

[Report 1952] / Medical Officer of Health, Aberdeen County Council.

Contributors

Aberdeenshire (Scotland). Council.

Publication/Creation

1952

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COUNTY OF ABERDEEN.

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

ON THE

*Health and Sanitary Conditions of the
County of Aberdeen*

FOR THE YEAR

1952



With the Compliments
of the
Medical Officer of Health.

Health Office,
13, Golden Square,
Aberdeen.

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Golden Square.



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STATISTICAL SUMMARY

(FOR THE LANDWARD AREA AND ALL THE BURGHS)

	1952	1951
1. Acreage	1,244,631	1,244,631
2. Population (Estimated Civilian)	143,056	145,135
3. Persons Married per 1,000 Population	6.1	6.1
4. Number of Live Births (Corrected)	2,528	2,698
5. Birth-rate per 1,000 Population	17.7	18.6
6. Illegitimate Birth-rate per 100 Births... ..	7.6	7.9
7. Infantile Death-rate per 1,000 Births	30	30
8. Maternal Mortality per 1,000 Live and Still Births	0.91	1.08
9. Number of Deaths from all Forms of Tuberculosis...	19	32
10. Number of Deaths from Respiratory Tuberculosis ...	15	28
11. Death-rate from Respiratory Tuberculosis per 1,000 Population	0.10	0.19
12. Number of Deaths from Non-respiratory Tuberculosis	4	4
13. Death-rate from Non-respiratory Tuberculosis per 1,000 population	0.03	0.03
14. Number of Deaths (Corrected) All Causes ...	1,641	1,761
15. Death-rate - All Causes	11.5	10.5

PREFACE

I have pleasure in presenting my first Annual Report on the Health and Sanitary Conditions of the County of Aberdeen for the year 1952.

This year on the instruction of the Department of Health for Scotland, the Report assumes a somewhat unusual appearance and contains in addition to the familiar Sections a Special Review of the functions of the Local Health Authority under the National Health Service (Scotland) Act, 1947.

Much that ordinarily would form the subject matter of the Preface therefore is dealt with in the Review and is not repeated here.

It is again gratifying to record that the Health of the County has been well maintained throughout the year.

The Summary on page IV gives the more important statistical rates in relation to Births and Deaths and with the exception of the Illegitimate Birth Rate each one compares most favourably with that for Scotland as a whole. In the case of deaths from Respiratory Tuberculosis the rate for Aberdeenshire is a little over one third of the Scottish Rate.

In conclusion, I wish to express my thanks to the Members and Officials of the County Council for the support and assistance afforded me and to my staff for their loyal and willing service throughout the year under review.

GEORGE G. DICKIE,
Medical Officer of Health.

HEALTH DEPARTMENT,
13, GOLDEN SQUARE,
ABERDEEN, 31st March, 1954.



LOCAL AUTHORITY HEALTH FUNCTIONS

SPECIAL REVIEW

ADMINISTRATION:

The Local Health Authority has delegated its functions under the National Health Service (Scotland) Act of 1947, to the Health Committee of the County Council.

The Health Committee in turn has delegated all these functions with the exception of the administration of the Mental Health Services to a Nursing Sub-Committee which, although appointed by the Health Committee, exercises full powers and reports its proceedings direct to the County Council.

Co-ordination of procedure is undertaken by the County Clerk to whom all items for Committee consideration are submitted in the first instance. These items are consolidated and issued in the form of a report to Committee members in advance of the Meetings which are held at intervals of approximately six weeks.

The Medical Officer of Health is responsible to the Council for the supervision, direction and co-ordination of the Council's Health Services and for the efficient execution of these services.

In this he is assisted by the Professional Staff listed at Appendix A.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE:

(a) Local Health Services, Hospital Services and General Practitioner Services.

Officially, there exists a Co-ordinating Committee which consists of representatives of the Regional Hospital Board, the Executive Council for the County of Aberdeen and Kincardine and the County Councils of Aberdeen and Kincardine.

The Committee has not met during the year under review and therefore has served no useful purpose.

(b) The Medical Officer of Health is a member of the Mental Health, Tuberculosis and Child Health Advisory Sub-Committees of the Regional Hospital Board.

(c) The Senior Medical Officer is a member of the Local Medical Committee.

Of the foregoing arrangements (a) is valueless and (b) and (c) whilst fulfilling the purpose intended do not go far enough.

It has been found that the unofficial and personal approach to the individual is by far the most effective method of securing co-operation and co-ordination whether the agreement reached be confirmed or not by the statutory body concerned.

It is suggested therefore that the existing arrangements for co-ordination at any rate between the Local Authority and the Regional Board are too cumbersome and take place initially at too high a level.

Instead there is put forward the proposal that there should be formed a Liaison Committee consisting of The Senior Administrative Medical Staff of the Regional Hospital Board. The Medical Officers of Health of Local Health Authorities in the Board's area and Practitioners nominated by the corresponding Local Medical Committees.

Such a Committee, consisting entirely of Medical men would meet monthly and would discuss matters of common interest with a frankness not likely to be found under existing arrangements.

Where applicable the findings of the Committee would be submitted to any or all of the Local Authority, the Regional Board or the Executive Council for confirmation.

This system has been in operation in many parts of England since the "appointed day" and has proved to be of great value.

(b) Care of Patients Under Treatment at Hospitals.

The long established practice whereby Health Visitors and Sanitary Inspectors visit and advise on measures to be instituted in a dwelling-house from which a case of infectious disease has been removed to hospital still operates. In certain diseases notably Tuberculosis, Undulant Fever, Poliomyelitis and fevers of the Enteric Group, a visit is paid by a Medical Officer and in every case an endeavour is made to co-ordinate the curative and preventive aspects of treatment.

Occasionally a domiciliary nurse is required to perform the duty of ambulance attendant and whilst this practice may be justifiable in the interests of financial economy or even in the interests of certain types of patients it is bad in principle.

In a County where distances from a main hospital may be considerable, a nurse doing ambulance work may be absent from her district for several hours and by undertaking duties which are not the responsibility of the Local Health Authority she may fail to perform even more important duties which are the Local Authority's responsibility. The repercussions may well be serious.

In the case of newly born infants, premature or otherwise about to be discharged from hospital, arrangements are made to advise the Local Authority so that the necessary care can be continued and necessary equipment provided.

Save for the foregoing examples, however, there is little official direct contact between Hospital and Local Authority Health Services staffs. Even in the case of school children, it is rare for clinical or other findings likely to influence the future wellbeing or the management of a child in school to pass direct from hospital to School Medical Officer. At one time, the School Medical Officer received in respect of each child of school age discharged from hospital or attending as an outpatient, a copy of any letter of interest sent to the family doctor by the specialist or registrar concerned. Certain General Practitioners considered that this practice was unethical and it was suspended. As it has always proved possible to obtain the necessary clinical details of any case as a special rather than as a routine matter the subject has not been pursued.

Generally, then, all advice concerning the future care of a hospital case is passed only to the family doctor on whom rests the onus of arranging for any Local Authority Service which may be necessary.

In the case of Nursing Services, the arrangement is directly between the practitioner and the nurse; for all other services the need is notified by the practitioner to the Medical Officer of Health.

These arrangements have worked very well and whilst, as mentioned earlier in this report, some official form of liaison between Hospital and Local Authority Health staffs is of utmost importance such liaison should not permit the General Practitioner to be by-passed in any interchange of information. The General Practitioner is undoubtedly responsible for the domiciliary management of his patient and it follows that given full possession of the facts of the case he is best placed to summon such assistance as the Local Health Authority can provide.

(c) Publicity: Steps taken to advertise the Local Authority's Health Services:

To General Practitioners:

All practitioners in the County receive a copy of the Annual Report of the Medical Officer of Health. Additionally each practitioner is informed by letter of any alteration in circumstance, policy or procedure affecting the Local Authority Health Services.

To the Public:

No guide to the Local Authority Health Services has been published and no specific steps have been taken to inform the Public of the Services available.

Information, however, is constantly provided to the public by domiciliary nurses, authorised officers and sanitary inspectors and at intervals handbills are displayed in the Council's Area Offices, in offices of Registrars and in Schools.

There is nothing to suggest that either the General Practitioners or the Public are unaware of the Services provided.

JOINT USE OF STAFF:

(a) General Practitioners:

In all, four general practitioners work on a sessional basis for the Local Health Authority. Of these, three on a rota system conduct a weekly Child Welfare Clinic in Fraserburgh and the fourth conducts a fortnightly Child Welfare Clinic in Ballater.

(b) Specialist Services:

By arrangement with the North-Eastern Regional Hospital Board, the Local Authority has the regular services of an Ophthalmic Surgeon and of a Psychiatrist. The Ophthalmic Surgeon devotes eight sessions per month to refraction and general ophthalmic care of School Children whilst the Psychiatrist advises and takes part in procedure arising from the sections of the Mental Deficiency and Lunacy Acts now operated by the Local Health Authority.

Also by arrangement with the Regional Hospital Board, the Chest Physician undertakes on behalf of the Local Authority much of the preventive and domiciliary work in respect of Tuberculosis. In this he receives such assistance from the Local Authority's Medical, Nursing and Sanitary Staff as he may require. There is no arrangement whereby Medical or other Local Authority Health Staff work part-time in the Hospital or Specialist Services nor, as yet, is there any arrangement for the joint use of premises by Hospital, Local Authority and General Practitioner Services. In Fraserburgh, however, the Orthopaedic Clinic of the Regional Hospital Board is held monthly in the Local Authority Clinic premises.

CARE OF EXPECTANT NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE:

In a wide-spread and in part sparsely populated County there must be added to any given administrative problem the question of distance and how to overcome it. Whilst, therefore, the populous areas are fairly well provided with Clinic facilities approximately half of the population by reason of its geographical location is unable to benefit from them.

The Mobile Clinic may offer a part solution as may the use of certain selected school premises, themselves natural centres of population, in bringing the clinics to the people. For economic reasons, however, the matter has not been pursued vigorously and in any event whatever method of extending the clinic service may be adopted there must always remain a hard core of population which will depend on a domiciliary service.

EXPECTANT AND NURSING MOTHERS:

(a) *Facilities for Ante and Post-Natal Supervision:*

As stated in the foregoing paragraph, the County is not well served by Clinics and only three provided and staffed by the Regional Hospital Board offer Ante and Post-Natal supervision. These are situated at Fraserburgh, Peterhead and Huntly.

At these three Clinics hospital booked maternity cases living in the area and cases referred by the family doctor for specialist advice are seen. It should be borne in mind, however, that on an average 500 County mothers are delivered in Aberdeen Maternity Hospital every year and being within easy reach of the City receive Ante-natal and Post-natal supervision at the associated Clinics.

The remainder, whether hospital booked or domiciliary confinements, receive Ante and Post-Natal care from the Council's domiciliary nurses, from the family doctors or from both. Where necessary, Specialist advice is obtained by domiciliary consultation or by referring the patient to one of the aforementioned Clinics.

Whilst it is not suggested that the system is either clear cut or incapable of improvement, there is nevertheless ample evidence that it produces satisfactory results.

(b) *Blood Testing Arrangements:*

The Council provides no facilities for this.

(c) *Clinics in General Practitioners' own Premises:*

The Council has no such arrangement in operation.

(d) *Unmarried Mothers:*

Unmarried mothers are offered the same facilities as are married mothers. Additionally by arrangements with the Mother and Baby Home, Aberdeen, unmarried mothers for whose care the Council is responsible are admitted and maintained for a period of twelve weeks on payment of an annual lump sum. The sum payable is open to review and adjustment annually in the light of the previous year's expenditure. Where necessary, certain unmarried mothers are accommodated in other Homes on a non-contractual basis.

(e) *Mothercraft Training:*

The Council offers no facilities for this.

(f) *Maternity Outfits:*

These are supplied free of charge through the agency of the Domiciliary Nursing Service if requested for any domiciliary confinement.

CHILD WELFARE:

As previously indicated the provision of adequate Clinic facilities is difficult in Aberdeenshire and again only the more populous areas are served.

For Child Welfare purposes Clinics are held twice weekly at Peterhead and Bucksburn, weekly at Fraserburgh, and fortnightly at Ballater, Turriff, Huntly, Culter and Inverurie. All these Clinics are well attended although with the exception of Bucksburn, Fraserburgh and Ballater, the premises used leave much to be desired.

There is no arrangement for the attendance of a Paediatrician or other Consultant nor for the services of a Physiotherapist. No Clinic is held on the premises of a general practitioner.

CARE OF PREMATURE INFANTS:

Arrangements have been made for issue where necessary through the agency of the Domiciliary Nursing Service of such items of equipment or clothing as may be required for the care of the premature infant in the home. It has not, however, been possible to provide the services of a specially trained nurse and in practice the majority of premature births are admitted to hospital.

SUPPLY OF DRIED MILKS:

In conjunction with the Ministry of Food, widespread arrangements have been made for the distribution of Welfare Foods. Various this takes place at Clinics (mostly through the good offices of voluntary workers) at offices of District Sanitary Inspectors and at the residences of Domiciliary Nurses. Where considered necessary, other forms of infant foods, nutrients and accessories are available through the medium of the Clinics.

DENTAL CARE:

At present, owing to shortage of staff, there is no Scheme for providing dental care for expectant and nursing mothers and young children. During the year under review, however, two additional Dental Officers were appointed bringing the total of Dental Officers employed by the Council up to four. This number, obviously, is quite insufficient to provide an organised and efficient Dental Service.

OTHER PROVISION:

(a) Layettes:

Arrangements have been made to provide layettes and other articles of clothing for both mother and child should circumstances warrant it.

(b) Day Nursery:

At Peterhead, where a considerable number of married women are employed in connection with the fishing and canning industry, there is a Day Nursery where up to 50 children can be cared for between the hours of 7.30 a.m. to 6 p.m. This service is a very popular one and full advantage is taken of it.

(c) Convalescent Facilities:

At Culter, there is a Home administered by a Voluntary Body to which such classes of ailing children whose care is the responsibility of the Local Health Authority are admitted. Many cases are retained there for a period of six months or even longer with greatly beneficial results.

DOMICILIARY MIDWIFERY:

The geography and distribution of population in the County is such that only in the Burghs of Peterhead and Fraserburgh are midwives provided for the sole purpose of midwifery, one midwife being available in the former and two in the latter Burgh.

In the rest of the County, midwifery is undertaken by the Council's general Domiciliary Nursing Service as a combined duty.

Medical supervision of midwives is undertaken on behalf of the Medical Officer of Health by members of the Assistant Medical Staff and non-medical supervision by the Council's Superintending Nursing Officer. No private midwife in the County has notified her intention to practise.

Where home conditions are unsuitable for a domiciliary confinement the Medical Officer of Health on receipt of a report from the midwife concerned or after investigation of a report from any other source, arranges for the confinement to take place in hospital. Save in cases where expectant mothers refuse to go to hospital, difficulties have not arisen in this connection.

The Council has no arrangement for training pupil midwives of their own but offer facilities when required to pupil midwives of the Aberdeen Maternity Hospital in need of Domiciliary experience. Each midwife attends annually a two day Refresher Course organised and conducted by the staff of the Maternity Hospital, Aberdeen.

HEALTH VISITING:

As in the case of domiciliary midwifery, Health Visitors operate as such only in the main centres of population. At present, their locations are as follows :-

Peterhead: Fraserburgh: Buckburn: Inverurie,
and the Health Visiting for the rest of the County is undertaken by Domiciliary Nurses as a combined duty.

The introduction of the Health Visitor proper to Aberdeenshire is a fairly recent development and meantime must be considered something of an experiment. In consequence, the link up with general practitioner and hospital services is not as strong as it might be as practitioners especially tend to rely on the services of a District Nurse whose functions are of long standing and therefore more clearly understood. There is every indication, however, that the link is strengthening and that in course of time the service will prove of great value to the practitioner and to the community alike.

In addition to visiting of mothers and young children and attending at related Clinics, Health Visitors play an important part in prevention of infectious disease, particularly Pulmonary

Tuberculosis. They are also integrated with the School Health Service in which they play an ever increasing part.

The Council offers no facilities for Student Health Visitors but suitable officers are encouraged to undertake the necessary training elsewhere. They are assisted financially by means of a scholarship to the value of £150.

There are no arrangements for regular attendance at Refresher Courses.

HOME NURSING:

At the end of the year under review, there were 52 nurses employed in the Home Nursing Service all of whom undertook the combined duties of District Nurse/Midwife/Health Visitor. In the main each nurse is stationed in a village or other centre of population and the extent of her area of operation, although modified by such factors as density and accessibility of population, conforms to existing Parish boundaries. A motor car is available for each Domiciliary Nurse and it is the policy of the County Council to provide houses for them. With one or two exceptions this policy has already been implemented. The majority of these houses contain equipment rooms furnished so that consultation and treatment can be undertaken by the nurse in her own home. The extent to which this service is used varies greatly from district to district and depends largely on the proximity or otherwise of the patients.

Save in the case of Midwifery there is no regular night service nor does there appear to have been any demand for it. Emergency calls, however, are met at any hour.

As for the other categories of Nursing Staff there are no training facilities and no provisions for regular attendance at Refresher Courses.

Particulars of liaison with other branches of the Health Services have already been given earlier in the report and a summary of the work of the Nursing Staff, including Health Visitors and Midwives is given as Appendix II to this Report.

DOMESTIC HELPS:

Briefly, this service is designed and provided where mainly by reason of illness of the mother, assistance is required in the home.

The Service is administered as part of the Nursing Services by the Superintending Nursing Officer to whom applications for assistance, supported by a Medical Certificate are made. Unlike other Local Health Authority Services, this Service is not given free of charge and applicants have the option of meeting the full cost or of having the charge modified after assessment of their means.

Each application is considered on its merits and the extent of domestic help given is in accordance with an assessment of the requirements of the case.

The Service is a popular one and the demand exceeds the supply.

A summary of the work of the Domestic Help Service is appended hereunder :-

1. No. of Domestic Helps employed at end of year	...	25
(a) whole-time...	...	-
(b) part-time ...	...	25
(c) retaining fee basis...	...	-
2. No. of cases for which Helps were provided during year		153
3. No. of cases in 2 provided on account of confinement :-		
(a) at home ...	...	38
(b) in hospital ...	...	15
4. No. of cases in 2 provided on account of chronic sick including aged and infirm	...	46

VACCINATION AND IMMUNISATION:

During the year under review, a full-time Assistant Medical Officer was appointed primarily for the purpose of carrying out immunisation against Diphtheria. A programme has been instituted whereby regular sessions for vaccination and immunisation are held in the Child Welfare Clinics and these have been very well attended. Most of the immunisation work, however, has been carried out in the Schools to which are brought infants and toddlers to be immunised when older members of the family receive "booster doses".

It is the intention to take the Service to each school at least once a year and in this way it is felt that immunity against Diphtheria can be kept at a satisfactorily high level.

The response has been so good that it has not been considered necessary to undertake an extensive Press and Poster propaganda campaign.

Vaccination against Smallpox is offered at the Child Welfare Clinics but is not taken advantage

of. According to long standing custom the family doctor is expected by his patients to provide this service.

Immunisation against Whooping Cough was not provided for in the Local Health Authorities' approved proposals and although the service is given if asked for it has not been widely advertised. Again, most of the immunisation against Whooping Cough is undertaken by the General Practitioners.

PREVENTION, CARE AND AFTER CARE:

I. TUBERCULOSIS:

By arrangement with the North-Eastern Regional Hospital Board, the bulk of the work in regard to Domiciliary care is carried out by the team of Chest Physicians thereby ensuring co-ordination with diagnostic and treatment aspects of the disease. In general, the resources of the Health Department are available if required by the Chest team and in particular the following arrangements are operative.

(a) Health Visiting:

This is carried out by the Health Visitor or District Nurse according to locality. She advises on domiciliary care and endeavours to ameliorate in a variety of ways such conditions as may affect adversely the wellbeing of the patient. Her services are available for such investigation of the patients' social circumstances as may be required.

(b) Housing:

Unsuitable housing conditions are investigated by members of the Health Department and reported to the Housing Authority with a recommendation for re-housing if possible. Where appropriate, Tuberculosis Shelters complete with bed and bedding are provided by the Council. Other nursing requisites are available and are supplied as necessary.

(c) Extra Nourishment:

On the recommendation of the Chest Physician, the Local Health Authority provides such additional foods and supplementary foodstuffs as may be necessary.

(d) B.C.G. Vaccination:

Although B.C.G. vaccination is undertaken by the Chest team much of the preliminary skin testing is carried out by the Council's Nursing Services.

(e) Rehabilitation:

In co-operation with the Ministry of Labour, every endeavour is made to place cases of tuberculosis in suitable employment. In selected cases financial responsibility for colonisation in a Village Settlement may be undertaken.

II. ILLNESS GENERALLY:

No systematic care or after-care of illness (other than Tuberculosis or Mental Illness) has as yet been undertaken by the Local Health Authority. The Domiciliary Nursing Service, however, by reason of its close association with the General Practitioners in the area makes a substantial contribution in the course of its day to day activities. Moreover, nursing requisites and items of equipment such as are not normally found in the average household are available for loan to facilitate domiciliary treatment.

In so far as circumstances permit an endeavour is made to rehouse patients whose disease is aggravated or whose recovery is retarded by unsuitable environment.

CONTROL OF INFECTIOUS DISEASE:

During the year under review, no disease assumed proportions worthy of special comment and no difficulty was experienced in hospitalisation of cases.

By arrangement with the Regional Hospital Board the Services of the Regional Laboratory are available to the Local Health Authority as and when required.

Infectious Diseases Statistics are appended hereunder :-

Whooping Cough ...	...	...	348
Acute Influenzal Pneumonia ...	...	...	198
Pneumonia (not otherwise notifiable) ...	...	...	115
Acute Primary Pneumonia ...	...	...	15
Scarlet Fever ...	...	...	166
Erysipelas ...	...	...	50
Acute Poliomyelitis ...	...	...	24
Dysentery ...	...	...	20
Puerperal Fever...	...	...	6
Puerperal Pyrexia ...	...	...	3

Para-typhoid Fever B.	...	...	...	...	4
Malaria	4
Ophthalmia Neonatorum	3
Encephalitis Lethargica	1
Diphtheria	1

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I. MENTAL HEALTH:

As has been stated earlier in the report, the Committee responsible for the operation of the Mental Health Service is the Health Committee of the County Council.

The Health Department contains no specific Mental Health Section as such the work being shared by all members of the Medical Staff under the direction of the Medical Officer of Health. For record keeping and other purely administrative purposes there is, however, a fairly well defined Mental Health Section of the Office Clerical Staff.

The Medical Officers concerned are listed at Appendix A. and the Authorised Officers at Appendix B. No Psychiatric Social Worker, Occupation Centre Supervisor or other Mental Health Worker is employed by the Local Health Authority.

By arrangement with the North-Eastern Regional Hospital Board, the services of Consultant Psychiatric Staff and of Psychiatric Social Workers are available to the Local Authority. Also by arrangement with the Regional Hospital Board, the Local Authority administers and supervises patients on trial or on licence. In this connection, the general welfare of these patients' is supervised by the Authorised Officers concerned supplemented by such visits from a Psychiatrist or Psychiatric Social Worker as may be necessary.

No duty has been delegated to a Voluntary Association and no arrangement has been initiated for the training of staff.

WORK UNDERTAKEN IN THE COMMUNITY:

(a) Under Section 27 National Health Service (Scotland) Act, 1947:

It is difficult to describe precisely the work of prevention undertaken under this heading for within the establishment of the Health Department, there is no section whose specific duty it is. For the same reason, it is impossible to estimate the work done or to assess its value. It is clear, however, that indirectly the Health Department with its resources, its team of field workers, its ability to advise and the service which it can provide or cause to be provided must do much in the community to solve the every day problems which if unabated become factors of prime importance in the causation of mental illness.

In connection with care and after care of the mentally ill and the mentally defective, it is first confirmed that the surroundings in which they are to be placed are suitable. Thereafter, the patients are visited regularly by Medical Officers, Specialist or otherwise, and by Authorised Officers. Every effort is made to assess the requirements of the patients and to meet them whether they be medical, financial or occupational in origin.

(b) Under the Lunacy (Scotland) Act, 1857 to 1866:

In this connection, the services of the Authorised Officers are available at all times to remove a patient to hospital and to undertake the administrative procedure necessary to detain him there.

(c) Under the Mental Deficiency and Lunacy (Scotland) Acts, 1913 to 1940:

I. Arrangements for ascertaining and supervising Mental Defectives:

Although the existence of mental defect may be brought to light at any age and by a variety of agencies by far the bulk of cases are found on their attaining school age.

The degree of defect is assessed by the School Medical Staff and thereafter an attempt is made to educate or train the child according to its ability.

The child therefore is either :-

- (a) Certified and placed in an Institution for Mental Defectives.
- (b) Certified and placed under the statutory guardianship of one of its parents.
- (c) Certified and placed under statutory unrelated guardianship.
- (d) Educated in a Special School or
- (e) Allowed to remain at an ordinary school.

The last alternative too often is adopted not by preference but because of the difficulty or impossibility of making provision either in a Special School or in an Institution for certified Mental Defectives.

II. Guardianship:

When a mental defective is considered suitable for guardianship unrelated or otherwise, the home of the prospective guardian first is visited to ensure that the accommodation afforded is adequate and that the means of care and supervision likely to be available are sufficient. After the defective has been placed he is visited half-yearly by an Authorised Officer of the Local Authority and quarterly by a medical practitioner both of whom enter any observations they may have to make in the book kept by the guardian for the purpose.

The Local Authority moreover pays a monetary allowance to the guardian for his or her services and also provides the defective with pocket money and with such articles of clothing and footwear as may be considered necessary.

The defective is entitled to medical and other services under the National Health Service (Scotland) Act, 1947, and the Local Authority is responsible for meeting such expenditure as is normally met by the patient.

It is becoming increasingly difficult to find suitable guardians for defectives.

III. Occupation Centres, etc.:

To date, the Local Authority has not implemented its approved Proposals under this heading.

WORK UNDER NURSERIES AND CHILD MINDERS REGULATION ACT:

During the year under review, it has not been necessary to take any action under this Act.

APPENDIX A.

MEDICAL STAFF:

Dr. G. G. Dickie, M.B., Ch.B., D.P.H.
Medical Officer of Health.

Dr. James S. Walker, M.D., D.P.H.
Senior Medical Officer.

Dr. Rhoda G. Gall, M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health.

Dr. Mary E. Harrow, M.A., M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health.

Dr. Ann L. Shennan, M.D., D.P.H.
Assistant Medical Officer of Health.

Dr. Mary Sellar, M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health.

DENTAL STAFF:

Mr. James C. Renfrew, L.D.S.,
Senior Dental Officer.

Mr. Peter Edington, L.D.S.,
Assistant Dental Officer.

Mr. John W. Hampton, L.D.S.,
Assistant Dental Officer.

Mr. William Wilson, L.D.S.,
Assistant Dental Officer.

APPENDIX A (contd.)

NURSING STAFF:

Miss Mary McGibney, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Maria Morrison, S.R.N., S.C.M., Q.N., H.V. Cert.
 Mrs. Jean W. Gordon, S.R.N., S.C.M., Q.N.
 Mrs. Mary Royan, S.R.N., S.C.M., Q.N.
 Miss Jessie Grant, S.R.N., S.C.M., Q.N.
 Miss Ruth R. Milne, S.R.N., S.C.M., Q.N.
 Miss Christina M. Bain, S.R.N., S.C.M., Q.N.
 Miss Mary A. Anderson, S.R.N., S.C.M., Q.N.
 Miss Nancy Little, S.R.N., S.C.M., Q.N.
 Miss Agnes Henderson, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Mary M. Morrison, S.R.N., S.C.M., Q.N.
 Miss Louisa McCay, S.R.N., S.C.M., Q.N.
 Miss Catherine Murray, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Barbara H. Robb, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Margaret H. Forsyth, S.R.N., S.C.M., Q.N.
 Miss Elsie E. G. Gaul, S.R.N., S.C.M., Q.N.
 Miss Mary I. Hogarth, S.R.N., S.C.M., Q.N.
 Miss Ethel Steele, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Jane McKay, S.R.N., S.C.M., Q.N.
 Mrs. Rosie Runcie, S.C.M., R.F.N.
 Mrs. Elizabeth M. Ramage, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Janet R. McNair, S.R.N., S.C.M., H.V. Cert.
 Mrs. Christina M. Bonthron, S.R.N., S.C.M., Q.N.
 Miss Ellen Millar, S.R.N., S.C.M., Q.N.
 Miss Annie M. Wright, S.R.N., S.C.M., Q.N.
 Miss Hester H. Meakin, S.R.N., S.C.M., Q.N.
 Miss Christian G. Watt, S.R.N., S.C.M., Q.N.
 Miss Amy L. C. Smith, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Helen F. Thomson, S.R.N., S.C.M., Q.N.
 Miss Mary Burnett, S.R.N., S.C.M., Q.N.
 Miss Elsie Burnett, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Annie A. Park, S.R.N., S.C.M., Q.N.
 Miss Hannah B. L. Currie, S.C.M.
 Miss Annie N. Paterson, S.R.N., S.C.M., Q.N.
 Miss Irene Donaldson, S.R.N., S.C.M., Q.N.
 Miss Verina W. Paterson, S.R.N., S.C.M., Q.N.
 Miss Isabella A. Shand, S.R.N., S.C.M., Q.N.
 Miss Hannah Hyslop, S.R.N., S.C.M., Q.N.
 Miss Annie Watt, S.R.N., S.C.M., Q.N.
 Miss Rosalind Gatt, S.R.N., S.C.M., Q.N.
 Mrs. Margaret H. Macrae, S.R.N., S.C.M.
 Miss Gladys Morrison, S.R.N., S.C.M., Q.N.
 Miss Jessie S. Waters, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Maggie B. Paterson, S.R.N., S.C.M., Q.N.
 Mrs. Elizabeth Easton, S.R.N., S.C.M.
 Miss Mary A. Forman, S.C.M.
 Miss Helen C. Scott, S.R.N., S.C.M., Q.N.
 Miss Ann McEvoy, S.R.N., S.C.M., Q.N.
 Miss Jean W. Law, S.R.N., S.C.M., Q.N.
 Miss Janet C. McLean, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Bessie C. Reid, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Mary E. Murray, S.R.N., S.C.M., H.V. Cert.
 Miss Agnes C. H. Fraser, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Annie MacLeod, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Louisa S. Geddes, S.R.N., S.C.M., Q.N.
 Mrs. Olive S. Webster, S.R.N., S.C.M., Q.N., H.V. Cert.
 Miss Edna W. Cumming, S.R.N., S.C.M., Q.N.
 Miss Mary R. Webster, S.R.N., S.C.M., Q.N.
 Miss Jean T. D. Dorward, S.R.N., S.C.M., Q.N.
 Miss Margaret A. K. Smith, S.R.N., S.C.M., Q.N.
 Miss Elsie J. B. Cowie, S.R.N., S.C.M., Q.N.
 Miss Marjory E. Rust, S.R.N., S.C.M., H.V. Cert.

APPENDIX B.

Mr. Hugh K. Allan, Authorised Officer, Peterhead.
Mr. Robert Dinnes, Authorised Officer, Bucksburn.
Mr. James B. Donald, Authorised Officer, Fraserburgh.
Mr. Ernest Forbes, Authorised Officer, Ellon.
Mr. John Forbes, Authorised Officer, Aboynae.
Mr. Lewis G. Gibson, Authorised Officer, Turriff.
Mr. John Mitchell, Authorised Officer, Alford.
Mr. David G. Watt, Authorised Officer, Inverurie.
Mr. Robert White, Authorised Officer, Huntly.

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 1952, was 143,056.

In 1952, the natural increase in the population, that is, the excess of births over deaths, was 887, as compared with 937 in 1951.

Marriages

In 1952, 874 marriages were registered as compared with 891 in 1951. The marriage-rate, or the number of marriages per 1,000 of population, was 6.1 the same as in 1951.

Births

The number of live births, corrected for inward and outward transfers, was 2,528. Of these, 1,292 were males and 1,236 females.

Of the total births in 1952, 192 were illegitimate, thus giving an illegitimate birth-rate of 7.6. 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 Birth-rates	
	Births		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
1952	2,528	192	17.7	7.6	17.7	4.8

The number of still-births registered in the County in 1952 was 65, as compared with 70 in 1951.

Deaths and Death-rates

The net number of deaths, after correction for "transfers," was 1,641, equivalent to a death-rate of 11.5 per 1,000 population.

The total number of deaths in Scotland was 61,511 and the death-rate 12.0.

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
	1952
Diseases of the Heart and other Circulatory Diseases ...	639
Cerebral Haemorrhage and other Diseases of Nervous System ...	274
Respiratory Diseases -	
Bronchitis ...	24
Pneumonia ...	39
Other ...	8
Cancer ...	263
Tuberculosis -	
Pulmonary ...	15
Non-pulmonary ...	9
Kidney, etc., Diseases ...	59
Chief Epidemic Diseases -	
Acute Anterior Poliomyelitis ...	1
Diphtheria ...	-
Whooping Cough ...	-
Dysentery ...	-
Measles ...	1
Scarlet Fever ...	1
Enteric Fever ...	-
Cerebro-spinal Fever ...	-
Other Infectious and Parasitic Diseases ...	5
Diseases of the Digestive System, including Diarrhoea and Enteritis	54
Influenza ...	2
Syphilis and its sequelae ...	2
Puerperal Conditions ...	2
Congenital Debility, Premature Birth, Malformation, etc. ...	45
Violence ...	75

2. MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES

(1) NOTIFIABLE INFECTIOUS DISEASES

Small-pox

No case of small-pox occurred in 1952.

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
		1952 ...	166

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
1952	166	1	57	101	5	-	2	-	95	71
Percentage	100	0.6	34.3	60.8	3.01	-	1.2	-	57.2	42.7

Of the 166 cases notified, 95 or 17.4 per cent, were treated either in County Infectious Diseases Hospitals or in the City (Fever) Hospital, Aberdeen.

(b) Mortality.

In 1952, there was 1 death from scarlet fever which, at the present time, is a comparatively mild disease.

DIPHTHERIA AND DIPHTHERIA IMMUNISATION

Diphtheria incidence.

One confirmed case of diphtheria was notified in 1952. This occurred in a boy aged 8 years who had not been previously immunised against the disease.

Diphtheria Mortality.

The record set up in 1948, when, for the first time no death from diphtheria occurred in the County during the year, has been maintained. A further new record has thus been established in that the annual mortality from diphtheria has been nil for five consecutive years.

Diphtheria Immunisation.

Since March, 1950, it has not been possible to undertake routine immunisation work at schools because of the lack of medical staff. This serious setback to a well proven and established health measure, however, was happily remedied in July by the appointment of a Medical Officer to the permanent staff whose duties were chiefly concerned with implementing the visitation and work at schools in accordance with the revised Diphtheria Immunisation Scheme adopted in 1941. As in previous years, immunisation work continued to be carried out (a) at the County clinics by County medical staff and (b) privately, by the County medical practitioners as a part of their medical services under the National Health (Scotland) Act, 1947, for which they were paid the regulation fee by the Local Authority for each child immunised for whom a completed record card was submitted to the Medical Officer of Health within four calendar months of the date of the first injection.

During the year under review, 64 schools in the Alford, Deeside and Garioch areas and in the Burgh of Peterhead were visited. The following table gives a summary of the work carried out at these schools as well as that performed at the County clinics and privately by the County medical practitioners together with the relative statistical data on 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, 1952, both dates inclusive.

TABLE IV

NUMBER OF COMPLETED IMMUNISATIONS, MAINTENANCE INOCULATIONS AND CONFIRMED DIPHTHERIA CASES AND DEATHS AMONGST THE IMMUNISED AND NON-IMMUNISED DURING 1952, 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
1952	119	-	-	-	-	-
1951	859	-	-	-	-	-
1950	226	1	-	-	-	-
1949	104	3	-	-	-	-
1948	75	39	-	-	-	-
1947	192	502	-	-	-	-
1946	217	528	-	-	-	-
1945	156	386	-	-	-	-
1944	131	409	-	-	1	-
1943	102	443	-	-	-	-
1942	63	426	-	-	-	-
1941	34	352	-	-	-	-
1940	14	201	-	-	-	-
1939	12	133	-	-	-	-
1938	12	84	-	-	-	-
1937	5	16	-	-	-	-
or earlier						
Totals	2,321	3,523	-	-	1	-

Active Immunisation:

The Table shows that 2,321 children completed a two-injection course of treatment during the year - an increase of 925 children compared with the previous year. Of this number, 998 children were immunised at the County schools, 244 at the County clinics and 1,079 privately by medical practitioners. The total number of persons immunised since the year 1935 is 61,698.

Re-immunisations:

With a re-start to immunisation work at schools during the last four months of the year, the number of cases re-immunised increased rapidly from 74 in 1951 to 3,523 in 1952. Of that number, 3,416 children received their treatment at schools. The total number of persons re-immunised since 1935 is 35,651.

Summary:

With the resumption of the Immunisation Scheme at schools, it is hoped that arrears of work, particularly in the re-immunisation of children, will be gradually overtaken, thus conferring on children of all ages - the susceptible age group to diphtheria - a high degree of protection against the disease.

Typhoid and Para-Typhoid Fevers

During February and March, 1952, 4 cases of Para-typhoid Fever occurred in children in the Burghs of Fraserburgh and Rosehearty. In each case, the infecting organism was *B. paratyphosis* B. type Taunton and routine investigation showed the cases to be connected. The source of the outbreak was traced to a bakery where an apprentice was found to be a "carrier" and the medium through which infection was conveyed was presumed to be cream filled and iced cakes.

Acute Anterior Poliomyelitis (Infantile Paralysis)

During 1952, 28 cases were notified as suffering from Acute Anterior Poliomyelitis; of these, 24 cases were confirmed after investigation.

There was 1 death, a female, aged 30 years.

The age incidence of the cases showed nothing of significance, ranging from 11 months to 30 years. Paralysis was present in 10 male and 3 female cases :-

TABLE V

	Under 5	5-10	10-15	15-25	25-35	35-45
Male						
Paralytic	4	6	-	-	-	-
Non-paralytic	2	1	-	-	-	-
Female						
Paralytic	4	4	-	-	1	-
Non-paralytic	-	2	-	-	-	-

Cerebro-Spinal Fever

No case of cerebro-spinal fever was notified.

Ophthalmia Neonatorum

In 1952, 3 cases of ophthalmia of the new-born were notified. Two were treated successfully in hospital.

Erysipelas

Fifty cases were notified, as compared with 51 in 1951. Of the 50 cases notified, 6 were removed to hospital. The results of treatment were satisfactory. There were no deaths.

Undulant Fever (Continued Fever)

There were received 4 notifications of this disease which is attributable to infected milk. Three of the cases were removed to hospital.

Pneumonia

Acute and primary pneumonias are compulsorily notifiable. In 1952, 328 cases were notified, as compared with 337 in 1951. One hundred and eighty-four cases received institutional treatment. The cases notified were classified as follows :-

Acute Primary Pneumonia	198
Acute Influenzal Pneumonia	15
Type not specified	115
	<hr/>
	328

Pneumonia caused 39 deaths in 1952.

Malaria

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

Dysentery

In 1952, 20 cases of dysentery were notified in the County of Aberdeen, as compared with 213 cases notified in 1951. Twelve cases were treated in hospital.

The sporadic nature of the cases made investigation difficult and the origin of the cases remains untraced.

Whooping Cough

As from 1st January, 1950, whooping cough became a compulsorily notifiable disease. During the year, 348 cases were notified, and 5 cases were removed to hospital. There was no death.

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.

No case occurred in 1952.

(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 1952, 1 case of Food Poisoning occurred in the Buchan area, in a male aged 28 years. The source of the infection was not found.

Disinfection

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

TABLE VI

	SCARLET FEVER	DIPHTHERIA	TUBERCU- LOSIS	OTHER	TOTAL
1952	120	1	38	190	349

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 2,528 and the birth-rate was 17.7. The birth-rate for the whole of Scotland was also 17.7. Illegitimate births amounted to 192 representing 7.6% of the total births, as compared with 4.8% for the whole of Scotland.

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

(a) Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947 :-

(i) doctor engaged and present at confinement	282
(ii) doctor engaged but not present at confinement	296
(iii) midwife alone (no doctor engaged)	-
(iv) cases attended at institutions (including private maternity and nursing homes) in the area of the Local Health Authority	1,631

(b) Cases outwith the National Health Service Act confined at home :-

(i) doctor engaged	-
(ii) midwife alone (no doctor engaged)	-
(iii) without doctor or midwife	-

Confinements occurring outwith the area of the Local Health Authority 319

Infant Mortality

In 1952 there were 77 deaths of infants under one year of age, as compared with 82 in 1951. Of these, 56 occurred within 4 weeks of birth and 21 from 4 weeks to 1 year. The infant mortality rate, as expressed per 1,000 live births, was 30 in 1952. The infant mortality rate for the whole of Scotland was 35.

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

Disease of the Nervous System	1
Bronchitis and Pneumonia	5
Congenital Malformations	8
Other Diseases of Early Infancy	14
Other Infections of the New-born	1
Birth Injuries, Asphyxia and Atelectasis	26
Violence	1
Total	56

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

Pneumonia	7
Tuberculosis	1
Diarrhoea	2
Disease of Genitals	1
Intestinal Obstruction and Hernia	1
Congenital Malformations	5
Jaundice	1
Violence	2
Cause unknown	1
Total	21

Deaths of Children between 1 and 5 years

The number of children dying between the ages of 1 and 5 years was 15.

The causes of deaths were as follows :-

Infectious Diseases	...	...	...	1
Respiratory Diseases	...	...	...	3
Malignant Neoplasms	...	...	...	1
Nonmeningococcal Meningitis	...	...	...	1
Diarrhoea	...	...	...	1
Congenital Malformations	...	...	...	5
Other General Diseases	...	...	...	1
Road Transport Accidents	...	...	...	2
Total				15

Still-births

The number of still-births registered and corrected for transfers during the year was 65, giving a rate of 25 per 1,000 total births, as compared with a rate of 25.2 in 1951. The still-birth rate for the whole of Scotland was 26.

Maternal Mortality

During 1952 there were two deaths in women from causes associated with pregnancy and child-birth. The maternal death rate per 1,000 live and still-births was 0.91, as compared with 1.08 in 1951. One death took place in a Nursing Home and the other in a Maternity Hospital.

The causes of deaths were as follows :-

1. Pulmonary Embolism
2. Post-confinement: Rupture of Uterus and Pelvic Peritonitis.

Puerperal Fever and Puerperal Pyrexia

Six cases of Puerperal Fever and three cases of Puerperal Pyrexia were notified. Eight cases were treated in the Puerperal Wards of Aberdeen City Hospital.

Ophthalmia Neonatorum

Three cases of Ophthalmia Neonatorum were notified during the year. Two cases were treated in hospital and 1 at home. There was no resulting impairment of vision.

Maternity Hospital Provision

Normal cases, for whom institutional confinement was 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 midwifery work carried out in these hospitals during the year :-

I. Total number of institutional confinements :-

Fraserburgh Hospital	...	...	...	484
Ellon Hospital	...	...	...	312
Kincardine O'Neil W.M. Hospital, Torphins	...	...	...	239
Huntly Maternity Unit	...	...	...	205
Turriff Cottage Hospital	...	...	...	144
Insch War Memorial Hospital	...	...	...	80
Fyvie Cottage Hospital	...	...	...	93
Nicoll Hospital, Rhynie	...	...	...	65
Dee Valley Nursing Home, Ballater	...	...	...	9

II. Classification of labour :-

1. Normal Confinements -

(a) with medical assistance	...	...	...	496
(b) without medical assistance	...	...	...	942

2. Abnormal or complicated confinements -					
(a) instrumental deliveries	...	...	...	...	153
(b) other deliveries	...	...	...	...	40
III. No. of abortions	...	...	...	...	11
IV. No. of cases receiving ante-natal care in hospitals	...	...	...	...	164
V. No. of births -					
(a) live births	...	...	...	...	1,605
(b) still births	...	...	...	...	28
VI. No. of neonatal deaths occurring in Maternity Hospitals	...	...	...	...	7
VII. No. of maternal deaths occurring in Maternity Hospitals	...	...	...	...	0

Home Visitation

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

	First Visits	Total Visits
Infants	2,504	32,426
Children, 1-5 years	2,539	35,781
Expectant Mothers -		
(a) Hospital	1,476	9,655
(b) Domiciliary	655	4,479

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	...	...	...	...	416
(ii) 1 year of age and over	...	...	...	...	91
No. of attendances during year :-					
(i) under 1 year of age	...	...	...	...	6,444
(ii) 1 year of age and over	...	...	...	...	2,475

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.

During 1952 Peterhead Day Nursery has co-operated with Fraserburgh Nursery School in the training of nursery nurses for the Nursery Nurses' Examination Board Certificate. One student has completed her training and taken the Certificate and four students are in training.

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

No. of attendances of children under 1 year	...	786
No. of attendances of children 1-5 years	...	9,025
Average daily attendance	...	32

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	...	...	25
No. of cases for whom Helps were provided	...	...	153
No. of cases provided for on account of confinement -			
(a) at home	...	...	38
(b) in hospital	...	...	15
No. of cases provided for on account of chronic sick			
including aged and infirm	...	...	46

SECTION III

SCHOOL HEALTH SERVICE.

1. STAFF CHANGES.

Dr. G. S. Riddell resigned on 30th June, 1951, to take up a new appointment with Fife County Council. He was succeeded by Dr. Rhoda Gall whose promotion to the permanent staff created another vacancy which was filled by Dr. Ann Shennan who took up duty as a member of the permanent staff on 3rd September, 1951. Dr. Mary Sellar was appointed on 16th June, 1952, to undertake the diphtheria immunisation of children at schools - work which has been in abeyance for 2½ years.

2. GENERAL STATISTICS.

Population	...	...	...	144,803
Number of Schools :-				
(a) Nursery	...	...	...	1
Primary	...	...	...	131
(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	...	...	...	216
Number of children on the registers	...	...	...	24,550

3. SANITARY CONDITIONS OF SCHOOLS.

During the year, the reconstruction schemes at Rayne North and Tullynessle Schools were completed and work was in progress on extension schemes at Inch, Tarves and St. Peter's Episcopal Schools. Plans and estimates have been approved for 15 more schemes in the building programme which include the erection of new primary schools at Aboyne and Ballater and a new Academy at Fraserburgh. Since the comprehensive survey of the sanitary conditions at the County schools was made in 1948, schemes for the replacement of dry closets by modern sanitation has been completed at 22 schools while at 16 and 13 other schools schemes of modernisation have been approved and deferred respectively. During the same period schemes for the improvement of water closets have been completed in 10 schools while plans have been approved in respect of 17 others. The installation of electricity to the county schools is proceeding at a satisfactory rate. The number of schools now lit by electricity is 76. The installation of the four new central heating systems mentioned in last year's report was completed. In 12 other schools, schemes of improvement of existing heating systems have been carried out. Satisfactory progress has been made in overtaking the arrears of work in the external and internal re-decoration of schools, in the maintenance repairs of school buildings, in the replacement of obsolete desks by modern school furniture and in the tarmacadamising of school playgrounds. 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. A new contract with the Automatic Scale Co., Broadheath, Manchester, was signed for the annual servicing and maintenance of all school weighing machines.

The scheme for hospital and specialist services outlined in full in the 1949 report with its amendment last year on travelling expenses, functioned satisfactorily during the year.

The Advisory Council on Education in Scotland, it is worthy to record, published four further interesting and informative reports on handicapped children. The names of these reports are as follows :-

- (1) "Pupils with Physical Disabilities".
- (2) "Pupils with Mental or Educational Disabilities".
- (3) "Pupils with Speech Disorders".
- (4) "Pupils who are Maladjusted because of Social Handicaps".

B. System and Extent of Dental Inspection and Treatment.

The school dental staff still remains in a very depleted state with the result that the routine dental inspection and treatment of pupils at schools 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 53 nurses employed by the County Council. Their duties in respect of the medical inspection, treatment and "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 3,785 hours at schools and at children's homes and carried out 88,854 and 1,414 examinations at school and at home respectively.

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

There is nothing further to add under this heading to that contained in the 1951 Annual Report.

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

Details under this heading can be found in the 1951 Annual Report.

F. Co-operation with Teachers and Parents.

As in former years, excellent relations continued to exist between the teaching staff and the School Medical, Dental and Nursing Staffs. 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 matters pertaining to the health and welfare of pupils.

The attendance of parents at the systematic inspections of their children at school is still an unsatisfactory feature of the County School Health Service, although the number of parents who attended this year, namely 869 equal to 12.1% of the children examined was nearly twice as many as the previous year. The presence of parents at a routine examination is of value particularly amongst younger children, where further information regarding the medical history of the child is required. Moreover, such an interview affords the School Medical Officer an opportunity to proffer advice as to the treatment of any defect found and to discuss simple rules of health from which the child would likely 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 7,194 - an increase of 718 as compared with the previous year. Of this total, 3,676 were boys and 3,518 girls; to this number have to be added 17 boys and 7 girls routinely examined at the Fraserburgh Nursery School and 1,056 boys and 1,039 girls, born in the year 1944, examined for acuity of vision and hearing only, making a grand total of 9,313 pupils.

The number of children who were presented to the School Medical Officers as special cases by Head Teachers during the routine visits was 353 while the number of re-examinations was 3,206. Compared with last year, these totals show an increase of 50 in the number of special cases and a decrease of 405 in the re-inspections. Of the children systematically examined, 1,002 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 (ins.)	Average Weight (lbs.)
			Years	Months		
Boys	Nursery	14	3	1	36.5	34.9
	Group I	1363	5	5	43.5	45.1
	Group II	1164	9	5	51.6	65.1
	Group III	1045	13	5	59.1	93.6
	Group IV	62	16	7	67.0	134.0
Girls	Nursery	6	2	9	35.6	34.1
	Group I	1294	5	5	42.9	43.6
	Group II	1172	9	5	51.2	63.4
	Group III	986	13	5	59.0	97.1
	Group IV	90	16	7	62.8	122.9

The average heights of boys and girls measured are, with minor but insignificant differences, much the same as those recorded in the previous year. With regard to the average weights, both boys and girls in the nursery age-group have gained in weight by 2.3 lbs. and 1.2 lbs. respectively compared with last year's figures. Height and weight findings can therefore be viewed with continued 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 the purpose 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 1950-1951
1. Clothing unsatisfactory	7194	83	1.1	1.2
2. Footgear unsatisfactory	"	18	0.2	0.3
3. Uncleanliness -				
(a) Head	"	97	1.3	1.2
(b) Body	"	108	1.5	1.01
(c) Head and Body	"	-	-	-
4. Skin -				
(a) Head : Ringworm	"	-	-	0.01
Impetigo	"	10	0.1	0.1
Other Diseases	"	80	1.1	0.7
(b) Body : Ringworm	"	6	0.08	0.1
Impetigo	"	3	0.04	0.1
Scabies	"	13	0.1	0.09
Other Diseases	"	207	2.8	1.8
5. Nutritional State -				
Slightly Defective	"	390	5.4	3.3
Bad	"	21	0.2	0.1
6. Mouth and Teeth Unhealthy	"	196	2.7	3.3
7. Naso-pharynx -				
(a) Nose :				
(1) Obstruction requiring observation	"	163	2.2	0.8
(2) Obstruction requiring treatment	"	37	0.5	0.6
(3) Other conditions	"	30	0.4	0.9
(b) Tonsils :				
(1) Requiring observation	"	412	5.7	5.6
(2) Requiring treatment	"	158	2.2	2.9
(c) Glands :				
(1) Requiring observation	"	366	5.08	4.9
(2) Requiring treatment	"	43	0.6	0.3
8. Eyes -				
(a) External Diseases :				
Blepharitis	"	60	0.8	0.7
Strabismus	"	114	1.5	1.2
Other Diseases	"	76	1.05	0.7
(b) Visual Acuity with/without glasses :				
(1) Fair	9289	611	6.5	8.02
(2) Bad	"	96	1.03	1.5
(c) Recommended for refraction	"	540	5.8	8.3
9. Ears -				
(a) Diseases :				
Otorrhoea	7194	28	0.3	0.2
Other	"	71	0.9	0.3
(b) Defective Hearing :				
Grade I	9289	42	0.4	0.2
Grade IIa	"	27	0.2	0.3
Grade IIb	"	3	0.04	0.01
Grade III	"	-	-	-
10. Speech -				
(a) Defective Articulation	7194	56	0.7	0.3
(b) Stammering	"	15	0.2	0.2
11. Mental and Nervous Condition -				
(a) Backward	"	64	0.8	0.5
(b) Dull	"	42	0.5	0.4
(c) Mentally Deficient (Educable)	"	17	0.2	0.2
(d) Mentally Deficient (Ineducable)	"	-	-	0.06
(e) Highly Nervous or Unstable	"	36	0.5	0.3
(f) Difficult Behaviour	"	13	0.1	0.09
12. Circulatory System -				
(a) Organic Heart Disease :				
(1) Congenital	"	30	0.4	0.6
(2) Acquired	"	10	0.1	0.3
(b) Functional conditions	"	102	1.4	0.7

Nature of Defect	Number Examined	Number Defective	Percentage Defective	Percentage Defective 1950-1951
13. Lungs -				
Chronic Bronchitis	7,194	92	1.2	0.6
Suspected Tuberculosis	"	13	0.1	0.2
Other Diseases	"	48	0.6	0.5
14. Deformities -				
(a) Congenital	"	43	0.5	0.8
(b) Acquired (Infantile Paralysis)	"	10	0.1	0.07
(c) Acquired (Probable Rickets)	"	20	0.2	0.2
(d) Acquired (Other Causes)	"	51	0.7	0.5
15. Infectious Diseases	"	9	0.1	0.06
16. Other Diseases or Defects	"	207	2.8	2.6

On the whole the percentages of the various defects enumerated in the above table are much the same as recorded the previous year, the variations in the majority of the items being less than 1% either way. Minor increases of 1% and 1.4% respectively occurred in the number of pupils (1) with skin diseases on the body, other than ringworm, scabies and impetigo (item 4b), these being equally shared by boys and girls and (2) with nasal obstruction requiring observation (item 7a). The table shows that there were decreases (1) of 1.5% in the number of pupils suffering from fair vision (item 8b(1)) and (2) of 2.5% in the number recommended for refraction (item 8c).

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 :-

Enuresis - 37; Anaemia - 34; Sprains and Injuries - 20; Hernia - 12; Undescended Testicle - 9; Pituitary Adiposity - 6; Enlarged Thyroid - 5; Pes Planus - 4; Asthma - 3; Cyst - 3; Diabetes - 2; Chorea - 2; Threadworm - 2; Hydrocele - 2; Epilepsy - 1; Cleft Palate - 1; Nephritis - 1; Alopecia - 1; Acidosis - 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 - 2; Tonsils requiring treatment - 1; Ptosis (Rt. eyelid) - 1; Bronchitis - 2; Intertrigo (ears) - 1.

The examination of the seven year-old age-group was confined to testing the acuity of vision and hearing. Of the 1,056 boys and 1,039 girls examined in this group 100 boys and 106 girls were found to have visual defects and these were classified as follows :-

	Fair Vision	Bad Vision	Total
Boys	78	22	100
Girls	81	25	106
Totals	<u>159</u>	<u>47</u>	<u>206</u>

The number of boys and girls recommended for refraction was 84 and 89 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 1,056 boys tested, six had a Grade I, four a Grade IIa and one a Grade IIb deafness. The findings for the 1,039 girls tested were six Grade I, three Grade IIa and one girl with a Grade IIb hearing loss.

Table III shows that 68.1% of the pupils routinely examined were found to be free from defects. This percentage is the same as last year and is one which compares very favourably with 60.3% recorded in the report by the Department of Health for the year 1951, for Scotland as a whole. By and large, the findings of medical inspection indicate that the health of Aberdeenshire school children has been well maintained during the year under review.

**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	...	3
(2) Necessitous children...	...	10
(3) Examinations of Handicapped pupils :-		
(a) Physically handicapped	...	179
(b) Mentally handicapped	...	71
(c) Maladjusted	...	14
(d) Deaf and Partially Deaf	...	7
(e) Epileptic	...	1
(f) Speech Defects	...	5
(4) Certification of ineducable children to the General Board of Control	...	12
(5) Examinations under Children and Young Persons Acts -		
(a) Juvenile delinquents	...	7
(b) Guardianship cases	...	36
(6) Disablement Persons (Employment) Act	...	4
(7) Examination of Students in preliminary training for the teaching profession	...	1
(8) Examination of "After School" Bursars	...	5
(9) Examination of County Council Staff:- (teachers, janitors, school cleaners, clerical staff, etc.)	...	206
(10) Examination of children for admission to Linmoor Home	...	20
(11) Examination of children at Rudolph Steiner Schools for other Local Authorities	...	18
(12) Diphtheria Immunisation :-		
(a) Number of initial inoculations administered to Pre-school Children	...	488
(b) Number of re-inoculations administered to Pre-school Children	...	41

G. MEDICAL TREATMENT.

A. Minor Ailments.

The Minor Ailments Clinic at Fraserburgh continued to serve a useful purpose in the treatment of minor ailments amongst school children in that burgh. During the year under review, 85 new cases were treated involving a total of 421 attendances. The particulars of the conditions treated at the clinic are shown in the under-noted table.

The establishment of a similar clinic in Peterhead has so far not been possible owing to the lack of suitable premises. The practice of referring to the family doctor for treatment, pupils suffering from minor ailments, except those in the burgh of Fraserburgh and those who could be suitably treated by the Council's Nursing Staff at schools or at their homes, was continued as in the past.

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

Defects	Fraserburgh Minor Ailments Clinic	Nurses Follow-up		Totals	
	Local Authority	Local Authority	Private	Local Authority	Private
(1) Cuts, bruises, sprains and minor injuries	11	5	2	16	2
(2) Diseases of the Ear	5	9	9	14	9
(3) Diseases of the Eye (excluding defective vision)	3	5	8	8	8
(4) Diseases of the Skin -					
(a) Ringworm (Scalp) :					
X-ray treatment	-	-	-	-	-
Other treatment	-	-	-	-	-
(b) Ringworm (Body)	-	1	2	1	2
(c) Scabies	1	7	7	8	7
(d) Impetigo	12	-	3	12	3
(5) Other diseases	53	109	39	162	39

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 new spectacles and the carrying out of any necessary repairs have again been satisfactory. There has again been a further reduction in the prices of flat lenses, the new price being operative from 9th June, 1951.

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

No. of Children examined :-						Total
Boys	...	...	...	...	451	
Girls	...	...	...	...	507	
						958
No. of Children with Refractive Errors					...	629
No. of Spectacles Ordered					...	440
No. of New Lenses Ordered					...	1
Analysis of Refractive Errors :-						
Hypermetropia					76	12%
Hypermetropic Astigmatism					304	48.25%
Myopia					77	12.25%
Myopic Astigmatism					87	14%
Mixed Astigmatism					85	13.5%
Pathological conditions met with were :-						
Cataract					...	1
Lamellar Cataract					...	1
Congenital Cataract					...	1
Aphakia					...	1
Nystagmus					...	4
Congenital Nystagmus					...	3
Blepharitis					...	3
Conjunctivitis					...	8
Phlyctenular Conjunctivitis					...	1
Optic Atrophy					...	1
Styes					...	6
Ocular Torticollis					...	1
Macula Lesion Right					...	1
Left Dislocated Lens, traumatic					...	1
6th nerve paralysis, left					...	1
Ptosis, congenital					...	2
Ptosis, convergent					...	1
? Word Blind					...	4
Persistent pupillary membrane					...	1
Choroiditis					...	1
Hyperphoria					...	1
Congenital Coloboma Iris & Choroid					...	1
Prosthesis					...	1
Albinism					...	1
Corneal nebulae					...	13
Corneal scar					...	1
Neurosis					...	1
Facial asymmetry					...	1
Pseudopapilloedema					...	2
Lachrymation					...	1
Inferior crescents					...	1
Epicanthic Folds					...	1
Internal Concomitant Strabismus					...	91
Divergent Strabismus					...	20

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 17 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 16.

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 where required 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 :-

	No. of Children
Peterhead Orthopaedic Clinic	62
Fraserburgh Orthopaedic Clinic	60
Huntly Orthopaedic Clinic	30

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.

As there were no new appointments during the year, the staff remained at two dental surgeons and they continued to operate in the same two areas as in the previous twelve months. During the past eighteen months the emphasis has been on the treatment and conservation of the permanent dentition rather than on that of the temporary dentition. This is not to say that the temporary teeth were neglected, but, that a larger portion of the dental surgeons' time was given over to the treatment and conservation of permanent teeth. It has been noted during the past year that there was a slight increase in the incidence of caries following the improvement which took place during and after the war years. This increase is in all probability due to the increased use and consumption of white flour. On the other hand there is an improvement in the general cleanliness of the mouths of those children examined, probably as a cumulative result of annual inspection and treatment over the past 3 or 4 years. This shows the benefit derived from annual visitation by the school dental surgeon. Of a total of 216 schools, 70 were inspected and 70 treated during the school year.

Staff.

There was a suggestion in certain circles a short time ago that the School Dental Service could be absorbed into the General Dental Service. This is obviously a retrograde step. To say that the School Dental Service is redundant presumes that parents are educated sufficiently to take their children to the dentist before trouble starts. This is definitely not so as the majority of children are only taken when they have been suffering pain for some time and the damage already done. Not to have even an Inspection Service would put the country back 100 years as far as Public Health is concerned. It is not difficult to imagine the position we would be in were Medical Inspections to cease. Fortunately, Local Authorities are aware of the necessity for a School Dental Service and are increasing their dental staffs where possible. The staffing position is easing in the large burghs and this improvement should spread over the country as a whole during the next year or two. I recommend that for each new officer appointed a dental attendant be also appointed to assist both in clerical and chairside duties. As has already been reported, the clerical work has increased considerably since the introduction of the new dental record card and the appointment of a dental attendant would allow the dental surgeon to spend more of his time on actual dental work. It is noted with satisfaction that the principle of possible housing accommodation has been accepted by the Authority.

Accommodation.

The accommodation problem, already stressed in previous reports, remains, and the dental staff have to work, in many schools, under very ~~severe and unsatisfactory conditions~~. While it is recognised that building difficulties prevail generally, the dental staff cannot be expected to produce good dentistry or an efficient service while such conditions obtain. It is hoped that suitable accommodation will be provided in all new and reconditioned school buildings and it should be a rule that such provision be made for medical and dental use. Two of three permanent clinics were again not in use during the year so that about 90% of work was done on school premises. Once the staff is increased there will be a definite need for permanent or semi-permanent clinics in the Inverurie and Bucksburn areas.

Care of Mothers and Young Children.

No routine work has been done under this heading since the Act came into force.

Orthodontics.

As in previous years only those cases suitable for treatment by extraction were dealt with, other cases being referred to a private practitioner. It is hoped that with an improvement in the staffing position it will be possible to increase the work done in this branch of dentistry for which there is a growing demand by parents.

Fluorides.

A working party, which includes Dental Officers of the Ministry of Health, has been formed to examine the subject of Fluorides. The interim report suggests that while there may be some immediate benefit from the application of fluorides to the teeth it will require much further investigation before it can be proved that any benefit is lasting and whether it repays the time spent on it. This

view was expressed in my last report. As regards fluorine in drinking water, it is well known that in areas where the drinking water has little or no trace of fluorine, the teeth have certain defects and there is also an increased incidence in caries. Experiments to increase the fluorine content of such drinking waters have been going on for some years and quite recently one has begun in Scotland. This may be relatively easy in a large urban district but in a rural district extremely difficult. From experience and examination over many years in the County, the defects arising from lack of a reasonable fluorine content in drinking waters are not obvious.

From Table V which is attached it can be seen that roughly 50% of children examined required treatment. This figure has been fairly constant in the county but there is no doubt that in those areas not receiving dental service it will be higher. The acceptance rate, 72%, compares favourably with other county schemes. Although the number of operations other than extraction, to temporary teeth is lower this year, it will be noted that there is a corresponding increase as regards permanent teeth. The ratio of fillings to extractions in permanent teeth is now firmly fixed on the right side.

It has been found this year again that only a small proportion of children actually receive regular treatment by a private dentist. The demand for dental service is definite in those areas at present receiving it and there is no doubt that the services of 7 or 8 dental surgeons could be fully occupied in school work alone in the County.

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 previous reports, is to commence at an early date. 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 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. The number of educationally subnormal children for whom provision is at present made is as follows :-

Baldovan Institution, Dundee	11 children
Rudolph Steiner Schools, Milltimber	4 "
Rubislaw Special School, Aberdeen	11 "
Woodlands Home, Cultra	1 child
St. Joseph's Certified Institution	1 "
Hanover Street School (adjustment class)	1 "

Apart from 22 children who are receiving domiciliary education, the special provision made for the education of other physically handicapped children is shown in the following statement :-

Nature of Defect		Institution or Special School	No. of Pupils
Blind	...	The Royal Blind School, Edinburgh	2
Deaf	...	Donaldson's School for the Deaf, Edinburgh	5
Do.	...	Polmuir Road Special School, Aberdeen	16
Epilepsy	...	The Colony for Epileptics, Bridge of Weir	1
Other Physical Defects	...	Raeden House Special School, Aberdeen	1
Do.	do.	East Park Home, Largs	2

Defective Speech.

For the past year it has not been possible to provide speech therapy to pupils suffering from defective speech. Owing to pressure of work and lack of suitable accommodation, the services of the part-time Speech Therapist which was made available to the County Council by arrangement with the City of Aberdeen Education Authority had unfortunately to be terminated. Negotiations were subsequently conducted with the North-Eastern Regional Hospital Board with a view to the introduction of a regional system of speech therapy but the Board finally indicated that Education Authorities should make independent arrangements in this connection. The appointment of a whole-time Speech Therapist for the County is again under consideration by the Education Committee.

9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

There is nothing to add to the statement recorded in last year's annual report under this heading.

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 1952 in 38 of the larger County Schools. The age-group selected for survey was pupils born in the year 1943. On the whole, excellent hearing conditions again prevailed at the schools selected and this factor had undoubtedly a bearing on the results obtained which again showed an improvement on those recorded the previous three years, as the following tabulated statement will show :-

Year	No. of 9 year-old pupils tested	% Re-tested	Hearing Grade				
			Normal	Grade I	Grade IIa	Grade IIb	Grade III
1949	883	23.4	63.1	34.9	2.0	-	-
1950	1163	28.5	91.5	7.2	1.3	-	-
1951	1174	26.7	90.5	7.8	1.7	-	-
1952	1202	22.4	92.5	6.8	0.7	-	-

At the 38 schools visited, 1,202 pupils - 622 boys and 580 girls - born in the year 1943 had their hearing tested by the Gramophone Audiometer (G.A.). Of this number 270 or 22.4% were retested as their initial test result was considered unsatisfactory. This represents a decrease of 4.3% 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 in 1952.

Hearing Grade	Boys		Girls		Both Sexes	
	No.	%	No.	%	No.	%
Normal	576	92.6	536	92.5	1112	92.5
Grade I	42	6.8	39	6.7	81	6.8
Grade IIa	4	0.6	5	0.8	9	0.7
Grade IIb	-	-	-	-	-	-
Grade III	-	-	-	-	-	-
Totals	622	100.0	580	100.0	1202	100.0

It will be seen from the above table that, of the pupils tested, 81 or 6.8% of them were classified as having a Grade I defect in hearing, while 9 or 0.7% 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 show a decrease of 1% in both Grade I and Grade IIa defects compared with last year.

Of the 622 boys tested, 46 were found to have hearing defects, 6.8% and 0.6% of these being classified as Grade I and Grade IIa respectively. The corresponding figures for the girls were 580 tested, 44 defective and 6.7% and 0.8% with Grade I and Grade IIa hearing losses respectively. It will thus be noted that there was this year no significant difference in the percentages of hearing defects between the two sexes as was recorded in previous years. Four pupils, 2 boys and 2 girls, in whom hearing defects were found were referred to the Regional Deafness Clinic for further investigation and treatment.

It may be of interest to note that 8 pupils with defective hearing have been fitted with hearing aids.

(b) 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 12 other County Schools, the details of which are shown below :-

School	No. of Girls who attended
Echt ...	8
Midmar ...	11
Kingswells ...	7
Tarland ...	20
Skene ...	34
New Byth... ..	17
Monquhitter ...	22
Auchterless ...	13
Fyvie ...	33
Meldrum ...	38
Methlick... ..	39
Tarves ...	25
	267

Satisfactory reports were received from head teachers with regard to the results of these courses and the reaction of parents to them.

(c) *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. Two hundred and thirty-one boys and girls attended the systematic and practical course in First Aid, while 85 girls took the Home Nursing Course. These figures represent an increase of 52 and a decrease of 17 respectively in the number of pupils who attended the courses last year.

(d) *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 in no small measure on 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 three 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 ...	44
Number of individual kitchens ...	22
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 ...	83
Number of classrooms in use ...	68

The number of schools at which two-course meals were served was 183, which is an increase of 13 schools over last year. In addition to these, light meals and soup meals were served at 20 schools - a reduction of 4 from the previous year - making a total of 203 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 about 10,000 representing 40.7% of the school population - the same as the previous year. The standard charge per meal was 7d per head, and in cases of large families partaking meals, the charge was 5d. per head for the third and subsequent members. Approximately 546 two-course meals were supplied free of charge to necessitous children on medical grounds. Besides this, 350 pupils had light meals - cocoa and sandwiches - and 400 pupils had soup meals daily during the winter months, these being 150 and 50 fewer respectively than last year. The number of employees in the School Meals Service was increased by 22 to 399.

(e) *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) the number 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 Areas where no milk is supplied
	Liquid Milk	Dried Milk	
Aberdeen	29	-	-
Alford	19	1	2
Deeside	17	1	-
Ellon	26	-	-
Fraserburgh	25	-	1
Garioch	17	1	3
Huntly	17	-	5
Peterhead	30	-	1
Turriff	22	-	-
Totals	202	3	12

It will be seen from the table on page 32 that 205 schools - an increase of 8 compared with the previous year - were supplied with liquid or dried milk. This increase consisted of (1) the addition of 9 schools where liquid milk was supplied - 2 schools each in the Ellon and Deeside areas, 1 in the Garioch area and 4 in the Alford area, and (2) a reduction of 1 school where dried milk was consumed. There are still 12 schools where no liquid or dried milk is supplied.

(f) *National Survey of the Health and Development of Children.*

The Joint Committee sponsored by the Institute of Child Health, Society of Medical Officers of Health and Population Investigation Committee have, for the past six years, been following the health, growth and environment of 6,000 children born during the week March 3rd - 9th, 1946, drawn from all social classes and from all parts of Great Britain. The children enrolled in this survey have already been visited for the purposes of this inquiry three times, when they were aged 6 weeks, 2 years and 4 years. At the present time the Committee are in touch with 95% of the surviving children who are still in this country. They wish to continue this inquiry throughout the primary school period and to arrange for the survey children to be given a medical examination by the school doctor each year and to be seen by the school nurse each term. The main aims of the inquiry are as follows :-

- (1) to collect information on a national scale on accidents, illnesses, growth and development.
- (2) to show in what ways the health and growth of young children are affected by the environment in which they live.
- (3) to trace the history of a large group of prematurely born children who have been individually matched with children born at term.
- (4) to observe the achievement of children against the background of their ability, health and opportunities.

Through co-operative arrangements made by the Local Health Authority in conjunction with the parents concerned, nineteen survey children resident in the County of Aberdeen were visited and examined by the school medical and nursing staff in March, 1952. Two questionnaires, designed to bring the medical and social history of each child up to date - one for completion by the School Medical Officer and the other by the School Nurse - were duly completed and returned to the Joint Committee.

TABLE I.

Total Number of Children examined at :-

		Systematic Examinations	Other Systematic Examinations
(A) <i>Systematic Examinations.</i>			
Primary Schools	Entrants ...	2,669	-
	Second age-group ...	2,325	-
	Third age-group ...	1,123	-
Secondary Schools	Third age-group ...	918	-
	Fourth age-group ...	159	-
Total ...		7,194	-
Nursery School ...		24	-
Age 7 Group (Visual Acuity and Hearing only) ...		2,095	-
Grand Totals ...		9,313	-
(B) <i>Other Examinations.</i>			
Special Cases ...		353	
Re-inspection by Medical Officers ...		3,206	
		3,559	

Number of children inspected at systematic examinations who were notified to parents as requiring treatment. (Excluding uncleanness and dental caries) :-

Entrants ...	344
Second age-group ...	309
Third age-group ...	326
Secondary age-group ...	23
Total	700

TABLE II.

SYSTEMATIC EXAMINATION.

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. 1372	%	No. 1297	%	No. 1175	%	No. 1150	%	No. 1064	%	No. 977	%	No. 65	%	No. 94	%	No. 3676	%	No. 3518	%
1. Clothing unsatisfactory ...	22	1.6	15	1.1	12	1.02	12	1.04	12	1.1	10	1.02	-	-	-	-	46	1.2	37	1.05
2. Footgear ...	8	0.5	3	0.2	3	0.2	3	0.2	1	0.09	-	-	-	-	-	-	12	0.3	6	0.1
3. Uncleanliness -																				
(a) Head ...	15	1.09	27	2.08	12	1.02	25	2.1	8	0.7	10	1.02	-	-	-	-	35	0.9	62	1.7
(b) Body ...	22	1.6	13	1.1	17	1.4	15	1.3	19	1.7	22	2.2	-	-	-	-	58	1.5	50	1.4
(c) Head and Body ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Skin -																				
(a) Head : Ringworm ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Impetigo ...	3	0.2	2	0.1	2	0.1	-	-	2	0.1	1	0.1	-	-	-	-	7	0.1	3	0.08
Other Diseases ...	13	0.9	10	0.7	11	0.9	14	1.2	10	0.9	19	1.9	1	1.5	2	2.1	35	0.9	45	1.2
(b) Body : Ringworm ...	1	0.07	-	-	2	0.1	-	-	2	0.1	1	0.1	-	-	-	-	5	0.1	1	0.02
Impetigo ...	-	-	-	-	-	-	2	0.1	-	-	1	0.1	-	-	-	-	-	-	3	0.08
Scabies ...	2	0.1	3	0.2	2	0.1	4	0.3	1	0.09	1	0.1	-	-	-	-	5	0.1	8	0.2
Other Diseases ...	39	2.8	38	2.9	27	2.2	44	3.8	26	2.4	27	2.7	2	3.07	4	4.2	94	2.5	113	3.2
5. Nutritional State -																				
(a) Slightly Defective ...	73	5.3	77	5.9	71	6.04	58	5.04	59	5.5	49	5.0	1	1.5	2	2.1	204	5.5	186	5.2
(b) Bad ...	3	0.2	6	0.4	2	0.1	5	0.4	3	0.2	2	0.2	-	-	-	-	8	0.2	13	0.3
6. Mouth and Teeth unhealthy ...	47	3.4	60	4.6	20	1.7	28	2.4	17	1.5	21	2.1	2	3.07	1	1.06	86	2.3	110	3.1
7. Naso-pharynx -																				
(a) Nose :																				
(1) Obstruction requiring observation	42	3.06	38	2.9	37	3.1	19	1.6	19	1.7	7	0.7	-	-	1	1.06	98	2.6	65	1.8
(2) Obstruction requiring treatment	12	0.8	10	0.7	8	0.6	1	0.08	6	0.5	-	-	-	-	-	-	26	0.7	11	0.3
(3) Other conditions ...	10	0.7	8	0.6	4	0.3	3	0.2	3	0.2	2	0.2	-	-	-	-	17	0.4	13	0.3
(b) Throat :																				
(1) Tonsils requiring observation	133	9.6	129	9.9	34	2.8	44	3.8	38	3.5	29	2.9	3	4.6	2	2.1	208	5.6	204	5.8
(2) Tonsils requiring treatment	59	4.3	50	3.8	25	2.1	9	0.7	9	0.8	6	0.6	-	-	-	-	93	2.5	65	1.8
(c) Glands :																				
(1) Requiring observation	118	8.6	117	9.02	39	3.3	40	3.4	27	2.5	22	2.2	2	3.07	1	1.06	186	5.05	180	5.1
(2) Requiring treatment	15	1.09	9	0.6	11	0.9	1	0.08	4	0.3	3	0.3	-	-	-	-	30	0.8	13	0.3

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. 1372	%	No. 1297	%	No. 1175	%	No. 1150	%	No. 1064	%	No. 977	%	No. 65	%	No. 94	%	No. 3676	%	No. 3518	%
8. Eyes -																				
(a) External Diseases -																				
Blepharitis ...	10	0.7	10	0.7	10	0.8	10	0.8	7	0.6	12	1.2	-	-	1	1.06	27	0.7	33	0.9
Strabismus ...	37	2.6	39	3.1	10	0.8	10	0.8	9	0.8	9	0.9	-	-	-	-	56	1.5	58	1.6
Other Diseases ...	19	1.3	6	0.4	13	1.1	11	0.9	12	1.1	14	1.4	1	1.5	-	-	45	1.2	31	0.8
(b) Visual Acuity -																				
(1) Fair ...	-	-	2	0.1	105	8.9	103	8.9	89	8.3	125	12.7	13	20.0	15	15.9	207	5.6	245	6.9
(2) Bad ...	-	-	-	-	10	0.8	15	1.3	8	0.7	13	1.3	1	1.5	2	2.1	19	0.5	30	0.8
(c) Recommended for refraction ...	28	2.04	25	1.9	68	5.7	67	5.8	61	5.7	100	10.2	9	13.8	9	9.5	166	4.5	201	5.7
9. Ears -																				
(a) Diseases :																				
Otorrhoea ...	6	0.4	7	0.5	4	0.3	6	0.5	5	0.4	-	-	-	-	-	-	15	0.4	13	0.3
Other ...	15	1.09	10	0.7	8	0.6	13	1.1	16	1.5	4	0.4	5	7.6	-	-	44	1.1	27	0.7
(b) Defective Hearing :																				
Grade I ...	2	0.1	2	0.1	5	0.4	12	1.04	5	0.4	2	0.2	2	3.07	-	-	14	0.3	16	0.4
Grade IIa ...	1	0.07	1	0.07	3	0.2	4	0.3	7	0.6	4	0.4	-	-	-	-	11	0.2	9	0.2
Grade IIb ...	-	-	-	-	1	0.08	-	-	-	-	-	-	-	-	-	-	1	0.02	-	-
Grade III ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Speech -																				
Defective articulation ...	19	1.3	10	0.7	14	1.1	6	0.5	5	0.4	2	0.2	-	-	-	-	38	1.03	18	0.5
Stammering ...	4	0.2	1	0.07	4	0.3	1	0.08	4	0.3	1	0.1	-	-	-	-	12	0.3	3	0.08
11. Mental and Nervous Condition -																				
(a) Backward ...	9	0.6	3	0.2	23	1.9	7	0.6	17	1.5	5	0.5	-	-	-	-	48	1.3	16	0.4
(b) Dull ...	6	0.4	1	0.07	12	1.02	6	0.5	11	1.03	6	0.6	-	-	-	-	29	0.7	13	0.3
(c) Mentally deficient (Educable) ...	-	-	-	-	5	0.4	4	0.3	4	0.3	4	0.4	-	-	-	-	9	0.2	8	0.2
(d) Mentally deficient (Ineducable) ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(e) Highly nervous or unstable ...	7	0.5	7	0.5	6	0.5	6	0.5	8	0.7	2	0.2	-	-	-	-	21	0.5	15	0.4
(f) Difficult behaviour ...	1	0.07	2	0.1	4	0.3	1	0.08	3	0.2	2	0.2	-	-	-	-	8	0.2	5	0.1
12. Circulatory System -																				
(a) Organic Heart :																				
(1) Congenital ...	7	0.5	8	0.6	4	0.3	2	0.1	3	0.2	5	0.5	-	-	1	1.06	14	0.3	16	0.4
(2) Acquired ...	1	0.07	-	-	-	-	3	0.2	3	0.2	1	1.01	1	1.5	1	1.06	5	0.1	5	0.1
(b) Functional ...	26	1.8	14	1.07	13	1.1	11	0.9	16	1.5	18	1.8	1	1.5	3	3.1	56	1.5	46	1.3

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. 1372	%	No. 1297	%	No. 1175	%	No. 1150	%	No. 1064	%	No. 977	%	No. 65	%	No. 94	%	No. 3676	%	No. 3518	%
13. Lungs -																				
(a) Chronic bronchitis ...	25	1.8	25	1.9	14	1.1	11	0.9	9	0.8	6	0.5	2	3.07	-	-	50	1.3	42	1.1
(b) Suspected Tuberculosis ...	4	0.2	5	0.3	2	0.1	-	-	2	0.1	-	-	-	-	-	-	8	0.2	5	0.1
(c) Other Diseases ...	17	1.2	16	1.2	5	0.4	2	0.1	5	0.4	2	0.2	1	1.5	-	-	28	0.7	20	0.5
14. Deformities -																				
(a) Congenital ...	14	1.02	8	0.6	5	0.4	5	0.4	5	0.4	4	0.4	1	1.5	1	1.06	25	0.6	18	0.5
(b) Acquired (Infantile Paralysis)	2	0.1	1	0.07	3	0.2	1	0.08	1	0.09	-	-	1	1.5	1	1.06	7	0.1	3	0.08
(c) Acquired (Probable Rickets) ...	5	0.3	5	0.3	2	0.1	-	-	4	0.3	3	0.3	-	-	1	1.06	11	0.2	9	0.2
(d) Acquired (Other) ...	8	0.5	4	0.3	8	0.6	5	0.4	16	1.5	8	0.8	-	-	2	2.1	32	0.8	19	0.5
15. Infectious Diseases ...	4	0.2	-	-	-	-	-	-	3	0.2	1	0.1	-	-	1	1.06	7	0.1	2	0.05
16. Other Diseases ...	48	3.5	31	2.3	38	3.2	28	2.4	26	2.4	30	3.07	1	1.5	5	5.3	113	3.07	94	2.6

TABLE III.

SYSTEMATIC MEDICAL EXAMINATION

Classification	Entrants 2,669		Second Age-group 2,325		Third Age-group 2,041		Fourth Age-group 159		Total All Ages 7,194	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
1. Children free from defects...	1,695	63.5	1,610	69.3	1,483	72.7	115	72.4	4,903	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; or	2	0.1	126	5.4	120	5.8	14	8.8	262	3.6
(b) Ocular sepsis etc.	81	3.0	38	1.6	20	1.0	2	1.3	141	1.9
(c) Both (a) and (b)	-	-	-	-	2	0.1	-	-	2	0.1
Total	83	3.1	164	7.0	142	6.9	16	10.1	405	5.6
3. Children suffering from ailments (other than those mentioned in 2) from which complete recovery is anticipated within a few weeks	684	25.7	424	18.2	291	14.3	17	10.7	1,416	19.7
4. Children with defect less remediable than defects in 2 or 3 -										
(a) Where complete cure is considered possible...	161	6.0	71	3.0	64	3.1	3	1.8	299	4.2
(b) Where improvement only is considered possible	46	1.7	56	2.5	61	3.0	8	5.0	171	2.4
Total	207	7.7	127	5.5	125	6.1	11	6.8	470	6.6
Total number of children examined	2,669	100.0	2,325	100.0	2,041	100.0	159	100.0	7,194	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	-	2	1	3
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	369	-	-	369
Grade IIa	63	-	-	63
Grade IIb	-	6	1	7
Grade III	-	15	-	15
4. Defective Speech -				
(a) Defects of articulation requiring special educational measures	97	-	-	97
(b) Stammering requiring special educational measures	33	-	-	33
5. Mentally defective (children between 5 and 16 years)				
(a) Educable (I.Q. approx. 50 - 70)	98	29	14	141
(b) Ineducable (I.Q. generally less than 50)	-	19	8	27
6. Epilepsy -				
(a) Mild and occasional	7	-	-	7
(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)	12	-	4	16
(b) General orthopaedic conditions	152	2	17	171
(c) Organic heart disease	82	1	-	83
(d) Other causes of ill-health	11	-	-	11
8. Multiple defects -				
(a) Cranio-stenosis and supernumary toes	1	-	-	1
(b) Mentally defective and physically defective	-	-	1	1

TABLE V.
DENTAL INSPECTION AND TREATMENT.

						Systematic Examinations	Special and Emergency Cases	Total
No. of Children who were -								
(1) Inspected by the Dental Officers -								
Age	5	...	...	...	...	731	-	731
	6	...	...	...	...	699	12	711
	7	...	...	...	...	694	15	709
	8	...	...	...	...	608	-	608
	9	...	...	...	...	584	-	584
	10	...	...	...	...	557	21	578
	11	...	...	...	...	556	-	556
	12	...	...	...	...	592	-	592
	13	...	...	...	...	509	7	516
	14	...	...	...	...	524	11	535
	15	...	...	...	...	121	14	135
	16 and over	...	...	...	...	7	-	7
Total						6,182	80	6,262
(2) Found to require treatment						2,977	-	
(2a) Accepting treatment						2,116	-	
(3) Actually treated by School Dental Officers						2,030	80	
(4) Number of attendances made by children for treatment						2,254	80	
(5) Fillings--								
(a) Permanent						891	14	
(b) Temporary						37	-	
(6) Extractions -								
(a) Permanent						552	37	
(b) Temporary						2,442	56	
(7) Number of administrations of a general anaesthetic for extractions						-	-	
(8) Other Operations -								
(a) Permanent						446	7	
(b) Temporary						73	-	
(9) Half-days devoted to inspection						137	-	
Half-days devoted to treatment						416	-	
(10) Number of children treated under private arrangements						954	-	

SECTION IV.

TUBERCULOSIS SERVICE.

The number of cases notified to the Medical Officer of Health as suffering from tuberculosis in 1952 was 129; 74 respiratory cases and 55 non-respiratory cases. Of the 74 respiratory cases, 9 were children with primary intra-thoracic tuberculosis. The corresponding figures for last year were :-

98 cases; 55 respiratory (with 11 primary cases of intra-thoracic disease in children) and 43 non-respiratory. The current year's notifications approximate more to the figures for 1950 when 133 cases were notified - 70 respiratory and 63 non-respiratory.

The death-rate for 1952 was 13 per 1000 of population, .10 for respiratory disease and .03 for non-respiratory tuberculosis. Compared with last year, when the rates for respiratory and non-respiratory disease was .19 and .03 respectively, the death-rate from respiratory disease has fallen. Whilst such a fall is satisfactory, statistics based on comparatively small numbers - 15 persons died of respiratory tuberculosis in 1952 and 28 in 1951, are bound to show fairly wide variations. The exceptionally low rate of .08 for respiratory disease in 1950, when 11 patients died of respiratory tuberculosis, may well have been at the expense of the much heavier rate of 1951. Without being complacent in the matter, one can say that the death-rate for tuberculosis in Aberdeenshire is low, the rate for Scotland as a whole being almost two and a half times that of Aberdeenshire.

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 1952
		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	-	2	1	-	5	8	9	13	1	39	38	3
	Females	-	3	4	3	13	3	5	3	1	35	29	2
	Total	-	5	5	3	18	11	14	16	2	74	67	5
Non-respiratory	Males	-	3	7	6	3	2	2	1	-	24	15	-
	Females	-	4	2	5	10	5	3	2	-	31	25	-
	Total	-	7	9	11	13	7	5	3	-	55	40	-
Respiratory and Non-respiratory	Males	-	5	8	6	8	10	11	14	1	63	53	3
	Females	-	7	6	8	23	8	8	5	1	66	54	2
	Grand Total	-	12	14	14	31	18	19	19	2	129	107	5

TABLE II.

NUMBER OF CASES DIAGNOSED AS SUFFERING FROM TUBERCULOSIS
AND BACTERIOLOGICALLY PROVED.

		AGE-GROUPS									
		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	Total
Respiratory	Males	-	1	-	-	5	6	9	12	-	33
	Females	-	2	3	2	11	3	5	3	1	30
	Total	-	3	3	2	16	9	14	15	1	63
Non-respiratory	Males	-	2	8	6	3	2	2	1	-	24
	Females	-	4	2	5	10	4	3	2	-	30
	Total	-	6	10	11	13	6	5	3	-	54
Respiratory and Non-respiratory	Males	-	3	8	6	8	8	11	13	-	57
	Females	-	6	5	7	21	7	8	5	1	60
	Grand Total	-	9	13	13	29	15	19	18	1	117

TABLE III.

LOCALISATION OF DISEASE - 1952.

The parts of the body affected in the 55 non-respiratory cases were :-

	Notified cases	Proved cases
1. Glands	35	35
2. Bones and Joints	10	10
3. Abdomen	4	4
4. Other sites (including lupus)	6	5
Totals	55	54

TABLE IV.

SOURCES OF NOTIFICATION.

1. Notified by General Practitioners	50
2. Notified by Medical Officers of Medical or Surgical Hospitals	47
3. Notified by Medical Officers of other areas (Transfers)	20
4. Notified by Chest Physicians	32
5. Re-notifications	15
Total	164

TABLE V.

OCCUPATIONAL INCIDENCE.

Occupation	Total	Number of Cases	
		Respiratory	Non-Respiratory
Schoolgirls	19	7	12
Housewives	15	10	5
Schoolboys	15	2	13
Children	13	5	8
Domestic Servants	6	3	3
Farmers	5	4	1
Labourers... ..	4	4	-
Shop Assistants	4	4	-
Clerks	3	3	-
Nurses	3	-	3
Bus Drivers	2	2	-
Clerkesses	2	2	-
Engineers... ..	2	2	-
Fishermen... ..	2	2	-
Fish Merchants	2	2	-
Lorry Drivers	2	1	1
Millworkers	2	2	-
Shoemakers	2	2	-
Assistant Steward	1	1	-
Baker	1	1	-
Bakery Worker	1	-	1
Boilermaker	1	1	-
Bus Conductor	1	-	1
Butcher	1	1	-
Cashier	1	1	-
Chiropodist	1	1	-
Egg Grader	1	-	1
Ex-Serviceman	1	-	1
Farm Worker	1	1	-
Fitter	1	-	1
General Dealer	1	1	-
Hardware Merchant	1	1	-
Machinist... ..	1	1	-
Motor & Cycle Agent	1	1	-
No Occupation	1	-	1
Painter	1	1	-
Quarry Manager	1	1	-
Retired Teacher	1	1	-
Schoolmaster	1	-	1
Shipwright	1	1	-
Stonecutter	1	1	-
Student	1	-	1
Traser	1	-	1
Trawlerhand	1	1	-
Grand Total	129	74	55

TABLE VI.

NUMBER OF VISITS MADE BY DISTRICT NURSES DURING 1952.

	March	June	September	December
Aboyne	-	-	-	-
Alford	7	7	5	6
Ballater	4	4	4	3
Belhelvie	3	-	8	-
Boddam	5	8	10	8
Braemar	-	-	6	1
Cairnie & Grange	-	-	-	-
Central Garioch	11	11	10	11
Crathie	3	1	-	2
Cromar	3	3	2	2
Cruden & Slains	2	3	2	3
Culter	6	6	5	8
Cults	3	2	2	3
Drumblade, Forgue & Ythanwells	5	6	7	3
Echt, Skene & Midmar	13	9	10	13
Ellon & Logie Buchan	12	15	6	9
Finzean	2	-	-	-
Fraserburgh	39	46	29	43
Fyvie	2	2	3	2
Glass & Cabrach	6	6	4	6
Glenbuchat & Mid-Strathdon	-	-	6	-
Huntly	6	4	4	4
Insch	7	5	6	3
Invercairn & St. Combs	3	3	3	3
Inverurie	8	11	10	10
Kemnay	9	4	7	6
Kintore	10	8	9	9
Longside	2	4	2	2
Lonmay & Crimond	-	2	1	1
Maud	4	4	5	5
Methlick	4	3	3	3
Monquhitter	4	7	9	9
Newmachar & Whiterashes	7	1	3	7
New Aberdour & Pennan	3	3	2	2
Old Deer	1	10	3	6
Oldmachar	12	8	6	3
Oldmeldrum	12	3	3	6
Peterhead	46	-	13	25
Pitsligo	19	27	8	13
Rhynie, Auchindoir, Clatt & Gartly	10	10	9	10
St. Fergus	12	2	2	2
Stoneywood (Bucksburn)	21	17	18	17
Stoneywood (Dyce)	8	10	12	25
Strichen	3	3	3	3
Strathdon	5	12	20	44
Tarves	8	9	5	6
Torphins & Mid-Deeside	9	5	9	13
Turriff (Auchterless)	12	19	13	12
Turriff (King-Edward)	-	1	2	4
Tyrie & New Pitsligo	16	9	9	5
Udny & Foveran	5	3	1	3
Totals	392	336	319	384

TABLE VII.

Cause of Death		All Ages	-1	1+	5+	10+	15+	25+	35+	45+	55+	65+	75+	85 and over
Respiratory system ...	Male	6	-	-	-	-	1	-	1	3	1	-	-	-
" " ...	Female	9	-	-	-	-	-	3	3	2	1	-	-	-
Other Forms ...	Male	2	1	-	-	-	-	-	-	1	-	-	-	-
" " ...	Female	2	-	-	1	-	-	-	1	-	-	-	-	-

TABLE VIII.

	No. corrected for Transfers			Rate per 1,000 of estimated population (both sexes)
	Both sexes	Males	Females	
Deaths - Tuberculosis (all forms) ...	19	8	11	0.13
" (Respiratory system)	15	6	9	0.10

SECTION V.

THE NURSING SERVICES

At the end of 1952 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	3
(5) Nurses performing general duties only	2
(6) Relief nurses	2
	65

At present thirty-eight nurses are living in premises set apart as nurses' houses, eighteen nurses are living in their own homes, and seven 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 tuberculosis 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 1952 :-

	Cases	Visits
1. General Nursing	7,673	91,433
2. Maternity Nursing	578	9,380
3. Expectant Mothers:		Total Visits
(a) Domiciliary		4,479
(b) Hospital		9,655
4. Child Welfare:	First Visits	
(a) Infants - 1 year	2,504	32,426
(b) Children from 1-5 years	2,539	35,781
5. School Health Service		3,826
6. Tuberculosis work		1,916

SECTION VI.

MENTAL HEALTH SERVICES

This subject has been dealt with at some length in the Section of the report covering the Review of Local Authority Health Services.

As in previous years, the bulk of the work in connection with Mental Health has been undertaken by the Area Officers in their capacity of Authorised Officers. This work entailing administrative procedure in relation to certification of persons of unsound mind, supervision of mental defectives on licence or under guardianship and supervision of lunatics on probation has made many calls on the time of the Area Officers and it has been performed very efficiently indeed.

SECTION VII.

SYNOPSIS OF SANITARY INSPECTORS' REPORTS

A. COUNTY SANITARY INSPECTOR'S REPORT

MILK:

During 1952, there were 468 registered dairies in the County, and of that number 406 held Designated Milk Licences, as follows :-

Certified	...	28	Standard	...	74
Tuberculin Tested	...	292	Pasteurised	...	12

12,699,298 gallons of milk were produced in the County, consisting of :-

Certified	...	1,429,303	Standard	...	1,632,238
Tuberculin Tested	...	8,738,579	Ordinary	...	899,178

3,211 samples of milk were taken; of these 2,682 were satisfactory (83.53%) and 529 were unsatisfactory (16.47%). The following table shows the number of samples taken under each Designation and subjected for bacteriological analyses :-

Designation	Satisfactory	Unsatisfactory	Total
Pasteurised	37	4	41
Certified	125	28	153
Tuberculin Tested	1,614	243	1,857
Standard	530	125	655
Ordinary	351	128	479
T.T. Pasteurised	25	1	26

208 samples were taken for biological examination; of that number, 197 were Negative (94.71%) and 11 Positive (5.29%).

Three Special Designated Licences were suspended during the year but they were ultimately restored on satisfactory samples being procured.

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

Total Reconstructions	...	14
Partial Reconstructions	...	11
New Byres	...	2
Byre Extensions	...	4
Reconstruction of Byres	...	7
New Dairies and Sculleries	...	10
Dairy Sculleries	...	1
New Dungsteads	...	16
New Water Supplies	...	7
Construction of Calf Pens	...	2
Other Improvements	...	45

The District Sanitary Inspectors carried out 1,111 inspections of dairy farms and the Milk Officers carried out 1,592 inspections.

FOOD:

The Total amount of food condemned was 27 tons 10 cwt. 20 lbs.

FACTORIES ACT:

No. of premises on Register	...	836
No. of Inspections carried out	...	913
No. of written Notices	...	13

Particulars of the defects found were as follows :-

Want of Cleanliness	...	15
Inadequate Ventilation	...	2
Ineffective drainage of floors	...	13
Insufficient Sanitary Conveniences	...	13
Unsuitable or defective Sanitary Conveniences	...	16
Sanitary Conveniences not separate for sexes	...	2

HOUSING:

The number of houses built was 328 - 258 Traditionals, 70 Agricultural Workers' Houses.

85 houses were erected by private enterprise.

HOUSING (SCOTLAND) ACT, 1950 - SECTION 100:

No. of new houses erected - 23

HOUSING (SCOTLAND) ACT, 1950 - SECTIONS 7 AND 9:

No. of houses represented under Section 9	103
No. of houses represented under Section 7	16

BUILDING BYELAWS:

No. of Improvements carried out - 1,451

COMPLAINTS:

835 complaints were investigated

NUISANCES:

980 nuisances were found to exist. The nuisances consisted principally of :-

- Defective houses
- Sanitary defects in houses
- Defective water supplies
- Defective drainage
- Choked drains
- Rat infestation
- Polluted burns and ditches
- Deposit of refuse

OFFENSIVE TRADES:

Despite repeated experiments, alterations to plant, etc. at the Herring By-Products Factory, Fraserburgh, the offensive smell emanating from this Factory still continues. It is hoped that a solution to the abatement of the nuisance will be found at an early date.

SANITARY ACCOMMODATION:

No. of W.C.s installed	745
No. of new bathrooms provided	594
No. of new sinks provided	673

MEAT INSPECTION:

Dyce Bacon Factory -

No. of animals killed	123,289
No. of carcasses condemned (wholly)	407
No. of carcasses condemned (partially)	2,461
No. of carcasses etc. passed	120,421

Total weight of meat offal condemned - 95 tons 14 cwt. 3 qrs. 21½ lbs.

The above-mentioned includes 216 pigs slaughtered as casualties.

Inverurie Slaughterhouse -

No. of animals killed	33,839
No. of carcasses condemned (wholly)	469
No. of carcasses condemned (partially)	794
No. of carcasses etc. passed	32,576

Total weight of meat and offal condemned - 87 tons 3 cwt. 1 qr. 18 lbs.

The above-mentioned includes 549 cattle, 601 sheep, 407 pigs and 775 calves which were slaughtered as casualties.

Turriff Slaughterhouse -

No. of animals killed	5,961
Total weight of meat condemned - 19 tons 11 cwt. 2 qrs. 24 lbs.	
Total weight of Offal condemned - 6 tons 1 cwt. 3 qrs. 10 lbs.	

WATER:

320 new water supplies were installed during 1952. Samples were taken with the following results :-

Chemical -

Satisfactory	208
Unsatisfactory	25

Bacteriological -

Satisfactory	254
Unsatisfactory	81

DRAINAGE:

27,268 yards of new drains were laid during the year. 683 drains were smoke-tested.

FOOD AND DRUGS (ADULTERATION) ACT, 1928:

The number of samples taken was as follows :-

Formal -

Satisfactory	...	...	...	201
Non-Genuine	...	...	...	13
Convictions	...	...	...	6 (Fine of £10, Fine of £5, Fine of £3, Fine of £2:5/6 and 2 Fines of £2 were imposed)
Warnings...	...	...	...	4

Informal -

Genuine	...	...	...	354
Non-Genuine	...	...	...	29
Total number of samples taken	...	...	...	707

ICE CREAM (SCOTLAND) REGULATIONS, 1948:

Number of improvements carried out to premises	...	...	...	...	10
Number of samples taken	...	...	...	...	52
Number of premises proposed to register	...	...	...	...	23

FERTILISERS AND FEEDING STUFFS ACT, 1926:

The number of samples taken was as follows :-

Satisfactory	...	...	...	...	66
Unsatisfactory	...	...	...	...	21

CLEANSING:

The County Cleansing Service continued to operate satisfactorily. The service removed refuse from 71 villages within the County Special Scavenging District and all premises within 3 miles of the lorry routes receive the service on request by the householders. Refuse is removed from all Local Authority houses outwith the County Special Scavenging District and from all rural schools. Contracts were renewed for the removal of refuse from Bridge of Don Barracks and Kintore Burgh. The average weight of refuse removed weekly was 480 tons.

Streets were swept and gullies emptied in all villages and hamlets within the County Special Scavenging District.

After the first few months of the year great difficulty was experienced in obtaining a market for Waste paper, and the collection of this material was continued on a considerably reduced scale. Separation at refuse dumps was carried out throughout the year. Weights of waste material sold during the year under review were as follows :-

Waste Paper	167 tons
Tins	106 tons

During the year the Cleansing Service undertook the work of dismantling huts at the temporary housing sites at Crimond, the material being sold on behalf of the Housing Department. In conjunction with the Roads Department the Cleansing Service carried out improvements to the levels of the Princess Royal Park, Braemar.

19 refuse collection vehicles and 2 vans were in use throughout the year.

The erection of a central garage at Dyce is nearing completion, and it is hoped that all vehicles in the Aberdeen area will be accommodated early in the new year.

Conditions at refuse dumps have continued to show improvement since tins are no longer tipped along with domestic refuse. The Local Authority's rat catchers visit refuse dumps periodically and carry out vermin extermination work at regular intervals.

49 full-time and 6 part-time employees were required throughout the year to carry out the Cleansing Service.

PREVENTION OF DAMAGE BY PESTS ACT, 1949:

Six full-time rat catchers are employed. Five of the operators are equipped with motor cycles, while the senior operator is supplied with a motor van for the conveyance of heavy plant. In addition, nine District Sanitary Inspectors give advice to property owners on request. The service is supervised by the County Sanitary Inspector.

During the year a survey was made of 800 properties, of which 427 were found to be rat infested. In each case the necessary work of extermination was carried out.

The estimated and actual numbers of pest exterminated by the local authority rat catchers throughout the year were as follows :-

Method of Destruction	No. of Baits Laid	No. of Baits Taken	Number of Rats Destroyed	
			Estimated	Actual
Poison	58,225	35,141	35,141	-
Traps	-	-	-	1,052
Gas... ..	-	-	14,037	-
Totals	58,225	35,141	49,178	1,052

In two instances where rat infestation was found to be heavy and scattered, extermination work was carried out by "block treatment" and the cost of same was divided between the various occupiers of premises within the area.

PREVENTION OF DAMAGE BY PESTS ACT, (APPLICATION TO SHIPPING) ORDER, 1951:

A small survey was carried out in connection with shipping in the harbour of Fraserburgh where no rat infestation was found. The results of the survey were reported to the Health Committee who instructed that further test inspections of vessels should be carried out from time to time. The Committee did not consider that the appointment of additional staff for this purpose was justified at present.

Miss Boyle of the Department of Agriculture called on two occasions and instructed the rat catchers on modern methods of pest destruction. She also demonstrated methods of extermination at a number of rat infested premises.

General

During the year the new rat poison "Warfarin" was used with considerable success by the rodent operators.

B. REPORTS BY BURGH SANITARY INSPECTORS

WATER SUPPLIES:

BALLATER:

Complaints were received about the supply and bacteriological examination proved the filters to be unsatisfactory. The question of improving the water supply is still under consideration.

ELLON:

An ample supply of water was maintained during the year and at no time was a shortage imminent.

One additional connection and two renewals were made to the water mains in addition to the connection of the eighteen new Town Council houses.

FRASERBURGH:

Samples were taken from both Fedderate and Hillhead supplies at regular intervals for chemical and bacteriological analysis. All reports showed excellent results on bacteriological count and chemical analysis in all cases except one showed the water to be of good quality. The one unsatisfactory report occurred at a time when green algae was appearing in the supply and this gave rise to complaints from consumers that the water had an "earthy" taste. Although assured by the analyst that the supply was undoubtedly safe it was convenient at the time to cut out the source affected until the weed growth abated.

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

Fedderate 12" main	...	...	640,000	gallons
Hillhead 9" "	...	...	173,000	"
Hillhead 6" "	...	...	51,000	"
Total			864,000	gallons per 24 hours

The booster pump on Fedderate supply main operated 1,089 hours and the booster on the 9" Hillhead main for 1,260 hours, both of which figures show an increase on the previous year.

210 yards of 9" main, 90 yards of 6" and 162 yards of 4" main were laid in new extensions to serve housing areas.

HUNTLY:

The water supply has been of sufficient quantity to meet the demands of the community. Complaints of unwholesome water have almost ceased, and only two complaints were received during the year from consumers regarding the water supply. On investigation of the two complaints, it was discovered that the water was being drawn from the old original 5" water main. In both instances, new service connections were made from a new water main to improve the quality of the water.

In comparing the samples of water in the year under review with past records, it is evident that the Council have certainly cured the water problem in relation to the distribution system within the Burgh. However, with the ever increasing number of new houses and all their latest washing facilities, the demand for water is steadily increasing. Past investigations have proved that the yield of water from the source is sufficient, but the existing pipe lines in the Collonach Valley are inadequate, and during certain months of the year a large portion of the water is allowed to run to waste. In the near future, this water will be required, and this is a matter along with the introduction of filters which the Council will require to consider in the near future.

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.

There is still a shortage of water at certain seasons of the year and a lack of pressure in the higher level districts of the Burgh. To meet these difficulties and to provide for future needs several schemes have been suggested and discussed with Mr. A.F.S. Gordon, Engineering Inspector, Department of Health for Scotland, Edinburgh. Included in these schemes are Clachie and Linn Burns at Bennachie.

During the period from 19th September to 31st October, 1951 special surveys were made at the Clachie and Linn Burns, gauging weirs 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.

Further measurements were taken during the six months - May till October, when the average water flow in each of the streams was - Clachie Burn 127 gallons per minute; Linn Burn 108 gallons per minute. The average rainfall during the same period was 2.70 inches.

The Town Council decided that Civil Engineers be employed to make a preliminary survey of the Clachie and Linn Burns scheme and to submit a probable cost of the works.

PETERHEAD:

The installation of the Roundhillock Pumping Station was completed and put into operation during the year. As mentioned in recent reports this plant is capable of an output up to one million gallons per day, which together with the catchment area gathering provides an average daily supply of approximately $1\frac{1}{2}$ million gallons. The daily consumption of the Burgh is around 850,000 to 900,000 gallons, so that a fair safety margin is left to come and go on and has enabled the Town Council to provide a supply to H.M. Prison and Aberdeen County Council for Boddam, up to a maximum of 100,000 gallons per day. Work has begun on this supply which consists of a 9" diameter main taken from the trunk main to the Burgh at a point near Grange on the Peterhead-Banff turnpike and carried through to Meethill, a distance of approximately $1\frac{1}{2}$ miles, where it will discharge into a reservoir of 250,000 gallons from which the water will be distributed to H.M. Prison and Boddam. Work has begun on this contract and should be completed by the end of January, 1953.

600 lineal yards 6" diameter cast iron distributary mains were renewed throughout the year and a further extension of mains was carried out at housing developments to the extent of some 1,200 lineal yards.

Pressure is being maintained by means of boosters at Forehill which have been fixed up in a more or less temporary manner. All the specials and pumping plant required for this job have now been delivered and the work of installing the plant as planned in a temporary capacity has now begun, so that in a very short time it will be possible to complete the job and boost the water to Cocklaw according to the final scheme. This scheme has been greatly retarded through the slow delivery of specials and pumping equipment.

The bacteriological examination of the water throughout the year has been excellent although the supply developed a decided taste and odour at intervals during the last few months of the year. Fortunately the taste has disappeared, but every avenue is being explored to find the reason and to prevent a recurrence.

ROSEHEARTY:

The supply gave rise to some little anxiety during the month of October but no serious shortage occurred.

TURRIFF:

The gravity supply from Barnyards again fluctuated greatly during the year and from April until the end of October the amount from this source fell below the requirements of the Burgh and the auxiliary supply from Boggieshalloch was called on to make up the deficiency. The actual amounts from Barnyards varied between 46,000 gallons per day in August to 320,000 gallons per day in December.

The consumpt of the Burgh is roughly 160,000 gallons daily so that the pumping plant had on occasions to supply up to 120,000 gallons per day.

Both supplies are of good quality and the only complaints received were on the grounds of lack of pressure at peak load periods.

During the year contracts were let amounting to over £11,000 for the erection of an additional storage cistern, Chlorinating Plant, etc. on Prospecthill. The capacity of the cistern is 120,000 gallons and when completed should obviate any diminishing pressures during the day.

DRAINAGE.

BALLATER:

The sewers were maintained in a satisfactory condition. The treatment of the sewage is supervised by the City of Aberdeen Water Department at their sewage farm outwith the Burgh Boundary.

ELLON:

There are eight sewers, five of which discharge direct into the River Ythan. The other three first discharge into septic tanks. Complaint was received regarding the pollution of the River Ythan with oil passing through the sewers following which the garages were directed to provide oil interceptors. The sewer outfalls are cleansed monthly from 1st March to 1st November by the Burgh workmen and are also cleansed when necessary during the remaining months of the year.

Four new connections were made to the public sewers.

FRASERBURGH:

The sewerage system generally has functioned very satisfactorily and no cases of surcharging have been encountered. Two beach outfalls were damaged and required repair.

145 yards of 12", 153 yards of 9" and 124 yards of 6" diameter sewer were laid in new extensions to housing areas. Kessock Road septic tank was emptied and cleaned.

201 choked drains in housing scheme property required to be rectified and 39 choked drains were cleared for private parties on repayment.

HUNTLY:

The sewerage system was well maintained throughout the year and during the summer months certain sections which are slow running were scraped and flushed. The depth of the sewers in the Burgh vary from 2'6" to 19'0", and in the older parts of the town a constant watch has to be maintained as the lack of flow results in silting up with the ultimate complaints. However, because of the periodical flushing no adverse reports were received during the year.

The sewage of the Burgh discharges into the River Bogie, and the fast current carries the crude sewage quickly downstream. Strict supervision was enforced to make certain that no silting took place at the outfall or along the banks of the river. A breakwater is made to guide the sewage into the centre of the stream.

The Council, however, realize that this is not the ideal system of sewage disposal, and while no complaints were received regarding the existing outfall, and no one can claim that it was detrimental to the health of the community, the Council during the year took into consideration the construction of a sewage disposal plant. Messrs. Jenkins & Marr, Civil Engineers, Aberdeen, were appointed the Council's Consulting Engineers, and along with this department carried out preliminary surveys and produced plans of a proposed scheme which was placed before the Council for their consideration. Conference with the Department of Health's engineers also took place on this subject, and before the end of the year, the plans for the future Huntly Sewage Disposal Works were well advanced. The proposed site was fixed at the river-side in the Cooper Park, while it was agreed that owing to the financial outlay, the scheme should be carried out in two phases. The entire cost of the scheme would be in the region of £50,000. This expenditure will be a tremendous burden on the rate-payers, and it is to be hoped that some financial assistance will be forthcoming before the completion of this undertaking. The engineering side of this project is simple compared with the financial one, but the Council are well aware of all the problems which confront them.

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. This is more apparent when there is a heavy fall of rain and the main sewer is unable to cope with this additional water, a certain amount of flooding is caused on the roads and in the basement of several properties. In the near future the whole question of the sewerage system for the Burgh will require to be given serious consideration.

PETERHEAD:

Crude sewage is discharged direct to the sea by the several outfalls which are so sited that no nuisance arises from soil finding its way back to the shore. These outfalls are well maintained and no complaints have arisen from the undertaking. The relief sewer at the junction of Wilson Street and East North Street has been approved by the Town Council, but the execution of the work has been deferred until the financial year ending 1954. This decision was taken in view of the heavy commitments likely to be

met by this department in the current year. Plans for a new outfall from the junction of West Road and Station Road along Kirk Street to the South Bay were submitted to the Town Council and approved. The purpose of the new outfall is to relieve the existing West Road sewer which is overloaded and to remove the discharge of crude sewage into the Kirk burn which occurs when surcharging takes place in the sewer. It is hoped to put this scheme into operation at an early date. A further 1,200 lineal yards of 12" fireclay sewer and 200 lineal yards of 6" diameter sewer has been laid at Blackhouse Housing Scheme, second development. The depths vary from 6 feet to 12 feet deep. Periodic cleansing of the sewers is carried out and no serious chokage has taken place during the year and no complaints arising out of the system have been reported.

ROSEHEARTY:

A complaint was lodged of flooding on two different occasions after excessive rainfall. A report was submitted by Mr. Brown, District Sanitary Inspector, who whilst agreeing with the Engineer's Report on the capacity of the sewers, suggested an inspection of the storm-water overflows. On examination, the overflow at the east end of the Burgh was found to be partially blocked. This was remedied but to date the rainfall has been normal and it is impossible to say whether this will mitigate the conditions.

TURRIFF:

Additional manholes were built on High Street and Fife Street sewers during the year but no new sewers were laid. Twelve connections were made to sewers for housing and other purposes.

The overloading of the septic tanks and filters is of course being progressively aggravated but still no action has been taken by the Department of Health regarding the new sewage disposal scheme which was submitted in 1948.

NUISANCES:

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

BALLATER:

Seventeen nuisances were discovered or complained of, thirty-two visits of inspection and enquiry being carried out. The nuisances consisted chiefly of defective drains, choked water closets, defective rhones, river pollution, etc.

ELLON:

Twenty-two complaints were received, all of which were given attention.

FRASERBURGH:

58 nuisances, chiefly choked and defective drains, and offensive accumulations of rubbish were dealt with.

So far no satisfactory solution has been found for dealing with the obnoxious smell which emanates from the Herring Bye-Product Factory on the outskirts of the town. The industry is one which is essential to the fish trade, and while it is true that the firm have gone to considerable expense and trouble in efforts to cure this nuisance it is evident that results are most unsatisfactory and the further alterations to the plant now being investigated by the firm are most urgently necessary.

INVERURIE:

Systematic inspection is made during the year of the whole Burgh in order to ascertain what Nuisances exist requiring the attention of the parties responsible. A number of nuisances were complained of and were given attention. They consisted chiefly of defective drains and sanitary appliances, damp and defective houses and defective water pipes.

PETERHEAD:

Systematic inspection is made throughout the year in order to ascertain what nuisances exist requiring the attention of the parties responsible.

The 19 nuisances notified during the year consisted chiefly of defective sanitary fittings, drains and water pipes. Intimations were sent where necessary.

TURRIFF:

These become less each year, and consist chiefly of choked drains. No official notifications were issued during the year.

CLEANSING:

The Cleansing arrangements in the Burghs are as follows :-

	Type of vehicle used	No. of Collections weekly
Ballater	Austin	Daily collection in summer Every alternate day in winter
Ellon	Karrier Bantan	3
Fraserburgh	2 S.D. Freighters Dennis	Every alternate day
Huntly	Karrier Bantams	(a) every alternate day of householders (b) once a week garden refuse (c) once a week shop refuse, waste paper, etc.
Inverurie	Dennis	2
Peterhead	Horse and Cart 2 S.D. Freighters Motor Lorry (hired)	3
Rosehearty	Horse and Cart	3
Turriff	Karrier Bantams	Garden refuse weekly from March-November 2

SLAUGHTERHOUSES:

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

	Cattle	Sheep	Pigs	Calves
Fraserburgh	1916	8255	230	48
Inverurie	8486	23347	523	1023
Peterhead	1741	8342	163	24
Turriff	1185	4423	198	155

FOOD INSPECTION:

1 ton 9 cwt. 2 qrs. of assorted foodstuffs were seized as unfit for human consumption.

HOUSING:

The following houses were completed during the year 1952 :-

Private Enterprise	Local Authority
31	175

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 and notices served where necessary.





