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Contributors

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BURGH OF AIRDRIE

Report by Medical Officer of Health for Year 1960

536



TO THE DEPARTMENT OF HEALTH FOR AIRDRIE

IN THE PROVINCE, MANITOBA AND YORK DISTRICTS
OF THE NORTH-WEST TERRITORIES

Letter and Enclosures

I have the honor to acknowledge the receipt of the
Health Administration of the Province for the year 1960.

The report is furnished in accordance with the request
of the Department of Health as authorized by Section 17 and
18 of the Health Administration Act, 1957.

In respect of following the suggestions made by the
Department of Health in Circular No. 70, 1958 and Circular
No. 70, 1959.

During the year, further information was sought for
reference to the year 1960. The Public Health Act, 1957,
the Provincial Health Act, 1957 and Health Education Act, 1957
were reviewed in view of these changes will be found under
appropriate headings in the body of the report.

BURCH OF AIRDRIE a report that through
REPORT BY MEDICAL OFFICER OF HEALTH FOR YEAR 1960.

The year has passed without any major outbreaks of
infectious disease and the infectious mortality rate was
again at a low level.

The arrangements for Communicable Diseases Reporting which
were inaugurated in 1958 were continued and extended.

I take this opportunity of thanking the members of the
Town Council for their confidence and support, my fellow
officials for their help and assistance which they have unflinch-
ingly given me at all times, and the staff of the Health
Department and Nursing Services for their loyal and
co-operative work throughout the year.

Your obedient servant,

ROBERT J. HENNING,
M.B., Ch.B., D.P.H.

Medical Officer of Health.

REPORT OF THE

COMMISSION ON THE STATE OF THE UNION

TO THE DEPARTMENT OF HEALTH FOR SCOTLAND

AND

TO THE PROVOST, MAGISTRATES AND TOWN COUNCILLORS
OF THE BURGH OF AIRDRIE.

Ladies and Gentlemen,

I have the honour to present to you a report on the Health Administration of the Burgh during the year 1960.

This report is furnished in accordance with the request of the Secretary of State as authorised by Sections 79 and 87 of the Local Government (Scotland) Act, 1947.

In format it follows the suggestions made by the Department of Health in Circular No. 70/1956 and Circular No. 91/1960.

In the latter circular, information was asked for in relation to Food Hygiene, the Noise Abatement Act, 1960, Prevention of Home Accidents and Health Education generally. Reference to some of these topics will be found under appropriate sections in the body of the Report.

It is satisfactory to be able to record that throughout the year the health of the Burgh has been well maintained.

The year has passed without any major outbreak of infectious disease and the Infantile Mortality rate was again at a low level.

The arrangements for Poliomyelitis Vaccination which were inaugurated in 1956 were continued and extended.

I take this opportunity of thanking the members of the Town Council for their confidence and support, my fellow-officials for the help and assistance which they have unfailingly given me at all times, and the staffs of the Health Department and Nursing Services for their loyal and conscientious work throughout the year.

I am,

Your obedient servant,

ROBERT J. LUMSDEN,
M.B., Ch.B., D.P.H.

Medical Officer of Health.

TO THE DEPARTMENT OF HEALTH FOR SCOTLAND

AND

TO THE PROVOST, MAGISTRATES AND TOWN COUNCILLORS

OF THE BURGH OF ALBANY

Dear Sirs,

I have the honour to present to you a report on the Health Administration of the Burgh during the year 1960.

This report is furnished in accordance with the provisions of the Public Health (Scotland) Act, 1947, and of the Local Government (Scotland) Act, 1947.

In format it follows the suggestions made by the Department of Health in Circular No. 70/1956 and Circular No. 70/1957.

In the latter circular, information was asked for in relation to food hygiene, the Water Act, 1945, and the Prevention of Food Fraud Act, 1954. It is noted that in some of these spheres work has been done under appropriate sections in the body of the report.

It is satisfactory to be able to record that throughout the year the health of the Burgh has been well maintained.

The year has passed without any major outbreak of infectious disease and the Intensive Nursery rate was again at a low level.

The arrangements for Poliomyelitis Vaccination which were inaugurated in 1956 were continued and extended.

I take this opportunity of thanking the members of the Town Council for their confidence and support, my fellow officials for the help and assistance which they have unflinchingly given me at all times, and the staffs of the Health Department and Nursing Services for their loyal and conscientious work throughout the year.

I am,

Yours obedient servant,

ROBERT J. LINDSAY
M.B., Ch.B., D.P.H.

Medical Officer of Health

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Care of Expectant and Nursing Mothers and Children under School age.

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HEALTH DEPARTMENT

LIST OF STAFF.

Medical Officer of Health

Robert J. Lumsden, M.B., Ch.B., D.P.H.

Superintending Nursing Officer

Miss E. Strong, R.G.N., R.F.N., S.C.M., Q.N., H.V.
(Retired 8/8/61.)

Miss M. McCallum, R.G.N., R.F.N., S.C.M., H.V.
(Appointed 15/9/60.)

Health Visitors

Miss M. McCallum, R.G.N., R.F.N., S.C.M., H.V.
(Promoted 15/9/60.)

Miss K. McCann, R.G.N., R.F.N., S.C.M., H.V.

Miss I. Black, R.G.N., S.C.M., H.V.

Miss M. Harvey, R.G.N., R.F.N., S.C.M., H.V.

Miss M. Cowan, R.G.N., S.C.M., H.V.

Miss J. Colvin, R.G.N., S.C.M., H.V. (Appointed 4/7/60.)

Mrs. E. Moffat, R.G.N., R.F.N., S.C.M., H.V. (Qualified as
H.V. and appointed as H.V. 16/6/60.)

Tuberculosis & Infectious Diseases Nurses

Miss I. Bannerman, R.G.N., R.F.N., S.C.M., H.V.

Mrs. A. Black, R.G.N., R.F.N., S.C.M., Q.N., H.V. (Half Maternity
and Child Welfare.)

Home Nurses

Miss H. Brown, R.G.N., S.C.M., Q.N.

Miss M. Mair, R.G.N., Q.N.

Mrs. E. Stewart, R.G.N.

Mrs. E. Holloway, R.G.N., S.C.M. (Appointed 15/4/60.)

Miss G. McFarlane, R.G.N., S.C.M., Q.N. (Appointed 1/8/60.)

Mrs. J. Thomson, R.G.N., S.C.M., Q.N. (Part-time.)

Authorised Officer & Welfare Officer (Home Help Service)

Daniel Scott. (deceased 15/6/60.)

Duncan Buchanan.

Dental Officer

Miss M. Hinshelwood, L.D.S.

Dental Attendant

Miss M. Gardner.

Clerical Staff

Miss I. Stangoe. - Secretary

Miss J. McCutcheon.

Miss A. Duncan.

Miss M. Jardine.

Midwifery Staff

See pages 27 - 33.

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HEALTH DEPARTMENT
LIST OF STAFF

Medical Officer of Health

Robert J. Jackson, M.D., C.R.S., D.P.H.

Superintendent, Health Officer

Miss E. Brown, R.G.N., R.F.N., S.C.M., D.N., H.V.
(Appointed 8/2/51.)
Miss E. McCallum, R.G.N., R.F.N., S.C.M., H.V.
(Appointed 12/1/50.)

Health Visitors

Miss M. McCallum, R.G.N., R.F.N., S.C.M., H.V.
(Appointed 12/1/50.)
Miss V. McGinn, R.G.N., R.F.N., S.C.M., H.V.
Miss I. Black, R.G.N., S.C.M., H.V.
Miss M. Harvey, R.G.N., R.F.N., S.C.M., H.V.
Miss M. Gowan, R.G.N., S.C.M., H.V.
Miss J. Colvin, R.G.N., S.C.M., H.V. (Appointed 4/1/50.)
Miss A. Kellat, R.G.N., R.F.N., S.C.M., H.V. (Appointed as H.V. 12/1/50.)
H.V. and appointed as H.V. 12/1/50.

Tuberculosis & Infectious Diseases Section

Miss I. Bennett, R.G.N., R.F.N., S.C.M., H.V.
Miss A. Black, R.G.N., R.F.N., S.C.M., H.V. (Left Health Dept. and Civil Service.)

Miss Brown

Miss E. Brown, R.G.N., S.C.M., D.N.
Miss M. Bell, R.G.N., D.N.
Mrs. E. Stewart, S.C.M.
Mrs. E. Bellamy, R.G.N., S.C.M. (Appointed 12/1/50.)
Miss G. Morrison, R.G.N., S.C.M., D.N. (Appointed 1/1/50.)
Mrs. E. Thomson, R.G.N., S.C.M., D.N. (Part-time.)

Authorized Officer & Welfare Officer (see Main Section)

Daniel Goff, (Appointed 12/1/50.)
Duncan Buchanan.

Dental Officer

Miss M. Hinchelwood, D.D.S.

Dental Assistant

Miss M. Gardner.

General Staff

Miss I. Brown, - Secretary
Miss J. McCulloch
Miss A. Duncan
Miss M. Jardine.

Miss Bellamy Staff

GENERAL

The Burgh of Airdrie was established by Act of Parliament in the year 1321 and its original boundaries have since then been further extended by additional legislation.

Its area at the end of 1950 was 2,068 acres. On May 10th, 1951, the Airdrie Provisional Order Confirmation Act, 1951, received the Royal Assent and the effect of this was to add a further 841 acres to the Burgh making the total area now 2,909 acres. The new area extends to the North, East and South of the previous boundaries and provides good additional sites for future development. The village of Moffat Mills is now included within the Burgh.

No. of inhabited houses (August, 1960)	-	9,674.
Total rateable valuation (1960-61)	-	£289,845: 0: 0.

Water Supply

The water supply of the Burgh is furnished by the Airdrie, Coatbridge and District Water Board. This undertaking draws its supplies from upland sources, the catchment area extending to 3,550 acres. There are impounding reservoirs in the Parish of Shotts and on Eastside and Cowgill burns in the Parish of Lamington and Wandell.

There are also service reservoirs at Roughrigg, Moffat Mills and at Cowgill, Biggar.

In emergency extra water can be drawn from Dewshill Pit, Salsburgh and Lily Loch, Caldercruix, but the pipe line from the latter has been partially uplifted now that Daer water is available.

There are slow sand filters at Roughrigg. During the war a chlorination plant was installed at Roughrigg and Cowgill and the supply has been treated since.

During 1952 a new microstraining plant was inaugurated at Roughrigg and the operation of this has been of satisfactory assistance in relieving the work of the slow sand filters.

At present work is going ahead to remodel and extend the slow sand filters and to provide a more modern chlorination plant with continuous recording facilities.

The Daer Valley Water Scheme was officially opened by Her Majesty the Queen on October 16th, 1956, and since then the Water Board has received a supply of water from this source. The recurrent risk of shortage of water which has been a feature of several dry seasons in recent years can now be regarded as having been at last successfully obviated for the foreseeable future. As part of the undertaking a covered service reservoir was constructed at Dalnacouter on the northern boundary of the Burgh and distribution takes place from there.

Details of the Daer Water Scheme were given in the Report for 1956.

Recent/

GENERAL

The Burgh of Airdrie was established by Act of Parliament in the year 1831 and the original boundaries have since then been further extended by additional legislation.

The area of the Burgh of Airdrie was 2,068 acres. On May 10th 1951, the Airdrie Provisional Order Confirmation Act, 1951, received the Royal Assent and the effect of this was to add a further 841 acres to the Burgh making the total area now 2,909 acres. The new area extends to the North, East and South of the previous boundaries and provides good additional areas for future development. The village of Miller Mills is now included within the Burgh.

No. of inhabited houses	1,074
(1950 Census)	
Total rateable valuation	128,842: 0: 0
(1950-51)	

Water Supply

The water supply of the Burgh is furnished by the Airdrie Gasworks and District Water Board. This undertaking draws its supplies from underground water, the consent was granted to 2,500 acres. There are underground reservoirs in the Parish of Airdrie and on the estate of Gossill Burn in the Parish of Langstraith and Wenden.

There are also service reservoirs at Rosburgh, Miller Mills and at Gossill, Diggan.

In emergency extra water can be drawn from Wenden Hill, Rosburgh and Gossill, but the pipe line from the latter has been partially spoiled and that from Wenden is available.

There are also sand filters at Rosburgh. During the war a chlorination plant was installed at Rosburgh and Gossill and the supply has been treated since.

In 1953 a new microstraining plant was inaugurated at Rosburgh and the operation of this has been of considerable assistance in relieving the work of the sand filters.

At present work is going ahead to remodel and extend the sand filters and to provide a more modern chlorination plant with continuous recording facilities.

The Dear Valley Water Scheme was officially opened by Her Majesty the Queen on October 14th, 1956, and since then the Water Board has received a supply of water from this source. The reservoir tank of shortage of water which has been a feature of several dry seasons in recent years can now be regarded as having been at last successfully obliterated for the foreseeable future. As part of the undertaking a covered service reservoir was constructed at Dalnacrouse on the northern boundary of the Burgh and distribution taken place from there.

Details of the Dear Water Scheme were given in the Report for 1955.

Recent analyses are given below as an indication of the physical characteristics of the various water sources comprising Roughrigg, Cowgill and Daer.

Representative Chemical Analyses

	<u>Daer</u>	<u>Roughrigg</u>	<u>Cowgill</u>
Mineral Matter (Pts/Million)	50.0	170.0	65.0
Organic Matter "	Trace	10.0	85.0
Total Solid Matter "	50.0	180.0	70.0
Nitrates as Na NO ₃	Trace	Trace	Trace
Free Ammonia "	.008	.032	.010
Albuminoid Ammonia "	.028	.094	.034
Total Ammonia "	.036	.126	.044
Temporary Hardness "	7.0	88.0	17.5
Permanent Hardness "	17.5	13.5	16.5
Total Hardness "	24.5	101.5	34.0
Colour	5	30.0	5
pH value	6.9	7.6	6.9

Analyst's comments

Daer The sample as received was free from suspended matter and was colourless. The analysis shows it to be a soft water with no detectable trace of animal matter or sewage, and accordingly it is suitable for drinking and other dietetic purposes.

Roughrigg The sample as received contained traces of suspended matter and had a slight brown colour. The analysis shows it to be a slightly hard water with no detectable trace of animal matter or sewage.

Cowgill The sample as received contained traces of suspended matter and was almost colourless. The analysis shows it to be a soft water with no detectable trace of animal matter or sewage.

Details of Water Undertaking

Roughrigg

Extent of catchment area 2,100 acres.
 Land owned by Water Board for prevention of pollution 607 acres.
 Available rainfall (after deductions) 18 inches p.a.
 Area of Reservoir 143 acres.
 Storage capacity 568,000,000 gallons.
 Height of top water level main reservoir 687 feet O.D.
 Height of top water level service reservoir ... 657 feet O.D.

Cowgill

Extent of catchment area 1,450 acres.
 Available rainfall (after deductions) 28 inches p.a.
 Water available per day 2,000,000 gallons.
 (after allowing for compensation water of 840,000 gallons).

Recent analyses are given below as an indication of the physical characteristics of the various water sources comprising Huntington, Cowgill and East.

Representative Chemical Analyses

Concentration	Huntington	East	Analysis
65.0	170.0	70.0	Total Hardness (mg/liter)
82.0	10.0	12.0	Calcium Hardness "
70.0	170.0	70.0	Total Solids "
Trace	Trace	Trace	Aluminum as Al ₂ O ₃ "
0.0	0.0	0.0	Iron "
0.0	0.0	0.0	Magnesium "
0.0	0.0	0.0	Total Solids "
1.5	8.0	1.0	Fluoride Hardness "
10.0	10.0	10.0	Total Hardness "
0	0	0	Chloride
0.0	0.0	0.0	By value

Analysis comments

East: The sample as received was fine from suspended matter and was colorless. The analysis shows it to be a soft water with no detectable trace of mineral matter or sewage, and accordingly it is suitable for drinking and other domestic purposes.

Huntington: The sample as received contained trace of suspended matter and had a slight brown color. The analysis shows it to be a slightly hard water with no detectable trace of mineral matter or sewage.

Cowgill: The sample as received contained trace of suspended matter and was almost colorless. The analysis shows it to be a soft water with no detectable trace of mineral matter or sewage.

Details of Water Undertaking

Huntington

Extent of catchment area 2,100 acres
Land owned by Water Board for provision of pollution 507 acres
Available rainfall (after deductions) 18 inches p.a.
Area of reservoir 143 acres
Reservoir capacity 588,000 gallons
Height of top water level main reservoir 827 feet 0.2 ft
Height of top water level reservoir 827 feet 0.2 ft

Cowgill

Extent of catchment area 1,450 acres
Available rainfall (after deductions) 28 inches p.a.
Water available per day 2,000,000 gallons
(after allowing for compensation water of 500,000 gallons)

Upper Reservoir

Storage capacity 221,600,000 gallons.
Top water level 1,143 feet O.D.

Lower Reservoir

Storage capacity 42,200,000 gallons.
Top water level 1,018 feet O.D.

Daer

Extent of catchment area 11,700 acres.
Available rainfall 64 inches p.a.
Water available per day 27,000,000 gallons.
(after allowing for compensation water of 5-7 million
gallons.)
Storage capacity 4,400 million gallons.
Length of earth embankment 2,000 feet
Height above stream bed 130 feet
Top water level 1,118 feet O.D.

Sewage Disposal

The sewage disposal arrangements are of the most modern kind. After the usual preliminary treatment, the plant installed subjects sewage to a bio-aeration process with subsequent sludge digestion. The final product is dried in shallow lagoons and finds a sale as manure.

A large extension to the Sewage Works was completed in April, 1955. This was necessitated by the general growth and development of the Burgh.

			<u>Upper Reservoir</u>
221,600,000 gallons	.....	Storage capacity	
1,113 feet O.D.	.....	Top water level	
			<u>Lower Reservoir</u>
42,240,000 gallons	.....	Storage capacity	
1,078 feet O.D.	.....	Top water level	

11,700 acres	.....	Extent of catchment area
24 inches	.....	Available rainfall
27,000,000 gallons	.....	Water available per day
	.....	Water allowed for evaporation water of 2-4 inches
4,400 million gals	.....	Storage capacity
1,000 feet	.....	Length of main embankment
10 feet	.....	Height above stream bed
1,113 feet O.D.	.....	Top water level

General Remarks

The sewage disposal arrangements are of the most modern kind. After the usual preliminary treatment, the effluent is treated by aeration process in aeration tanks. The final product is dried in a lagoon and finds a sale as manure.

A large extension to the Sewage Works was completed in April, 1955. This was necessitated by the general growth and development of the city.

VITAL STATISTICS - 1960

Population

The 1951 Census figure (8th April) gave the population as 30,647 and the mid year estimate for 1959 was 33,397.

The vital statistics supplied for this year are calculated on the Registrar General's mid year estimate of 33,908 an increase of 511.

Density of Population

In 1959 the density of population was 11.48 persons per acre.

The figure for 1960 is 11.65.

Natural Increase of Population

This is the excess of births over deaths. For the year it amounts to 465. Last year the figure was 456.

Births

The figures given are corrected for transfers.

	<u>Numbers</u>	<u>Rate</u>
All live births	791	23.3.(per 1,000 of estimated pop.)
Illegitimate births	20	2.5.(per 100 live births.)

Since the beginning of 1939 it has also been compulsory to register still-births. Of these 16 were so registered, equivalent to a still-birth rate of 20.0 per 1,000 total births.

For 1959 the birth rate was 23.0 and the still-birth rate was 15.0.

Marriages

The number registered was 294 equivalent to a marriage rate of 8.7 marriages per 1,000 of the total population, the figure for last year being 9.3.

Deaths

After allowing for transfers, the number of deaths registered during the year was 326, giving a corrected death rate of 9.6 per 1000 of the estimated population compared with 9.3 in 1959.

The death rate after adjusting it for the age and sex distribution of the local population and so making it generally comparable with the rest of Scotland, was 11.5 compared with last year's figure of 11.1.

Epidemic Death Rate

This is the death rate from the principal epidemic diseases (in Scotland, typhoid and paratyphoid fevers, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles) per 1,000 of the estimated population.

For/

VITAL STATISTICS - 1929

Population

The 1929 Census figure (31st April) gave the population as 20,461 and the mid-year estimate for 1929 was 21,387. The vital statistics provided for this year are calculated on the Registrar General's mid-year estimate of 21,302 as shown below.

Number of Deaths

In 1929 the number of deaths was 11.1 per 1,000 per annum.

The figure for 1928 is 11.2.

Natural Increase of Population

This is the excess of births over deaths. For the year 1929 it was 457. Last year the figure was 452.

Births

The figures given are corrected for transfers.

	<u>Number</u>	<u>Rate</u>
All live births	717	33.2 (per 1,000 of population)
Infantile deaths	20	0.9 (per 100 live births)

Since the beginning of 1929 it has also been necessary to register still-births. Of these 22 were registered equivalent to a still-birth rate of 20.0 per 1,000 live births.

For 1929 the birth rate was 33.0 and the still-birth rate was 2.0.

Mortality

The number registered was 224 equivalent to a mortality rate of 9.5 corrected for 1,000 of the total population, the figure for last year being 9.3.

Deaths

After allowing for transfers, the number of deaths registered during the year was 120, giving a corrected death rate of 5.6 per 1,000 of the estimated population compared with 5.3 in 1928.

The death rate after adjusting it for the age and sex distribution of the local population and so making it comparable with the rest of Scotland, was 11.3 compared with last year's figure of 11.1.

Epidemic Death Rate

This is the death rate from the principal epidemic diseases (in Scotland, typhoid and paratyphoid fevers, cerebro-spinal fever, scarlet fever, diphtheria, influenza and measles) per 1,000 of the estimated population.

For the year it was 0.03; last year it was the same.

Infantile Mortality

This is the number of deaths of infants under 1 year of age expressed per 1,000 of all live births.

During the year the figure was 30, slightly more than last years figure of 25.

The rate for infant deaths occurring under the age of 4 weeks was 16 compared with 13 in the previous year.

The subject of Infantile Mortality is discussed more fully under the heading of Child Welfare, where figures for previous years are given for comparison.

Principal Causes of Death

The chief certified causes of death as given by the Registrar General are as follows:-

Heart Disease and circulatory disease (other than cerebral)	144	
Cancer and other malignant diseases	50	*
Cerebral Haemorrhage	40	
Respiratory Tuberculosis	4	
Congenital debility, Prematurity, Birth Injury, Malformation etc.	19	
Pneumonia (except of new born)	11	
Bronchitis	13	
Other Respiratory Disease	4	
Diseases of Nervous System	8	

There were 7 deaths from violence, including 1 road accident and 4 home accidents. There were no suicides.

* Including 12 deaths from malignant neoplasms of the respiratory tract. Eleven of these were in males aged 37-75 and only one was a female. In 1959 eight deaths were equally divided between males and females.

For the year it was 0.03; last year it was the same.

Infantile Mortality

This is the number of deaths of infants under 1 year of age expressed per 1,000 of all live births.

During the year the figure was 30, slightly more than last year's figure of 29.

The rate for infant deaths occurring under the age of 4 weeks was compared with it in the previous year.

The subject of Infantile Mortality is discussed more fully under the heading of Child Welfare, where figures for previous years are given for comparison.

Principal Causes of Death

The chief certified causes of death as given by the Registrar General are as follows:-

Heart Disease and circulatory diseases (other than cerebral)	144
Cancer and other malignant diseases	50
Cerebral Hemorrhage	40
Respiratory Tuberculosis	4
Constitutional debility, Prematurity, Birth Injury, Malformation etc.	19
Pneumonia (except of new born)	12
Bronchitis	13
Other Respiratory Disease	4
Diseases of Nervous System	8

There were 7 deaths from violence, including 1 road accident and 4 home accidents. There were no suicides.

Including 12 deaths from malignant neoplasms of the respiratory tract. Eleven of these were in males and 17-75 and only one was a female. In 1929 eight deaths were equally divided between males and females.

PRINCIPAL CAUSES OF DEATH FOR 1954 - 1959 FOR COMPARISON

	Number of deaths					
	1954	1955	1956	1957	1958	1959
Heart Disease etc.	140	125	150	118	138	134
Cancer and other malignant diseases	54	65	60	52	45	45
Cerebral Haemorrhage	40	40	40	53	49	49
Congenital debility, Prematurity, Malformation etc.	14	9	9	10	8	8
Bronchitis	20	16	12	15	13	13
Pneumonia	10	10	10	13	19	19
Respiratory Tuberculosis	4	5	8	3	2	2

PRINCIPAL CAUSES OF DEATH FOR 1954 - 1958 FOR COMPARISON

	Number of deaths				
	1954	1955	1956	1957	1958
Heart Disease etc.	140	137	130	118	134
Cancer and other malignant diseases	54	62	60	55	48
Cerebral Hemorrhage	49	40	33	21	49
Constitutional Defects, Parasitology, Malformation etc.	14	9	9	10	8
Pneumonia	30	16	15	15	17
Pneumonia	19	19	16	17	19
Respiratory Tuberculosis	4	5	5	3	5

SYNOPSIS OF VITAL STATISTICS
1960 COMPARED WITH FIVE PREVIOUS YEARS

	1955	1956	1957	1958	1959	1960
Estimated Population	31,842	32,208	32,494	32,800	33,397	33,908
Natural Increase	293	300	369	353	456	465
Births (All live)	620	655	694	709	768	791
Illegitimate	18	15	19	19	20	20
Birth Rate	19.5	20.3	21.4	21.6	23.0	23.3
Illeg. Birth Rate	2.9	2.3	2.7	2.7	2.6	2.5
Still-Births	24	11	13	21	12	16
Still-Birth Rate	37	17	18	29	15	20
Marriages	302	330	313	330	319	294
Marriage Rate	9.5	10.2	9.6	10.1	9.6	8.7
Deaths	327	355	325	356	312	326
Death Rate (corrected)	10.3	11.0	10.0	10.9	9.3	9.6
Death Rate (adjusted)	12.3	13.2	12.0	13.0	11.1	11.5
Deaths from Epidemic Diseases	1	2	1	-	1	1
Epidemic Death Rate	0.03	0.06	0.03	0.00	0.03	0.03
Deaths from T.B. (all forms)	6	8	3	3	2	4
Death Rate	0.19	0.25	0.09	0.09	0.06	0.12
Deaths from Pul. T.B.	5	8	3	2	2	4
Pul. T.B. Death Rate	0.16	0.25	0.09	0.06	0.06	0.12
Deaths of Infants under 1 year	22	16	17	35	19	24
Infantile Mortality Rate	35	24	24	49	25	30
Maternal Deaths	1	0	0	1	0	0
Maternal Mortality Rate	1.6	0.00	0.00	1.4	0.00	0.00

For additional notes see next page.

TABLE OF VITAL STATISTICS
1950 COMPARED WITH FIVE PREVIOUS YEARS

1950	1949	1948	1947	1946	1945	
1,000	1,000	1,000	1,000	1,000	1,000	Estimated Population
405	404	397	387	360	293	Infantile Deaths
791	788	707	677	627	610	Deaths (All Ages)
20	20	19	19	19	18	Infants under 1 year
27.3	27.0	26.7	26.4	26.2	25.8	Birth Rate
2.3	2.2	2.1	2.1	2.1	2.0	Infant. Birth Rate
14	13	12	12	12	12	Still-Births
20	19	18	18	17	17	Still-Birth Rate
304	310	320	313	320	302	Marriages
8.7	8.8	10.1	9.6	10.2	9.5	Marriage Rate
308	308	308	302	302	301	Deaths
9.6	9.3	10.2	10.0	11.0	10.1	Death Rate (corrected)
11.5	11.3	13.0	12.0	13.2	12.7	Death Rate (adjusted)
1	1	-	1	2	1	Deaths from Epidemic Diseases
0.03	0.03	0.00	0.03	0.05	0.05	Infantile Death Rate
4	3	3	3	6	6	Deaths from T.B. (all forms)
0.12	0.06	0.09	0.09	0.22	0.19	Death Rate
4	2	2	3	6	2	Deaths from Pol. T.B.
0.13	0.06	0.09	0.09	0.22	0.16	Pol. T.B. Death Rate
24	19	32	17	16	22	Deaths of Infants under 1 year
30	25	49	24	24	32	Infantile Mortality Rate
0	0	1	0	0	1	Maternal Deaths
0.00	0.00	1.4	0.00	0.00	1.6	Maternal Mortality Rate

For additional notes see next page.

NOTES

Population estimates are supplied by the Register General.

The various rates are calculated as follows:-

- | | |
|--------------------------|---|
| Birth Rate | - number of live births per 1,000 of estimated total population. |
| Illegitimate Birth Rate | - number of illegitimate births per 100 live births. |
| Still-Birth Rate | - number of still-births per 1,000 total births (including still-births). |
| Marriage Rate | - number of marriages per 1,000 of total population. |
| Death Rate (corrected) | - number of deaths per 1,000 of estimated total population. For war years per 1,000 of estimated civil population. |
| Death Rate (adjusted) | - this is an index of the number of deaths per 1,000 which might have been expected to occur had the age and sex constitution of the Burgh's population been the same as for the whole of Scotland. |
| Infantile Mortality Rate | - the number of deaths of children under 1 year per 1,000 live births. |
| Maternal Mortality Rate | - the number of maternal deaths per 1,000 live births. |

NOTES

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The various rates are calculated as follows:-

- Birth Rate - number of live births per 1,000 of estimated total population.
- Infantile Mortality Rate - number of illegitimate births per 1,000 live births.
- Still-Birth Rate - number of still-births per 1,000 total births (including still-births).
- Mortality Rate - number of deaths per 1,000 of total population.
- Death Rate (corrected) - number of deaths per 1,000 of estimated total population. For each year per 1,000 of estimated total population.
- Death Rate (adjusted) - this is an index of the number of deaths per 1,000 which might have been expected to occur in the age and sex composition of the country's population based on rates as for the whole of Scotland.
- Infantile Mortality Rate - the number of deaths of children under 1 year per 1,000 live births.
- Maternal Mortality Rate - the number of maternal deaths per 1,000 live births.

A. Local Health Authority Functions

General Administration:

The functions of the local health authority are administered by the Health Committee to which the Medical Officer of Health and the Sanitary Inspector are severally responsible for various aspects of the composite services.

Details of the Sanitary Inspector's activities are dealt with in his own separate report.

The Medical Officer of Health is now mainly concerned with administering the services which are the responsibility of the local authority under the provisions of the National Health Service (Scotland) Act, 1947. Minor duties under other enactments are referred to in the body of the report.

The various nursing services are under the immediate control of a Superintending Nursing Officer who is responsible to the Medical Officer of Health.

These nursing services comprise:-

- (a) Health Visitors - a staff of 7 health visitors carry out the routine work of maternal and child care including domiciliary visitation and the staffing of various clinics.
- (b) Tuberculosis and infectious disease nurses - two nurses are mainly employed on these duties. Both are qualified health visitors. The nurses do domiciliary visitation and assist at the tuberculosis diagnostic and treatment clinics run by the Hospital Authorities, and the Contact and B.C.C. clinics.
- (c) Domiciliary Midwives - a staff of five domiciliary midwives live together in a house provided and run by the local health authority and from there they carry out all the domiciliary midwifery in the Burgh. There are now no part-time midwives and none in private practice.
- (d) District nurses - there are five nurses carrying out home nursing duties. These nurses are not direct employees of the health authority but are provided by Airdrie & District Nursing Association under a suitable financial arrangement with the authority.

The Medical Officer of Health also controls a Dental Clinic service staffed by a qualified dentist and dental attendant.

There is an office staff of four persons.

The Clinical Tuberculosis Officer, who is employed by the Hospital Authority, formerly had an office in the same building as the Health Department with a personal clerkess. Records were held in common and there was thus very close co-ordination of the clinical and administrative sides of tuberculosis control.

This arrangement terminated in 1957, new clinic and clerical facilities having been provided in the Out-patient extension to Alexander Hospital, Coatbridge. The Tuberculosis Nurses, however, continue to attend the Clinics and the clerical liaison has been well-maintained.

The/

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This arrangement terminated in 1957, new clinics and clinical facilities having been provided in the Out-patient extension to Alexander Hospital, Cambridge. The Tuberculosis Nurses, however, continue to attend the Clinics and the clinical liaison has been well-maintained.

The Home Help Service, while nominally under the control of the Medical Officer of Health, is administered from day to day by the Welfare Officer with the advice, and assistance of the Superintending Nursing Officer and her Health Visitor Staff.

The Day Nursery was closed at the end of 1958.

A detailed list of staff is given at the beginning of this Report.

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A detailed list of staff is given at the beginning of the Report.

1. Care of Expectant & Nursing Mothers and Children under School Age. (N.H.S. (S) A. 1947, Sect. 26)

(a) Expectant & Nursing Mothers

A weekly ante-natal clinic is held in the local authority's premises at Wellwynd. The medical staffing is by specialist obstetric officers generally of registrar grade supplied by Bellshill Hospital. The nursing staff is provided in rotation from the Health Visitor staff. The patients who attend are either those booked for hospital confinements or are domiciliary cases sent by their own doctors for consultations.

The fullest clinical supervision is available including routine blood tests. Specimens are examined at the Regional Laboratory in Hamilton and at the laboratory of the Blood Transfusion Service now situated in Law Hospital, Carlisle. This Clinic has developed rapidly and although the accommodation was enlarged during 1954 by the provision of additional waiting-room accommodation, undressing cubicles and an additional consulting room, it is still inadequate for the number of persons attending.

Special consideration is always given to unmarried mothers in the way of admission to hospital and other assistance and advice is always freely available. Post-natal examinations are generally carried out at the hospital.

Nursing mothers receive advice at the Child Welfare Clinics (see below) and advice in Mothercraft is given by the Health Visitors either to individuals or to small groups. A film projector is available and a suitable library of film strips is being built up to improve the teaching facilities.

Maternity Outfits, to Department of Health specification, are supplied free of charge to all mothers having a home confinement.

The domiciliary midwives carry out routine ante-natal visits to their booked cases and generally supervise their welfare.

At the beginning of 1955 we were asked by the Local Medical Committee to make arrangements to facilitate the examination of blood specimens taken by private practitioners from patients who had elected to have their confinements either at home or in Airdrie House.

The extent to which this service has been utilised is as follows:-

1955 (nine months)	-	44%	of cases
1956	-	36%	" "
1957	-	20.5%	" "
1958	-	46.3%	" "
1959	-	47.1%	" "

During 1960 there were 246 cases who booked a doctor for domiciliary confinement together with 209 who were confined in Airdrie House under the supervision of their own doctor making a total of 455 mothers for whose ante-natal care general practitioners/

1. Care of Expectant & Nursing Mothers and Children under
Public Law 101-101, (P.L. 101-101)

(a) Expectant & Nursing Mothers

A weekly ante-natal clinic is held in the local authority premises at ... The medical staffing is ... Obstetric officers generally of registrar grade ... Public Health ... The nursing staff is provided in rotation from the Health Visitor staff. The patients are attended either those booked for hospital confinements or are delivered cases sent by their own doctors for confinements.

The following clinical examination is available including routine blood tests. Specimens are examined at the hospital laboratory in Hamilton and at the laboratory of the Health Visitor Service now situated in Law Hospital, Dundee. The clinic has developed rapidly and although the attendance was enlarged during 1955 by the provision of additional waiting room accommodation, antenatal clinics and an additional consulting room, it is still inadequate for the number of persons attending.

Special consideration is always given to unmarried mothers in the way of education to hospital and other assistance and advice is always freely available. Post-natal examinations are generally carried out at the hospital.

Nursing mothers receive advice at the Child Welfare Clinic (see below) and advice in Mothercraft is given by the Health Visitors either by individual or to small groups. A clinic is available and a suitable library of this type is being built up to improve the teaching facilities.

Maternity Quizzes, as Department of Health recommendations, are supplied free of charge to all mothers having a home confinement.

The Maternity Clinics are open for routine ante-natal visits to their booked cases and generally supervise their delivery.

At the beginning of 1955 we were asked by the local health authorities to make arrangements to facilitate the examination of blood specimens taken by private practitioners from patients who had elected to have their confinements either at home or in Airside House.

The extent to which this service has been utilized is as follows:-

Year	Number of cases
1955 (nine months)	44
1956	36
1957	20.5
1958	46.5
1959	47.5

During 1959 there were 246 cases who booked a doctor for domiciliary confinements together with 609 who were confined in Airside House under the supervision of their own doctor making a total of 855 mothers for whom ante-natal care (general practitioners)

practitioners were responsible.

Samples of blood were submitted from 172 mothers equivalent to 37.8%. An examination of this kind is of course an essential part of every mothers ante-natal care and we would like to see it still more widely adopted.

The results of the tests carried out during 1960 were as follows:-

Total Specimens	172	100%
Blood Group A	61	35.5%
Blood Group B	16	9.3%
Blood Group AB	4	2.3%
Blood Group O	91	52.9%
Rh Factor +	130	75.6%
Rh Factor -	42	24.4%
Rh antibodies	-	-

The percentage of Rh- persons in the general population is generally accepted as being about 15% so that our figure is a high one but it may reflect some measure of selection in the cases from whom samples were submitted.

(b) Child Welfare

There is now one main child welfare clinic held on Wednesday and Thursday afternoons each week at Wellwynd and two subsidiary or peripheral clinics. One of the latter, at Arranview Children's Home, serves the northern part of the town and opens on Wednesday afternoons. The other is now held in a new Clinic at Craigneuk on Wednesday afternoons. This was opened early in 1957 in the east of the town.

Medical consultation is available two afternoons each month at the main clinic and one afternoon a month at each of the branch clinics. Vaccination and diphtheria immunisation are also available on these days.

Cases from these clinics can be referred to any required specialist if the family doctor approves.

Heliotherapy services are provided by the Local Authority in Wellwynd premises.

So far there has been no request by practitioners for assistance at their own clinics although this has been offered in accordance with the recommendations of the Montgomery Report.

(c) Care of Premature Infants

The Health Visitors devote special attention to premature infants being reared in their own homes. Where necessary daily visits are paid and equipment loaned. It is sometimes possible to have premature infants admitted from the district to Bellshill Hospital nursery but the accommodation there is limited. A new Maternity Hospital is now under construction at Bellshill/

practitioners were responsible. Samples of blood were submitted from 178 mothers equivalent to 37.8%. An examination of this kind is of course an essential part of every maternity case and we would like to see it well more widely adopted.

The results of the tests carried out during 1930 were as follows:-

Total Specimens		100%
Blood Group A	61	34.2%
Blood Group B	16	8.9%
Blood Group AB	4	2.2%
Blood Group O	91	50.7%
Rh Factor +	17	9.5%
Rh Factor -	45	25.4%
Rh antibodies	-	-

The percentage of Rh- persons in the general population is generally accepted as being about 15% in this country, but in a high one but it may reflect some measure of selection in the cases from whom samples were submitted.

(b) Child Welfare

There is now one main child welfare clinic held on Wednesday and Thursday afternoons each week at Welwyn and two subsidiary or peripheral clinics. One of the latter, at Welwyn, is held on Wednesday afternoon, the other at New Palton and opens on Wednesday afternoon. This was in a new clinic at Welwyn on Wednesday afternoon. This was opened early in 1937 in the east of the town.

Medical consultation is available for children each week at the main clinic and on alternate weeks at each of the branch clinics. Vaccination and diagnostic examination are also available on these days.

Cases from these clinics can be referred to any registered specialist at the Family doctor's request.

Physiotherapy services are provided by the local authority in Welwyn premises.

So far there has been no request by practitioners for assistance at their own clinics although this has been offered in accordance with the recommendations of the Montgomery Report.

(c) Care of Premature Infants

The Health Visitors devote special attention to premature infants being reared in their own homes. Where necessary daily visits are paid and equipment loaned. It is sometimes possible to have premature infants admitted from the district to Welwyn Hospital nursery but the accommodation there is limited. A new maternity hospital is now under construction at Welwyn.

Bellshill to replace the present facilities and this will ultimately provide more extensive provision for these cases.

(d) Supply of Welfare Foods and Similar Products

During 1954 the Ministry of Food discontinued the war-time arrangements for the supply of Welfare Foods and the responsibility for issuing these was placed on the local health authorities.

After some discussions of alternative methods of carrying out the work, it was finally decided that issues should be made from our Welfare Department under the control of the Welfare Officer.

The premises of the Welfare Department are on the ground floor of the Health Department offices and a spare room there was readily adapted to provide a store room and counter accommodation. The additional work necessitated the engagement of one extra junior clerkess. These arrangements continued during 1960 and have been acceptable to the public.

We have also continued the previous arrangements by which dried milks and other nutrients are issued at our clinics for the use of the children who require them on medical grounds. These, however, are retailed at cost price.

Uptake of Welfare Foods

The following are available to the classes of applicant indicated:-

Cod Liver Oil (6oz. bottles)

Children aged 0-5 years. - 1 bottle per 6 weeks.

Orange Juice (6oz. bottles)

Children aged 0-2 years - under 6 months, 1
bottle per 4 weeks,
over 6 months, 1
bottle per 2 weeks.
Expectant Mothers - 1 bottle per 9 days.

Vitamin Tablets (packets of 45)

Expectant mothers and nursing mothers - 1 packet per 6 weeks.

National Dried Milk (20oz. = 7 pints liquid milk)

Children aged 0-2 years - 1 tin per week and supplements amounting to 31 tins during 1st year.

Details of actual uptake are given in the table on next page. There was some increase in the issue of vitamin tablets but the demand for National Dried Milk fell off. Cod Liver Oil and Orange Juice showed little significant change.

Belieff to require the present facilities and this will ultimately provide more extensive provision for these cases.

(d) Supply of Welfare Foods and Shelter Programs

During 1954 the Ministry of Food discontinued the war-time arrangements for the supply of Welfare Foods and the responsibility for issuing them was placed on the local health authorities.

After some discussion of alternative methods of carrying out the work, it was finally decided that issues should be made from the Welfare Department under the control of the Welfare Officer.

The provision of the Welfare Department is on the ground floor of the Health Department offices and a great deal of work is being done to provide a more efficient organization. The additional work necessitated the engagement of one extra staff member. These arrangements continued during 1955 and have been acceptable to the public.

We have also continued the previous arrangements by which dietitians and other nutritionists are issued at our clinics for the use of the children who require them on medical grounds. These, however, are revealed at our price.

Index of Welfare Foods

The following are available to the classes of applicants indicated:-

- 1000 (1000) (see, bottles)
- Children aged 0-5 years. - 1 bottle per 6 weeks
- Orange Juice (see, bottles)
- Children aged 0-5 years - 1 bottle per 4 weeks
- Infants 0-2 years, 1 bottle per 4 weeks
- over 6 months, 1 bottle per 2 weeks
- 1 bottle per 2 days
- Infants Welfare
- Vitamin Tablets (see, bottles)
- Infants 0-2 years and nursing mothers - 1 packet per 6 weeks
- National Brand Milk (see, 1 litre should milk)
- Children aged 0-5 years - 1 tin per week and 1 tin per 2 weeks
- over 6 months, 1 tin per 2 weeks
- during the year.

Details of actual supplies are given in the table on next page. There was some increase in the issue of vitamin tablets but the demand for National Brand Milk fell very low. Cod Liver Oil and Orange Juice showed little significant change.

UPTAKE

	Approx. no. of persons eligible	Approx. maximum demand (Units of issue)	Actual demand (units of issue)	Percentage Uptake 1959	Percentage Uptake 1960
Cod Liver Oil	3,321	28,228	3,610	11.8%	12.8%
Orange Juice	2,419	52,565	13,325	30.5%	24.7%
Vitamin Tablets	1,000	4,000	1,104	35.8%	27.6%
National Dried Milk	1,419	106,330	11,308	11.9%	10.4%

(e) Dental Care

The health authority provides a complete dental service for the priority classes. There is at Wellwynd a well-equipped dental surgery, staffed by a fully-qualified dental surgeon and a dental attendant.

A practitioner who specialises in dental anaesthesia attends as required and is remunerated on a sessional basis. Nursing assistance to patients undergoing general anaesthesia is provided by the Health Visitors in rotation.

(f) Day Nursery

Closed at end of 1958.

TABLE

Period ending 1950	Expenditures (in 1950)	Receipts (in 1950)	Surplus (in 1950)	Total Assets (in 1950)	Category
12.84	11.84	1.00	11.84	1.00	General
14.14	13.14	1.00	13.14	1.00	General
17.64	16.64	1.00	16.64	1.00	General
18.44	17.44	1.00	17.44	1.00	General

(a) Dental Care

The health authorities provide a complete dental service for the priority classes. There is no waiting list and a well-organized dental service is provided by a fully-qualified dental surgeon and a dental technician.

A practitioner who specializes in dental work is available at all times and is remunerated in a regular basis. Working conditions for patients are excellent. General dentistry is provided by the health service in rotation.

(1) Day Hospital

Closed at end of 1950.

Details of Attendances

Ante-natal and Post-natal Clinics

- (a) No. of local authority clinics provided at end of year 1.
- (b) No. of women attending during the year 398. *
- (c) Total attendance during year 3,483. *

(* The figures include 121 County residents who made 1,066 attendances.)

The clinic held 52 sessions the average attendance thus being 67.

Child Welfare Clinics

- (a) No. of local authority clinics provided at end of year 3.
- (b) No. of children attending under 1 year 232.
over 1 year 380.
- (c) Total attendances under 1 year 8,454.
over 1 year 3,168.
- (d) No. of clinics provided by voluntary organisations Nil.

The clinics held 228 sessions the average attendance thus being 51.

Special Sessions for Immunisation Work

- At Schools 20.
- At Clinics 40.
- Total 60.

Light Therapy Clinic

- (a) Total number of new patients attending during year .. 23.
- (b) Total number of attendances during year 309.

Orthopaedic Clinic

In 1957 this clinic was transferred to the new Out-Patient Department at Alexander Hospital, Coatbridge.

Physiotherapy Clinic

The patients attending the Orthopaedic Clinic in previous years were normally sent to Alexander Hospital, Coatbridge, for any necessary treatment by physiotherapy. The facilities there, however, became overloaded and at the end of 1953 we were asked to lend accommodation for some of this work, so far as it related to Airdrie Patients.

Owing to staffing difficulties there was some restriction of the service in the latter half of 1958 but it was fully resumed during 1959 and two sessions were held each week in the Wellwynd/

Details of Attendance

Anti-Rabies and Post-Rabies Clinics

(a) No. of local authority clinics provided at end of year	1.
(b) No. of women attending during the year	188.
(c) Total attendances during year	3,483.

(* The figures include 121 County residents who had 1,000 attendances.)

The clinic held 25 sessions the average attendance thus being 67.

Child Welfare Clinics

(a) No. of local authority clinics provided at end of year	3.
(b) No. of children attending under 1 year over 1 year	1,100.
(c) Total attendances under 1 year over 1 year	1,100.
(d) No. of clinics provided by voluntary organizations	Nil.

The clinics held 225 sessions the average attendances thus being 2.

Special Centres for Investigation Work

At Schools	20.
At Clinics	40.
Total	60.

Other Special Clinics

(a) Total number of new patients attended during year ..	21
(b) Total number of attendances during year	303

Gynaecologic Clinics

In 1957 this clinic was transferred to the new Out-Patients Department at Alexander Hospital, Cambridge.

Physiotherapy Clinic

The patients attending the Gynaecologic Clinic in previous years were normally sent to Alexander Hospital, Cambridge, for any necessary treatment by physiotherapy. The facilities there, however, became overloaded and at the end of 1957 we were asked to lend accommodation for some of this work, so far as it related to Airline Patients.

Going to staffing difficulties there was some restriction of the service in the latter half of 1958 but at the end of 1959 and the sessions were held again in the

Wellwynd premises, all the treatment being given by physiotherapists employed by the Coatbridge, Airdrie & District Hospital Board. Miss Parker, the Senior Physiotherapist reports that during the year 110 patients made 1,258 attendances and that the facilities which we provided had been of considerable help. The total number of treatments given was 1,436 of which the details were:-

Infra-red radiation	8.	Massage	79.
Exercises	1,254.	Medical Electricity	7.
Postural drainage	88.		

Most of the cases suffered from chest conditions and many were school-children.

DENTAL CLINIC.

The Dental Clinic, providing priority dental services to mothers and young children continued to function satisfactorily during the year.

At the end of 1956 we were asked by Hamilton Town Council whether we could help with the priority dental service for that Burgh by lending the services of the Dentist and Dental Attendant. After an examination of the position it was decided that this could be done, at least meanwhile, to the extent of two $\frac{1}{2}$ day sessions per week, without our own service suffering. An arrangement to this effect was, therefore, put into force in January, 1957, and has continued since then with the addition of another $\frac{1}{2}$ day per week. Suitable financial adjustment has been made by which Hamilton pay an appropriate proportion of the salaries and also travelling expenses.

It may not be possible to continue this arrangement indefinitely because the help which we are able to give is insufficient for the growing Hamilton demand.

Miss Margaret Hinshelwood L.D.S. has provided the following statement of work done at our own Dental Clinic and at Hamilton. (see over)

Welfare practices, all the treatment being given by physio-
therapists employed by the Controller, Airfield & District
Hospital Board. Miss Barker, the Senior Physiotherapist
reports that during the year 1938 patients were 1,258 attendances
and that the facilities were well provided and open of consider-
able help. The total number of treatments given was 1,432
of which the details were:-

19.	Massage	8.	Infrared radiation
7.	Medical Electricity	1,258.	Exercises
		58.	Postural drainage

Most of the cases referred from chest condition and many
were school-children.

HEALTH CLINIC.

The Health Clinic, providing primary dental services to
children and young children continued to function satisfactorily
during the year.

At the end of 1938 no work was done by Health Clinic Dental
either in connection with the primary dental services or in
connection with the services of the Dental and Dental X-ray
Department. After an examination of the position it was decided that
this could be done at least occasionally in the winter of 1939
if conditions were such, without any serious risk to the
arrangement of this office was, therefore, put into force in
January, 1939, and has continued since then with the addition
of another 2 day per week. Health Clinic dental services has
been made by which Health Clinic an appropriate proportion of
the salaries and also travelling expenses.

If it was possible to continue this arrangement
definitely because the help which we are able to give is
insufficient for the growing Health Clinic.

Miss Margaret Hutchinson B.Sc. has provided the
following statement of work done at the Health Clinic and
at Hamilton (see over)

Airdrie Dental Clinic

Inspections

	Number Inspected	Found to require treatment	Accepting treatment	Actually treated
Expectant Mothers	267	223	199	199
Nursing Mothers	139	138	137	137
Pre-School Children	176	148	148	148
Totals	582	509	484	484

Treatments

Scheme	Total No. of Patients		Attendances for treatment	Extractions.				Dentures					Fillings		Other conservative treatment
	Male	Female		Anaes. Local	Teeth	Anaes. General	Teeth	Upper or Lower	Upper & Lower	Partials	Remake	Repair	Teeth Temp.	Teeth Perm.	
Expectant & Nursing Mothers	-	406	1,249	145	263	55	603	30	56	54	-	24	-	640	524
Pre-School Children	78	98	216	16	18	51	194	-	-	-	-	-	236	-	2
Total	78	504	1,465	161	281	106	797	30	56	54	-	24	236	640	526

Larva	BY	BY	BY	BY	BY	BY	BY	BY	BY	BY	Morphology				Behavior				Remarks								
											Head	Chest	Abdomen	Legs	Head	Chest	Abdomen	Legs									

Remarks

1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar	1st instar

Remarks

Stationary

Hamilton Dental Clinic

Inspections

	Number Inspected	Found to require treatment	Accepting treatment	Actually treated
Expectant Mothers	27	27	21	21
Nursing Mothers	88	88	85	85
Pre-School Children	37	34	34	34
Totals	152	149	140	140

Treatments

Scheme	Total No. of Patients	Attendances for treatment	Extractions				Dentures				Fillings		Other conservative treatment	
			Anaes. Local	Teeth	Anaes. General	Teeth	Upper or Lower	Upper & Lower	Partials	Remake	Repair	Teeth Temp.		Teeth Perm.
Expectant & Nursing Mothers	115	525	55	104	46	438	53	23	30	-	8	-	145	142
Pre-School Children (M. & F.)	37	40	1	1	11	42	-	-	-	-	-	26	-	-
Total	152	565	56	105	57	480	53	23	30	-	8	26	145	142

Year	725	202	20	302	24	160	23	57	30	-	0	50	100	145
(M. 2.2.) 1970-1971 1972-1973	11	60	1	1	17	95	-	-	-	-	-	30	-	-
1974-1975 1976-1977 1978-1979	122	252	22	104	10	730	23	53	20	-	0	-	102	145
2000	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979	1970-1971 1972-1973 1974-1975 1976-1977 1978-1979

1970-1971

1970	125	160	160	160	160	160	160	160	160	160	160	160	160	160
1971-1972	11	11	11	11	11	11	11	11	11	11	11	11	11	11
1973-1974	60	60	60	60	60	60	60	60	60	60	60	60	60	60
1975-1976	51	51	51	51	51	51	51	51	51	51	51	51	51	51

1970-1971

1970-1971

The provision of a priority dental service for mothers and young children is an extremely important part of a Maternity and Child Welfare Scheme.

Sound nutrition is essential to the well-being of the pregnant patient and lactating mother, and one of the factors contributing towards this end is undoubtedly the possession of an efficient and healthy dentition.

Similarly in the young child supervision and conservation of the primary teeth helps to ensure satisfactory development of the permanent dentition.

It tends to be forgotten by the general public that the general dental service unlike the general medical service provided under the National Health Service Act is not guaranteed. The private dentists are free to accept or refuse any patient and it is only to be expected that they tend to concentrate on the more remunerative aspects of the work available. Dental treatment, especially of a conservative nature, is a time-consuming procedure and this is particularly true of handling young children whose confidence can only be secured by a patient and painstaking approach. These are some of the considerations which make it difficult for a satisfactory service to be provided except by a local authority officer specialising in this particular type of work.

The reason for the different arrangements made in the Act for the provision of dental services as contrasted with medical services lies in the known shortage of dentists and the prospect that this shortage may and indeed must increase rapidly.

In 1956 when the McNair Committee reported there were 15,895 dentists on the Dental Register of the United Kingdom. This was approximately 1 dentist to 3,400 of the population but the figure of 15,895 included dentists practising abroad, in the services, and actually retired from practice so that the ratio was substantially worse. Even at 3,400 the ratio was much below the standard of other countries. Canada had one dentist to 2,790, Sweden one to 2,271, Norway one to 2,000 and U.S.A. one to 1,667.

Moreover because of the average age of the dental profession it was estimated that 8,000 practitioners would be taken off the Register before 1966.

The Committee stated that a Register of 20,000 dentists should be aimed at. This meant that 800 new dentists were required each year purely for replacement purposes plus about another 400 to achieve the target figure. The actual intake of students in 1959 was only 622 not all of whom will ultimately qualify so that it is quite clear that far from our having sufficient dentists in the future years, the actual numbers will continue to show a positive decline.

The local position is in fact much worse than the general estimates given above. At the most there are eight private practising dentists in Airdrie serving the Burgh and the immediate landward area - a population probably in excess of 40,000. This is one dentist to 5,000 persons a ratio much below the national figure which itself gives cause for serious concern.

It/

The provision of a priority dental service for mothers and young children is an extremely important part of a maternity and child welfare program.

Sound nutrition is essential to the well-being of the pregnant patient and lactating mother, and one of the factors contributing towards this end is undoubtedly the possession of an efficient and healthy dentition.

Similarly in the young child rapid expansion and consistency of the primary teeth helps to ensure satisfactory development of the permanent dentition.

It tends to be forgotten by the general public that the dental service within the general medical service provided under the National Health Service for its own sake. The private dentists also have to attend on their patients and it is only to be expected that they tend to concentrate on the more remunerative aspects of their work. Dental treatment, especially of a preventive nature, is a time-consuming procedure and this is particularly true of handling young children whose dentitions are only partially erupted and exhibiting symptoms. There are no of the conditions which make it difficult for a dentist to be provided except by a local authority dental hospital in this particular type of work.

The reason for the different arrangements made in the Act for the provision of dental services is connected with medical services in the known shortage of dentists and the prospect that this shortage may well become more acute rapidly.

In 1955 when the Health Committee reported there were 12,897 dentists on the Dental Register of the United Kingdom. This was approximately 1 dentist to 2,400 of the population but the figure of 12,897 included dentists practising abroad in the services, and actually serving the population in that the ratio was substantially worse. Even in 1,954 the ratio was much below the standard of other countries. Canada had one dentist to 2,700, Sweden one to 2,311, Norway one to 2,000 and U.S.A. one to 1,467.

Moreover because of the average age of the dental profession it was estimated that 5,000 practitioners would be taken off the Register before 1960.

The Committee stated that a Register of 20,000 dentists should be aimed at. This means that 8,000 new dentists were required each year partly for replacement purposes plus about another 200 to replace the natural wastage. The natural intake of students in 1955 was only 1,200 out of whom will ultimately qualify as that is 22 girls short that has to be made out having sufficient dentists in the future years. The number of students will continue to show a healthy decline.

The local position in inland areas where the general dentists are few. At the moment there are eight private practicing dentists in Altrincham serving the town and the immediate hinterland area - a population probably in excess of 40,000. This is one dentist to 5,000 persons a ratio much below the national figure which itself gives cause for serious concern.

It is obvious, therefore, that the reasons which resulted in local authorities administering the National Health Service Act being charged with the duty of providing a priority dental service for mothers and young children were inspired by a correct appreciation of the virtual impossibility of giving these classes an adequate service by any other means and moreover it is clear that these reasons are still operative and even more valid at the present time.

The dental condition of the population as a whole viewed in relation to the numbers of dentists available is in fact such that the only prospect of substantially improving matters is by the introduction of measures aimed at prevention - at reducing the amount of dental decay occurring in the population.

Evidence continues to confirm that fluoridation of public water supplies is such a measure and the outcome of pilot experiments now proceeding in Kilmarnock and elsewhere is awaited with interest, not to say impatience.

It is obvious, therefore, that the reasons which result in local authorities withdrawing the National Health Service are closely related with the duty of providing a primary dental service for patients and young children who are dependent by a correct application of the dental responsibility of giving these classes an adequate service by any other means and moreover it is clear that these reasons are still present and even more valid at the present time.

The dental committee of the population as a whole views in relation to the nature of health services in its own country that the only prospect of substantially lowering costs is by the introduction of measures aimed at prevention - at reducing the amount of dental work carried out in the population.

Evidence continues to confirm that the introduction of such measures requires a change in the nature of dental services and the introduction of new procedures in diagnosis and treatment is essential with interest, not to say attention.

MATERNAL MORTALITY

There were no maternal deaths during th year.

Figures for the last ten years are given below.

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Maternal Deaths	0	1	2	0	1	0	0	1	0	0
Maternal Mortality Rate per 1,000 live births	0.00	1.60	3.07	0.00	1.60	0.00	0.00	1.40	0.00	0.00

PUERPERAL FEVER AND PUERPERAL PYREXIA

There were 3 notifications of puerperal pyrexia.

WATERBURY

There were no reported deaths during the year.
Figures for the last ten years are given below.

Year	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Infants	0	1	0	0	1	0	0	0	0	0
Children	0.00	1.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adults	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	1.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

WATERBURY TOWN AND DISTRICTS

There were 3 notifications of reported cases.

INFANTILE MORTALITY

The infantile mortality rate for 1960 was 30. This was not quite so good as the figure of 25 achieved in 1959 but it was slightly below the average for the five years 1955-59 which is 31.4. The Scottish rate for 1960 was 26 compared with 28 in the preceding year.

The still-birth rate was 24 compared with 15 in the previous year. The national average was 22.

INFANTILE MORTALITY RATES

Rates for ages 0-12 months

Year	Airdrie	All Scotland	Year	Airdrie	All Scotland
1941	80	83	1951	54	37
1942	71	69	1952	38	35
1943	75	65	1953	46	31
1944	79	65	1954	37	31
1945	73	66	1955	35	30
1946	47	54	1956	24	29
1947	34	56	1957	24	29
1948	58	45	1958	49	28
1949	38	41	1959	25	28
1950	50	39	1960	30	26

INFANTILE MORTALITY

The infantile mortality rate for 1950 was 30. This was not quite so good as the figure of 29 achieved in 1947 but it was slightly below the average for the five years 1947-51 which is 31.4. The British rate for 1950 was 32 compared with 25 in the preceding year.

The still-born rate was 74 compared with 72 in the previous year. The national average was 72.

INFANTILE MORTALITY RATE

Rate for ages 0-14 months

Year	All-India	Year	All-India	Year	All-India
1941	30	1941	33		
1942	31	1942	33		
1943	32	1943	34		
1944	32	1944	34		
1945	33	1945	35		
1946	34	1946	36		
1947	34	1947	36		
1948	35	1948	37		
1949	36	1949	38		
1950	30	1950	30		

Neo-natal mortality

This relates to the deaths of infants (included in the total infantile mortality) who died within 4 weeks of birth. It is useful to have these recorded separately because the causes are more related to the hazards and accidents of pregnancy and childbirth rather than to what happens to the infant later in its life. Since 1952 the figures for neo-natal mortality have been supplied separately by the Registrar General.

Rates for ages 0-1 month

Year	No. of Deaths	Rate per 1,000 live births
1952	11	18
1953	18	28
1954	16	25
1955	11	18
1956	9	14
1957	11	16
1958	22	31
1959	10	13
1960	16	20

Neonatal mortality

This relates to the deaths of infants (included in the total infant mortality) who died within 4 weeks of birth. It is useful to have these recorded separately because the causes are more related to the duration and conditions of pregnancy and childbirth rather than to what happens to the infant later in life. Since 1955 the figures for neonatal mortality have been supplied separately by the Registrar General.

Rate for ages 0-1 month

Year	No. of Deaths	Rate per 1,000 live births
1950	16	20
1951	10	13
1952	22	27
1953	22	27
1954	11	14
1955	11	14
1956	9	11
1957	11	14
1958	22	27
1959	10	13
1960	16	20

Infantile Mortality - Detailed list of causes of death

0-1 month old - 16 deaths.

Female	..	9 days old	..	Broncho-pneumonia.
*Male	..	5 hours old	..	Prematurity: atelectasis.
*Male	..	1 day old	..	Secondary atelectasis.
*Sex un-	..	1 day old	..	Intra-cranial haemorrhage.
specified				
*Female	..	7 days old	..	Prematurity: atelectasis.
Male	..	$\frac{1}{2}$ hour old	..	Asphyxia: breech delivery.
*Male	..	3 hours old	..	Prematurity: atelectasis.
*Male	..	3 hours old	..	Foetal distress: caesarean section extrinsic anoxia.
Female	..	1 minute old	..	Prematurity.
*Female	..	8 hours old	..	Maternal ante-partum haemorrhage: prematurity: atelectasis.
*Female	..	2 weeks old	..	Meningocele: meningitis.
Male	..	1 day old	..	Cerebral haemorrhage.
*Female	..	9 hours old	..	Maternal ante-partum haemorrhage: prematurity: atelectasis.
*Male	..	1 day old	..	Multiple congenital abnormalities.
*Male	..	11 hours old	..	Prematurity: intra-cranial haemorrhage.
*Female	..	10 hours old	..	Prematurity: atelectasis.

1-12 months old - 8 deaths

Male	..	3 months old	..	Pneumonia.
*Male	..	2 months old	..	Broncho-pneumonia.
*Male	..	7 months old	..	Hydrocephalus.
Female	..	2 months old	..	Broncho-pneumonia.
Female	..	9 months old	..	Hydrocephalus: spina bifida.
*Male	..	1 month old	..	Broncho-pneumonia.
*Female	..	1 month old	..	Broncho-pneumonia.
Female	..	6 months old	..	Asphyxia from regurgitated stomach contents.

* Indicates that child was in hospital at time of death.

Infantile Mortality - Detailed List of Causes of Death

0-1 month old - 10 Deaths

Septicemia	9 days old	Female
Septicemia	12 hours old	Male
Septicemia	1 day old	Male
Septicemia	1 day old	Sex un- specified
Septicemia	1 day old	Female
Septicemia	1 hour old	Male
Septicemia	2 hours old	Male
Septicemia	1 hour old	Male
Septicemia	1 minute old	Female
Septicemia	3 hours old	Female
Septicemia	1 week old	Female
Septicemia	1 day old	Male
Septicemia	3 hours old	Female
Septicemia	1 day old	Male
Septicemia	11 hours old	Male
Septicemia	10 hours old	Female

1-12 months old - 5 Deaths

Septicemia	1 month old	Male
Septicemia	2 months old	Male
Septicemia	3 months old	Female
Septicemia	6 months old	Female
Septicemia	9 months old	Female
Septicemia	1 year old	Female
Septicemia	1 year old	Female
Septicemia	6 months old	Female

* Indicates that child was in hospital at time of death.

Still-Birth Rates

Still-births were first registered in 1939 and the table below gives the rate for Airdrie and all Scotland in five year averages since then.

The rates are expressed as "per 1,000 total births including still-births".

Still-Birth Statistics

Year	Number of Still-Births	Still-Birth Rates	
	Airdrie	Airdrie	All Scotland
1939-43	25	39	39
1944-48	25	35	31
1949-53	20	31	26
1954-58	17	15	22
1959	12	15	22
1960	16	20	22

Still-Birth Rates

Still-births were first registered in 1939 and the table below shows the rates for births and all conceptions in 1939-40 and 1940-41.

The rates are expressed as "per 1,000 total births in-cluding still-births".

Still-Birth Registration

Year	Number of Still-Births		Still-Birth Rate
	Births	Deaths	
1939-40	15	22	28
1940-41	25	31	31
1940-41	20	31	30
1941-42	17	19	22
1942	15	19	22
1943	15	20	22

2. Domiciliary Midwifery (N.H.S.(S)A. 1947, Sect. 23)

In accordance with the provisions of the Maternity Services Act of 1937, the Burgh of Airdrie formulated a scheme to provide a comprehensive domiciliary midwifery service and after it had received the approval of the Department of Health for Scotland, the Scheme came into operation on January 1st, 1940.

In subsequent years the service gradually developed until by 1947, 5 full-time midwives were in the employment of the Town Council and they, together, were responsible for carrying out by far the greater proportion of the domiciliary midwifery work of the town.

A house "Oakbank", Clark Street, Airdrie, was purchased in 1945 and since then it has been maintained as a residential home for the midwives. Each nurse has her own bed-sitting room and there is also a lounge and dining room for common use. A domestic staff of two assists in the running of the Home.

This was the position up to July 5th, 1948.

At that date the duty to provide a service of this kind ceased to be in respect of the old Maternity Services (Scotland) Act, 1937 which was partly repealed and was instead placed on the local authority by Sect. 23 of the new National Health Service (Scotland) Act of 1947.

No outward change, however, resulted and since then the service has been continued exactly as before.

The problem of transport for midwives was referred to in a previous report and it was explained that during the day they travelled by 'bus, tram or bicycle, and that at night they were allowed to hire a taxi when distance or urgency suggested the need for doing so.

They were also authorised to engage a taxi for the transport of the gas-air apparatus.

Nevertheless with the growing size of the town it is undoubtedly true that dependence on public or specially hired transport means that a much greater proportion of a nurse's time, than formerly, is now devoted to travelling rather than to carrying out her nursing duties. The wide separation of individual districts also leads to difficulties in one nurse relieving another when there are staff shortages for any reason.

The amount of work remains much the same but it now takes much longer to do it because of the dispersal of the population. Clearly this is a situation which should be met, not by engaging more staff, but by increasing the mobility of the existing staff. The Town Council in recognising this situation agreed to pay car allowances to three of the nurses who had their own cars and this has been of great help in maintaining an adequate and flexible service.

All the nurses now employed are qualified to administer trilene analgesia and during the year we changed over to this from the former gas-air procedure. The Local Medical Committee indicated approval of this development.

It has become increasingly difficult to engage trained midwives/

2. Doncaster Maternity (N.S.S. 1947, Sect. 2)

In accordance with the provisions of the Maternity Services Act of 1947, the Council of Doncaster determined a scheme to provide a comprehensive Doncaster Maternity Service and after it had received the approval of the Department of Health for Scotland, the Scheme came into operation on January 1st, 1948.

In subsequent years the service gradually developed until by 1951, 2 full-time midwives were in the employment of the Town Council and they, together with responsible lay members, formed the governing body of the Doncaster Maternity Service.

A house "Dunbar", 112 Park Street, Doncaster, was purchased in 1945 and since then it has been maintained as a residential home for the midwives. Each nurse has her own bed-sitting room and there is also a lounge and dining room for nurses and a domestic staff of two assistants in the running of the home.

This was the position up to July 31st, 1948.

At that date the duty to provide a service of Maternity was transferred to the Doncaster Maternity Service (Doncaster Maternity Act, 1947) which was partly financed and was treated as one of the local authorities by Sect. 2 of the new National Health Service (Scotland) Act of 1947.

No outward changes, however, resulted and since then the service has been conducted exactly as before.

The problem of transport for midwives was referred to in a previous report and it was explained that during the day they travelled by bus, taxi or bicycle, and that at night they were allowed to hire a taxi when distance or urgency warranted the need for doing so.

They were also authorized to engage a taxi for the transport of the gas-air apparatus.

Nevertheless with the growing size of the town it is undoubtedly true that dependence on taxis or specially hired transport means that a much greater proportion of a nurse's time, then formerly, is now devoted to travelling rather than to carrying out her nursing duties. The wide extension of individual districts also leads to difficulties in one nurse relieving another when there are short shortages for any reason.

The amount of work remains much the same but it now takes much longer to do it because of the dispersal of the population. Clearly this is a situation which should be met not by engaging more staff, but by increasing the mobility of the existing staff. The Town Council is investigating this situation and so far has agreed to pay an allowance to those of the nurses who had their own cars and this has been of great help in maintaining an adequate and flexible service.

All the nurses now employed are qualified to administer intravenous fluids and during the year we changed over to this from the former gas-air procedure. The Local Medical Committee indicated approval of this development.

It has become increasingly difficult to engage trained midwives.

midwives when vacancies arise and we have been fortunate in having been able to maintain our staff during the year. Nurses are also increasingly reluctant to stay in institutional premises. We therefore, now have two living in their own homes and this introduces other difficulties over communications and transport.

One hundred and twenty-four cases had inhalational analgesia during the year. In the earlier part of the year this was provided by means of gas-air apparatus but these were later replaced by trilene inhalers. Pethidine was also extensively employed on the instructions of the medical practitioner attending. It was given in 39 confinements.

Non-medical supervision is carried out by the Superintending Nursing Officer who consults the Medical Officer of Health in any difficulty. There are no private practising midwives resident in the area.

Mothers who are unable to have their confinement at home because of social reasons are referred to the ante-natal clinic with a recommendation for hospital admission. Bellshill Hospital admissions are now controlled so as to ensure that such cases have special consideration.

By arrangement with Bellshill Hospital, pupil midwives are given opportunities to participate in the work of the area.

Midwifery Staff during the year

Nurse A. Gilfillan, R.G.N., R.F.N., S.C.M.
Nurse E.R. McFadzean, R.G.N., R.F.N., S.C.M.
Nurse M.H. Sutherland, R.G.N., S.C.M.
Nurse B. Hughes, R.G.N., S.C.M.
Nurse K.M. Farley, R.G.N., S.C.M.

Costs

The Midwifery Service cost about 13% of the total health expenditure and dealt with 30% of the confinements.

midwives when vacancies arise and we have been fortunate in having been able to maintain our staff during the year. Nurses are also increasingly reluctant to stay in institutional practice. We therefore, now have two living in their own homes and also introduced other facilities over communication and transport.

One hundred and twenty-four cases had educational analysis during the year. In the earlier part of the year this was provided by means of one-to-one supervision but was later replaced by various seminars. Facilities were also extensively employed on the construction of the national professional standards. It was given in 18 conditions.

Two medical registrations is carried out by the Superintendent. These are the Medical Officer of Health in any difficulty. There are no private practicing midwives in the area.

Midwives who are unable to have their confinement at home because of medical reasons are referred to the appropriate clinic with a recommendation for hospital admission. Midwives' hospital admissions are not restricted so as to ensure that such cases have special consideration.

By arrangement with St. Vincent's Hospital, Dublin midwives are given opportunities to participate in the work of the area.

Midwives Health during the year

- Miss A. Gilligan, R.N.S., R.F.N., S.C.M.
- Miss E.R. McManus, R.N.S., R.F.N., S.C.M.
- Miss M.H. McManus, R.N.S., R.F.N., S.C.M.
- Miss M. McManus, R.N.S., R.F.N., S.C.M.
- Miss E.M. Taylor, R.N.S., R.F.N., S.C.M.

Donegal

The Midwives Service cost about 1/3 of the total health expenditure and dealt with 50% of the confinements.

Midwifery Statistics

(1) Total no. of births occurring in the area during the year (before correction for mother's residence).

Live births - 588. Still-births - 11. Total - 599.

(2) Total no. of births in (1) occurring in institution - 353.

(3) Total no. of births in (1) occurring at home - 246.

	Cases dealt with under Sect. 23 (2) of the National Health Service (Scotland) Act, 1947.			Other Domiciliary Cases			Total
	Doctor engaged & present at confinement	Doctor engaged & not present at confinement	Midwife alone (no doctor engaged)	Doctor engaged	Midwife alone no doctor engaged	Without doctor or midwife	
Midwives employed by the authority (including those on a fee-per-case basis).	14	232	-	-	-	-	246
Midwives employed by Voluntary Organisations.	-	-	-	-	-	-	-
Midwives employed by Hospital Boards of Management.	-	-	-	-	-	-	-
Private practising midwives.	-	-	-	-	-	-	-
Totals	14	232	-	-	-	-	246

Military Statistics

(1) Total no. of births occurring in the area during the year (before correction for stillbirths).

Live births - 788. Stillbirths - 11. Total - 799.

(2) Total no. of births in (1) occurring in Institution - 355.

(3) Total no. of births in (1) occurring at home - 444.

Other Details	Cases dealt with under Part (B) of the National Health Service (Scotland) Act, 1947.					Total
	Doctors engaged at home	Doctors engaged at home & in Institutions	Midwives engaged at home	Midwives engaged at home & in Institutions	Other Details	
Employed by the author-ity (including those on a part-time basis).		14		238		252
Employed by voluntary organisations.						
Employed by Hospital Boards of Management.						
Private Practising Midwives.						
Total		14		238		252

Medical Aid

- (a) No. of cases in which medical aid was summoned during the year under Section 22(1) of the Midwives (Scotland) Act, 1915, by a Midwife.
- (i) for Domiciliary Cases (unbooked) - 0.
 - (ii) for Institutional Cases - 0. Total - 0.
- (b) No. of cases in which medical aid was summoned during the year for cases where the medical practitioner had agreed to provide maternity medical services under the National Health Service 14.

Administration of Analgesics

- (a) No. of midwives in practice in the area qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board for Scotland.
- (i) Domiciliary - 5.
 - (ii) In Institutions - 2. Total - 7.
- (b) No. of domiciliary midwives who received their training during the year Nil.
- (c) No. of sets of Apparatus for the administration of Analgesics in use at 31st December, 1960, by Domiciliary Midwives employed by the Authority or employed by voluntary organisations in the Authority's area 3.
- (d) No. on order at 31st December, 1960 Nil.
- (e) No. of cases in which Analgesics were administered by Midwives in domiciliary practice during the year 124.
- (f) No. of cars in use by midwives at 31st December, 1960 3.
- (g) No. of cases in which pethidine was administered by midwives in domiciliary practice during the year. (Only given on direct instructions of medical practitioner) 39.

Gas-Air Analgesia.

Doctor not present 35.
Doctor present 1.

Trilene Analgesia.

Doctor not present 85.
Doctor present 3.

Pethidine Administered.

Doctor not present 36.
Doctor present 3.

Medical Aid

(a) No. of cases in which medical aid was furnished during the year under Section 23(1) of the Midwives (Scotland) Act, 1915, by a Midwife.

(1) for Districtary Cases (unpacked) - 0.
 (2) for Districtary Cases - 0.
 Total - 0.

(b) No. of cases in which medical aid was furnished during the year for cases where the medical practitioner agreed to provide necessary medical services under the National Health Service.

Administration of Midwives

(a) No. of midwives in practice in the area qualified to administer analgesia in accordance with the regulations of the Central Midwives Board for Scotland.

(1) Districtary - 7
 (2) in Scotland - 5
 Total - 12.

(b) No. of districtary midwives who received their training during the year.

(c) No. of acts of appointment for the administration of analgesia in use on 31st December, 1950, by Districtary Midwives employed by the Authority or employed by voluntary organizations in the Authority's area.

(d) No. on order at 31st December, 1950.

(e) No. of cases in which analgesia was administered by midwives in districtary practice during the year.

(f) No. of acts in use by midwives at 31st December, 1950.

(g) No. of cases in which pain-relief was administered by midwives in districtary practice during the year. (Only given on direct instructions of medical practitioners).

Gas-Air Analgesia

Doctor not present 15
 Doctor present 1

Trichloroethylene

Doctor not present 65
 Doctor present 3

Pain-Relief Administered

Doctor not present 35
 Doctor present 3

MIDWIVES (SCOTLAND) ACT, 1915
STATISTICS OF BIRTHS OCCURRING IN BURGH DURING 1960
Statutory Report in terms of Sect. 23 of the Act

ITEM	Total (i.e. all cases occurring in area).	Domiciliary cases under Sect. 23(2) of the National Health Service (Scotland) Act, 1947				Cases Attended by midwives in Airdrie House		Cases not attended by either doctor or midwife	Cases attended by private nurse or doctor
		Doctor engaged & present at confinement	Doctor engaged & not present at confinement	Midwife alone (no doctor engaged.)	From Airdrie	From Coat-bridge or elsewhere			
Births (including still-births)	599	14	234	-	209	144	-	-	
Deaths of new born children within 14 days of birth	-	1	3	-	2	-	-	-	
Still-births	11	2	3	-	6	-	-	-	
Cases of Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	
Puerperal Sepsis Cases Deaths	-	-	-	-	-	-	-	-	
Puerperal Pyrexia Cases Deaths	3	-	-	-	2	1	-	-	

MEMBERSHIP LIST FOR THE YEAR 1951
MEMBERSHIP LIST FOR THE YEAR 1951
MEMBERSHIP LIST FOR THE YEAR 1951

1951 1951 1951	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1
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Cases of Emergency under Section 22 of the Midwives
(Scotland) Act, 1915.

Nil.

Midwives in Area - Notifications Received of Intention to
Practice.

Year	Resident in Airdrie	Resident outwith Airdrie
1945	10	4
1946	7	7
1947	10	7
1948	7	5
1949	8	4
1950	12	4
1951	13	3
1952	10	1
1953	16	1
1954	16	1
1955	10	-
1956	8	1
1957	13	1
1958	12	-
1959	11	3
1960	9	3

General Report on the Working of the Acts

The general working of the Acts is satisfactory. There do not appear to be any points calling for special comment.

Cases of Espionage under Section 23 of the Espionage Act, 1917.

1917.

Number in line - Notifications Received of Intention to
Travel.

Year	Residents in Algeria	Residents outside Algeria
1917	10	4
1918	7	7
1919	10	7
1920	7	7
1921	8	4
1922	12	4
1923	11	3
1924	10	1
1925	10	1
1926	10	1
1927	9	1
1928	11	1
1929	12	1
1930	11	3
1931	9	3

General Report on the Working of the Act

The general working of the Act is satisfactory. There do not appear to be any points calling for special comment.

MATERNITY HOSPITAL ADMISSIONS - 1960.

Airdrie Cases only

Type of Case	Airdrie House	Calderbank House	Bells-hill	Rotten-row	William Smellie Hospital	Private
Emergency						
(a) Scheme	-	-	31	-	1	-
(b) Non-Scheme	-	-	-	-	-	-
Pre-arranged admission	209	58	210	2	40	1
Totals	209	58	241	2	41	1

Glasgow Royal Infirmary	1.
Stobhill Hospital	1.
Lennox Castle	2.
Overton Hospital, Dumbarton	1.
Redlands Hospital, Glasgow	1.
Beckford Lodge, Hamilton	1.
	—
Total	7.
	—

The total of the institutional cases was thus 559 representing 69% of all births (emergencies excluded).

Ten years ago, in 1950, the proportion of hospital confinements was only 45%.

Last year, the comparable figures for 1959 and 1949 were given as 66% and 44% respectively and it was pointed out that they represented a growing preference on the part of mothers to have their babies in hospital.

It is clear that this trend is now well established and that it will undoubtedly increase as the additional maternity hospital accommodation now being planned comes into use.

3. Health Visiting Service (N.H.S. (S) A. 1947, Sect. 24)

During 1957 authority was given to increase our Health Visitor staff by one, bringing the number now employed to seven. One nurse actually divides her time between health visiting and tuberculosis so there is in fact a notional shortage of one-half health visitor.

Various factors contributed to the need for this additional assistance. The town continues to grow and the population is being increasingly dispersed to new housing areas. The routine work of the past thus takes much longer to do, but at the same time the duties of health visitors are being continually expanded. The care and supervision of the aged, the prevention of break-up of families, the prevention and investigation of home accidents, the care of handicapped children, additional work in connection with poliomyelitis vaccination, the inauguration of several new schools - all those considerations lead to an ever-growing need for Health Visitor Services if the facilities provided by the Health Department are to be kept in tune with what is now felt to be necessary or desirable in a modern community.

Unfortunately for some time past we have had difficulty in getting fully-trained Health Visitors to replace those leaving.

To overcome this we introduced a Trainee Scheme about 8 years ago and suitable candidates have been engaged as Trainee Health Visitors and then sent off either to Glasgow or Edinburgh to attend the course of training for the Health Visitor's Certificate.

During their absence for this purpose the local authority pays a subsistence allowance and meets all fees. As a condition of this assistance the Trainee agrees to stay with the authority for two years after qualification. So far seven Trainees have completed the course and qualified but four resigned on marriage and one left. At the end of the year our staff consisted of seven qualified Health Visitors of whom one still gave some time to Tuberculosis work.

The Health Visitors carry out routine domiciliary visitation of all children and also give advice to expectant and nursing mothers. They also attend at the various child welfare and ante-natal clinics, assist at immunisation sessions and attend at the local schools in connection with the routine visits for diphtheria prophylaxis. They also carry out the nursing duties at other clinics held by the Specialist Officers of the hospital authority within the Burgh, and at the Dental Clinic on days when patients are having general anaesthesia.

It has not been possible so far to extend their duties very much more widely although regular visits are paid to an Old Person's Hostel owned by the local authority and assistance is always provided in specific cases on request, generally in co-operation with the hospital almoner services.

Apart from the steady increase in the actual volume of work falling upon the Health Visitors, the greater dispersal of the population in new housing schemes means that much more of their time, than formerly, is now spent on travelling and in walking between visits. Districts have been arranged so as to reduce this unproductive time as much as possible.

Every/

1. Health Visitor Service (N.H.S. (S) A. 1947, Sect. 24)

During 1957 authority was given to increase our Health Visitor staff by one, bringing the number now employed to seven. One nurse eventually divides her time between health visiting and tuberculosis so there is in fact a reduction of one-half health visitor.

Various factors contributed to the need for this additional assistance. The low country to town and the population is being increasingly dependent on the motor car. The routine work of the past has been much longer to do, but at the same time the duties of health visitors are being continually expanded. The care and supervision of the aged, the prevention of breakdown of families, the prevention of new investigations of bone neoplasms, the care of handicapped children, additional work in connection with polio-vaccination, the immunisation of several new babies - all these considerations lead to an ever-growing need for Health Visitor services if the facilities provided by the Health Department are to be kept in tune with what is now felt to be necessary or desirable in a modern community.

Unfortunately for comparative purposes we have had difficulty in getting fully-trained Health Visitors to replace those leaving.

To overcome this we introduced a Trainee Scheme about 3 years ago and suitable candidates have been engaged on Trainee Health Visiting and their work is being supervised by Health Visitors. It is hoped that the number of training for the Health Visitor's Certificate.

During their absence for this purpose the local authority pays a maintenance allowance and where applicable, as a benefit of this assistance the Trainee agrees to work with the authority for two years after qualification. In the event of resignation or completion of the course and qualification but four months or more and one-half of the year but not more than one year of service qualified health visitors of whom the staff have one time to investigate work.

The Health Visitors carry out visiting domiciliary visits of all children and their mothers to ascertain and nursing mothers. They also attend at the various child welfare and ante-natal clinics, assist at immunisation clinics and attend at the local schools in connection with the routine visits for diphtheria prophylaxis. They also carry out the nursing duties at other clinics held by the Specialist Clinics of the hospital authority within the district, and at the Dental Clinics on days when patients are being treated.

It has not been possible as yet to extend their duties very much more widely since the Health Visitor staff are paid on a salary scale fixed by the local authority and similar ones in always provided in specific cases as required, generally in co-operation with the hospital authority services.

Apart from the steady increase in the actual volume of work falling upon the Health Visitors, the greater dispersion of the population in new housing schemes means that more of their time, than formerly, is now spent on travelling and in waiting between visits. Districts have been arranged so as to reduce this unproductive time as much as possible.

Every effort is made by the Health Visitors to guide and assist mothers in the care of their children and to educate them in the proper principles of their nutrition and upbringing.

A film projector was obtained during 1952 and increasing use is being made of informal talks and demonstrations to small groups in educational work of this kind.

The intimate contact which the Health Visitors have with the homes also enables them to bring prominently to the notice of mothers all the facilities which are provided for the children's welfare.

This is notably so as regards diphtheria immunisation, the use of vitamin supplements and the care of the teeth.

Opportunities are given for attendance at suitable Refresher Courses for Health Visitors.

Details of the work done at the Clinics and by the Health Visitors will be found elsewhere.

Two other nurses are also employed by the Authority but their duties are mainly in connection with the infectious disease - particularly the domiciliary supervision of tuberculosis cases. They assist also at the Tuberculosis Clinics and undertake the nursing work in connection with the extension of B.C.G. vaccination to school children. These are both qualified Health Visitors. With the reduction in the amount of tuberculosis work we transferred one of these half-time to health visiting duties.

Extra office accommodation for Health Visitors was provided on the upper floor of the building which the Town Council acquired in 1948 for adaptation as a Central Clinic.

A further section of this building was taken over in 1957 to provide accommodation for records and stores.

The Superintending Nursing Officer organises and controls the work of the Health Visitors and other Public Health Nurses and also acts as Superintendent of Midwives and exercises a general supervision over the work of the Home Nursing Service.

The work of the Health Visitors continues to increase. The details of their home visits are given on the next page but despite the very large proportion of their time which had to be directed to extra work in connection with immunisation procedures their total visits were approximately the same as in 1959.

Costs

The Health Visiting Service took about 17% of the total Health Department expenditure.

Every effort is made by the Health Visitors to guide and assist mothers in the care of their children and to educate them in the proper principles of their nutrition and upbringing.

A film projector was obtained during 1935 and increasing use is being made of lantern talks and demonstrations to small groups in educational work of this kind.

The intimate contact with the Health Visitors have with the homes also enables work to be done in connection with the notice of mothers all the facilities which are provided for the children's welfare.

This is especially so in regard to the instruction of the use of vitamin supplements and the care of the teeth.

Opportunities are given for attendance at lectures by the Health Visitors for Health Visitors.

Details of the work done at the District and by the Health Visitors will be found elsewhere.

Two other nurses are also employed by the Health Visitors but their duties are mainly in connection with the industrial district - particularly the dental surgery supervised at various points. They assist also at the Tuberculosis Clinic and undertake the nursing work in connection with the extension of B.G.O. vaccination to school children. There are also qualified Health Visitors. With the reduction in the amount of tuberculosis work we transferred one of these half-time Health visiting duties.

Extra office accommodation for Health Visitors was provided on the upper floor of the building which the Town Council acquired in 1932 for occupation as a Central Office.

A further section of this building was taken over in 1937 to provide accommodation for records and stores.

The Superintendent Nursing Officer organizes and controls the work of the Health Visitors and other Public Health Nurses and also acts as Superintendent of Midwives and exercises a general supervision over the work of the Home Nursing Service.

The work of the Health Visitors continues to increase. The details of their home visits are given on the next page but despite the very large proportion of their time which has to be devoted to extra work in connection with tuberculosis, they produce their total visits with approximately the same as in 1932.

Costs

The Health Visiting Service cost about 1 1/2% of the total Health Department expenditure.

HEALTH VISITING STATISTICS

No. of visits paid by Health Visitors during the year											
	Expectant Mothers		Children under 1 year		Children aged 1-5 years.		Tuberculosis cases		Other cases		Total Visits Paid
	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	
Health Visitors employed by the Authority	12	15	1,496	6,735	1,394	5,875	287	1,447	657	2,419	16,491
Health Visitors employed by Voluntary Organisations	-	-	-	-	-	-	-	-	-	-	-

Details of other visits noted above:

Home Help Supervisory Visits	1st Visits.	Total Visits.
Immunising Visits	35	586
Supervisory Visits to Old Persons in Hostel and at home	74	149
T.B. Contact Cases	109	547
Notifiable & non-notifiable diseases	280	875
Miscellaneous	150	224
	9	38
	<hr/>	<hr/>
	657	2,419
	<hr/>	<hr/>

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INDIAN VITALS STATISTICS
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INDIAN VITALS STATISTICS

INDIAN VITALS STATISTICS	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	INDIAN VITALS STATISTICS	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

4. Home Nursing Service (N.H.S.(S) A. 1947, Sect. 25)

This section of the Act required the local health authority to set up a home nursing service "for securing the attendance of nurses on persons who require nursing in their own homes".

At the appointed day there already existed in Airdrie an organisation set up in 1897 and maintained by voluntary subscription which was known as the Airdrie & District Nursing Association.

The Association provided nursing services within the Burgh and also in the immediately adjacent landward area of the County.

The Town Council, therefore, considered that the most suitable way of discharging their responsibilities under this section of the Act would be to enter into an agreement whereby the Airdrie & District Nursing Association would provide such services in return for an appropriate financial adjustment.

The total cost is about 12% of the total health expenditure.

This arrangement was initiated on July 5th, 1948. The Association discontinued its work in the County area and the three nurses employed became wholly employed on home nursing work within the Burgh. The arrangement has continued to work well during 1960 and the staff now numbers five nurses.

The total visits paid showed a decrease of 0.9% compared with 1959 but the number of visits paid to the elderly increased by 6%. A record is now being kept of the type of visits and a table is given showing the manner in which the nursing service is actually employed.

HOME NURSING SERVICE STATISTICS

	No. of cases attended	No. of visits paid to these cases
By Home Nurses employed by the authority	-	-
By Home Nurses employed by Voluntary Organisations	463 (201)	17,653 (10,149)

(The figures in brackets show the number of the total cases who were over 65 and the number of visits paid to these).

Classification of visits

General Nursing Care	7,012 (5,578)
Injections Only	7,636 (3,290)
Dressings	2,833 (1,184)
"Doctors orders"	172 (97)
(i.e. various special procedures).	
	<u>17,653 (10,149)</u>

4. Home Nursing Service (S.S.B. (S) A. 1947, Sect. 22)

This section of the Act required the local health authority to set up a home nursing service "for securing the attendance of nurses on persons who require nursing in their own homes".

At the appointed day there already existed in Ayrshire an organization set up in 1887 and maintained by voluntary subscription which was known as the Ayrshire & District Nursing Association.

The Association provided nursing services within the Ayrshire and also in the immediately adjacent inland areas of the County.

The Town Council, therefore, considered that the most suitable way of discharging their responsibilities under this section of the Act would be to enter into an agreement whereby the Ayrshire & District Nursing Association would provide such services in return for an appropriate financial contribution.

The total cost in about 1947 of the local health authorities.

This arrangement was initiated on July 2nd, 1948. The Association discontinue the work in the County area and the three nurses employed became wholly employed by the Council with effect from the 1st of August. The arrangement was continued to work well during 1950 and the staff now numbers five nurses.

The total visits paid showed a decrease of 0.5% compared with 1949 but the number of visits paid in the County increased by 6%. A record is now being kept of the type of visits and a table is given showing the manner in which the nursing service is actually employed.

HOME NURSING SERVICE STATISTICS

By Home Nurses employed by the authority	No. of visits paid to these cases	
	attended	No. of visits paid to these cases
	-	-
By Home Nurses employed by Voluntary Organizations	63 (201)	17,623 (10,149)

(The figures in brackets show the number of the total cases who were over 65 and the number of visits paid to these).

Distribution of visits

General Nursing Care	7,012 (2,978)
Infectious Only	7,636 (2,290)
Prostheses	2,831 (1,184)
"Doctors orders" (i.e. various special procedures)	175 (57)
Total	17,654 (10,149)

5. Domestic Help Service (N.H.S. (S) A. 1947, Sect. 28)

The provision of a home help service is one of the permissive sections of the National Health Service but it was apparent almost from the beginning that there was a demand for such facilities and that they could play a most useful part in alleviating hardship and distress, and indeed real domestic emergency which could not easily be assisted in any other way.

In our original scheme we undertook to start the service in February, 1949 with 4 domestic helps but this number quickly proved to be inadequate. Further expansion took place during 1950 from 18 to a total of 29, with a further increase to 67 at the end of 1957 and 63 at the end of the current year.

The demand appears now to have stabilised and has been around 65 for the past 4 years.

The cost to the authority is very considerable as many householders can contribute only a small weekly sum. The cost of the service continues to be a matter of concern to the Authority. No full-time home-helps are now supplied unless in exceptional circumstances.

Home Help expenditure takes no less than 15% of the total health department budget.

The Service, while nominally under the control of the Medical Officer of Health, is administered from day-to-day by the Social Welfare Officer who has the assistance of the Superintending Nursing Officer in the choice of the actual persons employed and supervision of their work.

So far there has been a satisfactory supply of suitable women anxious to join the Service.

DOMESTIC HELPS - STATISTICS 1960

(i) No. of Domestic Helps employed at end of year	
(a) Whole-time	-
(b) Part-time	67
(c) Retaining Fee Basis	Nil
(ii) No. of cases for which Helps were provided during year	127
(iii) No. of cases in (ii) dealt with on account of confinement	
(a) At home	11
(b) In hospital	-
(iv) No. of cases in (ii) provided on account of chronic sickness including age and infirmity (Aged 74, Tuberculosis 2, Others 19)	95

2. Domestic Help Service (H.H.S.) (S) A. 1947. Sect. 28)

The provision of a home help service is one of the permissive sections of the National Health Service but it was apparent almost from the beginning that there was a demand for such facilities and that they could play a most useful part in alleviating hardship and distress, and indeed real domestic emergency which could not really be resisted in any other way.

In our original scheme we undertook to start the service in February, 1948 with a domestic help but this number quickly proved to be inadequate. Further expansion took place during 1948 from 18 to a total of 59, with a further increase to 67 at the end of 1947 and 63 at the end of the current year.

The demand appears not to have stabilised and has been around 65 for the past 4 years.

The cost to the authority is very considerable as many housewives can contribute only a small weekly sum. The cost of the service continues to be a matter of concern to the Authority. We full-time home-helps are now supplied unless in exceptional circumstances.

Home Help expenditure takes no less than 15% of the total health department budget.

The Service, while nominally under the control of the Medical Officer of Health, is administered from day-to-day by the Social Welfare Officer who has the assistance of the Superintendent Nursing Officer in the choice of the actual persons employed and supervision of their work.

So far there has been a satisfactory supply of suitable women anxious to join the Service.

DOMESTIC HELPS - STATISTICS 1948

(i) No. of Domestic Helps employed at end of year	
(a) Full-time	67
(b) Part-time	51
(c) Retaining fee basis	
(ii) No. of cases for which helps were provided during year	137
(iii) No. of cases in (ii) dealt with on account of confinement	
(a) At home	11
(b) In hospital	
(iv) No. of cases in (ii) provided on account of chronic sickness including age and infirmity (aged 74, Tuberculosis 2, Others 12)	22

6. Vaccination and Immunisation, (N.H.S. (S) A, 1947, Sect. 26)

Smallpox Vaccination

Arrangements are in force whereby the local Registrar hands every person registering a birth a leaflet stressing the importance of infant vaccination and the Health Visitors take every opportunity subsequently of urging mothers to have their children vaccinated either at the Clinic or by their own doctors.

Unfortunately despite these efforts a large proportion of children do not receive protection, but this year's results again show some improvement from 209 to 244.

Vaccination Statistics

Primary Vaccinations

(1) Typical vaccinia	380	
(2) Vaccinoid reaction	3	
(3) Reaction of immunity	2	
(4) No Reaction	13	<u>398</u>

Revaccinations

(1) Typical vaccinia	18	
(2) Vaccinoid reaction	68	
(3) Reaction of immunity	1	
(4) No Reaction	10	<u>97</u>

495

=====

6. Vaccination and Immunization, (M.H.S. (S) 4, 1947, Sect. 28)

Smallpox Vaccination

Arrangements are in force whereby the local Registrar hands every person registering a birth a leaflet warning the importance of infant vaccination and the Health Visitor takes every opportunity subsequently of urging mothers to have their children vaccinated either at the Clinic or by their own doctors.

Unfortunately despite these efforts a large proportion of children do not receive protection, but this year's figures again show some improvement from 219 to 244.

Vaccination Statistics

Primary Vaccinations

160	(1) Typical vaccinee
3	(2) Vaccinoid reaction
5	(3) Reaction of immunity
<u>171</u>	(4) No Reaction

Re-vaccinations

18	(1) Typical vaccinee
68	(2) Vaccinoid reaction
1	(3) Reaction of immunity
<u>87</u>	(4) No Reaction

495

VACCINATION STATISTICS 1960
(Related to age)

Year of birth of persons	Number of persons primarily vaccinated				Number of persons re-vaccinated				No. of persons reported as showing actual or alleged complications
	Typical vaccinia greatest at 7-10th day	Accelerated reaction 5-7th day	Reaction greatest at 2-3rd day	No local reaction	Typical vaccinia greatest at 7-10th day	Accelerated reaction 5-7th day	Reaction greatest at 2-3rd day	No local re-action	
1960	244	-	-	8	-	-	-	-	-
1959	97	-	-	3	1	1	-	1	-
1958	3	-	-	-	-	1	-	-	-
1957	5	-	-	-	-	1	-	-	-
1956	2	-	-	-	-	1	-	-	-
1955	2	-	-	-	-	1	-	-	-
1954	2	-	-	-	-	1	-	-	-
1953	4	-	-	-	-	2	-	-	-
1952	2	-	-	1	-	1	-	-	-
1951	-	2	-	1	-	-	-	-	-
1950	-	1	-	-	-	1	-	-	-
1949	-	-	-	-	-	1	-	-	-
1948	3	-	-	-	-	-	1	-	-
1947	-	-	-	-	-	1	-	-	-
1946	-	-	-	-	-	-	-	-	-
1945 or earlier	16	-	-	-	17	58	-	9	-
Totals	380	3	2	13	18	68	1	10	-

Total Number of Years	Number of persons primarily concerned						Number of persons re-assigned		Number of persons between
	1-2 years	3-4 years	5-6 years	7-8 years	9-10 years	11-12 years	13-14 years	15-16 years	
1960	1	1	1	1	1	1	1	1	1
1961	1	1	1	1	1	1	1	1	1
1962	1	1	1	1	1	1	1	1	1
1963	1	1	1	1	1	1	1	1	1
1964	1	1	1	1	1	1	1	1	1
1965	1	1	1	1	1	1	1	1	1
1966	1	1	1	1	1	1	1	1	1
1967	1	1	1	1	1	1	1	1	1
1968	1	1	1	1	1	1	1	1	1
1969	1	1	1	1	1	1	1	1	1
1970	1	1	1	1	1	1	1	1	1
1971	1	1	1	1	1	1	1	1	1
1972	1	1	1	1	1	1	1	1	1
1973	1	1	1	1	1	1	1	1	1
1974	1	1	1	1	1	1	1	1	1
1975	1	1	1	1	1	1	1	1	1
1976	1	1	1	1	1	1	1	1	1
1977	1	1	1	1	1	1	1	1	1
1978	1	1	1	1	1	1	1	1	1
1979	1	1	1	1	1	1	1	1	1
1980	1	1	1	1	1	1	1	1	1
1981	1	1	1	1	1	1	1	1	1
1982	1	1	1	1	1	1	1	1	1
1983	1	1	1	1	1	1	1	1	1
1984	1	1	1	1	1	1	1	1	1
1985	1	1	1	1	1	1	1	1	1
1986	1	1	1	1	1	1	1	1	1
1987	1	1	1	1	1	1	1	1	1
1988	1	1	1	1	1	1	1	1	1
1989	1	1	1	1	1	1	1	1	1
1990	1	1	1	1	1	1	1	1	1
1991	1	1	1	1	1	1	1	1	1
1992	1	1	1	1	1	1	1	1	1
1993	1	1	1	1	1	1	1	1	1
1994	1	1	1	1	1	1	1	1	1
1995	1	1	1	1	1	1	1	1	1
1996	1	1	1	1	1	1	1	1	1
1997	1	1	1	1	1	1	1	1	1
1998	1	1	1	1	1	1	1	1	1
1999	1	1	1	1	1	1	1	1	1
2000	1	1	1	1	1	1	1	1	1
2001	1	1	1	1	1	1	1	1	1
2002	1	1	1	1	1	1	1	1	1
2003	1	1	1	1	1	1	1	1	1
2004	1	1	1	1	1	1	1	1	1
2005	1	1	1	1	1	1	1	1	1
2006	1	1	1	1	1	1	1	1	1
2007	1	1	1	1	1	1	1	1	1
2008	1	1	1	1	1	1	1	1	1
2009	1	1	1	1	1	1	1	1	1
2010	1	1	1	1	1	1	1	1	1
2011	1	1	1	1	1	1	1	1	1
2012	1	1	1	1	1	1	1	1	1
2013	1	1	1	1	1	1	1	1	1
2014	1	1	1	1	1	1	1	1	1
2015	1	1	1	1	1	1	1	1	1
2016	1	1	1	1	1	1	1	1	1
2017	1	1	1	1	1	1	1	1	1
2018	1	1	1	1	1	1	1	1	1
2019	1	1	1	1	1	1	1	1	1
2020	1	1	1	1	1	1	1	1	1

(continued on page 2)

INFANT VACCINATION

Consolidated table for last five years to show percentage of infants who have been vaccinated.

Year of Birth	Successfully Vaccinated in					Total vaccinated in last five years	Approximate number in age group	Percentage Vaccinated
	1956	1957	1958	1959	1960			
1960	-	-	-	-	244	244	761	32.1%
1959	-	-	-	209	97	306	749	40.9%
1958	-	-	147	113	3	263	674	39.0%
1957	-	174	86	3	5	268	677	39.6%
1956	131	113	2	-	2	248	639	38.8%
Totals						1,329	3,500	37.9%

IMMUNISATION AGAINST TUBERCULOSIS

B.C.G. Vaccination

Reference to what is being done in this regard will be found in the section of the Report dealing with Tuberculosis.

INFANT VACCINATION

Consolidated table for last five years to show percentage of infants who have been vaccinated.

Year of Birth	Successfully Vaccinated in					Total vaccinated in last five years	Approximate number in age groups	Percent- age Vacc inated
	1956	1957	1958	1959	1960			
1960	-	-	-	-	244	244	761	32.1%
1959	-	-	-	202	97	308	755	40.8%
1958	-	-	144	103	3	250	671	37.3%
1957	-	176	86	3	3	268	677	39.6%
1956	131	113	5	-	3	252	639	39.4%
Totals						1,359	3,500	38.8%

IMMUNIZATION AGAINST TUBERCULOSIS

B.C.G. Vaccination

Reference to what is being done in this report will be found in the section of the report dealing with Tuberculosis.

DIPHThERIA IMMUNISATION

The public attitude to diphtheria immunisation is fortunately much more enlightened than to vaccination and very little difficulty is now experienced by Health Visitors in persuading parents to have their children treated.

Visits were paid to all the schools in the area and immunisation or re-immunisation of the pupils in attendance was carried out as required.

For children below school age a weekly immunisation clinic was held throughout the year except in the summer holidays, and every endeavour made to ensure that mothers brought their children for treatment. In response to popular demand an increasing use was made of combined antigens affording protection against whooping cough and tetanus as well as against diphtheria.

Where a child had not been immunised by its first birthday, a postal reminder was sent and special attention given to the case by the Health Visitor.

The tables overleaf give details of the actual work done during the year.

Year	No. of children immunised	No. of children re-immunised	Total
1954	21	14	35
1953	1	1	2
1952	-	-	-
1951	-	-	-
1950	-	-	-
1949	-	-	-
1948	-	-	-
1947	-	-	-
1946	-	-	-
1945	-	-	-
1944	-	-	-
1943	-	-	-
1942	-	-	-
1941	-	-	-
1940	-	-	-
1939	-	-	-
1938	-	-	-
1937	-	-	-
1936	-	-	-
1935	-	-	-
1934	-	-	-
1933	-	-	-
1932	-	-	-
1931	-	-	-
1930	-	-	-
1929	-	-	-
1928	-	-	-
1927	-	-	-
1926	-	-	-
1925	-	-	-
1924	-	-	-
1923	-	-	-
1922	-	-	-
1921	-	-	-
1920	-	-	-
1919	-	-	-
1918	-	-	-
1917	-	-	-
1916	-	-	-
1915	-	-	-
1914	-	-	-
1913	-	-	-
1912	-	-	-
1911	-	-	-
1910	-	-	-
1909	-	-	-
1908	-	-	-
1907	-	-	-
1906	-	-	-
1905	-	-	-
1904	-	-	-
1903	-	-	-
1902	-	-	-
1901	-	-	-
1900	-	-	-

When I was born of ...
When I was born of ...
When I was born of ...

DIPHTHERIA IMMUNIZATION

The public attitude to diphtheria immunization is fortunately much more enlightened than in vaccination and we have accordingly in our experiments by Health Visitors in persuading parents to have their children treated.

Visits were paid to all the schools in the area and immunization or re-immunization of the pupils in attendance was carried out as required.

For children below school age a weekly immunization clinic was held throughout the year except in the summer holidays, and every endeavour was made to ensure that mothers brought their children for treatment. In response to popular demand an increasing use was made of combined antitoxin allowing protection against whooping cough and tetanus as well as against diphtheria.

Where a child had not been immunized by its fifth birthday a postal reminder was sent and special attention given to the case by the Health Visitor.

The tables overleaf give details of the actual work done during the year.

DIPHTHERIA IMMUNISATION

Return for year 1960 related to birth years of children treated (Clinic and Private Doctor returns aggregated).

Year of Birth	No. of children who completed a full course of immunisation during the year			Number of maintenance inoculations given during the year
	I	II	III	
1960	99	99	95	-
1959	318	313	159	-
1958	103	98	66	-
1957	19	17	11	-
1956	15	11	3	3
1955	131	7	2	288
1954	63	2	1	70
1953	13	-	-	19
1952	1	-	-	17
1951	2	-	-	160
1950	-	-	-	51
1949	-	-	-	18
1948	-	-	-	2
1947	-	-	-	1
1946	-	-	-	-
1945 or earlier	-	-	-	1
	764	547	337	630

- Column I shows numbers of children who received any form of diphtheria prophylaxis.
 Column II shows numbers of those same children simultaneously protected against whooping cough.
 Column III similarly shows numbers of those in Column I who were given triple vaccine (diphtheria, whooping cough and tetanus).

DIPHTHERIA IMMUNIZATION

Return for year 1960 referred to birth years of children treated (State and private health agencies).

Year of Birth	No. of children who completed a full course of immunization during the year			Number of children immunized given during the year
	I	II	III	
1960	99	99	99	-
1959	318	313	153	-
1958	103	98	66	-
1957	10	17	11	-
1956	15	11	3	3
1955	131	7	2	288
1954	63	2	1	10
1953	13	-	-	18
1952	1	-	-	14
1951	2	-	-	103
1950	-	-	-	21
1949	-	-	-	18
1948	-	-	-	2
1947	-	-	-	1
1946	-	-	-	-
1945 or earlier	-	-	-	1
	764	247	337	430

Column I shows number of children who received any form of diphtheria prophylaxis.
 Column II shows number of those same children immunized protected against diphtheria.
 Column III similarly shows number of those in Column I who were given triple vaccine (diphtheria, whooping cough and tetanus).

DIPHTHERIA IMMUNISATION

Health Department and Family Doctor returns shown separately.

	By Health Dept. at Clinic or school		By Family Doctor		Totals
	Initial Course	Mainten- ance	Initial Course	Mainten- ance	
Pre-School Children	386	-	180	1	568
School Children	198	619	-	10	826
	584	619	180	11	1,394

A report of the... was sent to the... Circular No. 1247
The... of... of... available
decided to send the... and...
26 of the... (October 1st, 1947).
September 12th, 1947, we received the... of
of... to... after...
of our... and... the...
of... also to...
of... have since...
of... as well as...
work.
Total numbers during 1947:-
Whooping-cough immunisation 647
Tetanus immunisation 117

DIPHTHERIA IMMUNIZATION

Health Department and Family Doctor returns shown separately.

Totals	By Family Doctor		By Health Dept. at Clinic or school		
	Mainten- ance	Initial Course	Mainten- ance	Initial Course	
388	1	180	-	388	Pre- school Children
856	10	-	619	198	School Children
1,244	11	180	619	586	

DIPHTHERIA IMMUNISATION

Consolidated table for last four years to show percentage of child population recently immunised.

Year of Birth	Immunised or re-immunised in				Total protected with- in four years.	Approximate number in age group.	Percentage protected.
	1957	1958	1959	1960			
1960	-	-	-	99	99	761	13.0%
1959	-	-	36	318	354	749	47.3%
1958	-	66	216	103	385	674	57.1%
1957	45	442	66	19	572	677	84.5%
1956	288	115	16	18	437	639	68.4%
1955	71	29	11	419	530	598	88.6%
1954	23	26	369	133	551	626	88.0%
1953	23	414	113	32	582	630	92.4%
1952	256	164	31	18	469	589	79.6%
1951	112	42	13	162	329	613	53.7%
1950	44	31	285	51	411	534	77.0%
1949	15	299	148	18	480	667	71.9%
1948	287	130	32	2	451	639	70.6%
1947	129	36	1	1	167	704	23.7%
1946	58	27	1	-	86	673	12.8%
Aged 0-15 Totals					5,903	9,773	60.4%

WHOOPING COUGH IMMUNISATION - TETANUS IMMUNISATION

As a result of what was said in D.H.S. Circular No. 51/1957 about the proved efficacy of plain pertussis vaccines as now available it was decided to amend our Vaccination and Immunisation proposals under Sect. 26 of the National Health Service (Scotland) Act, 1947.

On September 12th, 1957, we received the formal approval of the Secretary of State to our proposals to offer whooping cough immunisation at our clinics and through the local general practitioners. This approval extended also to protection against tetanus.

The necessary prophylactic materials have since been made available free of charge to local doctors as well as being employed in our own work.

Total numbers during 1960:-

Whooping-cough immunisation 547.
Tetanus immunisation 337.

DIPHTHERIA IMMUNIZATION

Consolidated table for last four years to show percentage of child population recently immunized.

Percent- age pro- tested.	Approximate number in age group.	Total pro- tested with- in four years.	Immunized or re-immunized in			
			1956	1957	1958	1959
17.08	787	99	99	-	-	-
17.72	799	101	101	-	-	-
18.36	811	103	103	-	-	-
19.00	823	105	105	-	-	-
19.64	835	107	107	-	-	-
20.28	847	109	109	-	-	-
20.92	859	111	111	-	-	-
21.56	871	113	113	-	-	-
22.20	883	115	115	-	-	-
22.84	895	117	117	-	-	-
23.48	907	119	119	-	-	-
24.12	919	121	121	-	-	-
24.76	931	123	123	-	-	-
25.40	943	125	125	-	-	-
26.04	955	127	127	-	-	-
26.68	967	129	129	-	-	-
27.32	979	131	131	-	-	-
27.96	991	133	133	-	-	-
28.60	1003	135	135	-	-	-
29.24	1015	137	137	-	-	-
29.88	1027	139	139	-	-	-
30.52	1039	141	141	-	-	-
31.16	1051	143	143	-	-	-
31.80	1063	145	145	-	-	-
32.44	1075	147	147	-	-	-
33.08	1087	149	149	-	-	-
33.72	1099	151	151	-	-	-
34.36	1111	153	153	-	-	-
35.00	1123	155	155	-	-	-
35.64	1135	157	157	-	-	-
36.28	1147	159	159	-	-	-
36.92	1159	161	161	-	-	-
37.56	1171	163	163	-	-	-
38.20	1183	165	165	-	-	-
38.84	1195	167	167	-	-	-
39.48	1207	169	169	-	-	-
40.12	1219	171	171	-	-	-
40.76	1231	173	173	-	-	-
41.40	1243	175	175	-	-	-
42.04	1255	177	177	-	-	-
42.68	1267	179	179	-	-	-
43.32	1279	181	181	-	-	-
43.96	1291	183	183	-	-	-
44.60	1303	185	185	-	-	-
45.24	1315	187	187	-	-	-
45.88	1327	189	189	-	-	-
46.52	1339	191	191	-	-	-
47.16	1351	193	193	-	-	-
47.80	1363	195	195	-	-	-
48.44	1375	197	197	-	-	-
49.08	1387	199	199	-	-	-
49.72	1399	201	201	-	-	-
50.36	1411	203	203	-	-	-
51.00	1423	205	205	-	-	-
51.64	1435	207	207	-	-	-
52.28	1447	209	209	-	-	-
52.92	1459	211	211	-	-	-
53.56	1471	213	213	-	-	-
54.20	1483	215	215	-	-	-
54.84	1495	217	217	-	-	-
55.48	1507	219	219	-	-	-
56.12	1519	221	221	-	-	-
56.76	1531	223	223	-	-	-
57.40	1543	225	225	-	-	-
58.04	1555	227	227	-	-	-
58.68	1567	229	229	-	-	-
59.32	1579	231	231	-	-	-
59.96	1591	233	233	-	-	-
60.60	1603	235	235	-	-	-
60.24	2,773	2,903	2,903	Aged 0-15 Total		

WHOOPING COUGH IMMUNIZATION - TETANUS IMMUNIZATION

As a result of what was said in D.H.S. Circular No. 21/1957 the proved efficacy of plain pertussis vaccines as now available has decided to amend our Vaccination and Immunization program in Great Britain of the National Health Service (Scotland) Act, 1947.

On September 15th, 1957, we received the formal approval of the Secretary of State for our proposals to offer whooping cough vaccination at our clinics and through the local general practitioners. approval extended also to protection against tetanus.

The necessary prophylactic materials have since been available of charge to local doctors as well as being employed in their work.

Total numbers during 1957:-
 Whooping-cough immunization 247
 Tetanus immunization 337

POLIOMYELITIS VACCINATION

Early in 1956 the Department of Health for Scotland intimated that supplies of a British Salk-type vaccine would be made available free of charge for use by local health authorities in protecting selected groups of children against poliomyelitis.

Later in that year and again in 1957 the scheme was extended to include older children, expectant mothers and certain priority groups of the population at special risk.

Up till the end of 1957 we gave at our various clinics a total of 3,626 doses of vaccine the numbers of persons who had completed a full course of 2 injections being 1,765. At the end of the year 2,234 additional persons were also registered and awaiting treatment. This number had largely accrued in response to further public appeals made in accordance with D.H.S. Circular 85/1957 which extended the offer of vaccination to all children under the age of 15, to expectant mothers and to certain priority groups.

The Departmental Circular explained that sufficient British vaccine would not be available for everyone who registered but that it was intended to augment supplies by the importation of Canadian or American Salk Vaccine. Persons registering were therefore asked to indicate whether they were prepared to accept imported vaccine.

This complicated our arrangements considerably but in the actual event the numbers who insisted on receiving British vaccine only were comparatively small and the use of American vaccine did not really delay the work to any real extent.

In September, 1958, a further Circular was issued by the Department (D.H.S. Circular No. 81/1958) which extended the vaccination arrangements to include all persons under the age of 26 and in addition asking us to make arrangements for giving third or re-inforcing injections to all persons previously treated.

In 1960 the scheme of vaccination was further extended to include persons over 40 but it was intended that this work should be left entirely to the private practitioners. Records were not required in respect of this older group and no information is therefore available as to how many were in fact treated.

With the extension of the scheme to older persons it became obvious that we could no longer hope to do the work exclusively through our Child Welfare Clinics. We had during the previous year installed additional and more accessible refrigerated storage space for our stocks of vaccine and we therefore invited the local medical practitioners to participate in the expanded scheme and to draw supplies of vaccine from the Clinic office as required. The response to this was good and all the practitioners have since participated in the work.

The numbers of persons actually vaccinated with two injections or given 3rd injections during 1960 were as follows:-

	<u>Initial Course</u>	<u>Maintenance</u>
Children (6/12 - 15)	559	1,647
Young Persons (15-26) and other groups	498	847
Expectant Mothers	38	62
Total	<u>1,095</u>	<u>2,556</u>

POLIOVIRUS VACCINATION

Early in 1956 the Department of Health for Scotland indicated that supplies of a British Salk-type vaccine would be made available free of charge for use by local health authorities in protecting selected groups of children against poliomyelitis.

Later in that year and again in 1957 the scheme was extended to include other children, expectant mothers and certain priority groups of the population at special risk.

Up till the end of 1957 we gave at our various clinics a total of 3,626 doses of vaccine the number of persons who had completed a full course of 2 injections being 1,785. At the end of the year 2,841 additional persons were also registered and waiting treatment. This number had largely occurred in response to further public appeals made in accordance with D.H.S. Circular 82/1957 which extended the offer of vaccination to all children under the age of 15, to expectant mothers and to certain priority groups.

The Departmental Circular explained that sufficient British vaccine would not be available for everyone who registered but that it was intended to augment supplies by the importation of Canadian or American Salk Vaccine. Persons registering were therefore asked to indicate whether they were prepared to accept imported vaccine.

This complicated our arrangements considerably but in the actual event the numbers who insisted on receiving British vaccine only were comparatively small and the use of American vaccine did not really delay the work to any real extent.

In September, 1958, a further Circular was issued by the Department (D.H.S. Circular No. 81/1958) which extended the vaccination arrangements to include all persons under the age of 15 and in addition asked us to make arrangements for giving third or re-injecting injections to all persons previously treated.

In 1959 the scheme of vaccination was further extended to include persons over 40 but it was intended that this work should be left entirely to the private practitioners. Records were not reported in respect of this older group and no information is therefore available as to how many were in fact treated.

With the extension of the scheme to other persons it became obvious that we could no longer hope to do the work exclusively through our Child Welfare Clinics. We had during the previous year installed additional and more accessible refrigerated storage space for our stocks of vaccine and we therefore invited the local medical practitioners to participate in the expanded scheme and to draw supplies of vaccine from the Clinics office as required. The response to this was good and all the practitioners have since participated in the work.

The numbers of persons actually vaccinated with two injections or given 3rd injections during 1959 were as follows:-

Maintenance	Initial Course	
1,647	522	Children (6/12 - 15)
847	498	Young Persons (15-25) and other groups
62	32	Expectant Mothers
<u>2,556</u>	<u>1,052</u>	Total

The response from young persons and expectant mothers was again disappointing.

With adequate supplies of vaccine and the general extension of the scheme to persons of all ages up to 26 the vaccination arrangements were greatly simplified by comparison with previous years although the work generally continued to impose a very large burden on the staff of the Health Department. The numbers of persons who completed a course of two injections during 1960 are shown below. The table also indicates the number of 3rd injections given.

Details of injections given.

	First Injections	Second Injections	Third Injections	Totals
Pre-School Children	438	462	736	1,681
School Children & older persons	640	595	1,758	2,993
Expectant Mothers	41	38	62	141
Totals	1,164	1,095	2,556	4,815

Poliomyelitis - Percentage of population protected

Of the total population aged 15 years or under it is estimated that 66% have received 2 injections and of the same group 57% have received 3 injections. Of older persons aged 15-26 the corresponding percentage can be taken very approximately as 30% & 20% respectively.

The response from young persons and expectant mothers was again disappointing.

With adequate supplies of vaccine and the general extension of the scheme to persons of all ages up to 25 the vaccination arrangements were greatly simplified by comparison with previous years although the work generally continued to impose a very large burden on the staff of the Health Department. The numbers persons who completed a course of two injections during 1950 are shown below. The table also indicates the number of 2nd injections given.

Details of injections given.

	First Injections	Second Injections	Third Injections	Totals
Pre-School Children	438	462	736	1,636
School Children & other persons	640	592	1,758	2,990
Expectant Mothers	41	38	62	141
Totals	1,119	1,092	2,556	4,815

Polio-vaccination - Percentage of population protected

Of the total population aged 15 years or under it is estimated that 65% have received 2 injections and of the under 5% have received 3 injections. Of older persons aged 15-25 the corresponding percentages can be taken very approximately as 30% & 20% respectively.

POLIOMYELITIS VACCINATION

Consolidated table to end of 1960

Year of birth	Complete Course				Totals	Third Inj.	Defaulters 2nd Inj.
	1957	1958	1959	1960			
1960	-	-	-	29	29	-	-
1959	-	-	39	273	312	55	5
1958	-	12	324	83	419	326	4
1957	-	198	189	34	421	391	5
1956	2	269	159	28	458	414	3
1955	3	268	150	15	436	398	4
1954	182	86	132	10	410	386	1
1953	196	115	132	14	457	414	-
1952	186	89	129	11	415	410	1
1951	168	86	133	12	399	381	-
1950	191	64	92	12	359	335	2
1949	246	79	119	6	450	415	3
1948	166	116	108	8	398	377	1
1947	147	186	120	8	461	434	-
1946	1	368	72	11	452	382	-
1945	-	296	66	5	367	314	-
1944	-	279	37	1	317	287	1
Older Persons	-	297	849	497	1,643	1,026	36
Expectant mothers	-	54	74	38	166	68	3
Unclassified (1956 cases)	-	-	-	-	277	-	-
277 (1956)	1,438	2,862	2,924	1,095	8,646	6,814	69

POLIOVIRUS VACCINATION

Consolidated table to end of 1960

Year of birth	Complete Course				Totals	Days Int.	Defaulter and Int.
	1957	1958	1959	1960			
1960	-	-	-	59	59	-	-
1959	-	-	39	273	312	55	2
1958	-	15	354	83	419	356	4
1957	-	198	189	34	421	391	5
1956	2	269	159	58	458	414	3
1955	3	268	150	15	436	398	4
1954	182	86	135	10	413	396	1
1953	196	115	135	14	460	414	-
1952	186	89	159	11	415	410	1
1951	168	86	133	15	399	381	-
1950	191	64	95	15	359	335	5
1949	246	79	119	6	450	415	3
1948	166	116	108	8	398	377	1
1947	147	186	150	0	483	434	-
1946	1	368	75	11	455	385	-
1945	-	296	66	5	367	314	-
1944	-	279	27	1	317	287	1
Other Persons	-	297	849	497	1,643	1,086	36
Expectant mothers	-	54	74	38	166	68	3
Unvaccinated (1956 cases)	-	-	-	-	277	-	-
277 (1956)	1,498	2,062	2,224	1,025	6,819	6,819	69

7. Prevention of Illness, Care and After-Care.
National Health Service (Scotland) Act, 1947, Sect. 27

(a) Tuberculosis.

The tables which follow show that tuberculosis is still a problem albeit a diminishing one. The Mass Radiography Campaign held during 1958 made an important contribution towards its final solution.

In 1960 the number of confirmed notifications of tuberculosis of all forms was 21, of which total 16 had pulmonary disease, and 5 had various types of non-respiratory disease.

This compares with last year's figures of 21 pulmonary cases and 3 cases of various types of non-pulmonary infection.

The death rate from pulmonary tuberculosis was .12 per 1,000 of the population representing 4 deaths. There were no deaths from non-pulmonary disease.

In 1959 the rates were 0.06 and 0.00 respectively.

The following table sets forth the position from 1938 onwards and is of interest in showing the trends of the disease over that period.

PULMONARY DISEASE - AIRDRIE BURGH

Year	Ten year Average 1938-1947	Ten year Average 1948-1957	1959	1960
Notifications	25.7	34.7	21	16
Deaths	12.8	9.3	2	4
Death Rate	0.46	0.30	0.06	0.12

NON-PULMONARY DISEASE - AIRDRIE BURGH

Year	Ten year Average 1938-1947	Ten year Average 1948-1957	1959	1960
Notifications	12.0	7.5	3	5
Deaths	4.6	1.8	0	0
Death Rate	0.19	0.06	0.00	0.00

The table overleaf is also of interest as showing a comparison between 1959 and 1960 for the whole of Lanarkshire including the other large burghs.

5. Prevention of Illness, Care and After-Care.
National Health Service (Scotland) Act, 1947, Sect. 27

(a) Tuberculosis.

The tables which follow show that tuberculosis is still a problem albeit a diminishing one. The Mass Tuberculosis Campaign held during 1958 made an important contribution towards the final solution.

In 1960 the number of confirmed notifications of tuberculosis of all forms was 21, of which total 16 had primary disease, and 5 had various types of non-respiratory disease.

This compares with last year's figures of 21 pulmonary and 3 cases of various types of non-pulmonary tuberculosis.

The death rate from pulmonary tuberculosis was 12 per 1,000 of the population representing 4 deaths. There were no deaths from non-pulmonary disease.

In 1959 the rates were 0.06 and 0.00 respectively.

The following table sets forth the position from 1958 onwards and is of interest in showing the trends of the disease over that period.

PULMONARY DISEASE - AIRBORNE BURN

Year	Ten Year Average 1958-1967	Ten Year Average 1948-1957	1959	1960
Notifications	25.7	24.7	21	16
Deaths	15.8	2.3	5	4
Death Rate	0.46	0.30	0.06	0.12

NON-PULMONARY DISEASE - AIRBORNE BURN

Year	Ten Year Average 1958-1967	Ten Year Average 1948-1957	1959	1960
Notifications	15.0	7.8	3	5
Deaths	4.6	1.8	0	0
Death Rate	0.19	0.06	0.00	0.00

The table overleaf is also of interest in showing a comparison between 1959 and 1960 for the whole of Lanarkshire including the other large burghs.

TUBERCULOSIS - LANARKSHIRE AREA

Comparative statement showing Incidence and Deaths for the Lanarkshire Area for the periods January - December, 1959 and 1960.

	Population 1960	INCIDENCE				DEATHS					
		Respiratory		Non-Respiratory		Respiratory		T.B.M.		Others	
		1959	1960	1959	1960	1959	1960	1959	1960	1959	1960
Lanark C.C.	334,100	200	257	52	47	40	19	1	0	1	1
Airdrie	33,900	21	16	3	5	2	4	-	-	-	-
Coatbridge	54,600	39	31	1	4	3	6	-	-	-	-
Hamilton	42,000	20	21	1	-	3	2	-	-	-	-
Motherwell & Wishaw	73,300	70	39	5	7	7	6	-	-	2	-
Rutherglen	24,900	19	23	2	2	2	3	-	-	-	-
Totals Lanarkshire	562,800	449	387	64	65	57	40	1	-	3	1
Overall		-	-	1	1.6%	-	-	-	-	-	-
		62	13.8%	-	-	17	30%	1	100%	2	67%

Объект	Declared Included	US - 13'04		J - 1'04		JA - 204		J - 100		S - 434	
		403	204	63	22	21	40	1	-	2	-
Генеральный Директор	208'000										
Управляющий	84'000										
Корпоративный Директор	12'100										
Инженер	48'000										
Сотрудник	24'000										
Вилла	23'000										
Генеральный Директор	1000										
		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
		1000	1000	1000	1000	1000	1000	1000	1000	1000	1000

Генеральный Директор 100.000 долларов США - включено в 100.000 долларов США
 Корпоративный Директор 12.100 долларов США - включено в 12.100 долларов США

As explained previously in paragraph A (page 10) the respective functions of the local health authorities and of the hospital authority with regard to tuberculosis are very closely co-ordinated.

Originally the Tuberculosis Physician had his office in the Health Department and all records were held in common. Unfortunately some disturbance of this arrangement took place in 1957. The opening of the new Out-Patient Department at Alexander Hospital with its section for tuberculosis resulted in the Tuberculosis Physician transferring his headquarters there. Nevertheless, he continues to keep closely in touch with our side of the work and we still maintain in the Health Department the main records relating to notified cases. Despite the transfer to Coatbridge the two Infectious Diseases Nurses employed by the health authority, staff the diagnostic and treatment clinics and continue the visitation of cases and contacts.

Great stress is laid on case finding.

The diagnostic facilities of the weekly chest clinic are made most freely available to all the doctors in the area. Every effort is made to have all contacts examined and kept under supervision and a separate "contact Clinic" is held in separate premises and at a different time from a regular tuberculosis clinic.

The next table shows the manner in which the notified cases of respiratory tuberculosis were discovered and brought under supervision.

The "symptom-group" comprises those patients who attended or were referred for examination because they were already complaining of some symptom. The other categories comprise those cases who would not immediately have been discovered but for the active measures taken to find them.

Methods by which new patients were discovered to be suffering from respiratory tuberculosis

Symptom-group examination		14
Contact group examination		1
Mass Miniature radiography (general public etc.)		1
Routine examination of Special Groups	School staffs	-
	National Service Recruits	-
	Emigrants	-
Total		16

A monthly B.C.G. clinic is now being held and tuberculin negative contacts are treated there by the Tuberculosis Physician. Children requiring segregation are accommodated in Arranview Children's Home by arrangement with the Welfare Committee.

The/

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The diagnostic facilities of the weekly chest clinic are made freely available to all the doctors in the area. Every effort is made to have all contacts examined and kept under surveillance and a separate "contact clinic" is held in separate premises and at a different time from a regular tuberculous clinic.

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Methods by which new patients were discovered to be notified from respiratory tuberculosis

14	Symptom-group examination	
1	Contact group examination	
1	Mass miniature radiography (general public etc.)	
-	School staffs	Routine examination
-	National Service hospitals	of
-	Estates	Special Groups
16	Total	

A monthly B.C.G. clinic is now being held and tuberculin negative contacts are treated there by the Tuberculosis Physician. Children requiring segregation are accommodated in Arundel Children's Home by arrangement with the Welfare Committee.

The only extra nourishment given to tuberculosis patients is milk. Vouchers are given to patients recommended by the Tuberculosis Physician and the milk is obtained from the customary milkman who renders to the Health Department his account accompanied by the voucher.

During the year 23 (23 also in 1959) patients received free milk at a total cost of about £130. This is again a slight reduction. The cost in 1959 was £145 and in 1953 about £600.

There has been no difficulty in securing hospital accommodation for cases of tuberculosis. No case in need of active treatment has had to wait for a bed.

There were no patients on the waiting list at the end of the year.

The only extra nourishment given to tuberculous patients is milk. Vouchers are given to patients recommended by the Tuberculous Physician and the milk is obtained from the customary milkmen who renders to the Health Department his account accompanied by the voucher.

During the year 25 (25) also in 1927 patients received free milk at a total cost of about £150. This is again a slight reduction. The cost in 1926 was £145 and in 1925 about £600.

There has been no difficulty in securing hospital accommodation for cases of tuberculous. No case in need of active treatment had to wait for a bed.

There were no patients on the waiting list at the end of the year.

AFTER-CARE

Proper housing is regarded as being of great importance in dealing with tuberculosis. Not only does it facilitate the care of the actual patient and contribute to his recovery but it helps also to reduce the amount of risk to other members of the household.

This has been fully recognised by the Town Council and arrangements are such that generally speaking, no case is sent home to unsuitable housing conditions. The Council's Housing Pointage Scheme is heavily weighted in favour of the tuberculosis patient and by co-operation between the Health Department, the Housing Department and the Sanitary Inspector's Department it is usually possible to make some satisfactory arrangement for such cases.

It is considered that the domiciliary work of the Tuberculosis Nurses is particularly valuable in the after-care of the tuberculosis patient and his family.

Her regular visits help to keep up the morale of the patient and she is able to play a valuable part in educating the household in the measures necessary to avoid further infection. Her influence is important too, in prevailing upon contacts to attend for examination and supervision and for B.C.G. vaccination should that be indicated.

She reports too, on the patients needs and recommends them for any necessary assistance in the way of bedding.

The council has arrangements for meeting such needs but during the year no applications were received.

Patients are also helped to obtain any additional National Assistance Board grants to which they may be entitled.

With the year's work of the Tuberculosis Nurses, 1950, the care of all the children in the district was given a further examination the proposed procedure was that all the children...

A form of consent was sent out for signature and return. The response this year was again considerably better than last year.

Of the three schools involved the following figures for 1950 are as follows:-

School	Children	Consented	Percentage
Airside Primary (A.S.)	185	174	93.5%
Airside High (A.S.)	205	192	93.7%
St. Margaret's School (A.S.)	122	117	95.9%

In 1950 the percentages of consent for Airside Primary and Airside High School were respectively 93% and 93% and for St. Margaret's 95%.

The actual work of testing and vaccination was completed when the schools resumed in the beginning of 1950 and the results are shown in the table above. The overall percentage of positive replies (i.e. those requiring to be vaccinated) was 7%.

During...

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The Council has arrangements for meeting such needs but during the year no applications were received.

Patients are also helped to obtain any additional National Assistance Board grants to which they may be entitled.

B.C.G. VACCINATION

Group	Tuberculin-tested		Negative re-actors		Vaccinated during 1960	
	M.	F.	M.	F.	M.	F.
(1) Nurses	-	-	-	-	-	-
(2) Medical Students	-	-	-	-	-	-
(3) Contacts	81	84	48	58	63	77
(4) Special Groups						
(a) School Leavers	239	259	199	216	199	216
(b) New born Babies	-	-	-	-	-	-
(c) Others	-	-	-	-	-	-

The number of contacts given B.C.G. Vaccination was rather less than last year.

We have not yet adopted a formal scheme for the B.C.G. vaccination of all new born infants. Some were dealt with as contacts.

During 1954 we extended our provisions for B.C.G. Vaccination to include the systematic vaccination of children of school-leaving age and this scheme duly received the approval of the Secretary of State.

The children eligible each year are those who will reach their fourteenth birthday during the school year. This work was started during 1955 and has continued since. We have not so far lowered the age limit for vaccination to 10 as has been suggested.

With the ready co-operation of the Headmasters, lists were prepared of all the children in the appropriate age groups and a letter explaining the proposed procedure was then sent to all their parents.

A form of consent was also enclosed for signature and return.

The response this year was again considerably better than last year.

Of the three schools involved the relevant figures for 1960 were as follows:-

	<u>Children</u>	<u>Consents</u>	<u>Percentages</u>
Airdrie Academy (S.S.)	186	174	93.5%
Airdrie High (J.S.)	288	232	80.6%
St. Margaret's School (J.S.)	142	115	81.0%

In 1959 the percentage of consent for Airdrie Academy and Airdrie High School were respectively 89% and 75% and for St. Margaret's 82%.

The actual work of testing and vaccination was commenced when the schools resumed in the beginning of 1960 and the results are included in the table above. The overall percentage of negative reactors (i.e. those requiring to be vaccinated) was 77%

During/

B.C.G. VACCINATION

Group	Tuberculin-tested		Negative to contacts		Vaccinated during 1950	
	N.	%	N.	%	N.	%
(1) Nurses	-	-	-	-	-	-
(2) Medical Students	-	-	-	-	-	-
(3) Contacts	61	84	48	50	63	77
(4) Special Groups						
(a) School leavers	233	259	199	216	199	216
(b) New born babies	-	-	-	-	-	-
(c) Others	-	-	-	-	-	-

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A form of consent was also enclosed for signature and return. The response this year was again considerably better than last year.

Of the three schools involved the relevant figures for 1950 were as follows:-

School	Children	Consents	Percentage
Altrich Academy (S.S.)	186	174	93.5%
Altrich High (S.S.)	288	275	95.5%
St. Margaret's School (S.S.)	142	115	81.0%

In 1959 the percentage of consent for Altrich Academy and Altrich High School were respectively 89% and 75% and for St. Margaret's 88%.

The actual work of testing and vaccination was commenced when the schools resumed in the beginning of 1950 and the results are included in the table above. The overall percentage of negative reactors (i.e. those reporting to be vaccinated) was 71%.

During

During the year a special effort was also made to vaccinate those who had refused in previous years.

From 1955-59 inclusive there had been 347 refusals. These were all approached individually and given another chance. A further 59 consents were received but unfortunately only a proportion of these actually presented themselves for testing.

In the end only 23 were dealt with to completion 16 of whom were vaccinated and 7 who were positive on tuberculin-testing.

This was a disappointing result considering the amount of work which was involved in tracing and appealing to the individuals concerned.

11. Number of men confined to bed suffering from active pulmonary tuberculosis during the year

	Age Groups								Total
	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
Jan	-	-	2	2	2	-	-	-	6
Feb	-	-	4	2	2	-	1	-	10
Mar	-	-	4	3	3	-	2	-	16

12. Number of men placed in beds of special type during the year

	Age Groups		Total
	15-44	45-84	
Jan	3	-	3
Feb	3	-	3
Mar	4	-	4

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In the end only 23 were dealt with to completion 16 of whom were vaccinated and 7 who were positive on tuberculin testing.

This was a disappointing result considering the amount of work which was involved in tracing and appealing to the individuals concerned.

TUBERCULOSIS - STATISTICAL RETURNS, 1960.

Part I - RESPIRATORY TUBERCULOSIS

I. Number of cases formally notified for the first time or regarded as notified from 1st January, 1960 to 31st December, 1960.

	AGE GROUPS									Total
	Under 1	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	
Males	-	-	-	2	2	2	-	1	-	7
Females	-	-	4	1	3	1	-	1	-	10
TOTAL	-	-	4	3	5	3	-	2	-	17

II. Number of cases confirmed to be suffering from active respiratory tuberculosis during the year

	AGE GROUPS									Total
	Under 1	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	
Males	-	-	-	2	2	2	-	-	-	6
Females	-	-	4	1	3	1	-	1	-	10
TOTAL	-	-	4	3	5	3	-	1	-	16

III. Number of new cases in Table II admitted to Hospital for tuberculosis treatment for the first time during the year

	AGE GROUPS			Total
	Under 15	15 & under 45	45 & over	
Male	-	5	-	5
Female	1	3	-	4
TOTAL	1	8	-	9

TUBERCULOSIS - STATISTICAL RETURNS, 1960.

Part I - RESPIRATORY TUBERCULOSIS

I. Number of cases formally notified for the first time or reported as notified from Jan. January, 1960, to Mar. December, 1960.

	AGE GROUPS							
	Under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & over	Total
Males	-	-	2	2	-	1	-	7
Females	-	4	1	3	1	1	-	10
TOTAL	-	4	3	5	3	2	-	17

II. Number of cases confirmed to be suffering from active respiratory tuberculosis during the year.

	AGE GROUPS							
	Under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & over	Total
Males	-	-	2	2	-	-	-	6
Females	-	4	1	3	1	1	-	10
TOTAL	-	4	3	5	3	1	-	16

III. Number of new cases in Table II admitted to Hospital for tuberculosis treatment for the first time during the year.

	AGE GROUPS		
	Under 15	15 & under 45	45 & over
Males	-	2	-
Females	1	3	-
TOTAL	1	5	-

HOSPITAL ADMISSIONS AND DISCHARGES (RESPIRATORY TUBERCULOSIS)

IV. Number of patients admitted to, discharged from or dying in Tuberculosis Hospitals, Sanatoria or wards in other Hospitals reserved for the treatment of the tuberculous

	In Hospital on January 1.	Admitted during the year	Discharged during the year	Died in Hospital	In Hospital on December 31.
<u>Under 15 yrs</u>					
Males	-	-	-	-	-
Females	-	1	-	-	1
<u>15-44 years</u>					
Males	1	5	4	-	2
Females	4	3	6	-	1
<u>45 years and over</u>					
Males	4	3	4	1	2
Females	1	2	3	-	-
TOTAL	10	14	17	1	6

V. Number of patients dying from respiratory tuberculosis in Hospital accommodation other than that reserved for tuberculosis patients

Three.

WAITING LIST

VI. Number on Waiting List for Admission to Hospital at 31st Dec. (Respiratory Tuberculosis)

(Relating only to patients waiting more than two weeks)

Under 15	Males	-
	Females	-
Adults	Males	-
	Females	-
Total		N i l.

HOSPITAL ADMISSIONS AND DISCHARGES (RESPIRATORY TUBERCULOSIS)
V. Number of patients admitted to, discharged from or dying in
Tuberculosis Hospitals, Sanatoria or wards in other hospitals
reserved for the treatment of the Tuberculosis

Under 15 yrs	15-44 years	45 years and over	Total	Number of patients			
				Admitted during the year	Discharged during the year	Died in Hospital	In Hospital on December 31.
-	-	-	10	14	17	1	6
-	-	1	1	2	3	-	-
-	1	4	5	3	4	1	2
-	4	-	4	3	6	-	1
-	1	2	3	2	4	1	2
-	1	-	1	1	1	-	-
-	1	-	1	1	1	-	1
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-

Number of patients dying from respiratory tuberculosis
in Hospital accommodations other than those reserved for
tuberculosis patients

None.

WAITING LIST

Number on Waiting List for Admission to Hospital at 31st Dec.
(Respiratory Tuberculosis)

(Relating only to patients waiting more than two weeks)

Total	Under 15	
	Males	Females
N I I.	Males	-
	Females	-
Total	Males	-
	Females	-

Part II - NON-RESPIRATORY TUBERCULOSIS

VII. Number of cases formally notified for the first time or regarded as notified as suffering from non-respiratory tuberculosis during the year 1960.

	AGE GROUPS									
	Under 1	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	Total
Males	-	-	-	-	1	-	-	-	-	1
Females	-	-	-	1	3	-	-	-	-	4
Total	-	-	-	1	4	-	-	-	-	5

VIII. Number of cases confirmed to be suffering from active non-respiratory tuberculosis during the year (excluding transers in)

Form	Sex	Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
1. Abdominal	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
2. Meningeal	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
3. Miliary	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	1	-	-	-	-	1
4. Bones & Joints	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
5. Superficial Glands	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	1	-	-	-	-	-	1
6. Genito-urinary Organs	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
7. Other Organs	M	-	-	-	-	1	-	-	-	-	1
	F	-	-	-	-	2	-	-	-	-	2
TOTAL		-	-	-	1	4	-	-	-	-	5

Part II - NON-RESPIRATORY TUBERCULOSIS

Number of cases formally notified for the first time or regarded as notified as notified from non-respiratory tuberculosis during the year 1958.

	AGE GROUPS								Total
	Under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	Total	
Male	-	-	1	-	-	-	-	-	1
Female	-	-	1	-	-	-	-	-	1
Total	-	-	2	-	-	-	-	-	2

Number of cases confirmed to be suffering from active non-respiratory tuberculosis during the year (excluding transfers in)

Sex	Under 15	AGE GROUPS							Total
		15-25	25-35	35-45	45-55	55-65	65+	Total	
M	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-
M	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-
M	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-
M	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-
M	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-
M	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-
M	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-
M	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-
Total	-	-	1	-	-	-	-	-	1

Part III - ANALYSIS OF TUBERCULOSIS DEATHS

IX. Number of persons who died from tuberculosis in the area during the year with the period elapsing between notification or intimation and death

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Number of persons who died from tuberculosis of whom -				
Not notified or notified only at or after death	-	1	-	-
Notified less than 1 month before death				
Notified from 1 to 3 months before death				
Notified from 3 to 6 months before death				
Notified from 6 to 12 months before death				
Notified from 1 to 2 years before death				
Notified over 2 years before death	2	1	-	-
TOTAL	2	2	-	-

Part IV - THE TUBERCULOSIS REGISTER

X. Return of number of persons resident in the area at 31st December, 1960, who were known to be suffering from tuberculosis

(Only cases in which a diagnosis of tuberculosis has been confirmed should be included. Persons in sanatoria, etc., should be included in the figures for the area in which they have their home residence).

Form	Sex	Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
1. Respiratory	M	-	-	3	11	19	17	26	14	7	97
	F	-	-	9	32	33	28	13	2	-	117
2. Non-Respiratory	M	-	-	1	3	3	2	-	-	-	9
	F	-	1	2	2	8	-	1	1	-	15

Part III - ANALYSIS OF TUBERCULOSIS DEATHS

Number of persons who died from tuberculosis in the area during the year with the period elapsing between notification of tuberculosis and death

Number of persons who died from tuberculosis of whom -	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Not notified or notified only at a later date	-	1	-	-
Notified less than 1 month before death				
Notified from 1 to 3 months before death				
Notified from 3 to 6 months before death				
Notified from 6 to 12 months before death				
Notified from 1 to 5 years before death				
Notified over 5 years before death	2	1	-	-
TOTAL	2	2	-	-

Part IV - THE TUBERCULOSIS REGISTER

Return of number of persons resident in the area at 31st December, 1950, who were known to be suffering from tuberculosis

(Only cases in which a diagnosis of tuberculosis has been confirmed should be included. Persons in sanatoria, etc., should be included in the figures for the area in which they have their home residence).

Sex	Under 1	Age										Total
		1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total		
Respiratory	-	-	2	11	19	17	28	14	7	97		
Non-Respiratory	-	-	2	35	33	28	13	5	-	117		
Total	-	-	4	46	52	45	41	19	7	214		

Prevention of Illness, Care and After-care (cont)

(b) Other Illnesses generally including epileptics and spastics

No organised arrangements have so far been made for the care and after-care of illness other than tuberculosis. The Council has, however, been supporting the work and interests of the Scottish Epilepsy Association and the Muscular Dystrophy Group.

(c) Convalescent Home Provision

The local authority does not maintain any convalescent homes.

(d) Care of Old People

(1) Homes or Hostels

During 1949 the Town Council acting as trustees of a bequest known as the Strain Trust and in terms of the bequest took steps to set up a Home for Old Men.

They acquired a mansion house known as "Rosemount", Forrest Street.

This was remodelled and equipped to provide accommodation for up to fourteen elderly men who each pay a fee according to their means towards the cost of their maintenance. A married couple were engaged and installed as warden and housekeeper.

The Home was formally opened on 12th October, 1949, by Mrs. Jean Mann, M.P., and is now known as Strain House in memory of the benefactor who left the bequest for its inception.

(ii) Hostel or similar accommodation

The Local Authority also possess one block of fourteen single apartment houses which are kept for old people aged 60 and over.

These, however, do all their own work and have separate kitchen and lavatory accommodation. There is a common bathroom.

These persons are, of course, all independent tenants living entirely on their own and conducting their own affairs.

Nevertheless, they occasionally present something of a problem when they fall ill especially if they do so suddenly.

As a result of past experiences the Burgh Factor became worried about the matter and in 1951 asked for the help of the Health Department.

It was arranged for one of the more active tenants to keep a register of everyone showing details such as next-of-kin and family doctor and to make a point of assuring himself unobtrusively each day that nobody is ill or in need of help.

He thus knows exactly whom to inform if anyone needs assistance.

In addition one of the Health Visitors makes contact almost daily so that her advice may be available to the unofficial "warden" and periodically she pays a fuller visit and sees all the old people.

Some/

Prevention of Illness, Care and After-care (cont)

(b) Other illnesses generally including epileptic and psychiatric

No organized arrangements have so far been made for the care and after-care of illness other than tuberculosis. The Council has, however, been supporting the work and interests of the Scottish Epilepsy Association and the Mental Dystrophy Group.

(c) Convalescent Home Provision

The local authority does not maintain any convalescent home.

(d) Care of Old People

(i) Homes or Hostels

During 1949 the Town Council acting as trustees of a bequest known as the Strain Trust and in terms of the bequest took steps to set up a Home for Old Men.

They acquired a mansion house known as "Hoscomont", Tolwest Street.

This was remodelled and equipped to provide accommodation for up to fourteen elderly men who each pay a fee according to their means towards the cost of their maintenance. A married couple were engaged and installed as warden and housekeeper.

The Home was formally opened on 18th October, 1949, by Mrs. Jean Mann, M.P., and is now known as Strain House in memory of the benefactor who left the bequest for its inception.

(ii) Hostel or similar accommodation

The local authority also possess one block of fourteen single apartment houses which are kept for old people aged 60 and over.

These, however, do all their own work and have separate kitchen and lavatory accommodation. There is a common bathroom.

These persons are, of course, all independent tenants living entirely on their own and conducting their own affairs.

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He thus knows exactly when to inform if anyone needs assistance.

In addition one of the Health Visitors makes contact almost daily so that her advice may be available to the unofficial "warden" and periodically she pays a further visit and sees all the old people.

Some time ago the authority also converted the old Burgh Fever Hospital in Wilson Street into twelve two-apartment houses which are reserved for old couples. They have separate cooking facilities, but there is some sharing of lavatory and bathroom accommodation. In some instances, sideboards, beds and other articles of furniture have been provided.

In a recent housing scheme at Craigneuk, provision was made for 65 2 apartment houses for allocation to old persons or married couples over 65 years and in the scheme at Burnfoot there are 30 such houses. There are also 6 flats in Clark Street and 12 more became available during 1959 in High Street when construction there was completed.

In the whole Burgh there are now 483 municipally owned 2 apartment houses and a further 35 will be available on completion of current developments.

(iii) Housing on Medical Grounds

Special consideration is given to persons who submit that they require priority for housing because of their medical condition.

During the year 24 such cases were specially examined by the Medical Officer of Health and full reports submitted for the information of the Housing and Town Planning Committee. The investigation of these cases is very time-consuming and the advice to be given to the Committee often occasions much anxious consideration but the numbers have declined steeply from 68 in 1958 and 50 in 1959 so that it would seem that any real need has been adequately met.

(iv) Home Helps

In terms of the Authority's Home Help Scheme any old person is eligible for such assistance as may be required.

(v) Old Peoples's Clubs and similar organisations

The Town Council provides a club-room in the Central Public park for the Veterans Association and has also recently extended the provision of old men's shelters in suitable areas of open ground so that there is now one in each municipal ward - at Burnie Brae, Deedes Street, Thrashbush Road, Livingstone Place and Wheatholm Park. The Council also provides premises in Forrest Street for an Old Age Pensioners Club.

A similar club meets in premises in Callon Street and this venture is maintained by the pensioners themselves.

During the year the Clarkston Miners and Community Welfare have built a club-room for old people with the assistance of a grant from the King George VI Jubilee Trust. This organisation also provides treats for old people at Christmas and New Year and bus runs during the summer. Some 3-400 persons benefit from these arrangements.

Other social clubs in the town make somewhat similar provision although on a smaller scale, notably in Dunrobin and at Rawyards.

Finally the high light of the year is the Town Council's annual Old Folk's Treat which provides a day sail on the Clyde for/

Some time ago the authority also converted the old Borough Fever Hospital in Wilson Street into twelve two-apartment houses which are reserved for old couples. They have separate cooking facilities, but there is some sharing of lavatory and bathroom accommodation. In some instances, sideboards, beds and other articles of furniture have been provided.

In a recent housing scheme at Graysmore, provision was made for 25 apartment houses for allocation to old persons or married couples over 65 years and in the scheme at Brompton there are 30 such houses. There are also 6 flats in Clark Street and 12 more become available during 1959 in High Street when construction there was completed.

In the whole Borough there are now 487 municipally owned 2 apartment houses and a further 35 will be available on completion of current developments.

(iii) Housing on Medical Grounds

Special consideration is given to persons who submit that they require priority for housing because of their medical condition.

During the year 54 such cases were specially examined by the Medical Officer of Health and full reports submitted for the information of the Housing and Town Planning Committee. The investigation of these cases is very time-consuming and the advice to be given to the Committee often occasions much anxious consideration but the members have declined steadily from 68 in 1958 and 50 in 1959 so that it would seem that any real need has been adequately met.

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In terms of the Authority's Home Help Scheme any old person is eligible for such assistance as may be required.

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The Town Council provides a club-room in the General Public Park for the Veterans Association and has also recently extended the provision of old men's shelters in suitable areas of open ground so that there is now one in each municipal ward - at Burnie Lane, Geddes Street, Transham Road, Livingstone Place and Westholm Park. The Council also provides premises in Forest Street for an Old Age Pensioners Club.

A similar club meets in premises in Galton Street and this venture is maintained by the pensioners themselves.

During the year the Elmhurst Miners and Community Welfare have built a club-room for old people with the assistance of a grant from the King George VI Jubilee Trust. This organization also provides treats for old people at Christmas and New Year and one runs during the summer. Some 1-400 persons benefit from these arrangements.

Other social clubs in the town make somewhat similar provision although on a smaller scale, notably in Burscote and at Hawyngs.

Finally the high light of the year is the Town Council's annual Old Folk's Treat which provides a day out on the Clyde

for over 600 persons. In 1960 they were taken to Dunoon and the Kyles of Bute.

(vi) Charitable Bequests and Endowments

There are a number of charitable bequests directed towards the welfare of old people. These are the Airdrie Female Benevolment Society and Jane Nicol Bequest which distribute small sums of money and give general welfare attention by means of voluntary workers.

The Scottish Branch of the British Red Cross Society is also active.

The Town Clerk administers a number of endowments, the income of which is spent upon the provision of coal both to old people and to necessitous cases during the winter months.

(vii) Airdrie Old People's Welfare Committee

Airdrie Old People's Welfare Committee was established in 1951 and is representative of all voluntary organisations in the town. In former years an old people's club held meetings in the Community Centre every Friday except during the holiday season. In October, 1958, the meeting place of the Club was transferred from the Community Centre to the West Parish Church Hall. In 1955 a similar venture was started in the Craigneuk area, the meeting place being Craigneuk Church Hall.

Another club which opened in Clarkston Church Hall was discontinued owing to poor attendances. This was tried in accordance with the policy of endeavouring to provide club facilities reasonably near to the homes of the old persons but apparently they preferred to come to the main centre.

The general objects of the Committee are to provide such services as are not available under the ordinary schemes of Social Welfare and another development during 1956 was the inauguration of a "Meals on Wheels" Service.

This started during the early months of 1955 and in 1956 had developed to a point where 30 old people were being supplied with a full three-course meal twice per week. The demand fluctuates a good deal but is generally between 18 and 30.

The meals are prepared at the School Meals Cooking Centre in Halloraig Street and placed in insulated containers. These are taken out by van and members of the W.V.S. on a rota basis go with the van and serve the meals to the old people in their own homes.

A charge is made of 1/-d. per meal. Owing to the dependence on the School Meals Centre the service does not operate during the school holidays.

There are also arrangements for visiting lonely old people at home and a scheme is at present being developed for alarm lights so that old people living alone can summon help if they are taken suddenly ill.

The finances of the Committee are derived from donations and from regular voluntary subscriptions derived from a "Penny-a-Week" fund.

(viii) Chiropody Service/

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Another club which opened in Glasgow Church Hall was discontinued owing to poor attendance. This was tried in accordance with the policy of endeavouring to provide club facilities reasonably near to the homes of the old persons but apparently they preferred to come to the main centre.

The general objects of the Committee are to provide such services as are not available under the ordinary schemes of Social Welfare and another development during 1956 was the inauguration of a "Kale on Wheels" Service.

This started during the early months of 1955 and in 1956 had developed to a point where 30 old people were being supplied with a full three-course meal twice per week. The demand fluctuates a good deal but is generally between 18 and 30.

The meals are prepared at the School Meals Cooking Centre in Halloway Street and placed in insulated containers. These are taken out by van and members of the W.V.E. on a rota basis go with the van and serve the meals to the old people in their own homes.

A charge is made of 1/- 4/- per meal. Owing to the dependence on the School Meals Centre the service does not operate during the school holidays.

There are also arrangements for visiting lonely old people at home and a scheme is at present being developed for alarm lights so that old people living alone can summon help if they are taken suddenly ill.

The finances of the Committee are derived from donations and from regular voluntary subscriptions derived from a "Penny-a-Week" fund.

(viii) Ordnance Survey

(viii) Chiropody Service

Facilities for chiropody treatment are available through the Old People's Welfare Committee. Old People in need of such treatment are referred to private practising chiropodists in the town and the costs are met by the Committee. A development during 1957 was an extension of these facilities to persons who are confined to the house and who are unable to attend for treatment at the chiropodist's surgeries. The local branch of the British Red Cross Society has assumed the responsibility of paying for domiciliary visits to these cases.

The chiropody service as a whole has developed very considerably and the number of persons assisted each month has averaged 92 during the year. This was more than last year's figure of 90.

(ix) Liaison with Geriatric Hospital Services

Coathill Hospital, Coatbridge is being developed as the main geriatric hospital for the area. During 1959 a meeting was held between representatives of the Hospital Management Board and representatives of the three local health authorities Airdrie, Coatbridge and Lanark County. Questions of liaison between the hospital and local authority services were fully discussed. No definite decisions were arrived but it was felt that some progress was made and that the local authorities in particular learned a good deal as to how they could help the hospital authorities to give an even better service to the community by developing the social aspects of the care of the aged.

It was decided that a further meeting should be held at a later date to formulate more definite proposals.

(e) Prevention of Home Accidents

A booklet dealing with the prevention of home accidents was prepared and the distribution commenced during 1958.

There is not at present any Home Safety Committee in the area nor any formal liaison with the Royal Society for the Prevention of Accidents. The latter body, however, is very helpful in providing posters and leaflets.

There were 6 home accidents with fatal results, 4 males and 2 females. The details were:-

Accidental Suffocation	1.
Coal Gas Poisoning	1.
Fractured femur and complications	4.

This was two more than the number of fatal cases last year.

The problem of home accidents is discussed further on pages 71 and 72.

vi) Orthopedic Services

Facilities for orthopedic treatment are available through the Old People's Welfare Committee. Old people in need of such treatment are referred to private practicing orthopedists in the area and the costs are met by the Committee. A development during 1957 was an expansion of these facilities to persons who are confined to the home and who are unable to attend for treatment at the orthopedist's surgery. The local branch of the British Red Cross Society has assumed the responsibility of making for domiciliary visits to these cases.

The orthopedic service as a whole has developed very considerably and the number of persons assisted each month has averaged 92 during the year. This was more than last year's figure of 80.

(x) Liaison with Geriatric Hospital Services

Geriatric Hospital, Gwentbridge is being developed as the main geriatric hospital for the area. During 1957 a meeting was held between representatives of the Hospital Management Board and representatives of the three local health authorities (Aberdare, Gwentbridge and Llanarth County). Questions of liaison between the hospital and local authority services were fully discussed. No liaison decisions were arrived at but it was felt that some progress had been made and that the local authorities in particular learned a good deal as to how they could help the hospital authorities to provide an even better service to the community by developing the social aspects of the care of the aged.

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There were 6 home accidents with fatal results, 4 cases and 2 fatalities. The details were:-

- 1. Accidental Suffocation
- 1. Coal Gas Poisoning
- 4. Fractured femur and complications

This was two more than the number of fatal cases last year. The number of home accidents is discussed further on pages 76 and 77.

8a - Control of Infectious Disease

The year was free from any serious outbreak of infectious disease and the notifications at 141 were well below the average (195) of the last five years.

The number of cases of scarlet fever notified was again the lowest for many years but it is felt that many mild cases are unreported.

No other aspect of the years experience appears to call for special comment.

Anthrax

From 1st October, 1960, Anthrax was added to the list of notifiable diseases. There was formerly an obligation to inform the Chief Inspector of Factories of cases occurring among factory workers but medical practitioners are now required in addition to inform the local Medical Officer of Health of any case coming to their notice.

The risk effects chiefly workers in trades dealing with wool, hides, brushes and bone meal. There are no such industries in Airdrie but there are at least 4 in Glasgow and others elsewhere in the West of Scotland.

No cases have so far been reported locally.

Annual Notifications

The table given overleaf shows the actual number of confirmed cases of various diseases which were notified during 1960 with the figures for the five previous years shown in parallel columns for comparison.

8a - Control of Infectious Diseases

The year was free from any serious outbreak of infectious diseases and the notifications at all were well below the average (195) of the last five years.

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The risk effects chiefly workers in trades dealing with wool, hides, brushes and bone meal. There are no such industries in Ayrshire but there are at least 4 in Glasgow and others elsewhere in the West of Scotland.

No cases have so far been reported locally.

Annual Notifications

The table given overhead shows the actual number of notified cases of various diseases which were notified during 1960 with the figures for the five previous years shown in detailed columns for comparison.

ANNUAL NOTIFICATIONS OF INFECTIOUS DISEASES

1960 COMPARED WITH FIVE PREVIOUS YEARS

	1955	1956	1957	1958	1959	1960
Cerebro-spinal Fever	2	2	-	4	1	1
Continued Fever	-	-	-	-	-	-
Diphtheria	-	-	-	-	1	-
Dysentery	19	5	12	3	3	7
Encephalitis Lethargica	-	-	-	-	-	-
Erysipelas	7	4	3	4	5	1
Acute Infective Jaundice	-	-	-	-	-	-
Malaria	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	1	-
Acute Influenzal Pneumonia	2	1	12	2	4	4
Acute Primary Pneumonia	60	49	52	35	39	29
Other Pneumonias	-	-	-	-	6	12
Poliomyelitis (Acute)	1	1	4	5	1	-
Puerperal Pyrexia	-	-	-	1	2	3
Puerperal Fever	1	-	-	1	-	-
Scarlet Fever	65	29	126	48	23	21
Smallpox	-	-	-	-	-	-
Tuberculosis (Pulmonary)	27	24	20	39	21	17
Tuberculosis (Non-Pulmonary)	1	4	7	3	3	5
Typhoid Fever	-	-	-	-	-	-
Paratyphoid A	-	-	-	-	-	-
Paratyphoid B	-	-	-	-	1	-
Typhus	-	-	-	-	-	-
Cholera	-	-	-	-	-	-
Chicken pox } not locally Measles } notifiable	-	-	-	-	-	-
Whooping Cough	-	83	33	28	36	25
Food Poisoning	-	6	-	-	-	-
Anthrax	-	-	-	-	-	-
	186	208	269	173	141	125

ANNUAL NOTIFICATIONS OF INFECTIOUS DISEASES
1960 COMPARED WITH FIVE PREVIOUS YEARS

1960	1959	1958	1957	1956	1955	
1	1	4	-	2	2	Gerardo-signal Fever
-	-	-	-	-	-	Continued Fever
-	1	-	-	-	-	Diphtheria
7	3	3	12	2	19	Dysentery
-	-	-	-	-	-	Encephalitis
-	-	-	-	-	-	Epidemiology
1	5	4	3	4	7	Erysipelas
-	-	-	-	-	-	Acute Infective
-	-	-	-	-	-	Leucidosis
-	-	-	-	-	-	Malaria
-	1	-	-	-	-	Ophthalmia Neonatorum
-	-	-	-	-	-	Acute Influenza
4	4	2	12	1	2	Typhus
29	29	29	22	49	60	Acute Typhoid
12	6	-	-	-	-	Chronic Typhoid
-	1	2	4	1	1	Polioencephalitis (Acute)
3	2	1	-	-	-	Posterior Typhoid
-	-	1	-	-	1	Posterior Fever
21	23	48	122	29	28	Scarlet Fever
-	-	-	-	-	-	Salmonella
17	21	29	20	24	27	Shigellosis (Typhoid)
2	7	7	7	4	1	Shigellosis (Non-Typhoid)
-	-	-	-	-	-	Typhoid Fever
-	-	-	-	-	-	Atypical A
-	1	-	-	-	-	Atypical B
-	-	-	-	-	-	Typhus
-	-	-	-	-	-	Cholera
-	-	-	-	-	-	Shaken box (not locally notifiable)
-	-	-	-	-	-	Scarlet
25	36	28	27	25	-	Crouping Cough
-	-	-	-	-	-	Acute Pertussis
-	-	-	-	-	-	Ataxia
127	141	172	229	208	186	

8B. INFESTATION & NON-NOTIFIABLE INFECTIOUS DISEASE

The Infectious Diseases Nurses devoted attention to certain other infectious and contagious conditions.

These were:-

Scabies 10 cases

Impetigo 11 cases

A total of 41 visits were paid in connection with the treatment of these cases.

Infestation with lice is a problem which comes more directly under the notice of the school health authorities and the condition has not otherwise been a matter for concern.

8C. VENEREAL DISEASE

Dr. Leslie E. Hamilton, the Consultant Venereologist has kindly supplied the following details of the work of his Department during 1960 so far as Airdrie patients are concerned:-

<u>New Cases.</u>		
Syphilis	Males	-
	Females	-
Gonorrhoea	Males	3
	Females	2
Non-specific Urethritis	Males	1
	Females	-
Other Venereal conditions	Males	1
	Females	-
Non-Venereal conditions	Males	1
	Females	3
Total	Males	6
	Females	5 - 11.

Attendances

Males 81 Females 13 Total 94

There is no clinic in Airdrie and patients travel either to Coathill Hospital, Coatbridge, or to Oak Lodge, Hamilton.

Judged by clinic attendances the incidence of Venereal Disease appears to be steadily diminishing.

The statistics for the previous 10 years are as follows:-

8B. INFESTATION & NON-MOTTLEABLE INFESTING DISEASE

The Infectious Diseases Bureau favored attention to certain other infections and contagious conditions.

These were:-

- Babies 10 cases
- Infants 11 cases

A total of 41 visits were paid in connection with the treatment of these cases.

Infestation with lice is a problem which comes more directly under the notice of the school health authorities and the condition has not otherwise been a matter for concern.

8C. VENEREAL DISEASE

Dr. Leslie E. Hamilton, the Consultant Venereologist has kindly supplied the following details of the work of his Department during 1939 as far as Ayrshire patients are concerned:-

New Cases

	Male	Female	Total
Syphilis	1	1	2
Gonorrhoea	3	2	5
Non-specific Urethritis	1	1	2
Other Venereal conditions	1	1	2
Non-Venereal conditions	1	2	3
Total	6	6	12

Attendants

Male 61	Female 12	Total 73
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There is no clinic in Ayrshire and patients travel either to Perth or Glasgow, or to the London, Hamilton, or Glasgow Hospitals, or to the London, Hamilton, or Glasgow Hospitals.

Judged by clinic attendance the incidence of Venereal Disease appears to be steadily declining.

The statistics for the previous 10 years are as follows:-

Year	Primary attendances	Subsequent attendances	Total attendances
1949	34	854	888
1950	26	474	500
1951	26	249	275
1952	25	355	380
1953	10	188	198
1954	14	124	138
1955	15	104	119
1956	17	159	176
1957	7	106	113
1958	14	114	128
1959	10	92	102

No special measures of preventive propaganda have been carried out in recent years.

Much of our routine work is, however, directed towards the discovery of the unsuspected case so that future ill effects can be obviated or minimised by early treatment. Hence the importance of routine blood tests in pregnancy and the routine prophylaxis of ophthalmia neonatorum.

9. MENTAL HEALTH SERVICE
NATIONAL HEALTH SERVICE (SCOTLAND) ACT, 1947 - SECT. 51

The Health Committee is now responsible for the administration and general application of the mental health services of the Burgh and the resulting duties are carried out jointly by the Medical Officer of Health and the Welfare Officer under the general supervision of the former.

The Welfare Officer has been nominated Authorised Officer and his assistant is also available to act in a similar capacity when required.

The Authorised Officer is responsible for taking any necessary action under the Lunacy and Mental Deficiency Acts. He arranges for the removal to hospital of patients suffering from mental illness and he receives notice of their discharge. He supervises mental defectives from the Burgh who are under official guardianship and he carries out or arranges for their official visitation. Medical visitation is done by a local general practitioner on a fee per case basis.

He also supervises patients discharged from mental hospitals who reside within the Burgh.

Mental Illness

During the year 32 cases of mental illness were admitted to hospital, 13 of whom were certified.

At/

Year	Primary attendees	Subsequent attendees	Total attendees
1949	34	854	888
1950	26	474	500
1951	26	549	575
1952	25	357	380
1953	10	188	198
1954	14	124	138
1955	15	104	119
1956	17	133	150
1957	7	106	113
1958	14	114	128
1959	10	92	102

No special measures of preventive programs have been carried out in recent years.

Much of our routine work is, however, directed towards the discovery of the unmanaged case so that later life illness can be avoided or minimized by early treatment. Hence the importance of routine blood tests in pregnancy and the routine prophylaxis of ophthalmia neonatorum.

3. MENTAL HEALTH SERVICE (SCOTLAND) ACT, 1957 - SECT. 21

The Health Committee is now responsible for the administration and general application of the mental health services of theburgh and the resulting duties are carried out jointly by the Medical Officer of Health and the Welfare Officer under the general supervision of the former.

The Welfare Officer has been nominated Authorized Officer and his assistant is also available to act in a similar capacity when required.

The Authorized Officer is responsible for taking any necessary action under the Lunacy and Mental Deficiency Acts. He arranges for the removal to hospital of patients suffering from mental illness and he receives notice of their discharge. He supervises mental defectives from the birth who are under official supervision and he carries out or arranges for their official visitation. Medical visitation is done by a local General Practitioner on a per case basis.

He also supervises patients discharged from mental hospitals who reside within theburgh.

Mental Illness

During the year 32 cases of mental illness were admitted to hospital, 13 of whom were certified.

At 31st December, 1960, 64 cases of mental illness were being cared for in institutions and 3 cases at home.

Mental Deficiency

No new cases of mental deficiency were certified during the year.

At the end of the year 16 cases of mental deficiency were under treatment in institutions and 15 were being cared for at home or boarded out.

Voluntary Association for Mental Welfare

During 1952 the local branch of the Scottish Association for Mental Health was revived and some tentative discussions were held with a view to ultimately establishing an Occupation Centre and developing a system of home visitation. Little progress was made, however, principally because it proved impossible to find suitable premises. Since the illness and subsequent death of the local chairman the activities of the Association have languished.

There had, however, in 1955 been a re-awakening of interest in the problem of the handicapped child and the work had received a fresh impetus from the Scottish Association of Parents of Handicapped Children.

In January the Secretary wrote to the local authority saying that the Association proposed to start a small class for such children on two afternoons per week. A member of the Association who was herself the mother of a handicapped child offered to provide accommodation for the class in her house and another lady who had for many years been employed by Lanarkshire Education Authority agreed to give her services voluntarily as a teacher.

The main difficulty in starting the class was the expense of transporting children to the meeting place and the Town Council, therefore, agreed to make a quarterly subscription to the funds of the Association sufficient to defray the taxi charges incurred in collecting the children and conveying them to and from the class.

The Association later transferred its work to Airdrie Community Centre and subsequently to premises made available in the Old Manse of Flowerhill Church, thanks to a generous gesture on the part of the Managers of that Church.

A large room there was decorated, furnished and equipped by the Association, mainly from funds which had resulted from a very successful local bazaar. Although this accommodation was much appreciated it was rather cramped and had other disadvantages. The Town Council therefore decided to offer the use of the Basement Room in the Sir John Wilson Town Hall free of charge to the Association and the class was transferred there towards the end of 1959.

The Association is now providing facilities for older handicapped persons and adolescents, and is serving a most useful purpose. The younger children have been absorbed by the Education Authority Centre at Langloan. The total roll, is now approximately 18 aged 16-30 years.

The Association continues to be very active and it is hoped that the venture may be gradually expanded.

At that December, 1960, 66 cases of mental illness were being cared for in institutions and 7 cases at home.

Mental Delinquency

No new cases of mental delinquency were notified during the year.

At the end of the year 16 cases of mental delinquency were under treatment in institutions and 15 were being cared for at home or boarded out.

Voluntary Association for Mental Welfare

During 1952 the local branch of the Scottish Association for Mental Health was revived and some tentative discussions were held with a view to ultimately establishing an Outpatient Centre and developing a system of home visits. Little progress was made however, principally because it proved impossible to find suitable premises. Since the illness and subsequent death of the local chairman the activities of the Association have languished.

There had, however, in 1952 been a re-awakening of interest in the problem of the handicapped child and the work had received a fresh impetus from the Scottish Association of Parents of Handicapped Children.

In January the Secretary wrote to the local authority saying that the Association proposed to start a small class for such children on two afternoons per week. A number of the Association who were herself the mother of a handicapped child offered to provide accommodation for the class in her house and another lady who had for many years been employed by Lanchester Education Authority agreed to give her services voluntarily as a teacher.

The main difficulty in starting the class was the expense of transporting children to the meeting place and the Town Council therefore agreed to make a quarterly contribution to the funds of the Association sufficient to defray the transport charges incurred in collecting the children and conveying them to and from the class.

The Association later transferred the work to Airside Community Centre and subsequently to premises made available in the Old House of Wintonhall Church, thanks to a generous donation on the part of the Managers of that Church.

A large room there was decorated, furnished and equipped by the Association mainly from funds which had resulted from a very successful local bazaar. Although the accommodation was such a disadvantage it was rather cramped and had other disadvantages. The Town Council therefore decided to offer the use of the room to the Association and the class was transferred there towards the end of 1952.

The Association is now providing facilities for other handicapped persons and adolescents, and is serving a most useful purpose. The younger children have been absorbed by the Education Authority Centre at Langloan. The total roll is now approximately 18 aged 16-20 years.

The Association continues to be very active and it is hoped that the venture may be gradually expanded.

10. NURSERIES & CHILD MINDERS REGULATIONS ACT, 1948.

No applications were received under the provisions of this act and no certificates are in force.

B. School Health Service

For Airdrie Burgh the School Health Services are at present administered and carried out by Lanarkshire County Council in terms of their statutory duties under the Education Acts.

Discussions have been held in the past with the other Lanarkshire Burghs with a view to securing some integration of the School Health Services and the Child Welfare Services, either by the Education Authority arranging to delegate some of their functions as happens elsewhere in other large burghs in Scotland, or otherwise. Some measure of agreement with the principle involved was reached amongst the Burghs but approach to the County Council has so far been unproductive.

C. Port Health Administration

Not applicable.

D. Food Supply

(1) Milk

The year's work in relation to the milk supply is fully discussed in the Report of the Sanitary Inspector.

No special circumstances in connection with outbreaks of milk borne disease were brought to light during the period under review.

(2) Ice Cream

Details regarding the control of this commodity will also be found in the Report of the Sanitary Inspector.

(3) Meat and Other Foods

Reference should be made to the Sanitary Inspector's Report.

(4) Clean Food

The importance of clean methods of food handling and preparation has been stressed at suitable opportunities and by the display of posters.

(5) Food Poisoning

No outbreaks were reported.

(6) Nutrition

An important part of the Health Visitors duty is to see that children are properly fed and to urge that both they and their mothers should take advantage of the vitamin supplements made available by the Ministry of Food.

The uptake of these products leaves a good deal to be desired.

E./

10. HUSBANDS & CHILD WELFARE REGULATIONS 1948

No applications were received under the provisions of this act and no certificate are in force.

B. School Health Services

For Advice upon the School Health Services are at present administered and carried out by Lancashire County Council in terms of their statutory duties under the Education Act.

Discussions have been held in the past with the other Lancashire Councils with a view to securing some inter-connection of the School Health Services and the Child Welfare Services, either by the Education Authority arranging to delegate some of their functions as persons elsewhere in other large towns in Greater or otherwise. Some account of agreement with the principle involved was reached during the period but agreement to the County Council has so far been unobtainable.

C. Food Health Administration

Not applicable.

D. Food Supply

(1) MILK

The year's work in relation to the milk supply is fully discussed in the report of the Sanitary Inspector. No special circumstances in connection with outbreaks of milk borne disease were brought to light during the period under review.

(2) Ice Cream

Details regarding the control of this commodity will also be found in the Report of the Sanitary Inspector.

(3) Meat and Other Foods

Reference should be made to the Sanitary Inspector's Report.

(4) Clean Food

The importance of clean methods of food handling and preservation has been stressed at various occasions and by the display of posters.

(5) Food Intoxicants

No outbreaks were reported.

(6) Nutrition

An important part of the Health Visitor's duty is to see that children are properly fed and to give them good food and their mothers should take advantage of the various pamphlets made available by the Ministry of Food.

The uptake of these pamphlets leaves a good deal to be desired.

E. Miscellaneous

(1) National Assistance Act, 1948

me (a) Provision of establishments under the Act and their medical supervision

The Town Council have set up and now maintain a home for old men.

This is called Strain House and is partially supported by Endowment.

Each resident calls in his own doctor as required. There is no special medical supervision by the Local Authority.

(b) Registration and inspection of disabled or old persons homes (Sect. 37)

There are no homes in the area other than those under the control of the local authority.

(c) Removals (Sect. 47)

No action by the local authority was required.

(d) Care of Property (Sect. 48)

No action by the local authority was required.

(e) Burials (Sect. 50)

One burial was carried out by the local authority through the Welfare Officer.

(f) Welfare Services (Sect. 29)

No special welfare services at present come within the purview of the Health Department.

(2) Nursing Homes Registration (Scotland) Act, 1938.

With the extension of the Burgh boundary during 1951 one Nursing Home, previously registered by the County of Lanark, passed to the supervision of this local authority.

This was the only Home registered in the Burgh and it was given up in 1954.

During 1956, however, approval was given to the registration of a nursing home for the accommodation of chronic sick. During the year the necessary adaptations to a former mansion were completed and the Home was opened on June 24th by His Lordship the Right Reverend J.D. Scanlan, D.C.L., B.L., Bishop of Motherwell.

The Home continues to be conducted by the Irish Sisters of Charity. It is excellently equipped and provides extremely satisfactory accommodation and nursing for approximately 10 chronic sick patients.

(3) Health Education

The Scottish Council for Health Education again gave us assistance in planning and executing various Health Education Projects.

E. Miscellaneous

(1) National Assistance Act, 1948

(a) Provision of establishments under the Act and their medical supervision

The Town Council have set up and now maintain a home for old men.

This is called Brain House and is partially supported by Endowment.

Each resident calls in his own doctor as required. There is no special medical supervision by the local authority.

(b) Registration and inspection of disabled or old persons' homes (Sec. 51)

There are no homes in the area other than those under the control of the local authority.

(c) Removals (Sec. 57)

No action by the local authority was required.

(d) Gift of Property (Sec. 58)

No action by the local authority was required.

(e) Burials (Sec. 59)

One burial was carried out by the local authority through the Welfare Officer.

(f) Welfare Services (Sec. 62)

No special welfare services at present exist within the purview of the Health Department.

(2) Nursing Home Registration (Scotland) Act, 1955

With the extension of theburgh powers during 1951 one Nursing Home, previously registered by the County of Lanark, passed to the supervision of this local authority.

This was the only home registered in theburgh and it was given up in 1954.

During 1956, however, approval was given to the registration of a nursing home for the accommodation of chronic sick. During the year the necessary regulations to a former manager were completed and the home was opened on June 21st by the Lord Provost. The Right Reverend J.D. Buchanan, D.D., Bishop of Motherwell.

The home continues to be managed by the Irish Sisters of Charity. It is excellently equipped and provides extremely satisfactory accommodation and nursing for approximately 10 chronic sick patients.

(3) Health Education

The Scottish Council for Health Education again gave us assistance in planning and executing various Health Education projects.

Lectures

During the year two special meetings were held under the auspices of the Scottish Council for Health Education. The Speaker was Dr. Mearns.

The Health Visitors have also given regular informal talks to mothers attending the clinics. In these talks, use is made of film strips and we are gradually building up a library of suitable strips for use in this educational work.

Special Health Education Projects

(a) Smoking and Lung Cancer

In Circular No. 47/1957 the Department of Health drew attention to the special report of the Medical Research Council on tobacco smoking and cancer of the lung. The conclusions of the Medical Research Council were that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past twenty-five years was that a major part of it was caused by smoking tobacco particularly of cigarettes.

The Department invited local health authorities to take appropriate steps to bring this authoritative opinion to public notice.

It was suggested that the Town Council might give a lead to the citizens by imposing a ban on smoking at their own meetings and by forbidding it at places of public entertainment under their own control but these ideas were not agreed to.

We have, however, obtained supplies of posters on the subject and these have been displayed in offices, schools, doctor's waiting rooms and various public places.

Leaflets have also been distributed to scholars in senior schools.

It is doubtful if these measures have made much impact on public opinion and there appears to be a real need for a large scale national campaign organised and promoted by the central authority, particularly as the Tobacco Manufacturers Standing Committee on the subject is actively engaged in trying to minimise the available evidence. The trend of its views can perhaps be sufficiently indicated by one quotation which it cites to the effect that "the general findings definitely disprove a single simple striking cause and effect relationship between cigarette smoking and lung cancer."

In Airdrie during the year there were 12 deaths registered as being due to malignant conditions of the respiratory tract. All occurred in persons between the ages of 35-75, eleven males and one female.

(b) Prevention of Accidents in the Home

In 1957 the Department issued Circular No. 32 dealing with the prevention of accidents in the home. The Town Council agreed certain local measures with regard to propaganda and to instruction by the Health Visitors but in addition it was also decided to explore the possibility of setting up a Joint Committee/

Lectures

During the year two special meetings were held under the auspices of the Executive Council for Health Education. The speaker was Mr. Hester.

The Health Visitors have also given regular informal talks to mothers attending the clinics. In these talks, use is made of film strips and we are gradually building up a library of suitable strips for use in this educational work.

Special Health Education Projects

(a) Smoking and Lung Cancer

In Circular No. 54/1957 the Department of Health drew attention to the special report of the National Research Council on tobacco smoking and cancer of the lung. The conclusion of the Medical Research Council was that the most responsible factor in the very great increase in deaths from lung cancer in males during the past twenty-five years was that a major part of it was caused by smoking tobacco particularly of cigarettes.

The Department invited local health authorities to take appropriate steps to bring this authoritative opinion to public notice.

It was suggested that the four Councils might give a lead to the citizens by issuing a ban on smoking at their own meetings and by exhibiting it as a class of public entertainment under their own control but these ideas were not acted on.

We have, however, obtained supplies of posters on the subject and these have been displayed in offices, schools, hospitals, waiting rooms and various public places.

Leaflets have also been distributed to schools in certain areas.

It is doubtful if these measures have made much impact on public opinion and there appears to be a real need for a more wide national campaign organized and directed by the central authority, particularly as the Medical Research Council Committee on the subject is actively engaged in trying to maintain the available evidence. The trend of its views on tobacco has been sufficiently indicated by one paragraph which is often so effectively summarized in the general findings of the Committee that the general findings definitely show a strong causal link between smoking and lung cancer.

In Atlanta during the year there were 15 deaths registered as being due to malignant neoplasms of the respiratory tract. All occurred in persons between the ages of 35-75, eleven males and one female.

(b) Prevention of Asbestosis in Old Men

In 1957 the Department issued Circular No. 55 dealing with the prevention of Asbestosis in the home. The Council advised certain local workers with regard to prophylaxis and to the fact that the Health Visitor had in addition it was also invited to explore the possibility of setting up a joint committee.

Committee on the lines of the Lanarkshire Road Safety Joint Committee in order to co-ordinate efforts to reduce Home Accidents. It was felt that the existence of such a Committee would facilitate the collection of data about the problem and help in making more extensive efforts to bring its importance more forcibly to the public notice.

Several meetings were held with the object of securing the approval of the various Lanarkshire authorities and consideration of the idea extended into 1958.

Unfortunately it proved impossible to secure general agreement and in April of that year the County Clerk wrote to the Council expressing regret that the County Council could take no further action in the matter owing to the refusal of certain other Town Councils in the County area to co-operate.

It was therefore left to the Health Department to continue arrangements for as much publicity as possible to be given by Health Visitors and through Child Welfare Clinics.

This has been done and in addition a Home Safety Handbook has been produced.

The distribution of this was continued during 1960 and copies have also been made available to teachers of Domestic Science in the Secondary Schools.

In the autumn of 1958 we also took part in the "Guard that Fire" Campaign. Posters were displayed that postal matter distributed by the Council was overprinted with the emblem and slogan supplied by the Scottish Information Office.

F. General Sanitation

No matters of special interest arose during the year under this heading.

Reference to the water supply and sewage disposal arrangements will be found on pages 2, 3 and 4.

Committee on the lines of the Linnearville Road Safety Joint
Committee in order to coordinate efforts to reduce Home
Accidents. It was felt that the extension of such a Committee
would facilitate the collection of data about the problem and
help in making more extensive efforts to bring its importance
more forcibly to the public notice.

Several meetings were held with the object of securing
the approval of the various Linnearville authorities and
consideration of the idea extended into 1950.

Unfortunately it proved impossible to secure Council
agreement and in April of that year the County Clerk wrote to the
Council expressing regret that the County Council could take no
further action in the matter owing to the refusal of certain
other Town Councils in the County area to co-operate.

It was therefore left to the Health Department to continue
arrangements for as much publicity as possible to be given by
Health Visitors and through Child Welfare Clinics.

This has been done and in addition a Home Safety Handbook
has been produced.

The distribution of this was continued during 1950 and
copies have also been made available to teachers of Domestic
Science in the Secondary Schools.

In the autumn of 1950 we also took part in the County Council
Fire Campaign. Posters were displayed and Council motor dis-
tributed by the Council was synchronized with the campaign and
also supplied by the British Information Office.

3. General Sanitation

No matters of special interest arose during the year under
this heading.

Reference to the water supply and sewerage disposal arrangements
will be found on pages 5, 6 and 7.

SUPERANNUATION

A total of 20 persons were medically examined for the purpose of the Superannuation Scheme.

SCHOOL CROSSING PATROLS

Four persons were medically examined as to their suitability for employment as a School Crossing Patrol.

MILK AND DAIRIES

FOOD AND DRUGS

HOUSING

FACTORY ACT, 1937.

These matters are reported on in detail by the Sanitary Inspector, information regarding them will be found in his report.

The following information regarding factories is, however, included here to comply with the requirements of the Statute.

SUPERANNUATION

A total of 25 persons were medically examined for the purpose of the Superannuation Scheme.

SCHOOL CROSSING PATROLS

Four persons were medically examined as to their suitability for employment as a School Crossing Patrol.

MILK AND DAIRIES

FOOD AND DRUGS

HOUSING

FACTORY ACT, 1947

These matters are reported on in detail by the Sanitary Inspector, information regarding them will be found in his reports.

The following information regarding factories is, however, included here to comply with the requirements of the Statute.

FACTORIES ACT , 1937

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1960

FOR THE BURGH OF AIRDRIE

Prescribed particulars on the administration of the Factories Act, 1937

1.

Inspection for purposes of provision as to health (including inspections made by Sanitary Inspector)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspect- ions (4)	Written notices (5)	Occupiers prosecuted (6)	
(i) Factories on which Sections 1,2,3, 4 and 6 are to be enforced by local authorities	1	41	5	-	-	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	148	139	9	-	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers premises)	3	8	-	-	-	3
Total		197	144	9	-	6

2. Cases in which Defects were found

(If defects are discovered at the premises on two three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)	M/c line No. (8)
		Found (3)	Remed- ied (4)	To H.M. Inspect- or (5)	By H.M. Inspect- or (6)		
Want of cleanliness (S.1.)	4	3	2	-	-	-	4
Overcrowding (S.2.)	5	-	-	-	-	-	5
Unreasonable temperature (S.3)	6	-	-	-	-	-	6
Inadequate ventilation (S.4.)	7	-	-	-	-	-	7
Ineffective drainage of floors (S.6.)	8	-	-	-	-	-	8
Sanitary Conveniences (S.7.)							
(a) insufficient	9	0	-	-	-	-	9
(b) unsuitable or defective	10	7	-	-	-	-	10
(c) Not separate for sexes	11	2	-	-	-	-	11
Other offences against the Act (not including offences relating to Ourwork)	12	-	-	-	-	-	12
Total	60	12	2	-	-	-	60

*i.e. Electrical Stations (Sections 103 (1), Institutions (Sections 104) and sites of Buildings Operations and works of Engineering Constructions (Sections 107 and 108)

EXHIBIT A, 1951

ANNUAL REPORT OF THE MEDICAL OFFICER ON HEALTH IN INDIA FOR THE YEAR 1950

FOR THE STATE OF ASSAM

Prepared according to the instructions of the Director, 1951

Information for purposes of comparison as to health (excluding leprosy) may be found in Annexure I.

No. of cases	Number of			No. of patients	No. of deaths	Particulars
	Deaths	Patients	Deaths			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	-	-	2	11	1	Patients on which Section 1, 2, 3, 4 and 5 are to be enforced by local authorities
2	-	3	139	142	5	Patients not included in (1) in which Section 7 is enforced by the local authority
3	-	-	-	5	2	Other patients in which Section 7 is enforced by the local authority (including out-patients)
4	-	3	141	157	8	Total

5. Cases in which Section 7 was enforced. (1) Details are furnished of the patients on two days or more separate occasions they should be regarded as "new cases".

No. of cases in the year	Number of cases in which Section 7 was enforced				No. of deaths	Particulars
	By M.A. or M.O.	By M.A. or M.O.	By M.A. or M.O.	By M.A. or M.O.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	-	-	-	2	1	By M.A. or M.O. (S.S.)
2	-	-	-	-	-	By M.A. or M.O. (S.S.)
3	-	-	-	-	-	By M.A. or M.O. (S.S.)
4	-	-	-	-	-	By M.A. or M.O. (S.S.)
5	-	-	-	-	-	By M.A. or M.O. (S.S.)
6	-	-	-	-	-	By M.A. or M.O. (S.S.)
7	-	-	-	-	-	By M.A. or M.O. (S.S.)
8	-	-	-	-	-	By M.A. or M.O. (S.S.)
9	-	-	-	-	-	By M.A. or M.O. (S.S.)
10	-	-	-	-	-	By M.A. or M.O. (S.S.)
11	-	-	-	-	-	By M.A. or M.O. (S.S.)
12	-	-	-	-	-	By M.A. or M.O. (S.S.)
13	-	-	-	-	-	By M.A. or M.O. (S.S.)
14	-	-	-	-	-	By M.A. or M.O. (S.S.)
15	-	-	-	-	-	By M.A. or M.O. (S.S.)
16	-	-	-	-	-	By M.A. or M.O. (S.S.)
17	-	-	-	-	-	By M.A. or M.O. (S.S.)
18	-	-	-	-	-	By M.A. or M.O. (S.S.)
19	-	-	-	-	-	By M.A. or M.O. (S.S.)
20	-	-	-	-	-	By M.A. or M.O. (S.S.)
21	-	-	-	-	-	By M.A. or M.O. (S.S.)
22	-	-	-	-	-	By M.A. or M.O. (S.S.)
23	-	-	-	-	-	By M.A. or M.O. (S.S.)
24	-	-	-	-	-	By M.A. or M.O. (S.S.)
25	-	-	-	-	-	By M.A. or M.O. (S.S.)
26	-	-	-	-	-	By M.A. or M.O. (S.S.)
27	-	-	-	-	-	By M.A. or M.O. (S.S.)
28	-	-	-	-	-	By M.A. or M.O. (S.S.)
29	-	-	-	-	-	By M.A. or M.O. (S.S.)
30	-	-	-	-	-	By M.A. or M.O. (S.S.)
31	-	-	-	-	-	By M.A. or M.O. (S.S.)
32	-	-	-	-	-	By M.A. or M.O. (S.S.)
33	-	-	-	-	-	By M.A. or M.O. (S.S.)
34	-	-	-	-	-	By M.A. or M.O. (S.S.)
35	-	-	-	-	-	By M.A. or M.O. (S.S.)
36	-	-	-	-	-	By M.A. or M.O. (S.S.)
37	-	-	-	-	-	By M.A. or M.O. (S.S.)
38	-	-	-	-	-	By M.A. or M.O. (S.S.)
39	-	-	-	-	-	By M.A. or M.O. (S.S.)
40	-	-	-	-	-	By M.A. or M.O. (S.S.)
41	-	-	-	-	-	By M.A. or M.O. (S.S.)
42	-	-	-	-	-	By M.A. or M.O. (S.S.)
43	-	-	-	-	-	By M.A. or M.O. (S.S.)
44	-	-	-	-	-	By M.A. or M.O. (S.S.)
45	-	-	-	-	-	By M.A. or M.O. (S.S.)
46	-	-	-	-	-	By M.A. or M.O. (S.S.)
47	-	-	-	-	-	By M.A. or M.O. (S.S.)
48	-	-	-	-	-	By M.A. or M.O. (S.S.)
49	-	-	-	-	-	By M.A. or M.O. (S.S.)
50	-	-	-	-	-	By M.A. or M.O. (S.S.)

Medical Officer (Section 10) (1), Inspectors (Section 10) and other staff of the State and some of the following Officers (Section 10) and (10)

OUTWORK

Nature of Work	M/c line No.	Section 110			Section 111		
		No. of out-workers in August list required by Sect. 110 (1) (c)(3)	No. of cases of default in sending lists to the Council	No. of Prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecution
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Wearing apparel making, etc.	13	1	-	-	-	-	-
Total	13	1	-	-	-	-	-

TABLE

No. of Cases	No. of Deaths	Section III			No. of Cases	No. of Deaths
		No. of Cases	No. of Deaths	No. of Cases		
(a)	(b)	(c)	(d)	(e)	(f)	
-	-	-	-	1	1	
-	-	-	-	1	1	