the help and keen interest he has shown in this Audiometric work and to the Head Teachers for their kind co-operation in the carrying out of this survey in the County Schools.

#### (b) Health Education in Schools.

In April, Dr. James W. McAllan, Medical Lecturer and Deputy Advisor under the Scottish Council for Health Education, gave lectures and film shows at 14 schools, namely, Peterhead Academy, Peterhead North, New Deer, Ellon Academy, Bankhead, Inverurie Academy, Kintore, Inch, Turriff Academy, Bucksburn, Stonywood, Bridge of Don, Culter and Torphins. At all schools, except Peterhead Academy, Kintore and Bucksburn, films were used to illustrate Dr. McAllan's lecture.

The Council for Health Education have now practically abandoned their former scheme for hiring local cinemas for these meetings of children. Apart from the expense involved, they have reached the conclusion that the atmosphere of a picture house is not particularly favourable, and the numbers tend to be too high for the intimate type of lecture that should be given.

(c) Sex Education in Schools.

Courses in Sex Education similar to those reported the two previous years and conducted again by Miss Annabelle Duncan, Acting Scottish Secretary of the Alliance of Honour, were arranged for girls at eight other County Schools, the details of which are shown below:—

School	No. of Girls who attended
Aboyne ... ..	50
Ballater ... ..	51
Torphins ... ..	31
Ellon Academy ... ..	136
Longside ... ..	23
Old Deer ... ..	18
Kininmonth ... ..	8
Mintlaw ... ..	11
	<hr/>
	328
	<hr/>

The girls at Kininmonth and Mintlaw Schools attended the course at Old Deer School. Satisfactory reports were received from head teachers with regard to the results of these courses and the reaction of parents to them.

(d) Courses in First Aid and Home Nursing.

Intensive courses of instruction in First Aid and Home Nursing for senior pupils attending the senior Secondary Schools were held as usual during the summer session. Local medical practitioners and trained nurses conducted the courses in First Aid and Home Nursing at four centres. One hundred and seventy-nine boys and girls attended the systematic and practical course in First Aid, while 102 girls took the Home Nursing Course. These figures represent a decrease of 24 and an increase of 26 respectively in the number of pupils who attended the courses last year.

(e) School Meals Service.

The School Meals Service in Aberdeenshire is now a well-established function of the Education Committee, and, at the same time, a valuable integral part of the ordinary school routine. The success of the Scheme depends on no small measure to the help given by Head Teachers and their assistants who give up part of their luncheon interval for supervisory duties before and during meals.

The expansion of the School Meals Service has been held up for the past two years owing to the present Government policy which does not permit the building of new canteens. Some measure of expansion has been achieved in this County, however, by the adaption of spare classrooms for kitchen or dining-room purposes. The following is a statement showing the present number of kitchens and dining halls in use:—

(a) Kitchens.

Number of kitchens supplying meals to more than one school ... ..	36
Number of individual kitchens ... ..	41
Number of domestic science rooms used as kitchens ... ..	7

(b) Dining Halls.

Number of Ministry of Works Dining Halls in use ... ..	22
Number in course of erection ... ..	—
Number of conversions ... ..	81
Number of classrooms in use ... ..	61

The number of schools at which two-course meals were served was 170, which is an increase of 13 schools over last year. In addition to these, light meals and soup meals were served at 24 schools—a reduction of 4 from the previous year—making a total of 194 schools where meals of one kind or another were served.

In the rural areas the demand for meals is usually high, over 90% of the school roll being quite a common percentage. The average number of two-course meals served daily was 10,000, representing 40.5% of the school population and showing an increase of 785 in the number of daily meals provided as compared with the corresponding period last year. The standard charge per meal was increased to 7d. per head, and in cases of large families partaking meals, the charge was 5d. per head for the third and subsequent members. Approximately 494 two-course meals were supplied free of charge to necessitous children on medical grounds. Beside this, 500 pupils had light meals—cocoa and sandwiches—and 450 pupils had soup meals daily during the winter months, these being 192 and 170 fewer respectively than last year. The number of employees in the School Meals Service was increased by 33 to 377.

(f) *Milk-in-Schools Scheme.*

A minimum of a third of a pint of heat-treated milk or tuberculin tested milk from a source approved of by the Medical Officer of Health was supplied free to those pupils attending grant-aided primary and secondary schools, who desired it. Where suitable supplies of liquid milk were not available, the Education (Meals Service) (Scotland) Regulations, 1946, provide for the supply of dried full cream milk.

The number of schools supplied with (a) liquid milk, (b) dried milk and (c) receiving no milk at all, in each of the nine school areas, is shown in the following table:—

School Area	Number of Schools in Area supplied with		Number of Schools in Area where No Milk is supplied
	Liquid Milk	Dried Milk	
Aberdeen ... ..	29	—	—
Alford ... ..	15	1	6
Deeside ... ..	15	1	2
Ellon ... ..	24	—	2
Fraserburgh ... ..	25	—	1
Garioch ... ..	16	2	3
Huntly ... ..	17	—	5
Peterhead ... ..	30	—	2
Turriff ... ..	22	—	—
<b>Totals ... ..</b>	<b>193</b>	<b>4</b>	<b>21</b>

It will be seen from the above table that 197 schools—an increase of 7 compared with the previous year—were supplied with liquid or dried milk. This increase consisted of (1) the addition of ten schools where liquid milk was supplied—2 in the Ellon area and 3 and 5 respectively in the Alford and Huntly areas where previously considerable difficulty was experienced in obtaining suitable milk, and, (2) a reduction of 3 schools where dried milk was consumed.

(g) *Scottish Mental Survey.*

It will be recollected that in June, 1947, the Scottish Council for Research in Education conducted a mental survey of all eleven year-old pupils in Scotland. A report on the investigations carried out on the selected group of school children appeared in the Annual Report for that year, and the results of the survey were subsequently published two years later in "The Trend of Scottish Intelligence." The Mental Survey Committee of the Research Council decided that the full fruits of the 1947 mental survey could only be gathered if a follow-up of a representative sample of the age-group tested was undertaken. Accordingly, a sample of 1,200 pupils residing throughout Scotland was selected for this purpose. As well as recording school progress and information of such personal qualities as perseverance and originality ascertained from their teachers, the Mental Survey Committee wished to obtain information regarding the physical condition of these children. A special form containing the particulars requested was prepared and sent to all Local Authorities for completion. There were 39 pupils in the County of Aberdeen who came into this follow-up investigation. The findings from the medical reports submitted will be awaited with interest.

TABLE I

Total number of children examined at:—

		Systematic Examinations	Other Systematic Examinations
<b>(A) Systematic Examinations.</b>			
Ordinary Schools	Entrants ... ..	2,230	—
	Second Age-Group ... ..	2,101	—
	Third Age-Group ... ..	1,102	—
Secondary Schools	Third Age-Group ... ..	905	—
	Fourth Age-Group ... ..	138	—
Total ... ..		6,476	—
Nursery School ... ..	...	24	—
Age 7 Group (Visual Acuity and Hearing only) ... ..	...	2,073	—
Grand Totals ... ..		8,573	—
<b>(B) Other Examinations.</b>			
Special Cases ... ..	...	303	—
Re-inspections by Medical Officers ... ..	...	3,611	—
		3,914	—



**TABLE II**  
**SYSTEMATIC EXAMINATIONS**  
**Number and percentage of children in each Group suffering from particular defects**

Nature of Defect	Entrants				Second Age-group				Third Age-group				Fourth Age-group				All Ages				
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
1. Clothing unsatisfactory ...	15	1.3	12	1.08	12	1.1	8	0.7	14	1.3	18	1.8	—	—	—	—	41	1.2	38	1.1	
2. Footgear unsatisfactory ...	7	0.6	6	0.5	2	0.1	2	0.1	4	0.3	2	0.2	—	—	—	—	13	0.3	10	0.3	
3. Uncleanliness—																					
(a) Head ...	7	0.6	29	2.6	8	0.7	16	1.5	4	0.3	20	2.07	—	—	—	—	19	0.5	65	2.03	
(b) Body ...	10	0.8	10	0.9	11	1.03	8	0.7	11	1.05	16	1.6	—	—	—	—	32	0.9	34	1.06	
(c) Head and Body ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. Skin—																					
(a) Head: Ringworm ...	—	—	—	—	—	—	1	0.09	—	—	—	—	—	—	—	—	—	—	—	—	0.03
Impetigo ...	3	0.2	—	—	3	0.2	—	—	2	0.1	—	—	—	—	—	—	8	0.2	—	—	
Other Diseases ...	13	1.1	9	0.8	6	0.5	7	0.6	10	0.9	5	0.5	—	—	—	—	29	0.8	21	0.6	
(b) Body: Ringworm ...	1	0.08	2	0.1	1	0.09	—	—	3	0.2	—	—	—	—	—	—	5	0.1	2	0.06	
Impetigo ...	2	0.1	1	0.09	2	0.1	—	—	—	—	2	0.2	—	—	—	—	4	0.1	3	0.09	
Scabies ...	—	—	1	0.09	2	0.1	2	0.1	—	—	—	—	—	—	—	—	3	0.09	3	0.09	
Other Diseases ...	18	1.6	14	1.2	18	1.6	13	1.2	24	2.3	31	3.2	—	—	—	—	63	1.9	59	1.8	
5. Nutritional State—																					
(a) Slightly Defective ...	43	3.8	36	3.2	36	3.3	29	2.7	34	3.2	36	3.7	2	3.6	4	4.8	115	3.5	105	3.2	
(b) Bad ...	2	0.1	2	0.1	2	0.1	4	0.3	—	—	1	0.1	—	—	—	—	4	0.1	7	0.2	
6. Mouth and Teeth unhealthy ...	66	5.8	80	7.2	23	2.1	31	2.9	10	0.9	9	0.9	1	1.8	—	—	100	3.04	120	3.7	
7. Naso-pharynx—																					
(a) Nose:																					
(1) Obstruction requiring observation ...	16	1.4	17	1.5	6	0.5	5	0.4	3	0.2	9	0.9	—	—	—	—	25	0.7	31	0.9	
(2) Obstruction requiring treatment ...	17	1.5	20	1.8	3	0.2	1	0.09	2	0.1	1	0.1	—	—	—	—	22	0.6	22	0.6	
(3) Other conditions ...	24	2.1	20	1.8	7	0.6	6	0.5	1	0.09	3	0.3	—	—	—	—	32	0.9	29	0.9	
(b) Throat:																					
(1) Tonsils requiring observation ...	108	9.6	122	11.0	43	4.04	35	3.3	29	2.7	24	2.4	—	—	—	—	180	5.4	183	5.7	
(2) Tonsils requiring treatment ...	62	5.5	68	6.1	15	1.4	24	2.3	7	0.6	11	1.1	—	—	—	—	84	2.5	105	3.2	
(c) Glands:																					
(1) Requiring observation ...	97	8.6	112	10.1	41	3.8	34	3.2	24	2.3	10	1.03	—	—	—	—	162	4.9	156	4.8	
(2) Requiring treatment ...	8	0.7	6	0.5	2	0.1	4	0.3	4	0.3	1	0.1	—	—	—	—	14	0.4	11	0.3	
8. Eyes—																					
(a) External Diseases—																					
Blepharitis ...	9	0.8	11	0.9	6	0.5	10	0.9	5	0.4	7	0.7	2	3.4	1	1.2	22	0.6	29	0.9	
Strabismus ...	23	2.04	33	2.9	10	0.9	6	0.5	5	0.4	5	0.5	—	—	—	—	38	1.1	45	1.4	
Other Diseases ...	9	0.8	14	1.2	5	0.4	7	0.6	4	0.3	5	0.5	1	1.8	1	1.2	19	0.5	27	0.8	
(b) Visual Acuity:																					
(1) Fair ...	3	0.2	4	0.3	101	9.5	129	12.4	100	9.6	111	11.4	7	12.7	11	13.2	211	6.4	255	7.9	
(2) Bad ...	2	0.1	1	0.09	10	0.9	21	2.02	14	1.3	28	2.8	3	5.4	6	7.2	29	0.8	56	1.7	
(c) Recommended for refraction ...	29	2.5	28	2.5	90	8.4	113	10.8	84	8.06	109	11.2	6	10.9	11	13.2	209	6.3	261	8.1	

Table II (continued)

Nature of Defect	Entrants				Second Age-group				Third Age-group				Fourth Age-group				All Ages								
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls						
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%					
9. Ears—																									
(a) Diseases :																									
Otorrhoea ...	3	0.2	5	0.4	2	0.1	3	0.2	1	0.09	4	0.4	—	—	—	—	6	0.1	12	0.3	—	—	—		
Others ...	3	0.2	7	0.6	4	0.3	4	0.3	2	0.1	—	—	—	—	—	—	9	0.2	11	0.3	—	—	—		
(b) Defective Hearing :																									
Grade I ...	3	0.2	1	0.09	5	0.4	4	0.3	1	0.09	—	—	—	—	—	—	9	0.2	5	0.1	—	—	—		
Grade IIa ...	—	—	—	—	7	0.6	4	0.3	—	—	3	0.3	—	—	—	—	7	0.2	7	0.2	—	—	—		
Grade IIb ...	—	—	—	—	—	—	—	—	—	—	1	0.1	—	—	—	—	—	—	—	—	—	—	—	—	
Grade III ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Speech—																									
(a) Defective articulation ...	8	0.7	1	0.09	5	0.4	1	0.09	5	0.4	4	0.4	—	—	—	—	18	0.5	6	0.1	—	—	—	—	
(b) Stammering ...	3	0.2	6	0.5	2	0.1	2	0.1	3	0.2	1	0.1	—	—	—	—	8	0.2	9	0.2	—	—	—	—	
11. Mental and Nervous Condition—																									
(a) Backward ...	5	0.4	1	0.09	12	1.1	5	0.4	12	1.1	3	0.3	—	—	—	—	29	0.8	9	0.2	—	—	—	—	
(b) Dull ...	1	0.08	1	0.09	8	0.7	2	0.1	14	1.3	1	0.1	—	—	—	—	23	0.7	4	0.1	—	—	—	—	
(c) Mentally deficient (Educable) ...	2	0.1	1	0.09	5	0.4	2	0.1	6	0.5	2	0.2	—	—	—	—	13	0.3	5	0.1	—	—	—	—	
(d) Mentally deficient (Ineducable) ...	1	0.08	1	0.09	1	0.09	1	0.09	—	—	—	—	—	—	—	—	2	0.06	2	0.06	—	—	—	—	
(e) Highly nervous or unstable ...	6	0.5	6	0.5	2	0.1	2	0.1	4	0.3	2	0.2	—	—	—	—	12	0.3	10	0.3	—	—	—	—	
(f) Difficult behaviour ...	5	0.4	—	—	1	0.09	—	—	—	—	—	—	—	—	—	—	6	0.1	—	—	—	—	—	—	
12. Circulatory System—																									
(a) Organic Heart :																									
(1) Congenital ...	9	0.8	9	0.8	4	0.3	5	0.4	6	0.5	11	1.1	—	—	—	—	19	0.5	25	0.7	—	—	—	—	
(2) Acquired ...	3	0.2	2	0.1	5	0.4	2	0.1	7	0.6	6	0.6	—	—	—	—	15	0.4	10	0.3	—	—	—	—	
(b) Functional ...	7	0.6	11	0.9	6	0.5	5	0.4	13	1.2	8	0.8	—	—	—	—	26	0.7	25	0.7	—	—	—	—	
13. Lungs—																									
(a) Chronic Bronchitis ...	13	1.1	7	0.6	10	0.9	5	0.4	2	0.1	4	0.4	—	—	—	—	25	0.7	16	0.5	—	—	—	—	
(b) Suspected Tuberculosis ...	3	0.2	5	0.4	1	0.09	4	0.3	1	0.09	—	—	—	—	—	—	5	0.1	9	0.2	—	—	—	—	
(c) Other Diseases ...	10	0.8	6	0.5	11	1.03	—	—	4	0.3	4	0.4	—	—	—	—	25	0.7	10	0.3	—	—	—	—	
14. Deformities—																									
(a) Congenital ...	16	1.4	8	0.7	14	1.3	3	0.2	6	0.5	5	0.5	—	—	—	—	36	1.09	16	0.5	—	—	—	—	
(b) Acquired (Infantile Paralysis) ...	—	—	—	—	1	0.09	—	—	3	0.2	1	0.1	—	—	—	—	4	0.1	1	0.03	—	—	—	—	
(c) Acquired (Probable Rickets) ...	7	0.6	3	0.2	2	0.1	5	0.4	5	0.4	3	0.3	—	—	—	—	7	0.2	11	0.3	—	—	—	—	
(d) Acquired (Other) ...	—	—	—	—	8	0.7	5	0.4	8	0.7	5	0.5	—	—	—	—	23	0.7	13	0.4	—	—	—	—	
15. Infectious Diseases ...	2	0.1	—	—	2	0.1	—	—	—	—	—	—	—	—	—	—	4	0.1	—	—	—	—	—	—	
16. Other Diseases or Defects ...	42	3.7	34	3.07	20	1.8	19	1.8	26	2.4	27	2.7	—	—	—	—	89	2.7	82	2.5	—	—	—	—	

TABLE III  
SYSTEMATIC MEDICAL EXAMINATIONS

Classification	Entrants 2,230		Second Age-group 2,101		Third Age-group 2,007		Fourth Age-group 138		Total All Ages 6,476	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
1. Children free from defects ... ..	1,389	62.3	1,466	69.8	1,459	72.7	95	68.8	4,409	68.1
2. Children (otherwise free from defects) who suffer from—										
(a) Defective vision not worse than 6/12 in the better eye with or without glasses ... ..	1	0.1	144	6.8	132	6.6	10	7.3	287	4.4
(b) Conditions of the mouth and teeth requiring treatment ... ..	102	4.6	40	1.9	18	0.9	1	0.7	161	2.5
(c) Both (a) and (b) ... ..	—	—	1	0.1	—	—	1	0.7	2	0.1
Total ... ..	103	4.7	185	8.8	150	7.5	12	8.7	450	7.0
3. Children suffering from ailments (other than those mentioned in 2) from which complete recovery is anticipated within a few weeks	538	24.1	319	15.2	284	14.1	26	18.8	1,167	18.0
4. Children with defect less remediable than defects in 2 or 3—										
(a) Where complete cure is considered possible ... ..	143	6.5	63	3.0	45	2.3	1	0.7	252	3.9
(b) Where improvement only is considered possible ... ..	57	2.4	68	3.2	69	3.4	4	3.0	198	3.0
Total ... ..	200	8.9	131	6.2	114	5.7	5	3.7	450	6.9
Total number of children examined ... ..	2,230	100.0	2,101	100.0	2,007	100.0	138	100.0	6,476	100.0

TABLE IV.

RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

Disability	At Ordinary Schools	At Special Schools or Classes	At no School or Institution	Total
1. Blind ... ..	—	5	—	5
2. Partially sighted:—				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition ... ..	—	1	—	1
(b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school ... ..	—	—	—	—
3. Deaf—				
Grade I ... ..	327	—	—	327
Grade IIa ... ..	54	—	—	54
Grade IIb ... ..	1	5	—	6
Grade III ... ..	—	14	—	14
4. Defective Speech—				
(a) Defects of articulation requiring special educational measures ... ..	41	—	—	41
(b) Stammering requiring special educational measures ... ..	18	—	—	18
5. Mentally defective (children between 5 and 16 years)—				
(a) Educable (I.Q. approx. 50-70) ... ..	130	29	11	170
(b) Ineducable (I.Q. generally less than 50)	—	21	8	29
6. Epilepsy—				
(a) Mild and occasional ... ..	4	—	—	4
(b) Severe (suitable for care in a residential school) ... ..	—	1	1	2
7. Physical defective (children between 5 and 16 years)—				
(a) Non-pulmonary tuberculosis (excluding glands) ... ..	11	—	5	16
(b) General orthopaedic conditions ... ..	142	2	10	154
(c) Organic heart disease ... ..	84	1	—	85
(d) Other causes of ill-health ... ..	21	—	2	23
8. Multiple defects—				
(a) Cranio-stenosis and supernumary toes ...	1	—	—	1

TABLE V

## DENTAL INSPECTION AND TREATMENT

No. of Children who were—		Systematic Examinations	Special and Emergency Cases	Total
(1) Inspected by the Dental Officers—				
Age	5 ... ..	411	17	428
	6 ... ..	436	19	455
	7 ... ..	476	23	499
	8 ... ..	553	11	564
	9 ... ..	539	15	554
	10 ... ..	573	9	582
	11 ... ..	623	11	634
	12 ... ..	438	14	452
	13 ... ..	359	4	363
	14 ... ..	310	12	322
	15 ... ..	120	10	130
	16+ ... ..	24	—	24
Total ... ..		4,862	145	5,007
(2) Found to require treatment ... ..		2,160	—	
(2a) Number of children accepting treatment ...		1,501	—	
(3) Actually treated by the School Dental Surgeons ...		1,496	145	
(4) Number of attendances made by children for treatment ... ..		1,778	168	
(5) Fillings—				
	(a) Permanent teeth ... ..	723	27	
	(b) Temporary teeth ... ..	135	16	
(6) Extractions—				
	(a) Permanent teeth ... ..	450	32	
	(b) Temporary teeth ... ..	1,506	57	
(7) Number of administrations of a general anaesthetic for extractions ... ..		—	—	
(8) Other operations—				
	(a) Permanent teeth ... ..	388	—	
	(b) Temporary teeth ... ..	98	16	
(9) Half-days devoted to inspection ... ..		109	—	
Half-days devoted to treatment ... ..		357	—	
(10) Number of children treated under private arrangements ... ..		599	—	

## SECTION IV

### Tuberculosis Service

The number of cases of tuberculosis notified during 1951, namely, 98 was 41 fewer than were notified during 1950. Of the 55 cases of respiratory disease, 11 were children whose disease was of a primary nature, and the remaining 44 were adults. The previous year, there were 70 cases of respiratory disease of which 7 were children with primary intra-thoracic tuberculosis and 63 were adults. The number of cases of non-respiratory disease has also fallen. There were 43 such cases notified compared with 69 during 1950.

It might be pertinent here to point out a change that has occurred since the coming into force of the National Health Service Act of 1948. There is no longer a Tuberculosis Officer who sees practically every case of tuberculosis; he is now a Chest Physician and the great bulk of his work is with cases of chest disease—he only has access to beds in hospital for such cases. Miliary tuberculosis and cases of tuberculous meningitis are treated in the City Hospital, Aberdeen. Other cases of non-respiratory tuberculosis are sent to the surgical out-patient department of Aberdeen Royal Infirmary or Hospital for Sick Children, according to the patient's age.

During the year 1951, 32 cases died of tuberculosis—28 of the respiratory form and 4 of non-respiratory disease. Thus, there were two and a half times as many persons dying of respiratory tuberculosis in 1951 as in 1950. Even so, the death-rate of 0.19 per 1,000 of population is a very low one. The non-respiratory death-rate—.03 per 1,000 is lower than that for 1950.

There can be no doubt that the new drugs used in the treatment of tuberculosis, mostly Streptomycin and Para-amino salicylic acid derivatives have led to a prolongation in life of patients suffering from pulmonary tuberculosis and also to a percentage of cures in cases of meningitis and miliary tuberculosis. A number of these recovered cases have varying degrees of deafness, however. Another factor which has a bearing on the low mortality rates is, of course, the fact that there is, virtually, no waiting time for admission to hospital after diagnosis. The facilities for major surgical treatment are not yet quite adequate and there is still difficulty in finding nursing staff for the tuberculosis hospitals in Aberdeenshire.

Patients discharged from hospital are seen regularly by the District Nurses or, in the Burghs by Health Visitors who send a report every quarter on the state of health of each tuberculous patient in her district.

The Public Health Department has continued to assist discharged patients, where necessary by providing shelters for living in. Eighty-eight patients were supplied with milk, eggs, butter and meat. 'Home-helps' were provided in several cases.

With a view to finding cases at the earliest opportunity, when they are usually most amenable to treatment and shortening their careers as sources of infection to others, an endeavour is made to see the household and other contacts of each case. In children a most helpful procedure in such examination is the tuberculin test. Arrangements were made by the County Supervisor Nursing Officer for 165 such examinations to be carried out. All told 243 new 'contacts' were examined during the year. As a preventive measure 74 children and young persons were given B.C.G. vaccine during 1951.

TABLE I  
NUMBER OF CASES NOTIFIED AS SUFFERING FROM TUBERCULOSIS

		AGE-GROUPS									Total	Cases removed to hospital	Cases notified in a previous year and removed to hospital for the first time during 1951
		Under 1 year	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards			
Respiratory ...	Males ...	—	1	2	—	6	5	3	3	1	21	21	2
	Females ...	—	5	2	1	7	10	4	4	1	34	28	3
	Total ...	—	6	4	1	13	15	7	7	2	55	49	5
Non-respiratory ...	Males ...	—	4	6	1	6	—	1	3	1	22	3	—
	Females ...	—	1	5	2	6	3	2	2	—	21	7	—
	Total ...	—	5	11	3	12	3	3	5	1	43	10	—
Respiratory and Non-respiratory ...	Males ...	—	5	8	1	12	5	4	6	2	43	24	2
	Females ...	—	6	7	3	13	13	6	6	1	55	35	3
	Grand Total	—	11	15	4	25	18	10	12	3	98	59	5

TABLE II  
NUMBER OF CASES DIAGNOSED AS SUFFERING FROM TUBERCULOSIS

		AGE GROUPS									Total
		Under 1 year	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	
Respiratory ...	Males ...	—	1	2	—	6	5	3	3	1	15
	Females ...	—	5	2	1	7	10	4	4	1	34
	Total ...	—	6	4	1	13	15	7	7	2	55
Non-respiratory ...	Males ...	—	4	3	1	3	—	—	3	1	15
	Females ...	—	1	5	1	4	2	2	2	—	17
	Total ...	—	5	8	2	7	2	2	5	1	32
Respiratory and Non-respiratory ...	Males ...	—	5	5	1	9	5	3	6	2	36
	Females ...	—	6	7	2	11	12	6	6	1	51
	Grand Total	—	11	12	3	20	17	9	12	3	87

TABLE III  
LOCALISATION OF DISEASE—1951

The parts of the body affected in the 43 non-respiratory cases were:—

		<i>Proved cases</i>
1. Glands ... ..	26	16
2. Bones and Joints ... ..	3	3
3. Brain Membranes ... ..	3	3
4. Abdomen ... ..	5	4
5. Other sites (including lupus)	6	6
Totals ...	43	32

TABLE IV  
SOURCES OF NOTIFICATION

1. Notified by General Practitioners ... ..	43
2. Notified by Medical Officers of Medical or Surgical Hospitals ... ..	20
3. Notified by Medical Officers of Health of other areas ("transfers") ... ..	26
4. Notified by Medical Officers of Mental Hospitals ... ..	2
5. Re-notifications ... ..	15
6. Others ... ..	33
Total ...	139

TABLE V.  
OCCUPATIONAL INCIDENCE

Occupation	Total	Number of Cases	
		Respiratory	Non-Respiratory
Housewives ... ..	21	18	8
Children ... ..	11	6	5
Schoolgirls ... ..	11	4	7
Schoolboys ... ..	10	2	8
Farm Workers ... ..	6	1	5
Factory Workers ... ..	4	4	—
No Occupations ... ..	4	3	1
Fishermen ... ..	3	2	1
Receptionists ... ..	3	2	1
Students ... ..	3	3	—
Clerkesses ... ..	2	2	—
Domestic Servants ... ..	2	1	1
Fish Workers ... ..	2	1	1
Shop Assistants ... ..	2	1	1
Agricultural Engineer	1	1	—
Bus Conductress ... ..	1	1	—
Cook ... ..	1	—	1
Egg Grader ... ..	1	—	1
Electrician ... ..	1	—	1
Entertainer ... ..	1	—	1
Gas Stoker ... ..	1	1	—
Joiner ... ..	1	—	1
Jeweller ... ..	1	—	1
Labourer ... ..	1	1	—
Marine Engineer ... ..	1	1	—
Painter ... ..	1	1	—
Road Worker ... ..	1	1	—
Welfare Officer ... ..	1	1	—
	98	53	45

MORTALITY

The number of cases notified in 1951 and dying before the end of the year was 6. The percentage of deaths to notifications within the year was therefore 6.1.

During the year, there were 32 deaths, and, of these 28 were due to respiratory tuberculosis and 4 to non-respiratory tuberculosis. The 28 deaths attributable to the respiratory form of the disease represents a death-rate of 0.19 per 1,000 population. The number of deaths from non-respiratory disease, namely, 4, represents a death rate of .03 per 1,000 of population.

In Scotland in 1951, there were 2,180 deaths from tuberculosis. Respiratory tuberculosis accounted for 1,885 deaths and tuberculosis in other parts of the body for 295 deaths. The death-rate from all forms of tuberculosis for the whole of Scotland was 0.43 per 1,000 of population. The death-rate from respiratory tuberculosis in Scotland in 1951 was 0.37 per 1,000 and the death-rate from non-respiratory tuberculosis in Scotland was 0.06 per 1,000.

TABLE VI

Cause of Death	All Ages	-1	1+	5+	10+	15+	25+	35+	45+	55+	65+	75+	85 and over
Respiratory system ... Male	21	—	—	—	—	—	8	6	1	4	2	—	—
.. .. Female	7	—	—	—	—	—	2	1	1	1	1	1	—
Other forms ... Male	4	—	—	—	—	1	—	—	—	1	2	—	—
.. .. Female	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	32	—	—	—	—	1	10	7	2	6	5	1	—

TABLE VII

	No. corrected for Transfers			Rate per 1,000 of estimated population (both sexes)
	Both sexes	Males	Females	
Deaths—Tuberculosis (all forms) ...	32	25	7	0.22
.. (Respiratory system) ...	28	21	7	0.19

B.C.G. vaccinations were given as follows:—

	0-1 yrs.	1-5 yrs.	5-10 yrs.	10-15 yrs.	Total
Males ...	6	17	13	2	38
Females ...	5	20	9	2	36
Total ...	11	37	22	4	74

The number of cases notified in 1961 and during the year before the end of the year was 2. The present age of deaths to notification within the year was 10.6 years.

During the year there were 23 deaths, and of these 20 were due to respiratory tuberculosis and 3 to non-respiratory tuberculosis. The 20 deaths attributable to the respiratory form of the disease represent a death rate of 0.19 per 1,000 population. The number of deaths from non-respiratory disease, namely 3, represents a death rate of 0.22 per 1,000 of population.

In Scotland in 1961, there were 2,150 deaths from tuberculosis. Respiratory tuberculosis accounted for 1,876 deaths and tuberculosis in other parts of the body for 274 deaths. The death rate from all forms of tuberculosis for the whole of Scotland was 0.43 per 1,000 of population. The death rate from respiratory tuberculosis in Scotland in 1961 was 0.22 per 1,000 and the death rate from non-respiratory tuberculosis in Scotland was 0.22 per 1,000.

## SECTION V

### The Nursing Services

At the end of 1951, the nursing staff was as under:—

(1) Superintendent of Nurses and Assistant Superintendent	2
(2) Nurses performing combined duties ... ..	49
(3) Health Visitors—full time ... ..	7
(4) Midwives —full-time ... ..	4
(5) Nurses performing general duties only ... ..	2
(6) Relief Nurses ... ..	2
	66
	66

At present thirty-one nurses are living in premises set apart as nurses' houses, sixteen nurses are living in their own homes, and seventeen are in lodgings.

It will be seen that the majority of the nurses perform combined duties, but, in most instances, home nursing and midwifery occupy the greater proportion of their time. Details as to their duties are as follows:—

1. Home visitation and nursing of ordinary sick persons.
2. Domiciliary midwifery.
3. Home visitation of expectant and nursing mothers and of pre-school children.
4. Attendances at the Council's Child Welfare Clinics.
5. Home visitation of cases on the Tuberculosis Register and supervision of "contacts" of tuberculous persons.
6. Attendance with the School Medical Officers at routine medical inspection; periodic examination of school children as to head and body cleanliness; follow-up visits to handicapped children, both at school and in their homes.
7. Visitation of boarded-out children.
8. Propaganda in connection with the promotion of health, vaccination against smallpox and immunisation against diphtheria.
9. Work undertaken at the instigation of the hospital authorities and general practitioners by arrangement with the North-Eastern Regional Hospital Board or the Executive Council respectively. Except in emergency, this work will be undertaken only on the instruction of the Medical Officer of Health or the Superintendent of Nurses.
10. By arrangement with the North-Eastern Regional Hospital Board, the following-up of female Venereal Diseases defaulters, that is, patients who have not undergone a full course of treatment.

The following is a record of the work performed by the nurses in 1951:—

	<i>Cases</i>	<i>Visits</i>
1. General Nursing ... ..	5,848	95,763
2. Maternity Nursing ... ..	672	11,334
3. Expectant Mothers:		<i>Total Visits</i>
(a) Domiciliary ... ..		5,733
(b) Hospital ... ..		20,491
4. Child Welfare:	<i>First Visits</i>	
(a) Infants—1 year ... ..	2,545	30,976
(b) Children from 1-5 years ... ..	3,595	34,205
5. School Health Service ... ..		4,043
6. Tuberculosis work ... ..		2,008

## SECTION VI

### Mental Health Services

During 1951, the Mental Health Services continued to operate efficiently. The Area Officers in their capacity as authorised officers have given invaluable assistance and the closest personal co-operation was maintained by regular meetings which were held at the County Health Office between the authorised officers and Medical Officer of Health and the Senior Medical Officer.

The provision of institutional treatment for persons suffering from mental derangement and for certain types of mental defectives devolves on the North-Eastern Regional Hospital Board. In the Mental Hospitals there are at present cases of curable mental illness being treated side by side with mental defectives which condition of affairs is most unsatisfactory. Prior to the outbreak of the second World War, attempts were made by the Local Authorities in this area to impress on the General Board of Control the necessity of providing *ad hoc* accommodation for mental defectives, both juvenile and adolescent, but no action was taken. The present position is practically similar to what pertained in 1919, except that Woodlands Home, Cults, purchased by Aberdeen Corporation, was handed over to the North-Eastern Regional Hospital Board for the accommodation of 50 ineducable mentally defective children. This institution will be enlarged as the present bed accommodation touches but the fringe of the problem and it is also envisaged that a Mental Hospital in the North-East will be set aside for the accommodation of adult mental defectives. It must not be assumed that the lack of adequate provision for mental defectives applies only to this part of the country, for there is a very great shortage throughout Scotland and the need for more beds is clamant.

The educable mentally defective children are sent by the Education Committee to Special Schools or Classes or to Certified Institutions such as, Baldovan Institution, Dundee.

During the year, there were 135 mental defectives under guardianship, 67 males and 68 females.

The following is a record of the work undertaken by the County Health Office in 1951:-

Total 1951		Total 1950	
1	2,720	2,544	2,544
2	2,720	2,544	2,544
3	2,720	2,544	2,544
4	2,720	2,544	2,544
5	2,720	2,544	2,544
6	2,720	2,544	2,544
7	2,720	2,544	2,544
8	2,720	2,544	2,544
9	2,720	2,544	2,544
10	2,720	2,544	2,544
11	2,720	2,544	2,544
12	2,720	2,544	2,544
13	2,720	2,544	2,544
14	2,720	2,544	2,544
15	2,720	2,544	2,544
16	2,720	2,544	2,544
17	2,720	2,544	2,544
18	2,720	2,544	2,544
19	2,720	2,544	2,544
20	2,720	2,544	2,544
21	2,720	2,544	2,544
22	2,720	2,544	2,544
23	2,720	2,544	2,544
24	2,720	2,544	2,544
25	2,720	2,544	2,544
26	2,720	2,544	2,544
27	2,720	2,544	2,544
28	2,720	2,544	2,544
29	2,720	2,544	2,544
30	2,720	2,544	2,544
31	2,720	2,544	2,544
32	2,720	2,544	2,544
33	2,720	2,544	2,544
34	2,720	2,544	2,544
35	2,720	2,544	2,544
36	2,720	2,544	2,544
37	2,720	2,544	2,544
38	2,720	2,544	2,544
39	2,720	2,544	2,544
40	2,720	2,544	2,544
41	2,720	2,544	2,544
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## SECTION VII

# Synopsis of Sanitary Inspectors' Reports

### A. COUNTY SANITARY INSPECTOR'S REPORT

**Milk:**

During 1951, there were 445 registered dairies in the County, and of that number 356 held Designated Milk Licences, as follows:—

Certified	... ..	12	Standard	... ..	88
Tuberculin Tested	... ..	256	Pasteurised	... ..	2

12,339,533 gallons of milk were produced in the County, consisting of:—

Certified	... ..	744,849	Standard	... ..	1,961,436
Tuberculin Tested	... ..	8,168,319	Ordinary	... ..	1,464,929

3,482 samples of milk were taken; of these 2,812 were satisfactory (80.76%) and 670 were unsatisfactory (19.24%). The following table shows the number of samples taken under each Designation and subjected for bacteriological analyses:—

<i>Designation</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Pasteurised	... .. 143	... .. 17	... .. 160
Certified	... .. 76	... .. 18	... .. 94
Tuberculin Tested	1,415	231	1,646
Standard	... .. 571	... .. 144	... .. 715
Ordinary	... .. 607	... .. 260	... .. 867

289 samples were taken for biological examination; of that number 260 were Negative (89.97%) and 29 Positive (10.03%).

One dairyman lost his Special Designated Licence during the year but it was ultimately restored on satisfactory samples being procured.

During the year, the following improvements to dairy premises took place:—

Total Reconstructions	... ..	23
Partial Reconstructions	... ..	2
New Byres	... ..	8
Byre Extensions	... ..	3
Reconstruction of Byres	... ..	18
New Dairies and Sculleries	... ..	12
Dairy Sculleries	... ..	7
New Dungsteads	... ..	5
New Water Supplies	... ..	4
Construction of Calf Pens	... ..	1
Other Improvements	... ..	30

The District Sanitary Inspectors carried out 1,255 inspections of dairy farms and the Milk Officers carried out 2,022.

**Food:**

The total amount of food condemned was 18 tons 18 cwt. 2 lbs. 7 ozs.

**Factories Act:**

No. of premises on Register	... ..	695
No. of inspections carried out	... ..	692
No. of Written Notices	... ..	18

Particulars of the defects found were as follows:—

Want of Cleanliness	... ..	13
Inadequate Ventilation	... ..	9
Ineffective drainage of floors	... ..	2
Insufficient Sanitary Conveniences	... ..	42
Unsuitable or defective Sanitary Conveniences	... ..	15
Sanitary Conveniences not separate for sexes	... ..	1



**Water:**

Three hundred and sixty-eight new water supplies were installed during 1951. Samples were taken with the following results:—

*Chemical—*

Satisfactory	...	...	...	...	249
Unsatisfactory	...	...	...	...	25

*Bacteriological—*

Satisfactory	...	...	...	...	291
Unsatisfactory	...	...	...	...	108

**Drainage:**

29,317 yards of new drains were laid during the year. 605 drains were smoke-tested.

**Food and Drugs (Adulteration) Act, 1928.**

The number of samples taken was as follows:—

*Formal—*

Satisfactory	...	...	...	256
Non-Genuine	...	...	...	8
Convictions	...	...	...	4 (fines of £3, and three at £5 were imposed).
Warnings	...	...	...	3

*Informal—*

Genuine	...	...	...	327
Non-Genuine	...	...	...	42

**Ice Cream (Scotland) Regulations, 1948:**

Number of improvements carried out to premises	...	...	...	13.
Number of samples taken	...	...	...	116.
Number of premises proposed to register	...	...	...	53.

**Fertilisers and Feeding Stuffs Act, 1926:**

The number of samples taken was as follows:—

Satisfactory	...	...	...	75
Unsatisfactory	...	...	...	7

**Cleansing:**

A cleansing service was provided to all premises within the County Special Scavenging District which was extended in May to include the villages of Echt, Oyne, Kirkton of Oyne and built-up areas in the Bridge of Don and Dyce districts.

Premises outwith the County Special Scavenging District which take advantage of the service include local authority houses and 851 other premises which are up to or within 3 miles of lorry routes. Special contracts are in operation for the daily removal of refuse from Bridge of Don Barracks and twice weekly removal of refuse from the Burgh of Kintore. A weekly average of 460 tons of refuse was collected.

Street sweeping and gully cleaning was carried out in all villages and hamlets within the County Special Scavenging District.

During the year, 330 tons waste paper, 105 tons tins and other metals and 26 tons sacking were collected and sold to merchants. An electric baling press was purchased and installed in a shed at one of the service's refuse dumps.

Seventeen refuse collection vehicles were used to operate the cleansing service. One Hi-Lift Excavator was also in use principally on the levelling of refuse dumps.

Forty-seven full-time and 7 part-time employees were engaged throughout the year.

New refuse dumps were acquired at Cults, Tarves and Cairnbulg and the dumps at Longside and Lumsden were extended. A new dump is required in the Fyvie area. Two workmen were employed at refuse dumps to separate waste paper, tins, etc. from domestic refuse. This has resulted in a considerable improvement in the condition and appearance of the tips. Rat extermination work is carried out at regular intervals at all dumps.

It is hoped that the erection of a Cleansing Garage at Dyce will be commenced at an early date. The Inch garage has not yet been completed. Temporary garage accommodation was provided at Dyce and Aboyne by the erection of corrugated asbestos sheds.

The erection of local authority and private enterprise houses in the rural area of the county continued to open new lorry routes and the demand for a cleansing service increases accordingly.

## PREVENTION OF DAMAGE BY PESTS ACT, 1949:

The original team of 6 rat-catchers appointed in 1950 operated throughout the year. One van is used for the transport of heavy equipment and five of the rat-catchers use motor-cycles as a means of travelling to the various points of operation.

Surveys were carried out on 1,500 premises of which 427 were found to be rat-infested. In each instance where infestation was found rat extermination work was undertaken by the Local Authority's rat-catchers.

The following table gives details of the methods of extermination and estimated numbers of rats destroyed:—

Method of Destruction	No. of Baits Laid	No. of Baits Taken	No. of Rats Destroyed	
			Estimated	Actual
Poison ... ..	57,023	37,273	37,273	
Traps ... ..				3,769
Gas ... ..			17,346	
<b>Totals ... ..</b>	<b>57,023</b>	<b>37,273</b>	<b>54,619</b>	<b>3,769</b>

## B. REPORTS BY BURGH SANITARY INSPECTORS

### WATER SUPPLIES:

#### Ballater:

The Water Supply was adequate for all requirements and of good quality.

#### Ellon:

An ample supply of water continued to be obtained from the spring sources at Ardgrain, Harewell and Ardarg, and at no time was a shortage imminent. Samples were drawn from the reservoir and various sources, the results of which showed that the water was of excellent quality.

One additional connection was made to the water mains apart from the connection of the four new Town Council houses.

#### Fraserburgh:

Samples taken for analyses from Fedderate supply were all satisfactory, but one sample taken from Hillhead source proved unsatisfactory on bacteriological analyses. Chlorination equipment has been installed at this source.

Consumption of water during the year, including all water used for trade purposes, harbour and sewer flushing, etc. has averaged:—

Fedderate 12" main ... ..	653,000 gallons
Hillhead 9" main ... ..	175,000 ..
Hillhead 6" main ... ..	88,000 ..

**Total 916,000 gallons per 24 hours.**

The booster pump on Fedderate supply main operated 934 hours during the year and that on Hillhead main 894 hours, both of which figures show a reduction on the previous year.

Two filters at Bogensourie were overhauled and improved type strainers fitted.

#### Huntly:

The water supply has been of sufficient quantity to meet the demands of the community, and with the steady progress during the past four years on the re-piping of the Burgh water mains, this year saw a marked improvement in the quality of the water when drawn from house taps. The upstand pipe at Craighead reservoir has been erected.

#### Inverurie:

The water supply which comes from natural springs is of good quality, suitable for both industrial and domestic purposes.

Periodic inspection is made of all piping, valves and other apparatus to ensure their working satisfactorily. The settling tanks, reservoirs and filter beds are cleaned out and renewed regularly.

For several years a great problem has been the shortage of water at certain seasons of the year and the lack of pressure in the higher level districts of the Burgh, and special surveys were made at the Clachie and Linn Burns, gauging wires erected on both streams, measurements taken of the water flow, when it was found that on each stream the average was 85 gallons per minute. The average rainfall for the same period was 2.28 inches.

Samples of water from both streams were sent for analysis and the chemical and bacteriological reports were satisfactory.

#### **Peterhead:**

Little or no difficulty has been experienced with the water supply during the year 1951. Starting the year in January with full storage reservoirs, this state of affairs prevailed until the end of May when there was a drop of two and a half million gallons. This fall continued till the end of October, in spite of the fact that three shifts of pumping were put into operation at Roundhillock. At the end of October the storage reservoirs had fallen from 32,000,000 gallons at the end of May to 25,000,000 at the beginning of October. November brought a marked improvement on the inflow and by the end of the month the reservoirs had risen to 27,000,000 gallons. A considerable spell of rainy weather during this time completely replenished the storage shortage, with the result that by mid December the dams were filled to overflowing and pumping from the River Ugie was stopped. There has been little or no complaint regarding the pressure which has been well maintained during the year.

Distributing mains of 4" and 6" to the extent of 1,500 lineal yards were laid throughout the year, so that since the war a total of 3,500 lineal yards of mains have been renewed throughout the Burgh. In the new housing developments a total length of 1,200 lineal yards of 6" diameter C.I. mains have been laid down.

The pressure scheme at Forehill and Cocklaw has not yet been finally fixed up, the completion being greatly retarded by slow delivery of the pumping plant. It is hoped, however, to have this scheme in operation in the Spring of 1952. Work has begun on the installation of the new pumping plant at Roundhillock and this section of the work should be completed and in operation early next year when it will be possible to abstract up to a million gallons a day from the River Ugie.

#### **Rosehearty:**

The supply continues to be very satisfactory since augmentation scheme was completed and the water mains were scraped.

#### **Turriff:**

As in former years the supply from Barnyards fluctuated greatly, the amounts being between 54,000 gallons per day in June to 360,000 gallons per day in January. As the storage capacity is only 120,000 gallons the excess is wasted. During the summer months the auxiliary supply from Boggieshalloch is called on to meet the deficiency.

Both supplies are of good quality, and no complaints were received regarding volume or pressure.

#### **DRAINAGE:**

##### **Ballater:**

The sewers were maintained in a satisfactory condition.

##### **Ellon:**

Two new connections were made to the public sewers including the connection of the four new Town Council houses.

No complaints were received regarding the sewage from the public sewers which discharge into the River Ythan in a crude state. However, a complaint was received regarding the pollution of the River Ythan by oil from garage drains. Notices were given to the various garage proprietors to have this matter remedied, some of whom already have the matter in hand.

##### **Fraserburgh:**

The sewerage system generally has functioned satisfactorily. A further extension of sewer in Strichen Road was completed and extensions of the system for housing schemes were undertaken. The septic tank at Kessock Road was emptied and completely overhauled. Repairs and part renewal of one outfall was necessary.

Two hundred and forty-one choked drains in housing scheme property required to be rectified and 68 choked drains were cleared for private parties on repayment.

**Huntly:**

The sewerage system throughout the Burgh was well maintained during the year, and periodical flushing was carried out in certain sections, where the sewers are extremely shallow.

Three hundred and ten yards of 9" fireclay sewer pipes were laid in the Green Road area and a septic tank installed to take the sewage from this area temporarily.

**Inverurie:**

All the main sewers and private drains are being kept as far as possible, in a satisfactory working condition.

With the erection of new houses and the modernisation of existing dwellings by the installation of new sanitary appliances, the main sewers are becoming insufficient in size to deal with the additional quantity of sewage being added thereto. In the near future, the whole question of the sewerage system for the Burgh will require to be given serious consideration.

**Peterhead:**

Periodic inspections were made of the several outfalls, all of which were functioning normally and gave rise to no complaints. The sewer at the junction of Wilson Street and East North Street continues to surcharge after heavy rain and was the cause of flooding at a number of premises in Wilson Street. Plans have been prepared for a proposed relief sewer to be constructed at this point and carried along East North Street for a distance of 202 yards through the retaining wall on Gadle Braes to discharge into the existing outfall near the slaughterhouse. Provision has also been made in the scheme for the renewal of this outfall which has been badly damaged by storms. When this work has been completed no further complaints should arise.

A complaint was received regarding the pollution of Kirkburn during heavy or prolonged rain. Investigations were made and as far as can be ascertained no soil drain is connected directly into the stream, but storm overflows from the West Road sewer are connected to the adjoining culverts which feed this burn. The West Road sewer is inclined to surcharge during very heavy rain, due to additional sewage from the new built up areas and housing schemes being discharged into it, so that it may well be that during storm, the overflows will be carrying a certain amount of soil to the culverts and the burn. The time has arrived when it will be necessary to duplicate certain sections of the Burgh sewers which are becoming too small to cope with the increased quantity.

One thousand five hundred lineal yards of new 9" diameter sewer have been laid at Buchan-haven North Development Housing Scheme (2nd development) during the year varying from 6 feet to 15 feet deep.

**Rosehearty:**

The capacity of the sewers seems to be adequate unless there is an exceptionally heavy rainfall in a short period, and it is suggested that one or two additional storm overflows might be built to such an emergency.

**Turriff:**

No additions to the drainage system have been necessary during the year. With few exceptions this is adequate and functions well.

The overloading of the septic tanks and filters reported on previously continues, and nothing further has been achieved regarding the new disposal plant.

**NUISANCES:**

A number of nuisances were dealt with during the year, intimations being served where necessary. Complaints were received regarding the following:—

**Fraserburgh:**

Sixty-two nuisances, chiefly choked and defective drains and offensive collections of rubbish were dealt with. Frequent complaints have been attended to regarding the collection and storing of bones in premises in North Street.

It is evident that the offensive smell which frequently is experienced in the town caused by operations at the Herring Bye-Products Factory is still a problem. It is understood that further work at the premises is now to be undertaken to deal with this trouble.

**Inverurie:**

The nuisances dealt with consisted generally of defective drains and sanitary appliances, damp and defective houses and defective water pipes.

**Peterhead:**

Twenty-seven nuisances were notified during the year and the usual steps taken to deal with them.

**Turriff:**

No official intimations were issued during the year. In most cases the cause of nuisance is choked drains, and upon verbal notice being given to the authors, are cleared and remedied forthwith.

**CLEANSING:**

The Cleansing arrangements in the Burghs are as follows:—

	<i>Type of vehicle used.</i>	<i>No. of Collections weekly.</i>
Ellon.	Karrier Bantam.	3
Fraserburgh.	2 S.D. Freighters.	Every alternate day.
	Dennis.	
Huntly.	Karrier Bantams.	(a) every alternate day of householders. (b) once a week garden refuse. (c) once a week shop refuse, waste paper, etc. (d) once a week door to door.
Inverurie.	Dennis.	2
Peterhead.	Horse and Cart. S.D. Freighters. Motor Lorry (hired).	3
Rosehearty.	Horse and Cart.	2
Turriff.	Karrier Bantams.	2
Ballater.	Austin.	Daily collection in summer. Every alternate day in winter.

**SLAUGHTERHOUSES:**

The number of animals killed in the four Public Slaughterhouses were as follows:—

	<i>Cattle</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Calves</i>
Fraserburgh ...	1558	6519	168	99
Inverurie ...	12607	12286	427	1216
Peterhead ...	1504	5827	113	49
Turriff ...	765	2505	161	156

**FOOD INSPECTION:**

Five tons 3 cwt. 2 qrs. of assorted foodstuffs were seized as unfit for human consumption.

**HOUSING:**

The following houses were completed during the year 1951:—

<i>Private Enterprise</i>	<i>Local Authority</i>
25	126

**OFFENSIVE TRADES:**

Gut and tripe cleaning is carried out in Inverurie and Peterhead. The premises were kept under supervision and no complaints were received regarding the conduct of these businesses.

**FACTORIES AND WORKSHOPS:**

All premises on the register were periodically visited.

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