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COUNTY OF AYR



ANNUAL REPORT

BY

THE MEDICAL OFFICER OF HEALTH

For the Year 1957

AND

THE SCHOOL MEDICAL OFFICER

For the Year 1956-57.



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To the Department of Health for Scotland
and to the Ayr County Council.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the Health of the County of Ayr for the year 1957, together with the Report on the Medical Inspection and Treatment of School Children for the year ended 31st July, 1957.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. A. ROUGHEAD,

Medical Officer of Health.

COUNTY BUILDINGS,
AYR,

STAFF.

*Medical Officer of Health, Welfare Officer, and Chief Administrative
School Medical Officer—*

JOHN A. ROUGHEAD, M.D., D.P.H.

Depute Medical Officer of Health—

JOHN S. JACKSON, M.B., CH.B., D.P.H.

Senior Assistant Medical Officer—

ALICE K. MONTGOMERY, M.B., CH.B., D.P.H., D.R.C.O.G.

Psychiatrist—

K. W. ARON, M.B., CH.B., D.P.M.

*Assistant School Medical Officers (also Child Welfare Medical
Officers)—*

HELEN M. WIGHTMAN, M.B., CH.B., D.P.H. (Resigned 16/5/57).

ENID M. DIXON, M.B., CH.B., D.P.H.

MARGARET C. P. HAMILTON, M.B., CH.B., D.P.H.

JEAN M. DIXON, M.B., CH.B., D.P.H.

JESSIE B. MACLACHLAN, M.B., CH.B., D.P.H.

AGNES M. HIGHER, M.B., CH.B., D.P.H., D.R.C.O.G.

Assistant Medical Officer—Tuberculosis Scheme—

ROBERT WHITELAW, M.B., CH.B., D.P.H.

Chief Dental Officer—

ARNOLD J. DUNCAN, L.D.S.

Assistant Dental Officers—

AGNES N. CARNEGIE, L.D.S.

DOROTHY E. CHATER, L.D.S. (Appointed 6/5/57).

PETER MCG. GARDNER, L.D.S.

IAN HARVEY, L.D.S.

MALCOLM R. HOOD, L.D.S. (Resigned 4/11/57).

THOMAS H. KERR, L.D.S. (Resigned 12/10/57).

MARGARET H. MERRIMAN, L.D.S. (Appointed 6/1/58).

AGNES J. PURDIE, L.D.S.

MURIEL S. RENFREW, L.D.S. (Resigned 24/1/58).

MONTGOMERY B. SIMPSON, L.D.S.

JEAN B. HUGHES, L.D.S. (Resigned 30/7/58).

ARCHIBALD W. M. WATSON, L.D.S.

THOMAS L. H. WIGHTMAN, L.D.S.

JAMES WILSON, L.D.S.

DENTAL ATTENDANTS—14.

County Nursing Superintendent—

MISS JANET S. HASTIE.

DISTRICT NURSE/MIDWIFE/HEALTH VISITORS.....65

TUBERCULOSIS NURSES..... 4

OTHERS—FULL-TIME..... 4

PART-TIME..... 2

Matron, Residential Nursery, Irvine—
MISS N. G. LEES.

Matron, Residential Nursery, Kilwinning—
MISS HELEN GRANT.

Matron, St. Leonard's Home, Ayr—
MISS MARGARET CLEMENT.

Assistant Welfare Officer—
STANLEY H. JOHNSTON, A.I.S.W., Certificate in Social Welfare.

Audiometrician—
MISS JEAN B. THOMSON.

Home Helps Organiser—
MRS. MARGARET RAMSAY.

Acting Psychiatric Social Workers—
A. S. KELLOCK, A.M.I.A.
HILDA MCGINIS, M.A.

Clerical Staff—
Chief Clerk—J. B. HANNAH, A.C.I.S.
Other Clerical Staff20

BURGH OF AYR.

School Medical Officer—
R. L. LEASK, M.B., CH.B., B.Sc. (P.H.), D.P.H., D.P.A.

Assistant School Medical Officer—
A. G. SKED, M.B., CH.B., D.P.H.

School Nurses—
7 PART-TIME NURSES.

Clerical Staff—
1 PART-TIME CLERKES.

BURGH OF KILMARNOCK.

School Medical Officer—
B. R. NISBET, M.D., F.R.C.P. (ED.), D.P.H.

Assistant School Medical Officer—
DAVID H. PATERSON, M.B., CH.B., D.P.H., D.R.C.O.G.

School Nurses—
8 PART-TIME NURSES.

Clerical Staff—
1 PART-TIME CLERKES.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

TABLE OF CONTENTS.

	<i>Page</i>
STAFF	Frontispiece
A.—VITAL STATISTICS	8
B.—LOCAL HEALTH AUTHORITY FUNCTIONS—	
(1) Care of Expectant and Nursing Mothers and Children under School Age—	
(a) Expectant and Nursing Mothers ...	12
(b) Care of Unmarried Mothers ...	13
(c) Prevention of Break-up of Families ...	13
(d) Child Welfare	14
(e) Care of Premature Infants	14
(f) Supply of Dried Milks, etc.	14
(g) Dental Care... ..	15
(h) Other Provisions	15
(2) Use of Clinic Premises by General Practitioners and Hospital Board Personnel	16
(3) Domiciliary Midwifery	16
(4) Health Visiting	20
(5) Home Nursing	20
(6) Domestic Helps Scheme	21
(7) Vaccination and Immunisation	24
(8) Prevention of Illness—Care and After-Care—	
(a) Tuberculosis	26
(b) Epileptics and Spastics	32
(c) Convalescent Home Provision	34
(d) Chiropody Service	34
(9) Control of Infectious Diseases	36
(10) Mental Health	42
(11) Work under Nurseries and Child-Minders' Regulation Act	47
C.—PORT HEALTH ADMINISTRATION	47
D.—FOOD SUPPLY—	
Milk	49
E.—MISCELLANEOUS—	
(1) National Assistance Act, 1948	54
(2) Nursing Homes Registration (Scotland) Act ...	58
(3) Health Education	58
(4) Blood Transfusion	59
(5) Accidents in the Home	59
F.—GENERAL SANITATION	60
G.—MEDICAL INSPECTION OF SCHOOL CHILDREN	78

TABLES.

I.—Causes of Death (Landward and Small Burghs) ...	<i>Page</i> 61
II.—Births and Deaths	63
III.—Density of Population, Birth Rates, Infantile and Other Death Rates	64
IV.—Infantile Mortality	65
V.—Infectious Diseases—Distribution of Cases	66
VI.—Infectious Diseases—Monthly Notifications... ..	67
VII.—Infectious Diseases—Statistical Return	68
VIII.—Tuberculosis—Statistical Return	69
IX.—Out-Patient Clinics	76

County Medical Officer's Report

1957.

A.—VITAL STATISTICS.

Population and Area.—The Registrar General has estimated the population of the Landward Area and Small Burghs to middle of 1957 as 244,894. This figure is 533 more than his estimate for 1956.

Births.—The live births registered after correction for transfers were 4,611, equivalent to a birth rate of 18·8 per thousand of population, as compared with 18·3 for the preceding year. The figure for Scotland was 19·0. The rates for previous years are :—

1926-30—Average Birth-rate	...	...	...	...	18·5
1931-35	„	„	...	...	18·6
1936-40	„	„	...	...	18·2
1941-45	„	„	...	...	18·1
1946-50	„	„	...	...	19·7
1951-55	„	„	...	...	17·9
1956—Birth-rate	...	...	...	...	18·3
1957	„	...	...	...	18·8

The number of still-births registered after correction for transfers during the year was 119, giving a rate of 25 per thousand total births. The rate for Scotland was 24. The number of still-births registered for a number of years past, with the corresponding rates per thousand total births, are as follows :—

	<i>Still-Births.</i>	<i>Rate per Thousand Total Births.</i>
1941-45—Average	... 153	41
1946-50	„ ... 130	27
1951-55	„ ... 104	24
1956	... ... 108	24
1957	... ... 119	25

The details applicable to individual Burghs are given in Tables II. and III.

Deaths.—The deaths registered after correction for transfers were 2,748, which is equivalent to a death-rate of 11·2, as compared with 11·3 in 1956. The Scottish figure was 11·9. The following are the figures so far as they are available for preceding years :—

1916-20—Average	Death-rate	...	...	...	...	14·6
1921-25	"	"	...	...	...	11·5
1926-30	"	"	...	...	...	11·2
1931-35	"	"	...	...	...	12·5
1936-40	"	"	...	...	...	12·8
1941-45	"	"	...	...	...	12·1
1946-50	"	"	...	...	...	11·3
1951-55	"	"	...	...	...	11·6
1956—Death-rate	...	...	...	...	...	11·3
1957	"	...	...	...	...	11·2

Tables I., II. and III. show the mortality in the County Area and Burghs during the year.

Infantile Mortality.—The number of infants under one year who died during the year was 140, equivalent to an infantile mortality rate of 30, as compared with 31 during the preceding year. The following are the figures for previous years so far as they are available:—

1916-20—Average	Infantile	Mortality-rate	...	...	94
1921-25	"	"	"	...	89
1926-30	"	"	"	...	74
1931-35	"	"	"	...	73
1936-40	"	"	"	...	71
1941-45	"	"	"	...	63
1946-50	"	"	"	...	39
1951-55	"	"	"	...	32
1956—Infantile	Mortality-rate	...	...	...	31
1957	"	"	...	...	30

Of the total infantile deaths 92 (66 per cent.) occurred during the first week of life and 99 (71 per cent.) within the first four weeks.

The main causes of death were congenital malformations 29 (21 per cent.), pneumonia 13 (9 per cent.), injury at birth, etc., 49 (35 per cent.), and other diseases peculiar to early infancy 19 (14 per cent.).

Deaths from Infectious Diseases.—The deaths which occurred from the ordinary infectious diseases were cerebro-spinal fever 3, and acute poliomyelitis 1.

Deaths from Tuberculous Diseases.—The deaths from respiratory and other forms of tuberculosis were 15 and 3 respectively, giving death-rates of 0·06 and 0·01. The corresponding figures for the previous year were deaths 16 and 2 and death-rates 0·06 and 0·01. The following are the average death-rates so far as they are available :—

		<i>Respiratory Tuberculosis.</i>	<i>Other forms of Tuberculosis.</i>	<i>Total.</i>
1916-20—Average	...	0·79	0·44	1·23
1921-25	„	0·52	0·28	0·80
1926-30	„	0·45	0·24	0·69
1931-35	„	0·38	0·19	0·57
1936-40	„	0·36	0·13	0·49
1941-45	„	0·37	0·17	0·54
1946-50	„	0·33	0·09	0·42
1951-55	„	0·15	0·04	0·19
1956—Death-rate	...	0·06	0·01	0·07
1957	„	0·06	0·01	0·07

Deaths from Pneumonia.—There were 62 deaths from pneumonia, including 5 of the newborn, equivalent to a death rate of 0·25. During the previous year the deaths were 38, equal to a death rate of 0·16. The following are the average death rates from pneumonia since 1931:—

1931-35 (Average) ...	0·67	1951-55 (Average) ...	0·27
1936-40 (Average) ...	0·63	1956	0·16
1941-55 (Average) ...	0·46	1957	0·25
1946-50 (Average) ...	0·34		

Deaths from Other Diseases of the Respiratory System.—There were 99 deaths recorded from this group of diseases, which includes all the diseases of the organs of respiration except pneumonia and pulmonary tuberculosis. These figures are equivalent to a death rate of 0·40, as compared with 0·43 in the previous year.

Deaths from Influenza.—The deaths due to influenza numbered 33, giving a death rate of 0·13. During 1956, the deaths were 12 and the death rate 0·05. The following are the average death rates from influenza since 1931 :—

1931-35 (Average) ...	0·48	1951-55 (Average) ...	0·08
1936-40 (Average) ...	0·28	1956	0·05
1941-45 (Average) ...	0·08	1957	0·13
1946-50 (Average) ...	0·08		

Deaths from Cancer.—The deaths from cancer were 438, which is equivalent to a death rate of 1.79, as compared with 1.85 in the previous year.

The following are the average death rates from cancer for a number of years:—

1931-35	...	...	...	1.28	1951-55	...	...	...	1.72
1936-40	...	...	...	1.48	1956	...	...	...	1.85
1941-45	...	...	...	1.58	1957	...	...	...	1.79
1946-50	...	...	...	1.63					

Cancer of the Lung.—This group includes primary malignant neoplasms of trachea, bronchus and lung. There were 67 deaths from this cause (57 males and 10 females) as compared with 60 deaths (55 males and 5 females) last year.

Age.	No. of Deaths from Cancer of Lung.				No. of Deaths from Cancer other than Lung Cancer.	
	1956		1957		1957	
	Males.	Females.	Males.	Females.	Males.	Females.
1—	—	—	—	—	—	1
5—	—	—	—	—	2	—
10—	—	—	—	—	—	2
15—	—	—	—	—	1	2
25—	1	—	—	1	2	3
35—	3	—	2	—	6	11
45—	9	—	7	2	15	21
55—	21	2	23	—	42	52
65—	13	1	16	5	62	52
75—	6	2	9	2	38	45
85—	2	—	—	—	6	8
Totals	55	5	57	10	174	197

In comparing the deaths from lung cancer for the years 1956 and 1957, it will be noted that, while there is little change in the number of male deaths, twice as many women died from this cause.

It will be seen also that most deaths in males from cancer of the lung occur in the age group 55-65 years, while the greatest number of deaths from other cancers falls within the age group 65-75 years.

The occupations of the cases were as varied as the places of residence.

Deaths from Diseases of the Nervous System.—This group of diseases, which includes such causes as cerebral haemorrhage, apoplexy, etc., accounted for 475 of the deaths occurring in the area, being a death rate of 1·94, as against 2·07 in the preceding year.

Deaths from Diseases of the Digestive System.—The deaths were 90, equivalent to a death rate of 0·37 as compared with 0·40 in the preceding year.

Deaths from Diseases of the Circulatory System.—The number of deaths ascribed to diseases of the heart and other organs of circulation was 1,124, giving a death rate of 4·59, as compared with 4·58 in the previous year.

Deaths from Diseases and Accidents of Pregnancy and Parturition.—There were 4 maternal deaths during 1957, which represents a rate of 0·8 per 1,000 births (live and still). The rate for Scotland as a whole during that year was 0·5. The average maternal mortality rates for the County during the period 1931 to 1957 were as follows :—

1931-35 (Average) ...	6·2	1951-55 (Average) ...	0·3
1936-40 (Average) ...	4·7	1956	1·5
1941-45 (Average) ...	2·4	1957	0·8
1946-50 (Average) ...	1·4		

B.—LOCAL HEALTH AUTHORITY FUNCTIONS.

(1) Care of Mothers and Young Children.

(a) **Expectant and Nursing Mothers.**—The County Council provides a nurse and the premises for nine ante-natal and post-natal clinics in various centres in the County—the Doctor being provided by the Regional Hospital Board. All patients attending these clinics are booked for hospital, but a general practitioner may refer cases if he so desires. In addition, clinics are held at the Maternity Hospital, Irvine, by the Consultant Obstetrician.

The following are the figures relating to Ante-Natal Clinics in the form required by the Department of Health :—

	<i>Ante-Natal.</i>	<i>Post-Natal.</i>
(1) Number of Clinics at end of the year provided by the Local Health Authority	— 9	—
(2) Number of Clinics at end of year provided by voluntary bodies ...	Nil	Nil
(3) Number of women who attended the Clinics during the year ...	1573	312
(4) Total number of attendances made by women during the year ...	8037	312

(b) **Care of Unmarried Mothers.**—The provision of guidance and help to unmarried mothers was continued throughout the year.

Assistance was extended to 100 girls by the Welfare Visitor who paid, in all, 177 visits to their homes.

The nature of the help given can be seen from the following figures. Several cases fall into more than one category :—

	<i>No. of Instances.</i>
(1) Advice in obtaining decree of affiliation and aliment against the father of the child ...	33
(2) Advice regarding legal adoption	49
(3) Help in finding suitable accommodation for the child where it was necessary for the mother to work	25
(4) Advice regarding entitlement and help in obtaining allowances from the Ministry of National Insurance, National Assistance Board, etc.	23
(5) Help in finding suitable employment ...	10
(6) General advice	80

(c) **Prevention of Break-up of Families.**—The families, where break-up of the home is threatened by lack of parental care, are visited constantly by the District Nurse, when help, advice and instruction are given.

The families, where break-up of home is threatened by ill-health or by the admission of the mother to hospital, are supplied with Home Helps at very low cost or even free.

To assist the prevention of break-up of families where the mother is either temporarily or permanently the bread-winner, children under five are accommodated in the Nurseries at low financial cost. The mother is encouraged to take the children home at the week-ends or whenever she is free and so continue the family life in the home as much as possible.

(d) **Child Welfare.**—The Local Authority provides 42 Child Welfare Clinics at various Centres in the County. The majority of these are held weekly by the District Nurses, with the attendance of an Assistant Medical Officer every fortnight. A list of these Clinic premises is given in Table IX.

The following are the statistics relating to Child Welfare Clinics in the form prescribed by the Department of Health :—

(1) Number of Clinics provided at the end of the year by the Local Health Authority	...	42
(2) Number of Clinics at end of the year provided by voluntary bodies	... ..	—
(3) Number of children attending the Clinics during the year and who on the date of their first attendance this year were—		
Under 1 year of age	... ..	6,508
Over 1 year of age	... ..	2,339
(4) Total number of attendances made during the year by children who at the time of attendance were—		
Under 1 year of age	... ..	42,951
Over 1 year of age	... ..	14,914

(e) **Care of Premature Infants.**—There is no special provision made for the domiciliary care of premature infants, but liaison with the hospital is extremely close and all premature infants can be admitted without delay.

(f) **Distribution of Welfare Foods.**—To serve the County Area welfare foods are distributed from Centres in 53 towns and villages. Beneficiaries living some distance from a distribution centre can, however, by writing to the County Medical Department, have supplies sent to them by post.

During the years 1955, 1956 and 1957 the uptake of welfare foods throughout the County was :—

	<i>Uptake.</i>		
	1955.	1956.	1957.
National Dried Milk	119,169	118,234	84,459
Cod Liver Oil	29,404	27,948	25,537
Vitamin "A" and "D" Tablets	7,398	8,008	7,675
Orange Juice	113,186	128,821	144,081

(g) **Dental Care.**—In spite of the continued shortage of dental staff the number of patients, it is encouraging to note, rose by 30%.

The Dentist now attends the Clinics on the same day as the Doctor, who examines the patients and then refers them for a dental check up. This enables any sign of decay to be detected in the early months of pregnancy when dental treatment can be carried out without any undue risk, thus preventing pain and more extensive treatment nearer the time of confinement.

Emphasis is laid on the fact that the object should be to conserve the teeth during pregnancy. Without sufficient teeth for thorough mastication, the mother and child cannot derive full benefit from food.

EXPECTANT AND NURSING MOTHERS—

Number of Patients Examined	955
Number of Patients requiring Treatment	665
Number of Patients accepting Treatment	146
Number of Patients Treated	129
Number of Dentures	72
Number of Fillings	102
Number of Extractions... ..	129
Number of Other Operations	351
Number of Scalings	34
Number of Attendances	401

PRE-SCHOOL AGE CHILDREN—

Number of Children Examined	57
Number of Children requiring Treatment	38
Number of Children accepting Treatment	21
Number of Temporary Teeth Extracted	15
Number of Other Operations	16

(h) **Other Provisions.**—There are two residential nurseries in the County, one at Irvine and the other at Kilwinning. These nurseries are primarily provided for children of unmarried mothers or mothers who have to go out to work because they are the bread-winners of the family.

(2) Use of Clinic Premises by General Practitioners and Hospital Board Personnel.

The policy of the County Council is to allow their Clinic premises where ever possible to be used by Regional Hospital Board Medical Staff and by General Practitioners.

Clinics are used in this way at Annbank, Ayr, Beith, Cumnock, Dalry, Drongan, Girvan, Irvine, Kilbirnie, Kilwinning, Largs, Maybole, Patna, Saltcoats and Troon.

(3) Midwifery.

The Domiciliary Midwifery Service undertook the care of 1,256 patients during 1957, as well as giving a great deal of service during the puerperium of patients dismissed early from hospital. All Nurses are trained in administering gas and air, and are equipped with Minnitt apparatus. Up to date, Nurses have not been given training in the administration of Trilene, as it is not proposed in the meantime to replace the comparatively new Minnitt apparatus with Trilene Inhalers.

The following are the statistics regarding Midwifery, including those prescribed by the Department of Health :—

- (1) (a) Total number of Births occurring in the area during year—that is before correction for mother's residence—

Live Births	...	...	...	4,504
Still-Births	...	...	...	150
TOTAL				4,654

- (2) Total number of Births occurring in Institutions (including private maternity homes) ... 3,393

- (3) Total number of Births occurring at home—

Live	...	...	...	...	1,240
Still	...	...	...	...	21
TOTAL				...	1,261

The following table shows the number of Births in Hospital and at Home over the past six years :—

				<i>Hospital.</i>	<i>Home.</i>
1952	...	...	...	2,911	1,126 (28 per cent.).
1953	...	...	...	2,926	1,288 (31 per cent.).
1954	...	...	...	2,893	1,308 (31 per cent.).
1955	...	...	...	2,980	1,328 (31 per cent.).
1956	...	...	...	3,192	1,293 (29 per cent.).
1957	...	...	...	3,393	1,261 (27 per cent.).

(4) Number of Births in (3) classified to show nature of attendance at birth—

	Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947.				Other Domiciliary Cases.			
	Doctor Engaged and Present at Confinement.	Doctor Engaged and not Present at Confinement.	Midwife Alone (no Doctor Engaged).	Doctor and Midwife Engaged	Midwife alone (no Doctor Engaged)	Without Doctor or Midwife	All Other Cases.	Total.
(a) Midwives Employed by the Authority (including those engaged on a fee-per-case basis)	367	855	34	—	—	—	—	1,256
(b) Midwives Employed by Voluntary Organisations under arrangements made by the Authority	—	—	—	—	—	—	—	—
(c) Midwives Employed by Hospital Boards of Management under arrangements made by the Authority with the Regional Hospital Board	—	—	—	—	—	—	—	—
(d) Private Practising Midwives ...	—	—	—	5	—	—	—	5
(e) Other Cases	—	—	—	—	—	—	—	—
TOTALS	367	855	34	5	—	—	—	1,261

(5) Medical Aid—

(a) No. of cases in which medical aid was summoned during the year by a Midwife and a fee was payable by the Local Health Authority under Section 14 (2) of the Midwives (Scotland) Act, 1951	None	367
(b) No. of cases in which medical aid was summoned during the year by a Midwife where the Medical Practitioner had agreed to provide the patient with Maternity Medical Services under the National Health Service (<i>i.e.</i> , cases for which no fee was payable by the Local Health Authority).....	367	

(6) Administration of Analgesics—

(a) No. of domiciliary Midwives in the area qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board for Scotland—		
(1) No. in (a) employed on local Health Authority work...	66	
(2) No. in (a) not employed on local Health Authority work	—	66
(b) No. of domiciliary Midwives who received their training during the year... ..	Nil	
(c) No. of sets of apparatus for the administration of gas and air in use in the area at 31/12/57—		
(1) No. in (c) in use by domiciliary Midwives employed on Local Authority work (including those in use by Hospital Midwives undertaking domiciliary cases...	45	

(2) No. in (c) in use by domiciliary Midwives not employed on Local Health Authority work					—	45
(d) No. of sets on order at 31/12/57 (three in stock)						Nil
(e) No. of cases in which gas and air was administered by Midwives in domiciliary practice during the year (including cases attended by Hospital Midwives undertaking domiciliary cases)—						
(1) When Doctor was not present at delivery					294	
(2) When Doctor was present at delivery					118	412
(f) No. of cases in which pethidine was administered by Midwives in domiciliary practice during the year (including cases attended by Hospital Midwives undertaking domiciliary cases)—						
(1) When Doctor was not present at delivery					465	
(2) When Doctor was present at delivery					151	616
(7) No. of Cars in use by Midwives at 31/12/57 (including one privately-owned by District Nurse)						50

Supply of Maternity Outfits.—1,260 maternity outfits were supplied during the year to mothers for domiciliary confinement.

Additional Information—

Institutional Births—

Ayrshire Central Hospital, Irvine	...	...	...	2,328
Kilwinning Maternity Home	...	...	...	858
Davidson Hospital, Girvan	...	...	...	107
Greystones Nursing Home, Prestwick	...	...	...	99
Ayr District Asylum	...	...	...	1

(4) Health Visiting.

Routine health visiting of all children under five has been carried out at regular intervals during 1957 by the District Nurses. The visiting of tuberculous patients in their own homes has been undertaken by a special staff of four Health Visitors.

(Members of the Medical Staff gave three lectures on Health Education to various Organisations in the evenings during 1957.)

The following are the number of visits paid by Health Visitors during the year :—

	<i>Number Visited.</i>	<i>Total Visits.</i>
*Expectant Mothers	—	—
Infants	6,838	34,213
Children (1-5 years)	16,727	44,744
Tuberculosis Patients... ..	1,405	3,219
Other Cases	1,027	3,766

*All visits in this category were paid by Health Visitors/Midwives who attended the confinement. The total number of visits was 39,316.

(5) Home Nursing.

Home Nursing is carried out by a staff of District Nurses, but has not included any special provision for the nursing of sick children. The type of work which has been done by Nurses in 1957 is domiciliary midwifery, care of mothers and babies during the puerperium of patients dismissed early from hospital, general care of old people, administration of insulin and antibiotics, child welfare clinics, school clinics and school inspections and health visiting. It is not possible to estimate to what extent Nurses were asked to make special visits to give injections in 1957. This varies very much from area to area. In some areas the Doctors ask the Nurses to give very few injections, while in others the Nurses are asked to give a very large number of injections.

(1) Number of cases attended by District Nurses
in their capacity as Home Nurses 6,636

(2) Number of visits paid by Nurses to these cases... 134,097

The number of elderly patients (those aged 65 years or over) included in the former figure was 2,415. The total number of visits paid to these elderly patients was 75,781.

Nurses' Homes and Clinics.—The following premises have been completed :—

Ballantrae...	...	Nurse's House	...	...	Ready for occupation.
Cumnock	...	Nurse's House & Clinic	Occupied	2/12/57.	
(Netherthird).					
Fairlie	...	Nurse's House	...	...	Occupied 15/7/57.
New Cumnock	...	Child Welfare Clinic	...	Occupied	1/5/58.

The following have been approved and progress is indicated :—

Ardrossan	..	...	Clinic	...	...	Site obtained and plans prepared. (Delayed meantime.)
Dalmellington	...	Nurse's House and Clinic.	Nearing completion.			
Prestwick	...	...	Clinic	...	...	Site obtained. (Delayed meantime.)
Tarbolton	...	...	Nurse's House and Clinic	Building progressing.		

(6) Domestic Help Scheme.

Under the Council's Home Help Scheme which has been operating throughout the County since October, 1949, domestic assistance is given in circumstances of household difficulty owing to illness, old age or confinement. The numbers of households which have benefited from the Scheme during the past years have been as follows :—

1949.....	85	1954.....	728
1950.....	388	1955.....	806
1951.....	524	1956.....	878
1952.....	695	1957.....	899
1953.....	697		

At 31st December, 1957, the number of Home Helps employed was 310, and the number of families served 413. A table showing the areas in which these families resided and the duration of help given is appended. The number of hours' attendance is carefully adjusted to actual need and varies from six hours to forty-eight hours weekly. The average is twenty-two hours weekly.

Of the 899 cases dealt with in 1957, 646 were on account of chronic sickness (including aged and infirm cases) and 101 on account of confinement.

It will be observed from the table provided that at the end of the year the duration of help to 233 households (56 per cent.) exceeded one year and to 37 households (9 per cent.) exceeded five years.

The evening and all-night service, introduced in December, 1955, continues in operation. During 1957, 11 cases received evening help, 4 night attendance, and 5 both evening and night attendance. The corresponding figures for 1956 had been 13, 14 and 1 respectively.

AYR COUNTY COUNCIL—HOME HELP SERVICE.
NUMBER OF CASES DEALT WITH DURING 1957 AND DURATION OF CASES SERVED AT END OF YEAR.

District.	No. of Cases at 31/12/56.	No. of Cases Supplied with Helps during Year.	No. of Cases Completed during Year.	No. of Cases at 31/12/57.	Duration of Cases Served at end of Year.						
					Over 5 Years.	Between 3 and 5 Years.	Between 2 and 3 Years.	Between 1 and 2 Years.	Between 6 Months and 1 Year.	Between 3 and 6 Months.	Less than 3 Months.
Annbank	2	5	4	3	—	—	—	1	1	1	—
Ardrossan	19	28	26	21	—	6	—	2	5	2	3
Auchinleck	12	8	9	11	—	5	—	1	1	1	2
Ayr Landward	1	3	2	2	—	—	—	—	—	—	—
Beith	24	14	15	23	6	—	4	6	2	2	1
Bath	9	9	7	11	—	1	1	4	3	—	—
Catrine	8	9	8	9	—	3	2	1	1	—	2
Cumnock	4	1	2	3	—	—	2	2	—	—	—
Dalmellington	19	19	18	20	5	3	2	5	3	1	1
Dalry	1	8	4	6	—	1	—	—	—	2	2
Darvel	4	2	1	5	1	—	—	—	—	—	—
Dreghorn/Springside	1	1	—	2	—	—	1	—	—	—	—
Drybridge	1	2	2	1	—	—	—	—	—	—	—
Dundonald	1	2	2	—	—	—	—	—	—	—	—
Dunlop	1	1	2	—	—	—	—	—	—	—	—
Fenwick	5	2	6	—	—	—	—	—	—	—	—
Galston	14	7	7	14	1	3	3	3	2	2	1
Girvan	10	19	17	12	2	1	1	1	3	1	2
Hurlford	8	27	31	9	2	2	—	4	4	1	3
Irvine	28	10	10	18	4	4	6	4	1	—	3
Kilbirnie/Glengarnock	18	8	5	7	—	1	2	—	—	—	—
Kilmaurs/Crosshouse	4	23	22	15	1	1	3	4	3	2	3
Kilwinning	14	32	37	22	2	2	2	8	3	2	3
Largs	27	16	19	12	—	1	2	—	—	—	—
Maybole	15	6	5	9	—	1	3	—	1	—	—
Mauchline	8	6	6	11	2	1	—	1	1	—	—
Muirkirk	12	5	5	11	1	—	1	4	3	1	4
New Cumnock	8	8	8	10	—	—	—	—	—	—	—
Newmilns	11	7	8	10	—	—	—	—	—	—	—
Patna	3	3	2	4	—	—	—	—	—	—	—
Prestwick	15	50	42	23	1	—	5	2	5	3	7
Saltcoats	23	72	62	33	—	2	4	6	6	4	11
Stevenston	10	18	18	10	1	1	—	3	3	1	2
Stewarton	6	18	14	10	—	1	—	—	2	—	3
Tarbolton	2	2	3	1	1	—	—	—	—	—	—
Troon	25	40	35	30	2	5	6	4	8	—	5
West Kilbride	10	27	26	11	2	—	3	—	2	1	3
TOTALS	382	517	486	413	37	51	64	81	75	29	76

(7) Vaccination and Immunisation.

(a) **Vaccination.**—With the cessation of compulsory vaccination, the practice of infant vaccination has become much neglected, and though smallpox does not often appear in this country nevertheless when it does there is invariably a high proportion of deaths among those affected, mainly in those who have not been protected.

To bring to notice the importance of primary vaccination in infancy a letter is circulated to the parents of all unvaccinated children who have attained the age of three months. This measure is supplemented by the display of posters at the Child Welfare Clinics and the advice of the District Nurses, Health Visitors and Clinic Doctors.

Details of vaccinations notified during the year are as follows :—

	<i>Primary Vaccinations.</i>	<i>Re- Vaccinations.</i>
(1) Typical Vaccinia greatest at 7th to 10th Day... ..	2,464	262
(2) Accelerated (Vaccinoid) Reaction (5th to 7th Day)	4	177
(3) Reaction greatest at 2nd to 3rd Day	1	318
(4) No Local Reaction	85	65
	2,554	822

Of the 2,554 persons who received primary vaccination, 1,444 were children born in 1957 and 833 were children born in 1956.

Of the total number of primary vaccinations 693 were carried out by the Local Authority's Medical Staff.

(b) **Diphtheria Immunisation.**—Every effort is made to maintain and improve the level of immunisation among pre-school and school children.

A circular letter is issued to the parents of all babies who have reached the age of six months explaining the benefits and

protection which immunisation will confer, together with a stamped addressed card inviting their agreement to this procedure. The vital importance of protective inoculation is further stressed by poster display and medical and nursing advice.

In the case of those children who have not been inoculated by the time they have reached one year, a further letter is sent to the parents advising them to have their children protected. Again a stamped addressed card is enclosed for their consent.

School children during their first year may receive either two injections of diphtheria vaccine if they have not been protected in infancy or a single booster injection if they have. Consent forms are issued to the schools, for distribution to parents, for this purpose.

Of the total number of children inoculated, 4,053 were performed by the Local Authority's Medical Staff.

DIPHTHERIA IMMUNISATION.

	<i>New Inoculations.</i>	<i>Maintenance Inoculations.</i>
Pre-School Children	2,946	—
School Children	487	2,627
TOTALS	3,433	2,627

(c) **Whooping Cough Immunisation.**—On receiving Department of Health Circular No. 51/1957, which deals with immunisation against diphtheria and whooping cough, it was decided to favour the use of single non-alum precipitated antigens in immunisation against these diseases. General Practitioners were notified that combined diphtheria/pertussis vaccine would no longer be supplied.

The number of children who were immunised against whooping cough during 1957 was 2,799. This compares with 2,801 in the previous year.

(d) **Poliomyelitis Vaccination.**—The following table shows the numbers in the various categories who were immunised against poliomyelitis during the year :—

<i>Class.</i>	<i>No. of Persons Vaccinated with Two Injections.</i>	<i>No. of Persons Awaiting Vaccination.</i>
Children Born in Years 1943-57	18,786	10,637
Expectant Mothers	—	66
General Practitioners and Families	81	—

In addition, 3,341 single injections were given.

(8) **Prevention of Illness, Care and After-Care.**

(a) **Tuberculosis.**—There were notified 184 case of pulmonary tuberculosis and 15 of non-pulmonary tuberculosis. Excluding cases temporarily resident in the area and cases not confirmed, the new cases belonging to the area who came under notice during the year were 179 of pulmonary tuberculosis and 14 of non-pulmonary tuberculosis.

Pulmonary Tuberculosis.—Of the 179 new cases of pulmonary tuberculosis 85 were males and 94 were females. 77 per cent. (137) of these cases received institutional treatment during the year.

The notifications for the years 1951-56 inclusive were 194, 159, 180, 168, 166, and 168.

Including cases notified in previous years, 183 patients were admitted to Hospitals and Homes during 1957 as follows :—

Ayrshire Central Hospital, Irvine	...	...	...	98
Heathfield Hospital, Ayr	...	...	...	43
Glenafton Sanatorium, New Cumnock	...	...	...	24
Kaimshill Children's Hospital, Kilmarnock	...	...	...	16
Ayr County Hospital, Ayr	...	...	...	1
Robroyston Hospital, Glasgow	...	...	...	1
				183

There were 15 deaths, of which 8 occurred in Institutions.

Non-Pulmonary Tuberculosis.—The 14 new cases of non-pulmonary tuberculosis are classified as follows, according to the localisation of the disease :—

	<i>No. of Cases.</i>
Abdominal	1
Superficial Glands (Cervical)	3
Bones and Joints	3
Meninges	4
Genito-Urinary Organs	3

Including cases notified in previous years 15 patients were admitted to Hospitals and Homes during 1957 as follows :—

Ayrshire Central Hospital and Glenafton Sanatorium	6
Mearns Kirk Hospital, Newton-Mearns	3
Robroyston Hospital, Glasgow	5
Heathfield Hospital, Ayr	1
	<hr/>
	15
	<hr/>

There were 3 deaths, 2 of which occurred in Institutions.

Preventive Care and After-Care.—There are four Tuberculosis Nurses, a part-time Welfare Officer and a Clerkess engaged in the Council's Preventive Care and After-Care Service. Although on the staff of the Medical Officer of Health, all these are centred at the Area Chest Clinics and work under the direct supervision of Dr. J. T. Boyd, Area Supervising Tuberculosis Physician, with whom a close liaison is maintained.

Hospital Accommodation.—Dr. Boyd states that the total number of beds provided for adults in Ayrshire, including the two large Burghs, is 298 (138 for males and 160 for females), and that there are 32 beds for children suffering from primary infections. At no time during the year has the waiting-list given rise to concern.

B.C.G. Inoculation Scheme.—The B.C.G. Inoculation Scheme for children approaching school-leaving age, begun in 1953, has continued throughout the year, with the exception of the holiday period. As in previous years, children of approximately 13 years were selected as the most suitable group for this purpose.

The details of the Scheme were circulated to parents of all the children concerned and consent was obtained in a large majority of cases. This group received a preliminary injection into the skin of the forearm in order to demonstrate whether or not they had acquired a degree of immunity to tuberculosis by natural means. Those showing no reaction two days after the initial injection were given B.C.G.

During the year the total number who came under consideration was 3,700. Of these, 3,096 (84%) were available for testing by the consent of their parents. Due to absence and other factors, 2,944 were actually Mantoux tested. A positive response was given by 456 (15.5%). A negative reaction was obtained in 2,373 (80.5%) instances and these were subsequently inoculated with B.C.G. The remaining 115 (4%) represent children who were Mantoux tested but were absent for the reading.

Statistics for the year 1957, in the form required by the Department of Health, are :—

	<i>Tuberculin Tested.</i>		<i>Negative Re-actors.</i>		<i>Vaccinated during 1957</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
(1) Nurses	2	43	1	30	1	25
(2) Medical Students	—	—	—	—	—	—
(3) Contacts	244	289	217	250	212	246
(4) Special Groups not included in (1) to (3) above—						
(a) School-leavers ...	—	—	—	—	—	—
(b) New Born Babies	—	—	—	—	—	—
(5) 13-year-old Group	1462	1482	1176	1197	1176	1197
(6) Others	2	7	1	4	2	4

B.C.G. Inoculation, 1953-58.—In 1953 it was decided to offer B.C.G. inoculation to all school-leavers in Ayrshire. It was felt that this policy would promote increased resistance to tuberculous

infection in an age group of the population shortly due to leave school and take up employment. The post-school years were those in which susceptibility was most marked and artificial stimulation, it was believed, would stand them in good stead.

The scheme was begun in the Autumn of 1953 when all children born in the year 1940 were offered preliminary skin testing. Since then, during each successive session, those born in the years 1941-1944 have had similar facilities. The percentage of acceptances from each of these age groups has risen from 82.55 to 89.11. The 1941 group showed a slight fall from 82.55 to 79.49, but this appears to have been only a temporary lapse and cannot be explained.

The County areas covered by the four Health Visitors have fluctuated slightly, the highest acceptance rate being in the South Inland Area, where of the 1944 group 91.91 accepted. The other areas vary respectively with 86.01 (South Coastal), 85.15 (North Inland) and 81.78 (North Coastal). The highest figure reached in any of the four individual areas was 97.57 (South Inland), the lowest was 73.56 (North Coastal).

Materials and Methods.—The child is given a preliminary intradermal injection of .1 c.c. of 1/1000 Old Tuberculin (in 1954 this was changed to Purified Protein Derivative—P.P.D.—of equivalent strength) at the junction of the middle and upper thirds of the volar aspect of the left forearm. Seventy-two hours later the site is examined for induration (erythema is ignored) which is measured both longitudinally and transversely in millimetres. These figures are multiplied and any product over 36 is adjudged to indicate positive reaction. Bullae formation or marked pain and tenderness are noted as signifying hyperallergy. All positive reactors are X-rayed and hyperallergic cases are X-rayed immediately. All negative reactors are inoculated intradermally with .1 c.c. B.C.G. vaccines on the lateral aspect of the left arm at the level of the deltoid insertion. The B.C.G. vaccine is almost exclusively produced by the State Serum Institute, Copenhagen, but during the 1956-57 school session a small batch in the form of Freeze Dried Vaccine from Paris was used. Vaccination in all cases was carried out at the time of inspection of the skin test.

Skin Test Results.—Since the session 1953-54 the percentage of pupils tested who showed a positive reaction has fallen from an over-all level of 22.26 to 12.48. While this figure has shown a steady decline from year to year, minor fluctuations have appeared in different areas, *e.g.*, in the North Coastal area there was a temporary rise from 20.51% in the 1941 group to 23.21% in the

1942 group, and in the North Inland area from 16.58% in the 1942 group to 17.84% in the 1943 group. The most marked fall over the five years survey occurred in the North Coastal area where the figures slumped from 28.01% to 15.30%, and the least fall was in the South Coastal area where the figures dropped from 16.22% to 11.70%. The lowest recorded percentage occurred in the South Inland area where during last session the 1944 group showed only 9.8 positive reactors.

Inoculations and Complications.—Inoculation was carried through as described above and the process—nodule/ulcer/scab/scar—was on an average completed in three to four months. Complications were negligible and the majority of those which did occur were of only academic interest. The commonest condition was painless enlargement of the axillary glands. One or two of these progressed to abscess formation which healed satisfactorily with simple local treatment. A few showed excessive ulceration, but these were probably caused by lack of adequate attention to simple hygienic measures. A few showed slight lupus-like infiltration of the surrounding skin, but this disappeared spontaneously with the healing of the ulcer. A group of inoculated children, selected at random, had chest X-rays six months after inoculation, but not one showed signs of intra thoracic glandular enlargement.

X-Ray of Mantoux Reactors.—Here it was found that roughly 15% of those X-rayed at Central Hospital showed some sign of tuberculous infection, practically always of a benign nature, *e.g.*, healed calcified primary complex. A few of these did show signs of post-primary disease and were seen regularly thereafter at the Chest Clinic. Only in one case has an X-ray shown active adult phthisis. Those cases showing suspicious radiological signs were noted to have had a significantly excessive degree of sensitivity to the Mantoux test, *e.g.*, bullae, pain, oedema and gross induration.

Post B.G.C. Inoculation Skin Testing.—All children inoculated during the session 1953-54 were skin tested during the summer term and conversion found to be virtually 100%. Thereafter only skin testing of selected groups of senior secondary pupils was carried out until they left school, and the impression gained was that the intensity of reaction was waning but very slowly. The small group of children in the Muirkirk area inoculated with the Paris vaccine and skin tested one year later showed a definite 100% conversion with well-marked but not excessive induration.

Though it is as yet somewhat early to judge the effect that inoculation will have on the eventual incidence of adult type

phthisis, it can be stated that to date not one person inoculated during these past five years has, to my knowledge, developed tuberculous disease. A few of the Mantoux positives are under regular review at Chest Clinics and one of these at the moment is under treatment. The relatively steep decline in the incidence of skin test positives in the more densely populated areas as against rural areas, would seem to indicate that in the former the precipitating factors in the production of infection have been more successfully dealt with. Such things as rehousing of the tuberculous, the cutting down of droplet infection, together with the effective control of chronic sputum positive cases, have been major factors in this improvement.

The final view is that this scheme should be pressed home with continued vigour until eventually all school-leavers come forward for testing and inoculation. All positive skin test reactors should be X-rayed periodically until the age of twenty-five. This suggestion is justified by the fact that ere long such reactors will hold the same place in the community as the active case of a few years ago. If the scheme can cover in the future all the children in the selected age group, then the number of possible cases adjudged by the Mantoux test will be protected and this should be the aim in view.

Domiciliary Treatment.—Cases suitable for treatment at home or awaiting admission to hospital were visited by the Tuberculosis Nurses, who paid 3,219 visits to 1,405 cases.

These Nurses also give advice to patients regarding National Insurance and National Assistance entitlements, and grants from voluntary organisations.

Mass Radiography.—The Mobile Mass Miniature Radiography (Lanarkshire) Unit visited Imperial Chemical Industries, Ardeer, Stevenston, from 6th to 28th August. During that period 5,266 individuals were examined. Three cases of active pulmonary tuberculosis were revealed and two cases were found to be requiring further observation.

Supply of Milk.—The number of free milk vouchers issued was 457, covering some 10,400 gallons of milk at an approximate cost of £2,850.

Bed and Bedding.—Complete outfits of bedstead and bedding were issued on loan to 5 patients; 6 patients were granted articles of bedding only.

	<i>On Loan at 31/12/56.</i>	<i>Issued 1957.</i>	<i>With- drawn 1957.</i>	<i>Written off.</i>	<i>Remaining on Loan at 31/12/57.</i>
Bedsteads.....	46	5	5	—	46
Mattresses.....	52	5	—	5	52
Blankets.....	47	14	—	26	35
Sheets.....	42	16	—	20	38
Pillows.....	20	6	—	12	14
Pillow Cases.....	39	15	—	17	37

Housing.—Many Housing Authorities within the County made an effort to re-house patients suffering from Pulmonary Tuberculosis of a communicable type. This preventive measure greatly minimises the spread of infection to other members of the family.

(b) **Epileptics and Spastics.**

Epileptics.—There are 41 children who suffer from epilepsy of the petit mal type. Of these 32 are of average intelligence and attend ordinary schools, 9 are mentally handicapped and are attending special schools.

Thirty-seven children have major epilepsy. Two are accommodated in Bridge-of-Weir Colony and are mentally handicapped though educable; another in this category is resident at St. Elizabeth's School, Much Hadham, Herts. Four children are ineducable mental defectives accommodated in Institutions and a further four are at home. Twenty-two attend ordinary schools and two attend special schools.

Known adult epileptics number 63. Of these one is in the Colony at Bridge-of-Weir.

The remaining 62 are at home and are receiving treatment from their own doctors. In 10 of these the mental condition is described as being below par or poor.

This Authority has adopted Schemes under Sections 29 and 30 of the National Assistance Act, 1948, which will provide for the welfare of spastics and epileptics among other groups of handicapped

persons. Until these Schemes are made effective such cases are dealt with as they arise. This includes advice, direction to appropriate agencies, arrangements for training and admissions to treatment centres. There is one epileptic case in the Colony at Bridge-of-Weir, and from time to time suitable cases are admitted to Anton House, Broughty Ferry, a training centre for handicapped girls. Close contact is maintained with the District Rehabilitation Officers of the Ministry of Labour to ensure that epileptics and spastics and other handicapped persons are employed in suitable capacities.

Spastics.—A fairly comprehensive list of spastic cases affecting children of school age and under has been compiled from several sources—(a) the School Medical Records, (b) Orthopaedic case lists, (c) District Nurses, and (d) Register of Handicapped Children.

There are approximately 110 children in the County area who suffer in varying degree from cerebral palsy. These can be divided into different categories as follows :—

Thirty-seven spastic children whose intelligence is sufficiently unimpaired (though their physical handicaps vary widely) attend ordinary schools.

Of those who are mentally or physically handicapped to such a degree as to require education in Special Schools, 21 are accommodated within the County (including 2 resident pupils at St. Leonard's Home), 7 are resident in Special Schools outwith the County, 2 receive tuition at home on account of severe physical disability, 2 are under observation at home until a final assessment can be made, and 3 are awaiting admission to Special Schools. There are 11 known spastics among the pre-school children.

There are 27 ineducable spastic children, 4 are in Certified Institutions, 20 are at home and 3 are in Occupational Centres. Some of these are on the waiting-lists for admission to suitable institutions.

Information regarding the incidence of adult spastics is far from complete. Cases reported by the District Nurses and other sources indicate that there are at least 49 cases. Of these 25 are classed as severely handicapped either mentally or physically or both and are incapable of working, 13 are affected to a moderate degree but cannot work or cannot find suitable employment. The remaining 11 mild cases are working.

A close liaison exists between the Medical Department and the local Orthopaedic Specialists. Practically all spastic children are

under their supervision and, where necessary, are referred to them by the School Medical Officers for further physical assessment and treatment. Speech therapy can be undertaken at the request of the specialist for any of these cases which are considered suitable by the Organiser of the Child Guidance Service. Information regarding Intelligence Assessments is made available if desired.

Physiotherapy is arranged by the Orthopaedic Specialists and regular sessions are held at Ayr, Cumnock, Kilwinning and Largs, these being in all instances Local Authority Clinics loaned to the Regional Hospital Board for this and other purposes.

A part-time Physiotherapist was appointed by the Local Authority on 5th February, 1957. Her work concerns physically handicapped children at Park School, Kilmarnock, and St. Leonard's School, Ayr. Two half-day sessions per week are undertaken at each place.

(c) **Convalescent Home Provision.**—This Local Authority does not maintain any convalescent home in its area. The only existing arrangement with a voluntary organisation is with regard to the Saltcoats Mission Coast Home to which an annual donation is made by the Local Authority and in return two subscribers' lines are given each year for the admission of suitable cases selected by the County Medical Officer.

(d) **Chiropody.**—The Service which began in January, 1955, has developed to the extent that a third full-time Chiropodist is required. She was appointed in October of this year. With this increase in staff it has been possible to open up further areas. As before the Service is restricted to those old people in the community who would not otherwise be able to receive that attention to their feet which is necessary for their welfare. To enable the Chiropodists to give attention to as many patients as possible, they operate at fixed Clinics belonging to the County Council, and where these do not exist at premises made available by local organisations. In the early months it was possible to attend a considerable number of patients who were unable to leave their homes, but as commitments increased this number has had to be curtailed in the interests of those attending the Clinics. The Service is free and has had increasing demands made upon it until now all three Chiropodists are working at full capacity.

As new areas are served the principle of close association with the local Old People's Welfare Associations and, in certain areas, with local branches of the Red Cross has been maintained. Representatives from these organisations have been of great help in advising of the needs of their areas and by attendance at the

Clinic sessions. Local Doctors and Nurses also refer suitable cases for appointment.

A register of patients who have received an initial treatment is kept and each receives a card in which the date and time of the next visit is marked. As far as possible the various Clinics are held at fixed intervals.

Regular Clinics are established as indicated below and periodic visits are made to Old People's Homes. In other districts a certain amount of domiciliary visiting is undertaken as circumstances permit.

Clinics—

Annbank.	Cumnock.	Kilbirnie.	Prestwick.
Ardrossan.	Dalry.	Kilmaurs.	Saltcoats.
Auchinleck.	Dreghorn.	Kilwinning.	Springside.
Beith.	Dundonald.	Mauchline.	Stevenston.
Catrine.	Dunlop.	Maybole.	Stewarton.
Colmonell.	Hurlford.	Monkton.	Tarbolton.
Crosshouse.	Irvine.	Muirkirk.	Troon.
		Patna.	

Old People's Homes—

Birkenward.	Lainshaw.	Largs.	Nether
Dunselma,	Fenwick (Church of Scotland).		Auchendrane.

Districts where Domiciliary work is done—

Dalrymple.	Dunure.	Girvan.	Straiton.
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During the year the Chiropodists attended 2,322 patients and gave 6,946 treatments.

The local branches of the Red Cross Society have continued to organise and maintain a Chiropody Service for old people in two areas of the County. These are (a) Galston, Newmilns and Darvel, and (b) Largs, Fairlie and Skelmorlie.

In each instance an annual monetary grant is made to the Society by the County Council; in Galston, where there are Local Authority Clinic premises, these are put at their disposal free of charge.

The professional work is carried out by qualified Chiropodists practising in those areas. They attend the Clinic sessions and also treat domiciliary cases who are unable to leave their homes.

The costs are met by small voluntary contributions from the patients, supplemented by local voluntary donations. The latter account for slightly less than 50% of the total expenditure.

A liaison exists in the Irvine Valley area between the Red Cross and the respective Old People's Welfare Committees, but in Largs all aspects of the work are undertaken by members of the Red Cross. In both areas cases are referred by the local Doctors who issue patients with a signed official card.

During the year 1,622 treatments were given at the Clinic sessions and 227 domiciliary visits were made in the Valley area. In all 285 patients benefited.

In the Largs area 614 treatments were given—307 of these were domiciliary, 235 at Clinic and 72 at Haylie House, Largs.

(9) Control of Infectious Diseases.

Influenza.—The influenza epidemic, which affected the entire country, first became noticeable in this area during the second week of September.

The Ayr district schools seemed to be hit first but the absentee figures from these were soon equalled and surpassed by those in other areas, Muirkirk being particularly heavily affected. Within a week of onset the epidemic had made its presence felt in practically every area of the county. The prevalence peak in schools was reached during the first week in October when some schools had an absentee rate of 60%. Thereafter the incidence declined gradually to reach a normal level by the end of October.

Among school children it was noticed that the first onslaught fell on those aged 12-15 and thereafter affected the Primary sections. School teachers only began to be affected in the relatively later stages.

Illness among the general public became noticeable during the week ending 17th September and reached a peak in the week ending 1st October. A normal position was reached at the end of October.

Anthrax.—During the year a case of Anthrax was notified from Symington. The patient, a male aged 34 years, was admitted to the County Hospital, Ayr, on 14th May and subsequently transferred to Ayrshire Central Hospital, Irvine, on 17th May, 1957. He had a malignant pustule of the face with associated lymphadenitis.

The man was employed in a wool mill in Kilmarnock and the Medical Officer of Health for Kilmarnock was informed, and the patient's own Doctor was advised to notify the case directly to H.M. Inspector of Factories, London.

Incidence of Non-Notifiable Infectious Diseases Occurring in Institutions.—Between 21st May and 1st July, 12 male cases of Chickenpox occurred at Clyde College, Largs. All cases were removed to Ayrshire Central Hospital, Irvine.

A minor outbreak of Measles also occurred at this College during May. Between 12th and 22nd May, 7 males were removed to Ayrshire Central Hospital, Irvine. All were scholars at the College.

Eight cases of Measles (7 males and 1 female) were removed to Ayrshire Central Hospital, Irvine, from Hazeldene Children's Home, Kilwinning, between 15th April, and 13th May. Two cases of German Measles, both males, were removed to Ayrshire Central Hospital, Irvine, from the Home during April, and all cases were children from the Home.

Between 18th February and 6th March, 8 cases of Measles (4 females and 4 males) were notified at Southannan Nursery School, Fairlie. All were inmates of the school and were removed to Ayrshire Central Hospital, Irvine.

An outbreak of Measles occurred at the Residential Nursery, The Moor, Irvine, between 15th March and 29th April. During this period 7 cases (3 males and 4 females) were removed to Ayrshire Central Hospital, Irvine. All were children in the Nursery.

One case of Measles occurred in each of the following Institutions during the year :—

Co-operative Convalescent Home, Largs.
Biggart Home, Prestwick.
Clark Convalescent Home, Largs.

One case of German Measles was notified from Burnside Home, Irvine. Each case was removed to Ayrshire Central Hospital, Irvine.

Measles, German Measles and Chickenpox are not normally notifiable in this County, but those cases occurring in Institutions are reported and invariably are admitted to Ayrshire Central Hospital, Irvine.

Diseases Notified under the Infectious Disease (Notification) Act, 1889, and subsequently confirmed.—

Smallpox and Cholera.—No case occurred of either disease.

Diphtheria (including Membranous Croup).—There were no cases of Diphtheria during the year. This is the sixth year in succession that such has been the case.

The following are the cases and the deaths since 1944 :—

	<i>Cases.</i>	<i>Deaths.</i>		<i>Cases.</i>	<i>Deaths.</i>
1944.....	343	6	1951	1	—
1945.....	277	5	1952	—	—
1946.....	190	1	1953	—	—
1947.....	40	5	1954	—	—
1948.....	17	—	1955	—	—
1949.....	7	1	1956	—	—
1950.....	1	—	1957	—	—

Erysipelas.—The number of cases was 16, compared with 20 in 1956. There were no deaths.

Scarlet Fever.—During the year there were 90 cases of Scarlet Fever, compared with 128 in the previous year. Four cases of Scarlet Fever occurred at Dundonald Children's Home. This is a R.S.P.C.C. Home for neglected children. The cases, 1 male and 3 females, occurred between 12th November and 19th December. The ages ranged from 3 years to 8 years, and all were removed to Ayrshire Central Hospital, Irvine. One case, a male, aged 2 years, was removed to Ayrshire Central Hospital, Irvine, during March, from Residential Nursery, Irvine.

Three cases, 1 male and 2 females, occurred at Biggart Home, Prestwick, during February, March and May. Ages were 3, 6 and 8 years respectively and were removed to Ayrshire Central Hospital, Irvine.

Typhus Fever.—No case was reported.

Enteric Fever (including Typhoid and Paratyphoid Fever).—There were two cases of Typhoid Fever notified, compared with three cases in 1956. No deaths occurred.

One case of Paratyphoid Fever occurred in contrast to seven cases in 1956.

The two cases of Typhoid Fever occurred in Merchant Seamen from a ship which had docked at Montgomery Pier, Ardrossan Harbour. The two Seamen, aged 21 and 27 years, were admitted to Ayrshire Central Hospital, Irvine, as Malaria; and Typhoid Fever was confirmed three days after admission to hospital. One of the Seamen resided in Drogheda, County Louth, Eire, and the other came from Birkenhead. Both were discharged home. The patient from Ireland was in hospital for a month and the other from Birkenhead for 12 days. The final diagnosis in each case was Typhoid Fever. The Medical Officers of Health in the areas where the patients resided were notified on their discharge from hospital.

The two patients were Seamen aboard the oil tanker S.S. San Vulrsano, which docked at Montgomery Pier, Ardrossan Harbour, on 6th June. The ship was carrying oil from Cardon, Venezuela, and arrived at Ellesmere Port, Liverpool, on 4th June. A Health Clearance Certificate was issued at Liverpool and the tanker then left to discharge its cargo at Ardrossan. The two Seamen were removed from the ship the day it docked and it left Ardrossan on the 8th June.

A case of Paratyphoid Fever B was notified on 2nd July and removed to Ayrshire Central Hospital, Irvine. The patient was a male aged 35 years and was resident in Saltcoats. A contact of the patient was found to be a carrier and a succession of faeces specimens resulted in the contact being persistently positive.

Relapsing and Continued Fever.—No cases of Continued Fever occurred. There were no cases in the previous year.

Puerperal Sepsis.—No cases occurred. No case was notified in 1956. The following are the cases and deaths since 1935, in five-yearly periods:—

	<i>Cases.</i>	<i>Deaths.</i>		<i>Cases.</i>	<i>Deaths.</i>
1935-39	56	25	1950-54	5	1
1940-44	73	26	1955	1	—
1945-49	44	1	1956	—	—
			1957	—	—

(b) **Diseases Notified in Terms of Regulations of the Department of Health and subsequently confirmed.**—

Puerperal Pyrexia.—One case was notified. During the previous year there were four cases.

Cerebro-Spinal Fever.—Thirteen cases occurred, two of which were fatal. These figures compared with 12 cases and 1 death in the previous year.

Poliomyelitis.—During the year there were 13 cases of Poliomyelitis—7 males and 6 females were confirmed. Three cases had paralysis and 10 were diagnosed as suffering from the disease by clinical and bacteriological findings, but did not have paralysis. There was 1 death, a male aged 22 years. The original diagnosis was altered in four cases. These figures compared with 17 confirmed cases in the previous year, of which there were 7 with paralysis, including 1 death and 10 without paralysis.

There was little or no connection between any of the cases, but an interesting feature occurred in Beith where two brothers, aged 9 years and 6 years, were removed to hospital with non-paralytic Poliomyelitis. One brother was admitted on 27th August and the other two days later. A playmate of this family, a boy aged 7 years, was removed on 3rd September, and non-paralytic Poliomyelitis was confirmed two days later.

Of the cases occurring within the vaccination age group 8 had not been vaccinated and 3 had received inoculation. None of the paralytic Poliomyelitis cases had been vaccinated. Of the cases of non-paralytic Poliomyelitis occurring within the Vaccination age groups, 3 had been vaccinated and 5 had not.

The death occurred in a male aged 23 years from New Cumnock. He was admitted to hospital at the end of September and died the following day, the cause of death being Poliomyelitis with paralysis.

The distribution of cases in 1957 was :—

LANDWARD AREA.

Patna	1	Beith.....	3
Ardrossan Parish.....	1	New Cumnock	1
Springside.....	1	Girvan Parish	1

SMALL BURGHS.

Troon	2	Kilwinning	1
Newmilns	1	Girvan.....	1

The age grouping is shown in the following table :—

	<i>Under</i> 1	1-5	5-10	10-15	15-25	25-35	35-45	45-65	65 +
Male...	—	—	6	—	1	—	—	—	—
Female	—	—	2	1	2	1	—	—	—

Seasonal incidence :—

June.....	1	September.....	3
July.....	3	November.....	1
August.....	5		

The following are the cases and deaths since 1946 :—

	<i>Cases.</i>	<i>Deaths.</i>		<i>Cases.</i>	<i>Deaths.</i>
1946.....	2	—	1952.....	7	1
1947.....	87	3	1953.....	21	1
1948.....	6	1	1954.....	41	3
1949.....	15	1	1955.....	21	1
1950.....	42	7	1956.....	17	1
1951.....	11	1	1957.....	13	1

Major outbreaks of Poliomyelitis occurred in 1947, when there were 87 cases and 3 deaths, and in 1950 when there were 42 cases and 7 deaths.

Dysentery.—There were 103 cases notified during the year, compared with 89 cases in the previous year.

An outbreak of Sonne Dysentery occurred in Hazeldene Children's Home, Kilwinning, during March. Between the 13th and 26th March, 15 cases were notified. The children, 8 males and 7 females, were removed to Ayrshire Central Hospital, Irvine.

Sonne Dysentery occurred in the Residential Nursery, Kilwinning, between 16th January and 6th February. Eight cases, including a Nurse, were notified. The children, 6 males and 1 female, were removed to Ayrshire Central Hospital, Irvine, and the Nurse was also admitted to hospital.

Encephalitis Lethargica.—No case occurred of this rare disease. The last case notified was in 1934.

Ophthalmia Neonatorum.—There were no cases during the year. There were no cases the previous year. One case occurred in 1954 with no loss of vision. The number of cases of this disease coming under notice has been maintained at a very low figure in recent years. The highest number in any year was 43 in 1933. In the last eight years the incidence has been 3 in 1950, 1 in 1951, 1 in 1952, 2 in 1953, 1 in 1954, and none in 1955, 1956 and 1957.

Acute Influenzal and Acute Primary Pneumonia.—The numbers were, of the former, 38; and of the latter, 247. During the previous year the numbers were 11 and 240 respectively. Between 21st September and 26th October there were notified 33 cases of acute influenzal pneumonia and 106 cases of acute primary pneumonia. This unusual increase in notified cases of both types of pneumonia occurred during the outbreak of influenza in the County from 26th September onwards. From this date there was a rapid decrease in the number of cases coming to notice.

Malaria.—Two cases occurred compared with one case in 1956.

Infective Jaundice.—This disease did not occur.

Whooping Cough.—There were 194 cases notified during the year, compared with 252 cases in the previous year.

Food Poisoning.—One case occurred, compared with 3 cases notified in 1956. This case was a male aged 45 years from Auchinleck. The patient had eaten a portion of potted meat. A sample of the potted meat was sent to the County Laboratory for bacteriological examination which showed a growth of *Staphylococcus Aureus Pyogenes*. The number of inmates of the house was five and only the patient had any abnormal symptoms.

(10) Mental Health Service.

(a) **Lunacy Cases.**—The authorised Officers, appointed as approved by the Secretary of State, dealt with 85 admissions to the Mental Hospital during the year (males 33, females 52).

(b) **Mental Patients under Guardianship.**—Besides being visited at least twice yearly by or on behalf of the Authorised Officer, boarded out mental patients are visited quarterly by Medical Officers on behalf of the Local Authority, and they are, moreover, periodically visited by Medical Commissioners from General Board of Control, usually once annually.

The following are particulars of County Mental Patients in the care of Private Guardians as at 31st December, 1957 :—

IN PRIVATE GUARDIANSHIP.

<i>Where Boarded.</i>	<i>With Relatives.</i>	<i>With Strangers.</i>	<i>Totals.</i>
Mental Defectives—			
Within the County	23	6	29
Outwith the County... ..	2	11	13
In Care of Officers of the Welfare Home, Ayr, and the Cuninghame Home, Irvine	—	20	20
Certified Lunatics—			
Within the County	2	—	2
Outwith the County... ..	2	—	2
Totals at 31st December, 1957	29	37	66
Totals at 31st December, 1956	29	36	65

(c) **The County Psychiatrist** reports as follows :—

(1) **Psychiatric Consultations—**

Cases referred for opinion of Psychiatrist with a view to certification or other disposal	33
Cases certified under Mental Deficiency or Lunacy Acts	5

(2) **Care and After-Care Cases—**

Referred from Mental Hospitals and Mental Deficiency Institutions, Social Welfare Department, etc., or referred by various other agencies for supervision	57
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Liaison thus continues to be maintained with Hospital Services of the Regional Hospital Board and After-Care provided by the Local Authority in cases where this is considered necessary.

(3) **Cases referred to Other Agencies—**

Referred to Psychiatric Out-Patient Clinics...	...	...	3
Admitted to Mental Hospitals	...	...	3
Admitted to Mental Deficiency Hospitals	...	...	4
Admitted to various Institutions and Homes	...	...	10
Referred to General Hospital	...	...	2
Referred to Ministry of Labour with special recommendations	...	...	3
Referred to Voluntary Agency	...	...	1

(4) **Educable Mental Defectives notified on Leaving School** 14

These cases were brought to the attention of the Local Authority by the Education Authority under Section 57 of the Education (Scotland) Act, 1956. None of these cases during the year under review exhibited employment or other problems which necessitated referral to the County Psychiatrist. This figure should be interpreted with caution, however, as it does not necessarily mean that some of them who seem to settle down initially do not come to our notice in subsequent years if such problems arise. (A number of such cases, for instance, are listed under (2) above as having been dealt with by means of some form of community care during the present year; adjustment problems may thus occur in such cases at various periods in their lives, irrespective of the apparent initial adjustment.)

The significance of some of the figures given under (1) - (4) above of the nature of this work will be further discussed this year under (6) below (in connection with the Report of the Royal Commission of the Law relating to Mental Illness.

(5) **Mental Health Education.**—The activities of the County Psychiatrist in connection with this, as well as liaison with voluntary and statutory agencies in the field of the mental health of the community, have continued during the year under review. The usual requests for talks on mental health topics continued to be made from time to time by various bodies and organisations.

The Ayrshire Marriage Guidance Council (whose formation was recorded in last year's Report) continues to be well supported both by Local Authorities in this County and by various private voluntary organisations and individuals. It was accordingly able to establish its activities on a firm basis during 1957 and the services which it renders should in time make a valuable contribution towards the mental health of the community as a result of preventive action in relation to marriage breakdowns and marriage difficulties. The Health Department staff of this Authority has been associated with the Marriage Guidance Council since its establishment in this area; as Convener of a Sub-Committee of the Marriage Guidance Council which deals with preparation for marriage, the Psychiatrist's activities have been particularly concerned with the organisation of courses for engaged and newly-married couples.

The Annual Conference of the Scottish Association of Mental Health was held as usual in Peebles in March, 1957. As in previous years Ayr County Council was represented. The increasing success of this Conference over a number of years has reflected the marked growth of interest in mental health matters among both members and staff of Local Authorities throughout the Country as well as among many other individuals and organisations.

(6) **Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency.**—This increased interest was further reflected in the generally favourable reception accorded in all quarters to the above Report which was published in May, 1957. Since the publication of this Report it has been officially announced that legislation based upon it is to be introduced at an early date. The Association of County Councils in Scotland accordingly sent out a memorandum to their constituent bodies requesting comments on the various suggestions made by the Royal Commission and the County Psychiatrist was accordingly asked to make out a report on behalf of this Authority.

The existing legislation in this field is unnecessarily complicated, no longer appropriate to the needs of patients nor in accordance with modern views on mental illness and its treatment. The need for a thorough revision of the Lunacy and Mental Deficiency Acts was therefore given official recognition quite some years ago

—as far back, in fact, as the report of Sir William Beveridge in 1944, upon which subsequent health and welfare legislation was based. A revision of the law concerning mental illness was intended to precede such legislation, but this did not in practice prove possible. Hence, as a result of the administrative system which was set up under the new National Health Service in 1948, two developments occurred: (1) the Mental Hospital Services were removed from the scope of the Local Authority's administration and placed under the Regional Hospital Boards. The services in connection with mental health retained under the National Health Service Act by the Local Authority were vague and ill-defined and no regular financial provisions were made for them; (2) in the meantime, in the absence of a revision of the mental deficiency and lunacy legislation, no change took place in the legal procedures required for certification and admission to these hospitals, in spite of the fact that there was now no administrative difference between these and other hospitals. (Even so-called voluntary admission is still subject to legal formalities which have never existed in the case of admission to general hospitals.)

The proposals of the Royal Commission which are of particular interest to Local Authorities are in the main those which are concerned with these two aspects of the present Mental Health Services.

With regard to (1) there are a large number of recommendations which fall under the heading of "Community Care." This is the field referred to in the N.H.S. Act (and also in our Annual Reports) as "Care and After-Care" and which was, in fact, under this name allocated by the latter Act to the Local Authority Health Services. Space does not permit a detailed or comprehensive account of the extensive proposals of the Royal Commission concerning community care to be given here. Briefly they may be summarised by saying that the Royal Commission not only fully accepts the view that this field should continue to be administered by Local Authorities, but recommends that the present vague powers be replaced by positive statutory duties. A definition of the various Local Authority functions in this matter should be of considerable value to all concerned, though it is of interest to note that many of the suggestions which the Royal Commission actually makes are, in fact, along lines already developed by this and certain other Local Authorities, *e.g.*, close co-operation between Local Authorities and Hospital Services; social work for patients who have left hospital; the extension of such after-care not to be dependent upon the continuation of compulsory powers (*i.e.*, licence or guardianship); social help and advice to psychiatric patients of all types (not necessarily only those who have been in hospital at some time or other) and to their relatives: psychiatrists to

serve on the staff of Local Authorities ; frequent case conferences between the staff of different departments, etc. In this connection the following comments are worth quoting from the Report :—" In relation to mental health it seems to us very difficult to draw a distinction between community services needed on medical grounds and those needed on social grounds. All forms of mental disorder directly affect a person's everyday life, and an important element in the medical treatment of such disorders is the attempt to secure the patient's adjustment to his social environment or improvement in the social environment itself. All social work for the mentally disordered has a medical flavour and all medical work for them has social rehabilitation as its aim." Here again this fact has been accepted for some considerable time in Ayrshire and the principle was recognised in practice some years ago by placing the Health and Welfare Departments under the same administrative direction. (The Royal Commission does actually make the point that the implementation of many of their recommendations for the development of these community services is, in fact, possible under Local Authorities' existing powers, and in the light of their proposals our own County seems to have a very satisfactory record in this field.)

At the same time both the extension of these services as well as the setting up of certain additional ones proposed by the Royal Commission would require not only new legislation but also further financial and other resources. (This last point is, however, fully recognised by the Royal Commission and specially emphasised in its recommendations.) The Community care proposals which would come under this latter heading of new services are of various kinds and include increased provision of attendance and residential centres for cases of sub-normal intelligence, various kinds of training facilities, including residential training, for these and certain other types of cases, etc. There is thus evident in the Royal Commission's proposals, as in present-day medical thinking generally, a definite shift of emphasis from hospital care to community care.

With regard to the second aspect mentioned above—the present procedures for admitting patients to hospital—it is proposed to abolish certification as at present understood and to make it possible for the vast majority of cases to be admitted to mental hospitals with no more formality than would be required for admission to a general hospital. In the small minority of cases where compulsory powers might still be required an entirely new set of procedures is recommended with various safeguards which differ considerably from those existing at present. Many of these powers would be exercised by the Local Authority. In this connection the Royal Commission makes the following point :—" It is essential that the working of the new procedures should be

in the hands of people who have the sort of knowledge and experience needed to form a sound judgment on the questions at issue." In other words, although simplified procedures would be one of the objects of the new legislation it would be unduly optimistic to hope for too much simplification either in this or in any other aspect of mental health work; unfortunately progress in any field never does seem to go hand in hand with a lesser degree of complexity of the subject; if anything, the reverse is the case. What can, however, be reasonably expected is that such complexity as is unavoidable should serve some useful purpose—one which is in accordance with the needs of the work and the modern outlook on mental health.

In connection with the recommendation for a decreasing use of compulsory powers, it is again of some interest to note the diminishing figures in this category in our successive Annual Reports. Here again the Royal Commission is giving expression to a point of view which has been gaining increasing acceptance both among medical men and by the general public over a number of years.

The guiding principle, therefore, which underlies the consideration of the Royal Commission is the view that mental illness should as far as possible be dealt with administratively on the same basis as physical illness.

(11) **Work under Nurseries and Child-Minders' Regulations Act.**

No applications for registration under the above Act were received during the year. No licences were in force at the end of the year.

C.—PORT HEALTH ADMINISTRATION.

Seaports.—No special problems arose in connection with the administration of the Public Health (Ships) (Scotland) Regulations, 1952, at Ardrossan, Irvine and Troon. In no case was it necessary to detain a ship.

None of our three seaports is approved for the issue of deratisation certificates.

Airport.—At Prestwick Airport the work of the Port Medical Officer and the Medical Inspector of Aliens was carried out as in previous years.

The Medical Centre at Prestwick Airport has continued to function during the year. The premises are provided and equipped by the Ministry of Civil Aviation, and are staffed by four Nursing Sisters appointed by the County Council and responsible to the County Medical Officer for the execution of their duties.

These duties include attendance on injured passengers following accidents, the welfare of employees of the Ministry of Civil Aviation, certain port health duties and the care of sick passengers who may be referred to them.

The Centre is provided with a few beds for the accommodation of cases who may require nursing attention for a brief period prior to arrangements being made for more adequate disposal.

The Nursing Sisters reside in the Centre and one at least is on duty at any time during the 24 hours. Minor injuries and illnesses are dealt with in the treatment room of the Medical Centre and transport is available should their services be required on the apron or elsewhere in the Airport.

There were no accidents involving aircraft during the year.

Prestwick Airport.

RETURN OF TREATMENTS GIVEN BY AIRPORT NURSES FOR THE YEAR 1957.

	<i>Medical</i>	<i>Surgical</i>	<i>Burns</i>	<i>Eyes</i>	<i>Ears.</i>	<i>Misc.</i>	<i>Total.</i>
January ...	55	110	3	13	7	4	192
February ..	82	102	3	20	13	—	220
March	55	142	6	7	2	5	217
April	98	110	4	21	2	6	241
May	98	126	16	75	5	8	328
June	100	243	19	50	4	12	428
July	110	274	9	70	7	29	499
August	115	277	10	107	18	—	527
September.	298	205	15	64	10	13	605
October	218	142	5	41	22	—	428
November.	131	135	9	35	6	2	318
December .	94	142	14	31	7	1	289
TOTALS	1,454	2,008	113	534	103	80	4,292

The work of the Medical Officer includes the organisation and control of the Medical Centre, the execution of the relative terms of the Public Health (Aircraft) (Scotland) Regulations, 1952, and the Aliens Order, 1953, and the supervision of welfare arrangements for employees of the Ministry of Civil Aviation.

During the year 5,407 civil and military aircraft arrived at Prestwick Airport. The passengers disembarking totalled 60,748 and 135,799 landed in transit to other places.

During the second half of the year the figures of American Service Personnel and their dependents are not included.

Prestwick Airport, 1957.

<i>Month.</i>	<i>No. of Aircraft.</i>	<i>Passengers Disembarking.</i>	<i>Passengers in Transit.</i>
January.....	516	2,680	13,393
February.....	563	2,816	15,994
March.....	562	3,590	16,199
April.....	491	4,440	12,791
May.....	641	5,788	17,841
June.....	538	9,054	15,395
July.....	466	9,647	11,701
August.....	455	7,187	10,245
September.....	384	4,879	9,946
October.....	296	3,499	5,351
November.....	239	2,871	2,983
December.....	256	4,297	3,960
TOTALS.....	5,407	60,748	135,799

D.—FOOD SUPPLY.

(1) Milk (Special Designations) (Scotland) Orders, 1951 and 1952.

In accordance with the provisions of the above-mentioned Orders, samples of Certified and Tuberculin Tested milk from each farm supply were taken at intervals during the year and submitted to the Regional Hospital Board Laboratory for plate count and coliform test.

The following table gives the over-all summary of results :—

<i>Designation.</i>	<i>No. of Producers at 31/12/57.</i>	<i>No. of Samples.</i>		<i>No. of Producers with</i>						<i>Percentage Failures.</i>
		<i>Taken.</i>	<i>Failing.</i>	<i>1 Failure.</i>	<i>2 Failures.</i>	<i>3 Failures.</i>	<i>4 or more Failures.</i>	<i>3 Consecutive Failures.</i>	<i>4 or more Consecutive Failures.</i>	
Certified	32	148	25	4	2	2	3	1	—	17.6
Tuberculin Tested ...	1485	8638	1246	399	215	81	40	34	10	14.2

It should be noted that the above figures do not include samples taken before a new licence is issued or those drawn from separate milking machine units, coolers, transport cans, etc., in the course of investigation into official sample failures, these two categories accounting for the testing of a further 700 samples.

The total number of samples taken was fewer than in 1956 due in the main to an enforced curtailment of testing brought about by staffing difficulties at the laboratory during the months of June, July and August. Despite this, however, each designated farm supply was sampled on an average between five and six times. I would also mention that, while 32 producers held Certified Licences, only 25 of these were actually engaged in the bottling of their respective milk supplies.

The incidence of Certified sample failures showed an improvement of 2% over the 1956 figures, but the T.T. failures increased from 12.8% to 14.2%.

Faults in production methods coupled with the failure of samples of their milk to satisfy the afore-mentioned bacteriological requirements led to nine producers having their Tuberculin Tested Licences suspended, a comparatively small number, it might be argued, when one considers the sampling figures. In this respect, however, I would again emphasise that such a course is adopted only in extreme cases, every effort being made by Milk Officers to obtain the co-operation of producers in securing compliance with the bacteriological standards and improving methods where need be—a seemingly endless task which can not be satisfactorily expressed in statistics.

Nevertheless, since statistics would appear to demand a prominent place in our present generation, I can state that the number of farm inspections made and reported on by Milk Officers was 2,884, of which 652 were milking inspections. This total does not, of course, include the many brief yet worthwhile calls made, in passing, to check on previous faults found or advice given.

In addition, 1,970 visits were made to farms for the purpose of taking routine samples (or repeat samples where failures were being encountered) in the course of many of which, milking methods were noted, although since such visits were necessarily of short duration, they were not classed as milking inspections.

The rinsing of milk utensils with sterile water to assess the efficiency of sterilisation on the farm accounted for a further 84 visits which resulted in 610 rinse samples being submitted for bacteriological examination.

In the course of the year 20 producers installed chilled water or direct expansion coolers, so that 375 of Ayrshire's dairy farms are now equipped with really efficient means of cooling milk and are no longer at the mercy of warm summer weather with its adverse effect on the temperature of public and private water supplies alike.

Non-Designated Milk.—Although no bacteriological standard is laid down for the milk of those producers who hold neither Certified nor Tuberculin Tested Licences, the supplies of the 27 farms in this category were subjected to count and coliform tests.

134 samples were taken, 37 of which gave unsatisfactory results.

Pasteurised Milk.—The number of pasteurising plants licensed by the Local Authority increased from 5 to 7. Only one of the additional licence-holders, however, was engaged permanently in pasteurisation and distribution, the second licence being issued to the West of Scotland Agricultural College to cover the temporary treatment and distribution of milk during their courses of instruction.

Supplies of Tuberculin Tested (Pasteurised) or Pasteurised milk from each plant were again sampled at weekly intervals, and of 424 samples taken only 3 proved unsatisfactory, 2 failing to satisfy the Phosphatase Test and the third showing the presence of coliform bacilli.

Milk-in-Schools Scheme.—All but one of the Local Authority's 166 schools as well as 10 private schools were supplied with milk under the above scheme.

A few schools in the Carrick district continued to receive Tuberculin Tested milk from local retailers, but distribution in the main consisted of Pasteurised milk from eight creameries, four of which are licensed by the County Council, two by the Burgh of Ayr, one by the Burgh of Kilmarnock and one by the Burgh of Paisley.

Considering the thousands of bottles delivered daily, complaints were very few indeed and were expeditiously dealt with.

Scottish Milk Testing Scheme.—In the course of the year, 296 notifications in terms of this Scheme were received from 10 creameries (ranging from Glasgow to Stranraer) to which Ayrshire milk was being consigned, details of the test failures as well as a

comparison with the two preceding years being given in the following table :—

<i>Year.</i>	<i>Daily Platform Test Failures.</i>	<i>Weekly Resazurin Test Failures.</i>	<i>No. of Producers involved in Four or more W.R.T. Failures.</i>
1955.....	497	134	6
1956.....	126	22	1
1957.....	281	15	Nil

The Platform Test failures in each case meant the rejection of the milk as being unfit for the liquid market by reason of appearance, smell, flavour or acidity; in all, 4,187 gallons were returned to producers on one or more of these grounds, the largest rejection of an individual farm supply being 80 gallons.

The Weekly Resazurin Test is a test for keeping quality carried out on bulk supplies which have, of course, already satisfied the Platform Test.

It is interesting to note that 32 per cent. of the Platform Test failures and 60 per cent. of the Resazurin Test failures occurred during the month of June when, according to information kindly provided by the Meteorological Section at Prestwick Airport, the average daily temperature was very slightly higher than the other so-called summer months of July and August, with one really warm week when temperatures ranged from 72°Fah. to 84°Fah.

With milk being consigned, however, to many other creameries throughout the West of Scotland which do not participate in the Scottish Milk Testing Scheme, the results must be construed as relating to only part of the County's total milk production of over 42 million gallons.

An Unusual Case of Tuberculosis on a Farm.—A farm hand began work at a farm in Ayrshire in January, 1957. On the day of arrival the farmer noted that the worker was thin and had a troublesome cough. Later he was found to be easily tired and required to rest more than is usual for a young man. He had a bedroom in the farmhouse and had his meals with the family.

He was mainly engaged in feeding the cattle and milking, and during inclement weather spent much time in the byre grooming the animals.

The Attested herd comprised some 33 Ayrshire cows and one bull. The stock was founded in 1935. The stock was tuberculin tested in April, 1957, and no reactors were found. The young stock, with the exception of a bull which was kept isolated, went to grass about this time.

The worker's condition deteriorated and in June, 1957, he returned to his home in the East of Scotland. He was soon discovered to be suffering from pulmonary tuberculosis and was admitted to a sanatorium for treatment.

In August, 1957, the cattle were again tuberculin tested; no new cattle having been added to the herd since the April test. Twenty-two of the 33 dairy cows were reactors as was also the bull which was isolated, and all had been fed and cows milked by the patient. The young stock did not react. The reactors were slaughtered and all but seven showed active lesions of the pulmonary glands.

Great assistance was given by the Divisional Veterinary Officer of the Department of Agriculture. He sent single bronchial lymph glands from two reactors and mediastinal lymph glands from another two reactors for laboratory reports. Cultural typing revealed the Bovine type of tubercle bacillus in all four specimens; one specimen sent for biological typing confirmed the result of the cultural typing.

The bacteriologist at the City Hospital, Edinburgh, isolated the tubercle bacillus from the sputum of the patient and on culture was of opinion that the organism was probably of the bovine type; this was fully confirmed later following animal inoculation.

It would seem reasonable to conclude that the cattle were infected from a human source.

It is unnecessary to stress the obvious, namely, that all milkers should have chest X-rays.

E.—**MISCELLANEOUS.**

(1) National Assistance Act, 1948.

Section 21—Residential Accommodation.

The County Council maintains four Homes for old people in the County—Birkenward, Skelmorlie; Lainshaw House, Stewarton;

Largs Home, and Nether Auchendrane House, near Ayr, with, in addition, Part III. Accommodation at Welfare Home, Ayr, and Cuninghame Home, Irvine.

	<i>Birkenward.</i>		<i>Lainshaw.</i>		<i>Largs.</i>	<i>Nether Auchendrane.</i>		<i>Cuninghame Home, Irvine.</i>		<i>Welfare Home, Ayr.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
No. Admitted during 1957...	7	4	15	18	3	5	7	51	22	21	15
No. Discharges during 1957...	5	5	12	20	3	5	7	54	25	21	18
No. of Beds occupied 31/12/57	7	12	15	21	5	6	17	61	26	16	8
Total No. of Beds	7	14	17	23	6	8	18	No specified		No.	

At the end of the year all Homes were fully staffed:—

	<i>Supervisor.</i>	<i>Cook.</i>	<i>Maid.</i>	<i>Gardener/ Handyman.</i>
Birkenward	1	1	2	1
Lainshaw House ...	2	1	7	1
Largs Home	1	—	1* * part-time	—
Nether Auchendrane	2	1	4	—

In addition, 2 males and 9 females are accommodated in other Authority Homes, and 10 males and 14 females in Voluntary Homes.

Section 29—Welfare Services for the Handicapped.

Blind Persons.—The County Council delegates its functions with regard to the welfare of Blind Persons to the Glasgow and West of Scotland Joint Committee for the Blind.

The report on Domiciliary Blind for the half-year ending September, 1957, shows that 918 Blind Persons were visited in their homes, 174 other visits were paid and 101 lessons in Braille, handicrafts, etc., were given.

The number of Registered Blind in the County area was 304.

The Industrial Rehabilitation Course at Alwyn House, Ceres, was attended by 3 males, 2 of whom are now at the Engineering Training Course at Letchworth, while the other, a skilled engineer, took an engineering course for training in instrument rating in Braille and has now successfully resumed his former employment.

Handcraft classes continued at Centres in Saltcoats and Ayr.

The Domino Club continued as in the past. A Bowls' Class was initiated in Kilmarnock and was attended enthusiastically, the members attaining a fair degree of skill.

A successful outing to Troon and Largs was held in June for Blind Persons from all over Ayrshire.

Several persons spent a holiday at the Mission's Holiday Home at Dunoon.

Deaf and Dumb Persons.—The County Council delegated its functions with regard to the Welfare of Deaf Persons to the Ayrshire Mission to the Deaf and Dumb.

The Annual Report from the Ayrshire Mission to the Deaf and dumb shows that 368 visits were made to the deaf in their homes and 27 visits to the sick.

The number of Deaf in the County area was 185.

Religious Services for the Deaf are regularly held in Ayr, Kilmarnock, Catrine and Kilwinning.

The employment situation is very good, only one member being unemployed.

There was an annual outing in September, when 28 deaf attended.

The Institute's premises are open at Ayr and Kilmarnock and a varied programme of social activities is available. There are also Clubs for cricket and football.

Hard of Hearing Persons.—The first Club was formed in Ayr last winter, using the premises of the Deaf and Dumb. Instruction was given in lip-reading, handcrafts and a varied social programme organised. It is pleasing to report that this Club is now the largest in Scotland.

The Crippled, Home-bound and otherwise Disabled.—The number of handicapped persons in the County is not known with certainty. The Field Worker who was engaged has now completed a survey of the Burghs of Prestwick and Troon and No. 3 Area of the County (Ayr District). Her findings are shown in the following table :—

	0-16	16-19	20-39	40-59	60 plus	Total.
Infantile Paralysis ...	—	—	2	3	1	6
Paralysis (Others) ...	—	—	—	4	8	12
Mentally Handicapped	—	—	1	—	—	1
Mentally Defective ...	3	3	11	1	—	18
Spastic	1	1	—	—	—	2
Cripples (Amptn.) ...	—	—	—	—	5	5
Cripples (Others) ...	—	—	1	—	6	7
Disseminated Sclerosis	—	—	2	5	—	7
Rheumatoid Arthritis	—	—	—	2	8	10
Muscular Dystrophy...	1	—	1	2	1	5
Cardiac Disease... ..	—	—	2	4	—	6
Bronchiectasis	—	—	1	1	—	2
Spondylitis	—	—	—	—	1	1
Paget's Disease	—	—	—	1	1	2
Parkinson's Disease ...	—	—	—	1	—	1
Emphysema	—	—	—	—	1	1
Pneumoconiosis	—	—	—	—	1	1
Mental Illness	—	—	—	1	—	1
	5	4	21	25	33	88

The needs of the handicapped may be grouped as follows :—

- (a) Discovery and ascertainment of need and giving advice ;
- (b) Visitation ;
- (c) Training in crafts and marketing of products ; and
- (d) Promotion of general welfare and social activities.

The Domiciliary Blind have always been considered separately and not classed with other handicapped persons but as progress is made it may be possible to bring these two groups more closely together since they have many common interests.

In order to develop the service for the Handicapped, certain key personnel would be required in addition to Field Welfare Officers. The Crafts Teacher or Occupational Therapist would teach in the Homes and to groups at selected centres. The Physiotherapist would treat those confined to the house who are suffering from paralytic or arthritic conditions.

Welfare of the Aged.—There are some 32 Old People's Welfare Committees in the County.

Meals on Wheels are served in Saltcoats, Ardrossan, Kilbirnie and Dalry. The County Council pay one-third of the cost of this service. The W.V.S. are interested in starting Meals on Wheels Services in Largs and Skelmorlie.

Section 21 (1) (b)—Temporary Accommodation.

Temporary accommodation had to be provided for seven families. Six of these were evicted; two from tied cottages, and four from relatives or other accommodation. Fire rendered the remaining family homeless.

Section 17—Reception Centres.

Accommodation is provided for vagrants at Cuninghame Home, Irvine. During the year 264 males and 44 females were admitted, giving 427 patient days.

Eighteen Reception Centre cases were accepted and transferred to Part III. Accommodation.

Section 37—Registration of Homes for Disabled Persons.

The Church of Scotland Home, Dunselma, Fenwick; Haylie House, Largs, and Davidson Home, Girvan, which provide for the care of the aged are registered under the Act.

Section 47—Removals to Suitable Premises of Persons in Need of Care and Protection.

An old woman living in Troon and unable to care for herself refused to accept the offer of care and attention in residential accommodation and was compulsorily removed to Part III. Accommodation at Cuninghame Home, Irvine.

(2) Nursing Homes Registration (Scotland) Act.

There are three registered Nursing Homes, having accommodation for 18 medical, surgical and maternity cases, 22 chronic sick cases, and 22 chronic sick and medical cases respectively.

(3) Health Education.

Dr. Elenora Simpson, Lecturer for the Scottish Council for Health Education, visited a number of schools in the Irvine Valley area of the County for a week at the beginning of February, when she addressed mixed gatherings of children aged 13-15 on various health topics. The subjects were illustrated by film strips and flannel graphs. Ten schools were visited and approximately 1,300 attended.

Members of the Medical Staff gave talks to various organisations at Saltcoats on "Health and Fitness," at Troon on "Medicine and Philately," and at Prestwick on "Accidents in the Home."

Numerous leaflets, posters, etc., on many aspects of health are produced by the Scottish Council for Health Education and are available on request. Many of these are used for display and distribution mainly at the Child Welfare Centres and Doctors' Surgeries.

Advantage is also taken of propaganda material issued by the National Association for the Prevention of Tuberculosis, for general purposes and especially for use in areas which are due to be surveyed by the Mobile Mass Miniature Radiography Unit.

(4) Blood Transfusion.

Two visits were paid by the West of Scotland Blood Transfusion Service to the Saltcoats area during the year. The first, in February, attracted 171 volunteers, of whom 150 gave blood. The second session was in August, when 170 attended and blood was withdrawn from 153. On both occasions the Unit was accommodated in the County Clinic premises at Campbell Avenue.

(5) Accidents in the Home.

During the year 25 accidents in the home were reported by District Nurses—11 males and 14 females were affected. The greatest incidence was in the 2-5 age group with 11 cases. The under 1 year group ranked second with 8. Further cases involved three children between 1 and 2 years and one aged 5. The remaining cases covered two adults aged 27 and 33 years respectively.

Burns and scalds together accounted for 19 of the total number, there being 9 burns and 10 scalds. The other cases were 4 fractures due to falls, 1 cut hand due to falling while carrying a milk bottle, and, finally, 1 very unusual case of chlorine poisoning occurred when a young housewife, while cleaning the lavatory pan in the bathroom with 'Harpic' added bleach to produce a better cleaning effect; as a result chlorine gas was evolved and she was overcome by the fumes. She subsequently developed acute bronchitis and was ill for two weeks.

There were no fatal accidents but 15 were classified as serious and required admission to hospital; in several instances the stay in hospital was prolonged by the need for skin grafting.

All these accidents occurred within the home with one exception where a child of 2½ lifted a milk bottle from the door step and fell with the bottle in his hand, resulting in a cut which required six stitches.

The living-room and kitchen are again shown to be the most dangerous rooms in the house, though this year the bedroom was the scene of two accidents. All the well-known causes were present and a few new ones. These included unguarded fires, trailing electric switches, worn hot water bags, and teapots, etc., left within a child's reach. To further illustrate the need for unrelaxing vigilance two further cases may be mentioned—a boy, aged 3, in bed with a cold, threw a bed mat over an electric fire (it had a guard) causing a fire which spread to a basket cot in which a baby was sleeping. The baby sustained burns of the face and head which would have been more serious had not a prompt alarm been given by an older child in the room.

The second instance concerned a child of 3 who was playing with a box of matches when they ignited setting fire to her night-dress. This child spent twelve weeks in hospital with serious burns and had to have a skin graft.

An adult was seriously burned when she took an epileptic seizure while sitting on a low seat in front of the fire. She sustained burns of such a degree as to necessitate being in hospital for several months. A plastic operation was also necessary in this case.

Complete figures are not available of those cases admitted to hospital as a result of accidents in the home, but it is known that 40 people died from this cause in this area during the year.

F.—GENERAL SANITATION.

General sanitation is dealt with fully in the Reports of the County Sanitary Inspector and the Sanitary Inspectors of the Burghs of Ardrossan, Cumnock, Darvel, Galston, Girvan, Irvine, Kilwinning, Largs, Maybole, Newmilns, Prestwick, Stevenston, Stewarton and Troon.

TABLE I.
CAUSES OF DEATH—LANDWARD AREA AND SMALL BURGHS.

<i>Causes of Death.</i>	<i>County Landward.</i>	<i>Ardrossan.</i>	<i>Cumnock.</i>	<i>Darvel.</i>	<i>Galloway.</i>	<i>Girvan.</i>	<i>Irvine.</i>	<i>Kilcunning.</i>	<i>Largs.</i>	<i>Maybole.</i>	<i>Neumilns.</i>	<i>Prestwick.</i>	<i>Salcoats.</i>	<i>Stevenston.</i>	<i>Stewarton.</i>	<i>Troon.</i>	<i>Total—Landward Area and small Burghs.</i>
Tuberculosis of Respiratory System.....	7	—	—	1	—	1	—	—	1	—	—	—	—	1	—	—	15
Tuberculosis, other forms.....	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Syphilis and its sequelae.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever (including Paratyphoid)...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery, all forms.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever and Streptococcal Sore Throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough.....	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Meningococcal Infections.....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute Poliomyelitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles.....	5	17	8	5	16	17	24	9	20	8	10	24	36	13	4	23	438
Other Infections and Parasitic Diseases....	204	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	8
Malignant Neoplasms.....	6	3	—	—	—	2	—	3	—	—	—	—	1	—	1	1	26
Benign and Unspecified Neoplasms.....	15	1	—	—	—	—	—	1	—	—	—	1	—	—	2	—	4
Diabetes Mellitus.....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16
Anaemias.....	12	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other General Diseases.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vascular Lesions affecting Central Nervous System.....	203	16	8	9	11	17	25	13	25	8	13	16	25	20	9	18	436
Non-Meningococcal Meningitis.....	3	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	4
Other Diseases of Nervous System.....	16	—	4	—	—	1	5	1	1	1	1	2	3	—	—	—	35
Rheumatic Fever.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chronic Rheumatic Heart Disease.....	17	3	—	—	—	1	3	1	2	—	—	—	—	—	3	4	34
Arteriosclerotic and Degenerative Heart Disease.....	403	20	18	14	15	26	50	20	65	18	12	75	40	39	20	46	881
Other Diseases of Heart.....	18	1	1	1	1	2	1	2	1	—	—	1	3	1	—	—	33
Hypertension with Heart Disease.....	31	—	2	4	3	—	3	—	4	6	2	3	7	2	—	4	71
Hypertension without Heart Disease.....	16	—	2	—	1	1	1	—	1	1	—	3	2	3	—	1	32
Other Circulatory Disease.....	41	—	2	3	1	1	3	1	7	2	1	3	4	1	—	4	73
Influenza.....	18	2	1	1	—	1	2	1	—	—	2	—	1	3	—	1	33
Pneumonia (except of newborn).....	33	1	1	1	2	1	4	2	1	3	1	1	1	1	1	5	57
Bronchitis.....	39	—	1	—	1	1	3	1	—	—	3	1	4	—	—	1	59
Other Respiratory Diseases.....	25	—	2	—	2	—	3	1	—	—	—	3	1	—	—	2	40
<i>Carry forward.....</i>	1117	65	52	38	52	72	128	56	129	49	47	136	131	84	41	110	2307

TABLE I.—Continued.
CAUSES OF DEATH—LANDWARD AREA AND SMALL BURGHS—Continued.

<i>Causes of Death.</i>	<i>County Landward.</i>	<i>Ardsrahan.</i>	<i>Cumnock.</i>	<i>Dareel.</i>	<i>Galston.</i>	<i>Girvan.</i>	<i>Irvine.</i>	<i>Kilwinning.</i>	<i>Largs.</i>	<i>Maybole.</i>	<i>Newmilns.</i>	<i>Prestwick.</i>	<i>Saltcoats.</i>	<i>Stevenson.</i>	<i>Stewarton.</i>	<i>Troon.</i>	<i>Total—Landward Area and Small Burghs.</i>
<i>Brought forward.</i>	1117	65	52	38	52	72	128	56	129	49	47	136	131	84	41	110	2307
Ulcer of Stomach and Duodenum	13	1	1	1	—	3	3	—	—	1	1	5	2	1	—	2	34
Appendicitis	4	—	—	—	—	2	—	—	3	—	—	2	—	—	—	1	8
Intestinal Obstruction and Hernia	4	1	—	—	—	—	—	—	—	—	—	—	—	2	—	1	13
Gastritis and Duodenitis	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
Diarrhoea (except of newborn)	3	—	—	—	—	—	1	—	—	—	—	1	2	—	—	—	8
Cirrhosis of Liver	4	—	—	1	—	—	1	—	1	—	—	—	1	—	—	—	7
Other Diseases of Liver	4	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	7
Other Digestive Diseases	7	—	—	—	2	—	—	2	—	1	1	1	1	1	1	—	12
Nephritis and Nephrosis	14	—	1	—	—	—	—	—	—	1	1	1	1	—	—	1	25
Hyperplasia of Prostate	11	—	—	—	—	—	2	—	—	—	—	—	2	—	—	1	15
Other Diseases of Genito Urinary System	10	—	—	—	—	—	2	—	1	—	—	—	—	—	—	1	16
Puerperal Sepsis, including Post-Abortive Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Puerperal Causes	2	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	4
Diseases of Skin and Organs of Locomotion	7	1	—	—	—	—	1	—	—	1	—	—	—	1	—	1	10
Congenital Malformations	23	—	1	—	—	1	3	1	2	—	—	—	2	1	—	—	35
Birth Injuries, Post-Natal Asphyxia and Atelectasis	26	4	1	1	5	1	1	—	1	—	—	4	2	2	1	—	49
Pneumonia of newborn	3	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—	6
Diarrhoea of newborn	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Other Infections of the newborn	2	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	3
Other Diseases peculiar to Early Infancy	10	1	—	—	—	—	1	—	—	1	—	1	1	1	1	—	19
Other Diseases peculiar to Early Infancy	8	1	—	—	—	—	3	—	3	1	—	1	—	—	—	—	18
Senility	6	—	—	—	1	1	2	—	—	—	—	3	—	1	1	—	10
Cause Ill-defined and Unknown	8	—	—	1	1	1	1	—	—	—	—	—	—	—	—	—	17
Suicide	16	7	4	—	1	—	3	1	1	—	1	3	1	—	1	1	40
Motor Vehicle Accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Road Transport Accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Violence	47	3	1	1	2	—	2	5	3	1	1	4	5	6	2	2	85
ALL CAUSES	1,349	84	61	43	64	85	157	66	145	56	52	164	153	99	49	121	2,748

TABLE II.

Births and Deaths in the County and Burghs.

Area.	Estimated Population.	Area in Acres.	Deaths at Sub-joined Ages.					Mortality from Sub-joined Causes.																													
			Live-Births.	Still-Births.	At all Ages.	Under 1 Year.	1 and under 5.	5 and under 15.	15 Years and Upwards.	Smallpox.	Diphtheria.	Scarlet Fever.	Typhus Fever.	Enteric & Paratyphoid Fevers.	Cerebro-Spinal Fever.	Measles.	Whooping Cough.	Maternal Causes.		Digestive Diseases.		Tuber- culous Diseases.		Pneumonia.	Diseases of Respiratory System.	Influenza.	Cancer.	Diseases of Nervous System.	Diseases of Circulatory System.	Violence.	All Other Certified Causes.	Uncertified Causes.					
																		Puerperal Fever.	Other Puerperal Causes.	Diarrhoea.	Other Digestive Diseases.	Pulmonary.	Non-Pulmonary.														
County—	128,426	706470	2470	67	1349	81	13	15	1240	—	—	—	—	—	—	2	—	—	—	—	—	2	3	36	7	1	36	64	18	204	222	526	71	151	6		
Landward					84	6	—	1	77	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	17	16	24	10	11	—			
Burghs —					61	3	2	1	55	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	8	12	25	5	4	—			
Ardsroan.....	9,532	730	182	3	43	1	1	—	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	5	9	22	2	1	—		
Cumnock.....	5,168	259	80	1	41	—	—	—	58	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	16	11	20	4	7	1	—	
Darvel.....	3,309	453	63	1	64	6	—	—	80	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	17	18	31	1	9	1	—	
Galston.....	4,547	191	67	4	85	5	3	1	148	—	—	—	—	—	—	1	2	5	5	—	—	—	—	—	—	—	—	4	6	2	24	31	61	6	13	2	—
Girvan.....	5,931	487	112	2	157	5	—	—	62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	9	14	24	4	8	7	—	
Irvine.....	15,832	1,783	303	7	145	3	—	—	142	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	20	26	80	4	8	—	—		
Kilwinning.....	7,134	440	146	5	66	3	—	—	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	8	9	27	1	4	—	—			
Largs.....	7,739	610	88	9	145	3	—	—	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	2	10	14	15	2	1	—		
Maybole.....	4,962	392	96	8	56	3	—	—	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	2	10	14	15	2	1	—		
Newmilns.....	4,011	636	54	—	52	—	—	—	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	8	9	27	1	4	—	—		
Prestwick.....	11,422	1,039	212	2	164	6	—	—	157	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	10	14	15	2	1	—	—		
Saltcoats.....	13,740	464	311	7	153	11	—	—	141	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	10	14	15	2	1	—	—		
Steneston.....	9,812	860	207	4	99	5	—	—	92	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	3	13	28	56	6	9	—	—		
Stewarton.....	3,378	381	72	1	49	2	—	—	47	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	13	20	46	7	4	—	—		
Troon.....	9,951	2,995	148	3	121	—	—	—	118	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	3	—	4	9	23	4	6	—	—		
County-Landward and Small Burghs	244,894	718190	4611	119	2748	140	19	26	2563	—	—	—	—	—	3	—	—	—	—	—	4	9	81	15	3	62	99	33	438	475	1124	142	250	10	—		

TABLE III.

Density of Population, Birth Rate, Infantile and Other Death Rates.

Death Rate per 1,000 from																											
Area.	Persons to the Acre.	Birth Rate.	Maternal Mortality Rate (per 1000 births including still-births).	Still-Birth Rate (per 1,000 Births, including Still-Births).	Deaths under 1 Year of Age per 1,000 Births.	All Causes.	The Principal Zymotic Diseases.								Digestive Diseases.		Tuberculous Diseases.		Influenza.	Cancer.	Diseases of Nervous System.	Diseases of Circulatory System.	Violence.				
							Smallpox.	Diphtheria and Croup.	Scarlet Fever.	Typhus Fever.	Enteric and Paratyphoid Fevers.	Cerebro-Spinal Fever.	Measles.	Whooping Cough.	Diarrhoea.		Other Digestive Diseases.							Pulmonary.	Non-Pulmonary.	Pneumonia.	Diseases of Respiratory System.
County—																											
Landward.....	0.18	19.2	0.8	26	33	10.50																					
Small Burghs—																											
Ardrossan.....	13.1	19.1	—	16	33	8.81																					
Cumnock.....	20.0	15.5	—	12	38	11.80																					
Darvel.....	7.3	19.0	—	16	16	12.99																					
Galston.....	23.8	14.7	—	56	90	14.08																					
Girvan.....	12.2	18.9	—	18	45	14.33																					
Irvine.....	8.9	19.1	3.2	23	16	9.92																					
Kilwinning.....	16.2	20.5	—	20	21	9.25																					
Largs.....	12.7	11.4	—	64	34	18.74																					
Maybole.....	12.7	19.3	—	77	31	11.29																					
Newmilns.....	6.3	13.5	—	—	—	12.96																					
Prestwick.....	11.0	18.6	—	9	28	14.36																					
Saltcoats.....	29.6	22.6	—	22	35	11.14																					
Stevenston.....	11.4	21.1	—	19	24	10.09																					
Stewarton.....	8.9	21.3	13.7	14	28	14.51																					
Troon.....	3.3	14.9	—	20	—	12.16																					
Landward and Small Burghs	0.3	18.8	0.8	25	30	11.22																					

TABLE IV.

Infantile Mortality.							<i>Rate per</i>
							<i>1,000</i>
							<i>Births</i>
(1) CLASSIFIED ACCORDING TO AGE GROUPS :—							<i>Deaths</i>
Under 1 Week	...	...	...	...	...	92	20·0
1 Week and under 4 Weeks	...	...	...	...	...	9	1·9
4 Weeks and under 3 Months	...	...	...	...	...	18	3·9
3 Months and under 6 Months	...	...	...	...	...	10	2·2
6 Months and under 12 Months	...	...	...	...	...	11	2·4
(2) CLASSIFIED ACCORDING TO CAUSES OF DEATH :—							
Tuberculosis	...	...	...	...	...	1	0·2
Diseases of Heart and Circulatory System	...	...	...	...	...	2	0·4
Meningococcal Infections	...	...	...	...	...	3	0·7
Non-Meningococcal Infections	...	...	...	...	...	2	0·4
Pneumonia	...	...	...	...	...	13	2·8
Diarrhoea	...	...	...	...	...	4	0·8
Other Digestive Diseases	...	...	...	...	...	3	0·7
Congenital Malformations	...	...	...	...	...	29	6·3
Birth Injuries, Post-Natal Asphyxia and Atelectasis	...	...	...	...	...	49	10·6
Other Diseases peculiar to Early Infancy	...	...	...	...	...	19	4·1
Violence	...	...	...	...	...	8	1·7
All other causes	...	...	...	...	...	7	1·5

TABLE V.
Infectious Diseases—Year 1957.

Number of Cases coming to the Knowledge of the Medical Officer of Health and accepted by him as suffering from disease stated.

	Smallpox.	Cholera.	Diphtheria and Membranous Group.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Relapsing Fever.	Continued Fever.	Tuber- culosis.		Puerperal Fever.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Malaria.	Dysentery.	Acute Primary Pneumonia.	Acute Influenzal Pneumonia.	Pneumonia (not otherwise notifiable).	Acute Infective Jaundice.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Cerebro-Spinal Fever.	Whooping Cough.	Food Poisoning.	
County—	—	—	—	16	90	—	—	—	—	179	14	—	—	—	—	2	103	247	38	1	—	13	—	—	13	194	1
Landward and Small Burghs ..	—	—	—	—	—	—	3	—	—	—		—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Landward.....	—	—	—	—	47	—	—	—	—	100	9	—	1	—	—	—	73	146	32	1	—	8	—	—	7	101	1
Small burghs—	—	—	—	—	3	—	2	—	—	10	1	—	—	—	—	—	6	9	2	—	—	—	—	—	15	—	—
Ardrossan.....	—	—	—	—	9	—	—	—	—	2	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	4	—
Cumnock.....	—	—	—	—	1	—	—	—	—	5	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Darvel.....	—	—	—	—	1	—	—	—	—	4	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—
Galston.....	—	—	—	—	10	—	—	—	—	3	—	—	—	—	—	—	2	17	1	—	1	—	—	—	—	—	—
Girvan.....	—	—	—	—	1	—	—	—	—	12	1	—	—	—	—	—	17	8	—	—	1	—	—	—	—	—	—
Irvine.....	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	17	—	—	—	1	—	—	—	—	—	—
Kilwinning.....	—	—	—	—	—	—	—	—	—	4	1	—	—	—	—	—	1	10	—	—	1	—	—	—	—	—	—
Largs.....	—	—	—	4	5	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	—	—
Maybole.....	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Newmilns.....	—	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—
Prestwick.....	—	—	—	—	9	—	—	—	—	11	1	—	—	—	—	—	3	22	—	—	—	—	—	—	—	—	—
Saltcoats.....	—	—	—	1	2	—	1	—	—	12	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—
Stevenston.....	—	—	—	—	2	—	—	—	—	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stewarton.....	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
Troon.....	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	1	12	3	—	3	—	—	—	—	—	—

TABLE VI.
Principal Infectious Diseases Confirmed Monthly in the County and Small Burghs.

Diseases.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total Cases.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Membranous Croup	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	18	13	29	6	11	6	9	5	4	2	—	—	103
Erysipelas	2	1	1	2	—	—	1	1	2	3	3	—	16
Scarlet Fever	3	6	9	8	10	7	1	4	7	8	13	14	90
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid, Paratyphoid, and Continued Fevers	—	—	—	—	—	2	1	—	—	—	—	—	3
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	1	—	—	—	—	—	—	—	1
Cerebro-Spinal Fever	1	2	3	1	—	—	2	—	1	1	1	1	13
Acute Poliomyelitis	—	—	—	—	—	1	3	5	3	—	1	—	13
Tuberculosis—Pulmonary	12	11	15	17	8	36	15	7	14	13	17	14	179
Non-Pulmonary	3	1	1	1	1	2	—	—	2	2	1	—	14
TOTAL	39	34	58	35	31	54	32	22	33	29	36	29	432

TABLE VII.

INFECTIOUS DISEASES.—Return of Cases of Infectious Diseases Confirmed during the year ended 31st December, 1957, by Ages.

Disease.	Number of Cases coming to the knowledge of the Medical Officer of Health, and accepted by him as suffering from the stated Disease.									
	At Age—Years.									
	At all Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Cases Removed to Hospital.	Cases not Removed to Hospital.
Cerebro-Spinal Fever.....	13	3	6	3	—	1	—	—	12	1
Chickenpox.....	—	—	—	—	—	—	—	—	—	—
Cholera.....	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant)...	—	—	—	—	—	—	—	—	—	—
Diphtheria.....	—	15	46	20	6	10	3	3	65	38
Dysentery.....	103	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica.....	16	—	—	—	—	4	9	3	4	12
Erysipelas.....	—	—	—	—	—	—	—	—	—	—
Jaundice, Acute Infective.....	—	—	—	—	1	1	—	—	2	—
Malaria.....	2	—	—	—	—	—	—	—	—	—
Measles.....	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum.....	—	—	—	—	—	—	—	—	—	—
Plague.....	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal...	38	1	1	4	3	6	14	9	5	33
Pneumonia, Acute Primary.....	247	24	31	29	19	34	65	45	211	36
Pneumonia (not notifiable).....	1	—	1	—	—	—	—	—	1	—
Poliomyelitis, Acute.....	13	—	—	9	3	1	—	—	12	1
Puerperal Fever.....	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia.....	1	—	22	61	1	1	1	—	62	1
Scarlet Fever.....	90	2	—	—	3	—	—	—	2	28
Smallpox.....	—	—	—	—	—	—	—	—	—	—
Typhoid Fever.....	2	—	—	—	1	1	—	—	—	—
Paratyphoid "A".....	—	—	—	—	—	—	—	—	—	—
Paratyphoid "B".....	1	—	—	—	—	1	—	—	1	—
Typhus Fever.....	—	—	—	—	—	—	—	—	—	—
Whooping Cough.....	194	18	79	96	—	—	—	1	8	186
Food Poisoning.....	1	—	—	—	—	—	—	—	—	1
Total.....	722	63	186	222	37	60	93	61	385	337

TABLE VIII.—TUBERCULOSIS—STATISTICAL RETURNS, 1957.

Part 1.—Respiratory Tuberculosis.

(a) Number of Cases formally Notified or regarded as Notified during the year.

	Age Groups.									Total.
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	
Males.....	1	4	4	25	14	12	11	13	3	87
Females....	1	4	9	41	22	8	7	3	2	97
TOTAL.....	2	8	13	66	36	20	18	16	5	184

(b) Number of Cases confirmed to be Suffering from Active Respiratory Tuberculosis during the year (excluding transfers in by another Authority).

	Age Groups.									Total.
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	
Male.....	1	4	4	25	15	11	11	11	3	85
Female....	1	4	9	41	22	6	6	3	2	94
TOTAL.....	2	8	13	66	37	17	17	14	5	179

(c) Number of New Cases in Table (b) admitted to Hospital for Tuberculosis Treatment for the first time during the year.

	<i>Under 15 Years.</i>	<i>15 to under 45.</i>	<i>45 and over.</i>	<i>Total.</i>
Male.....	8	39	19	66
Female	11	53	7	71
TOTAL.....	19	92	26	137

HOSPITAL ADMISSIONS AND DISCHARGES (RESPIRATORY TUBERCULOSIS).

(d) 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.

	<i>In Hospital on 1st January.</i>	<i>Admitted during year.</i>	<i>Discharged during the year.</i>	<i>Died in Hospital.</i>	<i>In Hospital on 31st December.</i>
Under 15 years	2	7	6	—	3
{ Male.....					
{ Female.....	8	10	11	—	7
15-45 years	53	50	66	—	37
{ Male.....					
{ Female.....	62	71	84	4	45
45 years and over	20	34	32	3	19
{ Male.....					
{ Female.....	2	11	6	1	6
TOTAL.....	147	183	205	8	117

(e) Number of Patients Dying from Respiratory Tuberculosis in Hospital Accommodation other than that Reserved for Tuberculous Patients.

One.

WAITING LIST.

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

Nil.

PART II.—NON-RESPIRATORY TUBERCULOSIS.

(g) Number of Cases formally Notified or regarded as Suffering from Non-Respiratory Tuberculosis during the year.

	Age Groups.									Total.
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	
Males.....	—	2	—	—	1	—	—	2	—	5
Females...	—	1	2	4	—	1	—	2	—	10
TOTAL.....	—	3	2	4	1	1	—	4	—	15

(h) Number of Cases Notified, or Intimated, Confirmed to be Suffering from Active Non-Respiratory Tuberculosis during the year
(excluding Transfers in by another Authority).

Form.	Sex.	Age Groups.									
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards	Total.
1. Abdominal.	Males...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	1	—	1
2. Meningeal.	Males...	—	2	—	—	—	—	—	—	—	2
	Females	—	—	1	1	—	—	—	—	—	2
3. Miliary Tuberculosis	Males...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
4. Bones and Joints.	Males...	—	—	—	—	—	—	—	1	—	1
	Females	—	1	—	—	—	1	—	—	—	2
5. Superficial Glands.	Males...	—	—	—	—	1	—	—	—	—	1
	Females	—	—	—	2	—	—	—	—	—	2
6. Genito Ur'ry Organs	Males...	—	—	—	—	—	—	—	1	—	1
	Females	—	—	1	—	—	—	—	1	—	2
7. Other Organs.	Males...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
TOTAL...		—	3	2	3	1	1	—	4	—	14

PART III.—ANALYSIS OF TUBERCULOSIS DEATHS.

(i) Return of Number of Persons who Died from Tuberculosis in the Area during the year ended 31st December, 1957, with the period elapsing between Notification or Intimation and Death.

(Persons dying in Sanatoria, etc., are included in the figures for the area in which they had their home residence.)

	<i>Respiratory.</i>		<i>Non-Respiratory.</i>	
	<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>
Number of Persons who Died from Tuberculosis—				
Of whom—				
Not notified or notified only at or after Death	1	3	—	—
Notified less than 1 month before Death ...	—	—	—	—
Notified from 1 to 3 Months before Death...	—	—	—	—
Notified from 3 to 6 Months before Death...	1	—	—	—
Notified from 6 to 12 Months before Death...	—	1	—	—
Notified from 1 to 2 Years before Death ...	1	1	—	—
Notified over 2 Years ...	5	2	2	1
Total	8	7	2	1

PART IV.—THE TUBERCULOSIS REGISTER.

(j) Return of Number of Persons Resident in the Area at 31st December, 1957, who were known to be Suffering from Tuberculosis.

(Only Cases in which a Diagnosis of Tuberculosis has been confirmed have been included. Persons in Sanatoria, etc., are included in the figures for the Area in which they have their Home Residence.)

Age Groups.										
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards	Total.
1. Respiratory.....	—	5	39	166	228	147	125	61	28	799
	—	4	46	252	380	166	47	9	7	911
2. Non-Respiratory....	—	5	26	27	26	12	6	1	2	105
	—	4	19	34	26	13	2	8	2	108

TABLE 1X.

OUT-PATIENT CLINICS.

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>
SCHOOL CLINICS—		
Cumnock—Millbank.....	First and Third Fridays.	2 p.m.
Dalry—Higher Grade School	Third Monday.	2 p.m.
Galston—Henrietta Street..	Second and Fourth Mondays.	1.30 p.m.
Girvan—Wesley Place.....	Second and Fourth Fridays.	2 p.m.
Hurlford—Academy Street.	First and Third Mondays.	2 p.m.
Irvine—Bank Street.	First and Third Fridays.	2 p.m.
Kilbirnie—Nurses' Home...	First Monday.	2 p.m.
Kilmarnock—Green Street.	Every Wednesday.	10 a.m.
Maybole—Carrick Home....	First and Third Friday.	2 p.m.
Prestwick—Glenburn P.S...	Second and Fourth Fridays.	2 p.m.
Saltcoats—Campbell Ave...	Every Friday.	2 p.m.
Troon—Tinnion Nursing Home.....	First and Third Fridays.	2 p.m.
CHILD WELFARE CENTRES—		
Annbank—4 Mauchline Rd.	Second and Fourth Tuesdays.	2 p.m.
Ardrossan—Castlecaigs, Glasgow Street.....	Every Thursday.	2 p.m.
Auchinleck—97 Back Rogerton Crescent.....	Second and Fourth Fridays.	2.30 p.m.
Beith—Strand.....	First and Third Tuesdays.	2 p.m.
Catrine—Well Road.....	First and Third Mondays.	2.30 p.m.
Coylton—Claude Hamilton Memorial Hall.....	First and Third Wednesdays.	2 p.m.
Crosshouse—Old School Building.....	First and Third Tuesdays.	2 p.m.
Cumnock—Millbank.....	Every Wednesday.	2.30 p.m.
Dailly—The Institute.....	Second and Fourth Wednesdays.	2 p.m.
Dalmellington— Church Hall.....	Second and Fourth Thursdays.	2 p.m.
Bellsbank School.....	First and Third Thursdays.	2 p.m.
Dalry—James Street.....	Second and Fourth Tuesdays.	2 p.m.
Darvel—Lesser Town Hall	Second and Fourth Fridays.	2 p.m.
Dreghorn—Local Welfare Office.....	Second and Fourth Tuesdays.	2 p.m.
Drongan—57 Hannahston Avenue.....	First and Third Tuesdays.	2 p.m.
Dundonald Camp—Medical Centre.....	First and Third Thursdays.	10.30 a.m.
Dundonald—Montgomerie Hall.....	Third Monday.	2 p.m.
Galston—Henrietta Street.	First and Third Wednesdays.	2 p.m.
Girvan—Wesley Place.....	First and Third Tuesdays.	2 p.m.
Hurlford—Academy Street.	Second and Fourth Wednesdays.	2 p.m.
Irvine— Bank Street.....	Alternate Thursdays.	2.30 p.m.
Waterside Street.....	Alternate Thursdays.	2.30 p.m.
Kilbirnie—Nurses' Home...	Every Wednesday.	2 p.m.
Kilwinning—Ladyford Av..	Every Wednesday.	2 p.m.
Kilmaurs—J.S. School.....	First and Third Fridays.	2 p.m.

TABLE IX.—Continued.

OUT-PATIENT CLINICS.—Continued.

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>
CHILD WELFARE CENTRES—	Second and Fourth Mondays.	2 p.m.
Largs—Moorburn Road....	Second and Fourth Mondays.	2 p.m.
Lugar—The Institute.....		
Mauchline—Sorn Road.....	Second and Fourth Thursdays.	2 p.m.
Maybole—Carrick Home...	Second and Fourth Tuesdays.	2.30 p.m.
Monkton—Carvick-Webster Hall.....	First Monday.	2 p.m.
Muirkirk—Glasgow Road...	First and Third Mondays.	2 p.m.
New Cumnock—		
Burnside Hall.....	Fourth Thursday.	2 p.m.
Old People's Welfare Club Rooms.....	First and Third Thursdays.	2 p.m.
Newmilns—Clinic, Ayr Rd.	Second and Fourth Thursdays.	2 p.m.
Patna—27 Dalvennan Ave.	Second and Fourth Mondays.	2 p.m.
Prestwick—O.E.S. Hall....	Every Tuesday.	2 p.m.
Saltcoats—Campbell Ave...	Every Tuesday.	2 p.m.
Springside—Welfare Inst...	Second and Fourth Wednesdays.	2 p.m.
Stevenston—The Cross.....	Every Monday.	2 p.m.
Stewarton—Avenue Square	Second and Fourth Mondays.	2 p.m.
Tarbolton—Infant School..	First and Third Wednesdays.	2 p.m.
Troon—41 Barassie Street	Every Thursday.	2 p.m.
West Kilbride—Masonic Hall.....	Second and Fourth Fridays.	2 p.m.
ANTE-NATAL CLINICS (Dentist in Attendance)—		
Annbank—4 Mauchline Rd.	Every Thursday.	10.30 a.m.
Cumnock—Millbank.....	Every Tuesday.	2.45 p.m.
Irvine—Bank Street.....	Every Monday.	2 p.m.
Kilbirnie—Nurses' Home..	Every Friday.	10.30 a.m.
Largs—Moorburn Road....	Every Wednesday.	2.30 p.m.
Maybole—Carrick Home...	Every Tuesday.	10.30 a.m.
Saltcoats—Campbell Ave...	Every Wednesday.	10.30 a.m.
Troon—41 Barassie Street	Every Monday.	9.30 a.m.
Patna—Dalvennan Avenue	Every Thursday (from 14/2/57).	2 p.m.
DENTAL CLINICS (for Expectant and Nursing Mothers and Young Children)—		
Annbank—4 Mauchline Rd.	First and Third Saturdays.	9.30 a.m.-12 noon.
Cumnock—Millbank.....	First and Third Saturdays.	9.30 a.m.-12 noon.
Irvine—Bank Street.....	First and Third Saturdays.	9.30 a.m.-12 noon.
Maybole—Carrick Home...	First and Third Saturdays.	9.30 a.m.-12 noon.
Troon—41 Barassie Street	First and Third Saturdays.	9.30 a.m.-12 noon.
ORTHODONTIC CLINIC—		
Ayr—King Street.....	Every Friday.	9 a.m.-12 noon.

MEDICAL INSPECTION OF SCHOOL CHILDREN

1956—1957.

Year ended 31st July, 1957.

CONTENTS.

	<i>Page</i>
I.—Staff	79
II.—General Statistics	79
III.—Sanitary Conditions of Schools	79
IV.—Organisation and Treatment	79
V.—The Findings of Medical Inspection—	
(a) Routine Examinations	81
(b) Special Examinations	84
VI.—Arrangements for Medical Treatment—	
(a) Minor Ailments	86
(b) Defective Vision	87
(c) Specialist Treatment	87
(d) Audiometric Testing	88
(e) Psychiatric Service	91
VII.—Dental Inspection and Treatment	98
VIII.—Special Schools and Classes, including Open-air Schools	99
IX.—Arrangements for Physical Education and Personal Hygiene of Children	101
X.—Other Activities in Relation to Health of School Children	103
XI.—Physical Condition of School Children	103

TABLES.

I.—Total Number of Children Examined	103
II.—Systematic Examinations	105
III.—Summary of Systematic Examinations	112
IV.—Return of all Exceptional Children of School Age in the Area	114
V.—Dental Inspection and Treatment	117

I.—STAFF.

Reference is made to List of Staff shown on page 4.

II.—GENERAL STATISTICS.

Population of the Area (at 31st December, 1956, as estimated by the Registrar-General) 331,000

Number of Schools—

(a) Primary Schools under Education Authority ...	95
(b) Secondary Schools under Education Authority ...	59
(c) (i) Special Schools	8
(ii) Special Classes in Ordinary Schools	1
(iii) Nursery Schools	4
(iv) Nursery Classes in other Schools	2
(d) In receipt of Grant from Education Authority under Medical Inspection	1
Average Number of Children on the Registers ...	56,921
Average Number of Children in Attendance ...	52,954

III.—SANITARY CONDITIONS OF SCHOOLS.

The Medical Officers on their visits to schools inspect the sanitation and any matters requiring attention are brought to the notice of the appropriate Official. In general the cleanliness of the schools was found to be satisfactory.

IV.—ORGANISATION AND TREATMENT.

School Nurses attend at the medical inspection and subsequently are supplied with a list of the cases to be followed up at home. They keep a register compiled from these lists and report where treatment is given and the condition remedied. The School Nurses also visit the schools between the School Medical Officers' inspections. The number of children visited at home during the year was 5,621, and the total number of visits paid was 5955.

(a) System of School Medical Inspection and Arrangements for Following up.

The pupils examined at routine inspections were :—

- (1) All entrants and children not previously subjected in school to detailed routine inspections.
- (2) Children born in 1947.
- (3) Children born in 1943.
- (4) Children born in 1940.
- (5) Children born in 1949 (visual acuity and hearing only).

Before every routine visit to a school the Head Teacher is asked to produce for special medical examination any pupil who appears to suffer from any physical or mental disability and who has not received or is not receiving appropriate attention.

All children found defective at previous inspections were also re-examined.

Routine and special medical examinations of pupils attending schools in Ayr and Kilmarnock are carried out by the medical staff of the Burghs concerned, who also attend the respective minor ailment clinics and forward to the Chief School Medical Officer particulars regarding any children requiring special medical or educational treatment.

(b) Supervision of Infectious Disease, including School Closures.

As the medical inspection of school children is under the control of the Medical Officer of Health for each area, all notifiable cases of infectious disease are known. Where it seems to the Head Teacher that there is any undue incidence of non-notifiable disease he brings the matter to the notice of the School Medical Officer. Disinfection of classrooms is carried out where indicated. No schools were closed as a result of infectious disease during the session.

(c) Co-ordination with Public Health Service.

In the County Area each Assistant Medical Officer is in charge of the School Health and Child Welfare work in a district, so that the same Medical Officer sees the child from birth to school-leaving age. The same arrangement exists in the Burghs of Ayr and Kilmarnock.

(d) Presence of Parents at Inspections.

The presence of parents is encouraged at school medical inspections. Many defects are pointed out to them, of which they were previously unaware, and thus the services of the family doctor are solicited earlier than otherwise would have been the case, with more satisfactory results in the way of prevention and cure. The number of parents who attended the routine inspections during the year was 4,275.

V.—THE FINDINGS OF MEDICAL INSPECTION.

(a) Routine.

The number of children examined was 17,310, of whom 4,993 or 28·84 per cent. suffered from some defect. Of these 3,364 or 19·43 per cent. of the children examined suffered from minor defects or ailments, from which recovery was expected in a few weeks, and 1,348 or 7·79 per cent. suffered from defects less remediable, but from which complete recovery or restoration of function was ultimately anticipated. The number suffering from defects where improvement only could be expected was 281 or 1·62 per cent. of those examined.

The following is a summary showing the various defects and the percentage found defective at Routine Inspections.

(1) Clothing.

Twenty-nine children were found to have unsatisfactory clothing, 0·17 per cent. of the children examined.

(2) Footgear.

Thirteen children were found to have unsatisfactory footgear, 0·08 per cent. of the children examined.

(3) Cleanliness.

(a) *Head*.—The number of children found to have dirty or verminous heads was 303 or 1·75 per cent. of those examined.

(b) *Body*.—The number of children found to have dirty or verminous bodies was 17 or 0·10 per cent.

(4) Skin.

(a) *Head*.—The following were found to be suffering from skin diseases of the head :—

Ringworm...	...	...	1 child or 0.006 per cent.
Impetigo ...	...	...	5 children or 0.06 per cent.
Other Diseases	...	...	59 children or 0.34 per cent.

(b) *Body*.—The following skin conditions affecting the body were found :—

Ringworm...	...	...	1 child or 0.006 per cent.
Impetigo ...	...	...	5 children or 0.03 per cent.
Scabies ...	...	...	3 children or 0.02 per cent.
Other Diseases	...	...	217 children or 1.25 per cent.

(5) Nutritional State.

128 children were found to be suffering from slightly defective nutrition and 7 from bad nutrition, being respectively 0.74 and 0.07 per cent. of the children examined.

(6) Mouth and Teeth.

603 children were suffering from unhealthy conditions of the mouth and teeth, 3.48 per cent. of the children examined.

(7) Nasopharynx.

(a) *Nose*.—Apart from cases requiring further observation, 97 children or 0.56 per cent. of those examined showed obstruction, probably due to adenoids requiring operation.

(b) *Throat*.—Apart from cases requiring further observation, 217 children or 1.25 per cent. of those examined were found to have tonsils which required operative treatment.

(c) *Glands*.—Enlarged Glands requiring further observation were found in 175 or 1.01 per cent. of the children examined, while 7 children or 0.04 per cent. had Glands requiring operation.

(8) Eyes.

Infective conditions of the lids or conjunctiva were found in 175 children or 1.01 per cent. of those examined.

Corneal Opacities were found in 2 or 0.01 per cent. of the children.

Squint affected 247 children or 1.43 per cent.

Visual Acuity.—Vision was not examined in entrants. Of those in the other age groups 705 or 5.99 per cent. had defective vision requiring refraction. In addition 5,544 children in the seven-year-old group were examined in place of entrants. Of these 407 were found to require refraction.

(9) Ears.

Otorrhoea or discharge from the ears affected 52 children or 0.30 per cent.

Defective hearing was present in 75 children or 0.43 per cent. Thirty-four were classified in Grade I. Deafness—that is children who can be educated in the ordinary school without special provision, and 30 in Grade II. (a) Deafness—that is children who can make satisfactory progress in ordinary schools if giving some help, *e.g.*, favourable position in class, individual hearing aid or tuition in lip-reading.

Eleven children were classified in Grade II. (b) Deafness—that is children who can make satisfactory progress only in a Special School.

(10) Speech.

Of the children examined 76 or 0.44 per cent. suffered from defective articulation and 5 or 0.03 per cent. from stammering.

(11) Mental and Nervous Conditions.

Fifty-two children or 0.30 per cent. were found to be educable mental defectives. (This figure includes children examined at Special Schools.)

Other mental or nervous conditions affected 52 or 0.30 per cent. of the children examined.

(12) Circulatory System.

Thirty-five children were found to be suffering from organic heart disease, comprising 0.20 per cent. of the children examined. Of these 30 were Congenital and 5 Acquired.

(13) Lungs.

The number of children suffering from chronic bronchitis was 34 or 0.20 per cent. of those examined.

There were referred to the Area Chest Physician as suspected cases of Tuberculosis 3 children or 0.02 per cent.

Other diseases of the Lungs affected 163 children or 0.94 per cent.

(14) Deformities.

Deformities dating from birth affected 58 children or 0.36 per cent.

Deformities due to Poliomyelitis affected 22 children or 0.13 per cent.

Deformities due to Rickets affected 23 children or 0.13 per cent.

Deformities due to other causes, for instance flat feet, affected 106 children or 0.61 per cent.

(15) Infectious Disease.

There were discovered 3 cases of Infectious Disease, 0.02 per cent. of the children examined.

(16) Other Diseases or Defects.

650 Children or 3.76 per cent. of those examined were affected.

(b) Special Examinations.

Of the 1,177 special cases examined, 310 were found defective and were notified to parents as requiring treatment. The following is a list of the defects found :—

(1) Unsatisfactory Clothing	...	...	...	...	...	5
(2) Unsatisfactory Footgear	...	...	...	...	...	1
(3) Cleanliness—						
<i>Head</i> —Dirty, Nits or Vermin	...	...	...	...	...	41
<i>Body</i> —Dirty, Nits or Vermin	...	...	...	...	...	12
(4) Skin—						
<i>Head</i> —Ringworm	...	...	...	...	...	—
Impetigo...	...	...	...	...	...	6
Other Diseases	...	...	...	...	...	7
<i>Body</i> —Ringworm	...	...	...	...	...	2
Impetigo...	...	...	...	...	...	4
Scabies	...	...	...	...	...	1
Other Diseases	...	...	...	...	...	20

(12) Circulatory System—							
Organic Heart Disease—							
Congenital	...	...	...	...	...	...	1
Acquired...	...	...	...	...	...	...	—
Functional Conditions	...	...	...	...	...	...	—
(13) Lungs—							
Chronic Bronchitis	...	...	...	...	...	...	2
Suspected Tuberculosis	...	...	...	...	...	...	1
Other Diseases	...	...	...	...	...	...	6
(14) Deformities—							
Congenital	...	...	...	...	...	...	—
Acquired (Poliomyelitis)	...	...	...	...	...	...	—
Acquired (probable Rickets)	...	...	...	...	...	...	—
Other Causes	...	...	...	...	...	...	20
(15) Infectious Diseases...	...	...	...	...	...	...	1
(16) Other Diseases or Defects	...	...	...	...	...	...	47

VI.—ARRANGEMENTS FOR MEDICAL TREATMENT.

(a) Minor Ailments.

There are School Clinics at Cumnock, Troon, Saltcoats, Irvine, Maybole, Girvan, Dalry, Kilbirnie, Galston, Hurlford, Prestwick, Ayr and Kilmarnock, attended by the whole-time Medical Officers. The School Nurses at these Centres assist.

The number of children examined by the medical staff at the Clinics was 1,800. Recurrent visits brought the total attendances to 3,524. The following is a list of the defects found :—

(1) Cuts, Bruises, Sprains and Minor Injuries, etc.	...	428
(2) Diseases of the Ear, largely cases of Otorrhoea	...	100
(3) Diseases of the Eye, principally Conjunctivitis and Blepharitis	...	219
(4) Diseases of the Skin. (This figure comprises 2 cases of Ringworm of Scalp, 1 case of Ringworm of Body, 107 cases of Impetigo, 12 cases of Scabies and 660 cases involving other diseases of the Skin)...	...	782
(5) Other Diseases (including cases of non-attendance brought to Clinics on recommendation of Attendance Officers)	...	1,456

(b) Defective Vision.

During the session the examination of children with defective vision was continued under arrangements made with the Regional Hospital Board. Regular Clinic sessions were held at Ayr, Kilmarnock, Saltcoats, Irvine, Kilbirnie and Cumnock ; occasional sessions at Largs, Girvan and Dalmellington. They were attended by members of the staff of the Regional Hospital Board working under Dr. W. O. G. Taylor, the Board's Consultant Ophthalmologist for the area.

Opticians attended at certain Clinic sessions to measure and fit those children for whom spectacles had been prescribed by the Ophthalmic Specialist. The Regional Hospital Board is responsible for this arrangement.

Spectacles were prescribed where necessary. The following is a summary of the cases seen for the period :—

Number of Clinics held	...	...	...	...	307
Number of Children Examined	...	...	...	...	3,694
Number of Children Prescribed Spectacles	...	...	...	...	2,215

(c) Specialist Treatment.

I am indebted to the Matron of Seafield Sick Children's Hospital, Ayr, for the following figures of children seen and treated at that Hospital during the year under review :—

Surgical Department—

Number of Clinics held	...	...	...	...	51
Number of Children Examined	...	...	...	...	1,056
Number of Theatres held	...	...	...	...	178
Number of Children Operated on (183 Emergency)	...	...	...	...	1,536

Ophthalmic Department—

Number of Theatres held	...	...	...	...	60
Number of Children Operated on	...	...	...	...	260

Medical Department—

Number of Clinics held	...	...	...	...	211
Number of Children Examined	...	...	...	...	2,699
Number of Admissions	...	...	...	...	427

Ear, Nose and Throat Department—

Number of Theatres held	...	...	...	235
Number of Children Operated on	...	...	...	2,558
Number of Cases Examined at Clinics	...	...	...	6,221

Orthopaedic Department—

Number of Clinics held	...	...	...	122
Number of Children Examined	...	...	...	4,404
Number of Children recommended for Remedial				

Exercises—

Out-Patient	...	...	...	2,703
In-Patient...	...	...	...	264
Number of Children Operated on	...	...	...	186
Number of Children put in Plaster of Paris	...	...	...	329

Plastic Department—

Number of Patients Admitted	...	...	...	144
Number of Clinics held	...	...	...	25
Number of Theatres held	...	...	...	47

(It is necessary for some patients to be several times in Theatre.)

(d) Notes on Audiometric Testing in Ayrshire.

In all 6,911 children of all ages were tested in schools in the year ending 31st July, 1957—a decrease of 535 on last year's figures. This number was made up as follows :—

(a) Children born in 1948	...	...	...	5,272
(b) Children born in 1947 (Absent at previous Test)	...	...	...	301
(c) Children of any other age thought to have a hearing defect	...	...	...	561
(d) Re-tests—Children showing defect at previous test	...	...	...	777
				<hr/> 6,911 <hr/>

In group (a) above, of the 5,272 children tested, 5,063 were normal and 209 (4.5%) had a defect in either one or both ears. The 209 defective children were classified as follows :—

Grade I.—134 ; Grade IIa.—73 ; Grade IIb.—2.

Figures and classification of groups (a), (b), (c) and (d) will be found in the accompanying table.

All totally deaf (Grade III.) children of school age in Ayrshire are receiving special education in schools for the deaf, viz. :—

Donaldson's School for the Deaf, Edinburgh	...	3
Glasgow School for the Deaf ...	... ..	32
St. Vincent's School, Glasgow	... ..	10
		—
		45
		==

There are 46 severely deaf (Grade IIb.) children attending schools in Ayrshire. Of these 12 are able, with the help of a hearing-aid and suitable position in class, to make progress in the ordinary school. Thirty-two attend West Park School for Hard of Hearing. One boy and two girls attend a class for pre-school children in Ayr. The parents of two children (boys) prefer to have their children attend the local school.

In the past year 9 children have been fitted with hearing-aids at the Hearing Aid Clinic in Ayr. The position with regard to hearing-aids is as follows :—

(a) No. of children wearing Hearing Aids at 1st August, 1956	... ..	69
(b) No. of children supplied with Hearing Aids during school session (1956-57)	... ..	9
(c) No. of pre school children wearing Hearing Aids ...		2
		—
		80
(d) No. of children at (a) who left school during session (1956-57)	... ..	12
		—
(e) No. of children wearing Hearing Aids at 31st July, 1957		68
		==

Of the 126 children referred to Ear, Nose and Throat Clinics from schools, 100 (80%) attended and subsequently received treatment and operations when necessary from the Ear, Nose and Throat Surgeon.

In addition to her work in Ayrshire, the Audiometrician also tests children attending schools in the County of Wigtown and the Stewartry of Kirkcudbright.

(e) **Psychiatric Service.**

Dr. Aron, County Psychiatrist, reports as follows :—

General.

A detailed outline of the development of the Psychiatric Service over a period of three years from the time of my appointment in 1953 was given in last year's Annual Report. The nature of the facilities provided and the main lines of development have essentially remained the same during the past year, except for the opening of a Residential Guidance Clinic at Kirkmichael House in January. It may therefore be worthwhile to devote the major part of the present report to a more detailed account of this project and to our experience of it to date.

At the end of the period covered by this Report, Kirkmichael House had been functioning for six months and there is no doubt that the establishment, which was much needed, has filled a gap in our previously existing services.

Functions of Kirkmichael Residential Clinic.

The objects which the Residential Clinic serves may roughly be classified as follows :—

(1) It is used as an observation centre, *i.e.*, a child may be admitted for a brief period of a month or two only in the first instance with a view to making a further detailed assessment of the case and of the causes of the maladjustment. Temporary removal from home in certain cases enables us to observe the child under a different set of environmental conditions and his reactions to these, as well as to study his behaviour directly (as distinct from the greater reliance one has to place on verbal reports about this from others in an out-patient Child Guidance Clinic). It further enables a more detailed assessment to be made of his particular potentialities and deficiencies than would be possible in the ordinary Child Guidance Clinic. The appropriate method of disposal is then decided upon and the child either discharged or, if necessary, kept on at Kirkmichael for a further period of treatment as detailed in (2) and (3) below.

(2) Another function of the Residential Clinic is the treatment of cases in which progress is unlikely to be made without a temporary period away from home because of the child's unfavourable home background. During the period of residence there the child can be dealt with from the point of view of the individual attention which he himself requires, while an attempt is also made to

modify adverse home factors in so far as this is possible. It will be noted that the period of residential care and treatment in these cases is one which is intended to last for a few months only after which the aim is to restore the child to his own home. In cases where the background of the latter is not modifiable to any great extent or where the child may need more prolonged care in a residential school for maladjusted children rather than in a short-term clinic following his period of treatment, we have at present no facilities within the County.

In this category there are also a number of children at present in the care of the Children's Department whom the Children's Officer has found to be too maladjusted to be able to settle in a foster-home or in an ordinary Children's Home without prior treatment. I am thus pleased to report that we have been able to repay some of the help which the Children's Department have given us in connection with children needing residential care in the past before Kirkmichael House came into existence.

(3) The third group of cases admitted to Kirkmichael for treatment are those where the home environment is not necessarily so adverse in itself as to necessitate residential care, but where the existence of such facilities enables treatment to be given more intensively and frequently and for longer periods at a time than would ever be possible at a busy non-residential Child Guidance Clinic. The types of children who fall into this category include a number of cases of chronic stuttering, bed-wetting, etc., which have been refractory to the ordinary methods of treatment normally used in our outside clinics. Admission for a period of residence, on the other hand, and an intensive concentration upon the problem at Kirkmichael under the special conditions available there by those members of the Child Guidance staff who visit Kirkmichael often proves a turning point in the history of what has hitherto been a very long-standing and stubborn complaint.

Method of Admission.

All children are admitted on a purely voluntary basis, *i.e.*, by agreement between the parents and the Education Authority. This applies also to the relatively few cases which have been admitted where some form of stealing or delinquency has been a part of the clinical picture. On the basis of our experience so far, and of the much longer experience of others elsewhere, we are not of the opinion that there is any need for altering this position in any way as it is generally the aim of this type of work to give treatment with the co-operation of both parents and children. Where some form of legal restraint is necessary to deal with the

case other facilities already exist, *e.g.*, committal to the care of the Children's Department or to an Approved School. To duplicate this would be both unnecessary and an obstacle to the type of work done at Kirkmichael where the treatment depends essentially upon reproducing as far as possible the atmosphere of a normal home rather than an institution.

Therapeutic Aims.

This brings me to the concept of "treatment" at Kirkmichael which should not be regarded as confined only to the specific therapeutic measures otherwise associated with the usual out-patient Child Guidance Clinic, *e.g.*, psychotherapy, speech therapy, remedial education, etc., but which extends also to many other activities taking place in the course of the day; it includes various social and recreational pastimes and group activities which are known to have therapeutic effects as well as the general relationship between each child and the various members of the staff which is the basis upon which all attempts at treatment in this field must ultimately be founded.

Staff.

A point which therefore hardly needs further elaboration is that the success or failure of an establishment of this kind depends entirely upon the quality and quantity of the staff available, both resident and non-resident. As far as non-resident staff is concerned the treatment is an application and interesting extension of the basic principles of child guidance work with which we are already familiar; in the case of the resident staff it naturally involves a need for adaptation of habitual modes of thinking about children and an adjustment to the special requirements of such an establishment. The two junior posts have been filled satisfactorily; this now brings the total number of resident staff up to four, including the two senior members, Mr. and Mrs. Patrick.

It is natural that a new development of this kind should also bring new problems in its wake and the question of whether the professional staff, both medical and psychological, is numerically sufficient to cope with the work arising out of the opening of Kirkmichael requires consideration. The work must needs be done in addition to their usual and previously existing duties in various parts of the County which naturally continue to occupy their time as before. In the case of the Psychiatrist these already involve (in addition to work in connection with the Health and Welfare Department) regular diagnostic and therapeutic clinics on most days of the week, juvenile court and remand home work, special consultations with colleagues in the Education, Children, Medical

and Probation Departments, and similar Local Authority Welfare Agencies as well as regular weekly clinical conferences with the two Social Workers on their case work, visits to children's homes and special schools when required, the writing of official reports for the Education Authority and its Sub-Committees as well as correspondence in each case with the referring source; it is also necessary to keep the family doctor informed in order to ensure his co-operation (which is most important in this work). In addition to these previously existing routine duties two weekly sessions are now normally devoted to the work at Kirkmichael by the Psychiatrist for which it is often necessary to find time outside normal working hours. The work is sufficiently interesting to lead one not to begrudge this time but the fact remains that a further two psychiatric sessions would be desirable if Kirkmichael is to be covered adequately from the medical point of view, especially when it is considered that at the time of writing (December, 1957) the Residential Clinic is filled to capacity and there is a waiting-list of cases in need of admission. It is, however, impossible for the Psychiatrist to fit in these extra sessions at Kirkmichael in view of his other commitments. If additional help were available one might reasonably expect (a) a more rapid turnover of cases at the Residential Clinic as well as at the out-patient Child Guidance Clinics where the normal period of waiting for cases referred is at present somewhere between 12 and 16 weeks (for cases other than those of immediate urgency); (b) the possibility of dealing with a situation which has never been quite satisfactory, namely, the extent to which it is at present possible for the Psychiatrist to cover a certain part of the County, particularly in the area comprising roughly Saltcoats and Largs from which cases have at present a considerable distance to travel for their appointments to the nearest Clinic.

In the event of an additional Psychiatrist or a School Medical Officer specially interested in the increasingly important field of the mental health of the school child being appointed, all these needs could be met in a much more satisfactory manner. The more rapid turnover at Kirkmichael, already referred to, as well as the saving of money and time to the Education Authority by the reduction of the travelling time from the northern area would to a considerable extent offset the Education Authority's contribution to the cost of engaging an additional member of the medical staff. The shortage of Psychiatrists is probably not so acute nowadays as it was some years ago, and even a person appointed for a number of part-time sessions might go some way towards meeting these additional needs.

Various Committees and Advisory Councils which were set up in recent years under the auspices of the Minister of Health and

Secretary of State for Scotland to report on the services for mal-adjusted children, including problems of staffing, have recommended a ratio of 1 to 2 to 3 respectively for Psychiatrists, Educational Psychologists and Social Workers in a Child Guidance Service. At present this would mean, along with the 8 Educational Psychologists, the employment of 4 Psychiatrists and 16 Social Workers in Ayrshire—figures which we must regard on practical grounds as wholly unrealistic under existing circumstances.

It may therefore be felt that the alternative proposal to which I have alluded above, though of a rather less ambitious scope, is somewhat more within the realms of possibility. The official figures quoted above on the other hand, while they may be well beyond our existing resources, do nevertheless emphasise how great the staffing needs of these services are since they were calculated on the basis of nation-wide surveys of existing facilities and the requirements of the populations which they serve. To this should be added the fact that (with one exception) Ayrshire is the only Local Authority in Scotland which at present maintains a Residential Child Guidance Clinic; this, moreover, as originally suggested by the Scottish Education Department, admits a proportion of children from outside the County whose treatment would not normally constitute part of the routine duties of the Child Guidance Service.

Other Developments during the Year.

A further Occupation Centre for the training of children unable to benefit from special school education was opened in Prestwick Road, Ayr, in the premises of the Y.M.C.A., in January, 1957. At the time of writing 16 children are attending there and the Centre at present serves the area from Ayr to Cumnock as well as Prestwick and Tarbolton. At the end of the session under review plans were under consideration for a further Centre of this type to be opened in Saltcoats in the near future.

It is probably correct to say that one of the main lessons which has been derived from our experience with these Centres up to now and which has been prominent during the session under review has been not only the need for training the children concerned but also the necessity of educating the parents regarding the purpose, functions and limitations of the work of the Occupation Centre. Arrangements have accordingly been made to make provision for this.

(The position as regards children aged 5-16 in need of admission to Regional Hospital Board Mental Deficiency

Institutions, to which I have had occasion to refer in previous reports, remains unfortunately very difficult and at times gives rise to hardship in individual cases.)

Legislation Affecting Mental Health Services for School Children during the Year, Official Publications, etc.

The main development in this direction has been the coming into operation of the Schools (Scotland) Code, 1956, in August of that year. It consists of regulations made by the Secretary of State on the basis of the powers conferred upon him under Sections 1, 10 and 71 of the Education (Scotland) Act, 1946, and elsewhere. There are a number of provisions in this statutory instrument which are of relevance to the field of the mental health of the school child. These are in the main Section 7, which deals with the qualifications of those employed wholly or mainly in special classes for maladjusted, mentally handicapped and epileptic children, and Section 24 which exempts children attending for special educational treatment at Child Guidance Clinics and Occupation Centres from the procedure laid down under Section 55 of the Education Act of 1946. During the year under review it has been necessary to make use of this Section to arrange for a number of maladjusted children who were unable to attend school owing to their emotional difficulties to attend Child Guidance Clinics for remedial education and psychiatric treatment.

Apart from actual legislation there have also been one or two reports of officially appointed bodies relevant to the field of the mental health of school children which are issued by H.M. Stationery Office on the authority of Central Departments. In a field in which such a great deal of matter is published, much of it of a rather technical nature, it may perhaps be considered as falling within the duties of the County Psychiatrist every now and then to bring to the attention of all who are associated directly or indirectly with services of this type those publications which are both written in straight-forward and non-technical language and which are at the same time of an official and authoritative character. For this reason those mentioned below consist not only of reports published during the year under review but also of one or two others published a year or two previously which have since been found to be influencing public policy in this field.

The Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency (H.M. Stationery Office, C.M.D. 169), which was published in May, 1957, only mentions

children incidentally and in the main is concerned with future developments of procedures and facilities for adult patients. It does, however, make one or two pertinent observations to our field. In Chapter 6 of the Report the Royal Commission recommends that the obligation imposed on parents by the Education Acts to arrange for their children's education by attendance at school or otherwise should be extended to cover children who require training in a "Training Centre" or in Hospital in place of education at school. Chapter 10 recommends that children should not henceforth be certified "ineducable" but should be recommended for training in a "training centre." The acceptance of these recommendations would thus remove from the Statute Book the word "ineducable"—a negative and somewhat harsh term which has been found by all of us to arouse needlessly the antagonism of parents whose children are indeed not educable in the formal sense but who are capable of benefiting from the training which an Occupation Centre provides. Similarly the substitution of the words "Training Centre" for "Occupation Centre" would make for a more positive attitude to this problem. The Report only considers the position at present existing in England and Wales, though it is expected when legislation is introduced a corresponding Act will be passed for Scotland. In view of this the Report was considered during the year under review by the Association of County Councils in Scotland and the County Psychiatrist was asked to submit his views on the Royal Commission's Report to them.

The Report of the Committee on Maladjusted Children (H.M. Stationery Office, 1955) deals with a large number of topics in this field and is too detailed even to be summarised here.

This Document was already foreshadowed some years ago as far as Scotland is concerned by the Report of the Advisory Council for Education in Scotland entitled "Pupils who are Maladjusted because of Social Handicap" (H.M. Stationery Office, C.M.D. 8428).

Both these two last-mentioned Reports have made recommendations in respect of the needs of Education Authorities which appear to have influenced the above-mentioned recent legislation as well as the current outlook in matters with which we are in frequent daily contact (*e.g.*, residential treatment facilities, staffing of Child Guidance Services, etc.). I think it is safe to say that in the light of these extensive reviews of existing facilities and needs, Ayrshire has, during the year under review, maintained its position amongst those Education Authorities actively engaged in promoting interest and progress in this field.

<i>Source of Referral.</i>						<i>Total No. of Cases.</i>
Educational Psychologists, Speech Therapists, Schools, etc.						21
Paediatrician						25
School Medical Officers... ..						11
General Practitioners and other Medical Sources ...						33
Juvenile Courts and Probation Officers						21
Other Sources						7
TOTAL						118

Admissions to Institutions, etc.—

Mental Deficiency Institutions	4
Epileptic Colony	—
Residential Treatment Centre for Maladjusted Children	28
Approved Schools	6
TOTAL	38

Children Committed to the care of the Local Authority 5

Psychiatric Examinations and Treatment Interviews ... 546

Visits to Remand Homes, Children's Homes, Residential
Clinic, Hospital Wards, etc. 60

Social Workers' Home Visits and Clinic Interviews ... 1,106

VII.—DENTAL INSPECTION AND TREATMENT.

Report by the Chief Dental Officer.

The Dental Officers devoted 515 half-days to the dental inspection of school children and 3,514 half-days to the necessary treatment of the children whose parents desired to have the treatment undertaken by the School Dental Service. The number of attendances by children was 20,488.

The advent of the third Mobile Dental Clinic has helped to solve the problem of accommodation in many schools where adequate facilities are lacking, not only in providing a fitted dental surgery in which the children have more comfort and the dentist everything to hand, but also in relieving the congestion in the schools.

Dr. Campbell, of Glasgow Dental Hospital, visits the Orthodontic Clinic in Ayr every month, and we are greatly indebted to him for his specialist guidance in the more intricate cases.

During the session, arrangements were made with Dr. White, of Glasgow Dental Hospital, to deliver a series of lectures and give practical demonstrations in Orthodontics to the dental staff. He and Mr. Poustie, L.D.S., by means of films and models covered a large field in this subject, and his visits were greatly appreciated by the Staff. We would like to express our sincere thanks to Dr. White and Mr. Poustie.

VIII.—SPECIAL SCHOOLS AND CLASSES, INCLUDING OPEN-AIR SCHOOLS.

(1) St. Leonard's Home Special School, Ayr.

Day pupils were conveyed daily by motor transport from and to their own homes. The number so dealt with was 60, all of whom are mentally handicapped children.

St. Leonard's Home has 12 physically handicapped children resident, and these are taught in the Physically Handicapped Classes.

There were thus on the school roll 12 physically handicapped and 60 mentally handicapped children.

There are five classrooms, viz., four for mentally handicapped and one for physically handicapped children.

(2) Park School, Kilmarnock.

There are on the roll of this school 76 mentally handicapped children and 27 physically handicapped children.

There are six classrooms, viz., four for mentally handicapped and two for physically handicapped children.

(3) Courthill School, Dalry.

This school which comprises three classes has 43 mentally handicapped children on the roll.

(4) Garrallan School, Cumnock.

This school, comprising two classrooms, has accommodation for 40 handicapped children. There are 37 children on the roll.

(5) Special Class, Wallaceton Works School, by Maybole.

A Special Class was opened in March at the above School to accommodate mentally handicapped children from the South of the County. Twelve children are on the school roll.

(6) Occupational Centre, Kilmarnock.

This Centre accommodates children who are mentally handicapped to such a degree that they cannot benefit from education in a Special School but are trainable. The number at present on the roll is 28.

(7) Occupational Centre, Ayr.

This Centre which serves the same area as St. Leonard's Home School was opened on 7th January. There are at present 16 children on the roll.

(8) West Park School for the Hard of Hearing, Kilmaurs.

There are 32 children suffering from Grade IIb. Deafness on the roll of this school. In view of the distance from their homes, 5 children are boarded at St. Leonard's Home, Ayr, and they are taken to school daily with the others by special conveyance.

(9) Nursery Class for Children with Defective Hearing, Charlotte Street, Ayr.

This class is under the guidance of a qualified teacher from Ayr. It was formed to meet the needs of children between the ages of 2 and 5 years who would eventually require education either in a residential school for totally deaf children or at West Park School, Kilmaurs. There are 3 children attending twice weekly for periods of $1\frac{1}{2}$ hours each day.

(10) Other Institutions.

At 31st July, 1957, there were in Institutions :—

Donaldson's School for the Deaf, Edinburgh	...	3
Langside School for the Deaf, Glasgow	... ..	32
St. Vincent's School for the Blind and Deaf, Glasgow		12
Royal Blind School, Edinburgh	... ..	12
Condoverhall School, Shrewsbury (for Blind Children with other Disabilities)	... ..	1
Colony for Epileptics, Bridge-of-Weir	... ..	2
St. Elizabeth's School and Home, Much Hadham, Herts		1
Scotsraig School for Spastics, Paisley	... ..	4
Coltness House School, Wishaw	... ..	2
Trefoil School for Physically Handicapped Children		1
East Park Home for Infirm Children, Largs	...	2
Waverley Park Certified Institution, Kirkintilloch		2
St. Joseph's Certified Institution, Rosewell, Midlothian		3
Lennox Castle Certified Institution, Lennoxtown	...	12
Broadfield Certified Institution, Port-Glasgow	...	1
St. Charles' Certified Institution, Carstairs Junction		1
Royal Scottish Certified Institution, Larbert	...	1
Camphill Rudolph Steiner School, Aberdeenshire	...	2
Naemoor School, Perthshire	... ..	1

Children requiring convalescent treatment were sent to the Biggart Home, Prestwick, and the number admitted there during the school session, on the recommendation of the School Medical Officers, was 36.

IX.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE OF CHILDREN.

(a) Accommodation.

There has been an improvement in indoor accommodation in some districts where new schools have been opened. However, there are still too many places where pupils have to exercise in rooms and halls which are hygienically far from ideal. There is still a lack of well-maintained playing fields in the County.

(b) Staffing.

The number of men specialist teachers is at present just adequate, but owing to the serious shortage of women specialists it has been found necessary to withdraw such from Primary Schools in order to teach Junior Secondary girls. So it happens that many Primary Class teachers are solely responsible for the physical education of their own classes.

(c) Swimming.

- (1) Pupils from Kilmarnock schools from Primary VII. stage upwards have a weekly swimming lesson throughout the session at the Corporation Baths. No physically fit boy or girl should leave school in Kilmarnock unable to swim.
- (2) Full use is also made of swimming facilities at Cumnock, Prestwick, Troon and Saltcoats, where pupils from the local schools have swimming lessons during the summer term.
- (3) During the first fortnight of July an intensive course of ten lessons is provided for a limited number of boys and girls from Crosshouse, Dreghorn, Kilmaurs, Stewarton, Hurlford, Galston, Newmilns and Darvel. This course is held in Kilmarnock Academy Baths and is very popular.

(d) Camp Schools.

Each session the Education Committee has the use of Camp Schools at West Linton and Abington for four months. This enables approximately 2,000 boys and girls to go into residence for two weeks. Here much instruction is given out-of-doors.

(e) Trek Camps.

During the month of July, schools at Alloway, Dunure, Maidens, Girvan, Colmonell and Ballantrae are equipped as camps. Parties of twenty Junior Secondary pupils, escorted by teachers, spend six days walking from Alloway to Ballantrae, spending one night at each camp. All meals are supplied from County Kitchens. Pupils attending Camp Schools or taking part in trekking are previously examined by the School Medical Staff.

(f) Personal Hygiene.

In all the above activities, care is taken to encourage personal cleanliness and healthy habits. While health education among Primary pupils is incidental, more formal instruction is given at the Secondary stage.

X.—OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.

Milk and Meals Supplied to School Children.

The number of children who took advantage of the Milk-in-Schools Scheme was 45,973.

Meals were supplied to 18,081 children, of whom 2,146 were supplied free.

XI.—THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

The following tables show the number examined and the physical condition of the children under the respective headings :—

TABLE I.

(a) Total Number of Children Examined at—

					<i>Systematic Examinations.</i>
Primary and Junior Secondary Schools—					
Entrants ... ..	...	...	...	...	5,548
Children Born in 1949 (Visual Acuity only) ...	...	...	...	...	5,544
Children Born in 1947 ... ..	...	...	...	...	6,135
Children Born in 1943 ... ..	...	...	...	...	5,048
Senior Secondary Schools—					
Children Born in 1940 ... ..	...	...	...	...	579
TOTAL ... ..	...	...	...	...	<u>22,854</u>

(b) Other Examinations—

Special Cases ... ..	...	...	...	...	1,177
Re-Examination—Number Examined ... ..	...	...	...	...	3,656
Treatment Completed ... ..	...	...	...	...	2,409
Receiving Treatment ... ..	...	...	...	...	378
On Waiting List for Treatment ... ..	...	...	...	...	184
Condition Unchanged—Under Observation ... ..	...	...	...	...	685
TOTAL ... ..	...	...	...	...	<u>4,833</u>

(c) The Number of Individual Children Inspected at Systematic Examinations who were Notified to Parents as requiring Treatment :—

Entrants	650
Children Born in 1949 (Visual Acuity only) ...	407
Children Born in 1947	700
Children Born in 1943	490
Children Born in 1940	32
TOTAL	2,279

(d) Average Heights and Weights :—

<i>Group Examined.</i>	<i>Sex.</i>	<i>No. Exam.</i>	<i>Average Age Months.</i>	<i>Average Height Inches.</i>	<i>Average Weight Pounds.</i>
Entrants	Male	2,850	64.2	43.4	43.8
	Female	2,698	64.0	43.1	42.2
Children Born in 1947	Male	3,085	114.3	52.5	66.8
	Female	3,050	114.3	52.0	65.3
Children Born in 1943	Male	2,569	162.7	60.5	99.0
	Female	2,479	163.0	61.0	103.7
Children Born in 1940	Male	310	201.8	67.8	137.3
	Female	269	201.1	64.3	124.1

TABLE II.

SCHOOL MEDICAL SERVICE—SYSTEMATIC EXAMINATIONS.

<i>Nature of Defect.</i>	<i>Entrants.</i>		1947		1943		1940		<i>All Ages.</i>		<i>Total at all Ages.</i>
	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	
Number examined	2850	2698	3085	3050	2569	2479	310	269	8814	8496	17,310
1. Clothing—											
Unsatisfactory	5	10	8	4	1	1	—	—	14	15	29
Percentage	0.18	0.37	0.26	0.13	0.04	0.04	—	—	0.16	0.18	0.17
2. Footgear—											
Unsatisfactory	4	2	4	2	1	—	—	—	9	4	13
Percentage	0.14	0.07	0.13	0.07	0.04	—	—	—	0.10	0.05	0.08
3. Cleanliness—											
(a) Head—											
Dirty, Nits or Vermin	24	61	29	112	18	58	1	—	72	231	303
Percentage	0.84	2.26	0.94	3.67	0.70	2.34	0.32	—	0.82	2.72	1.75
(b) Body—											
Dirty, or Verminous	6	2	3	1	3	2	—	—	12	5	17
Percentage	0.21	0.07	0.10	0.03	0.12	0.08	—	—	0.14	0.06	0.10

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1947		1943		1940		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
4. Skin—											
Head—											
Ringworm	—	—	—	—	—	—	—	1	—	—	1
Percentage	—	—	—	—	—	—	—	0.37	—	—	0.006
Impetigo...	1	1	3	1	2	2	—	—	6	4	10
Percentage	0.04	0.04	0.10	0.03	0.08	0.08	—	—	0.07	0.05	0.06
Other Diseases	9	10	6	9	8	8	5	4	28	31	59
Percentage	0.32	0.37	0.19	0.30	0.31	0.32	1.61	1.49	0.32	0.36	0.34
Body—											
Ringworm	1	—	—	—	—	—	—	—	1	—	1
Percentage	0.04	—	—	—	—	—	—	—	0.01	—	0.006
Impetigo...	3	2	—	—	—	—	—	—	3	2	5
Percentage	0.11	0.07	—	—	—	—	—	—	0.03	0.02	0.03
Scabies ...	1	—	1	—	—	1	—	—	2	1	3
Percentage	0.04	—	0.03	—	—	0.04	—	—	0.02	0.01	0.02
Other Diseases	43	45	34	33	22	22	12	6	111	106	217
Percentage	1.51	1.67	1.10	1.08	0.86	0.89	3.87	2.23	1.26	1.25	1.25
5. Nutritional State—											
Slightly Defective...	19	13	31	31	19	15	—	—	69	59	128
Percentage	0.67	1.48	1.00	1.02	0.74	0.61	—	—	0.78	0.69	0.74
Bad ...	1	2	1	1	1	1	—	—	3	4	7
Percentage	0.04	0.07	0.03	0.03	0.04	0.04	—	—	0.03	0.05	0.04

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1947		1943		1940		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
6. Mouth and Teeth—											
Unhealthy ...	91	118	132	102	93	52	11	4	327	276	603
Percentage ...	3.19	4.37	4.28	3.34	3.62	2.10	3.55	1.49	3.71	3.25	3.48
7. Nose—											
Obstruction requiring Observation	109	72	36	28	8	5	—	—	153	105	258
Percentage ...	3.82	2.67	1.17	0.92	0.31	0.20	—	—	1.74	1.24	1.49
Obstruction (probably Adenoids) requiring Operation ...	40	24	19	8	4	2	—	—	63	34	97
Percentage ...	1.40	0.89	0.62	0.26	0.16	0.08	—	—	0.71	0.40	0.56
Other Conditions ...	55	42	43	37	15	13	—	—	113	92	205
Percentage ...	1.93	1.56	1.39	1.21	0.58	0.52	—	—	1.28	1.08	1.18
Throat—											
Tonsils requiring Observation ...	233	174	135	153	36	47	—	2	404	376	780
Percentage ...	8.18	6.44	4.38	5.16	1.40	1.90	—	0.74	4.58	4.43	4.50
Tonsils requiring Operative Treatment ...	55	46	46	42	13	12	—	3	114	103	217
Percentage ...	1.93	1.70	1.49	1.38	0.51	0.48	—	1.12	1.29	1.21	1.25
Glands—											
Requiring Observation ...	69	52	28	18	4	4	—	—	101	74	175
Percentage ...	2.42	1.92	0.91	0.59	0.15	0.16	—	—	1.15	0.87	1.01
Requiring Operative Treatment	—	2	1	1	2	1	—	—	3	4	7
Percentage ...	—	0.07	0.03	0.03	0.07	0.04	—	—	0.03	0.05	0.04

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1947		1943		1940		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
8. Eyes—											
External Diseases—											
Blepharitis ...	21	21	25	40	20	16	—	1	66	78	144
Percentage ...	0.74	0.78	0.81	1.31	0.78	0.65	—	0.37	0.75	0.92	0.83
Conjunctivitis ...	8	7	6	4	3	3	—	—	17	14	31
Percentage ...	0.28	0.26	0.19	0.13	0.12	0.12	—	—	0.19	0.16	0.18
Corneal Opacities ...	1	—	—	1	—	—	—	—	1	1	2
Percentage ...	0.04	—	—	0.03	—	—	—	—	0.01	0.01	0.01
Squint ...	67	83	41	25	19	11	—	1	127	120	247
Percentage ...	2.35	3.07	1.33	0.82	0.74	0.44	—	0.37	1.44	1.41	1.43
Other Diseases ...	27	25	8	17	8	2	—	—	43	44	87
Percentage ...	0.95	0.93	0.26	0.56	0.31	0.08	—	—	0.49	0.52	0.50
Visual Acuity—											
Number Examined ...	—	—	3085	3050	2569	2479	310	269	5964	5798	11762
Recommended for Refraction—											
Defective Vision—											
Fair ...	—	—	101	105	97	101	7	3	205	209	414
Percentage ...	—	—	3.27	3.44	3.78	4.07	2.26	1.12	3.44	3.60	3.52
Bad ...	—	—	58	74	57	82	9	11	124	167	291
Percentage ...	—	—	1.88	2.43	2.22	3.31	2.90	4.09	2.08	2.88	2.47

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1947		1943		1940		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Number Examined	2850	2698	3085	3050	2569	2479	310	269	8814	8496	17,310
9 Ears—											
Otorrhoea ...	12	6	12	7	7	4	1	3	32	20	52
Percentage ...	0.42	0.22	0.39	0.23	0.27	0.16	0.32	1.12	0.36	0.24	0.30
Other Diseases ...	7	9	5	5	2	3	—	—	14	17	31
Percentage ...	0.25	0.33	0.16	0.16	0.08	0.12	—	—	0.16	0.20	0.18
Defective Hearing—											
Grade I. ...	8	5	7	6	3	4	—	1	18	16	34
Percentage ...	0.28	0.19	0.23	0.20	0.12	0.16	—	0.37	0.20	0.19	0.20
Grade IIa. ...	—	—	5	7	11	7	—	—	16	14	30
Percentage ...	—	—	0.16	0.23	0.43	0.28	—	—	0.18	0.16	0.17
Grade IIb. ...	2	6	—	1	1	—	—	1	3	8	11
Percentage ...	0.07	0.22	—	0.03	0.04	—	—	0.37	0.03	0.09	0.06
Grade III. ...	—	—	—	—	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—	—	—	—	—
10. Speech—											
Defective Articulation ...	42	23	7	—	3	1	—	—	52	24	76
Percentage ...	1.47	0.85	0.23	—	0.12	0.04	—	—	0.59	0.28	0.44
Stammering ...	1	—	1	—	2	—	1	—	5	—	5
Percentage ...	0.04	—	0.03	—	0.08	—	0.32	—	0.06	—	0.03

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

<i>Nature of Defect.</i>	<i>Entrants.</i>		1947		1943		1940		<i>All Ages.</i>		<i>Total at all ages.</i>
	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	
11. Mental and Nervous Conditions—											
Backward ...	—	—	1	—	1	—	—	—	2	—	2
Percentage ...	—	—	0.03	—	0.04	—	—	—	0.02	—	0.01
Dull (Intrinsically) ...	1	—	1	1	2	1	—	—	4	2	6
Percentage ...	0.04	—	0.03	0.03	0.08	0.04	—	—	0.05	0.02	0.03
Mentally Defective (Educable) ...	2	1	6	4	23	12	3	20	32	32	52
Percentage ...	0.07	0.04	0.19	0.13	0.90	0.48	0.32	0.24	0.36	0.24	0.30
Mentally Defective (Ineducable) ...	1	—	2	2	3	2	—	4	6	4	10
Percentage ...	0.04	—	0.06	0.07	0.12	0.08	—	0.05	0.07	0.05	0.06
Highly Nervous ...	8	13	2	—	2	2	—	15	12	15	27
Percentage ...	0.28	0.48	0.06	—	0.08	0.08	—	0.18	0.14	0.18	0.16
Difficult in Behaviour ...	6	4	3	4	—	—	—	8	9	8	17
Percentage ...	0.21	0.15	0.10	0.13	—	—	—	0.09	0.10	0.09	0.10
12. Circulatory System—											
(a) Organic Heart Disease—											
Congenital ...	2	8	11	2	5	1	1	11	19	11	30
Percentage ...	0.07	0.30	0.36	0.07	0.19	0.04	0.32	0.13	0.22	0.13	0.17
Acquired ...	1	—	1	—	2	1	—	1	4	1	5
Percentage ...	0.04	—	0.03	—	0.08	0.04	—	0.01	0.05	0.01	0.03
(b) Functional Conditions ...	11	7	11	5	6	7	3	19	31	19	50
Percentage ...	0.40	0.26	0.36	0.16	0.23	0.28	0.97	0.22	0.35	0.22	0.29

TABLE II.—Continued.
School Medical Service—Systematic Examinations.—Continued.

Nature of Defect.	Entrants.		1947		1943		1940		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
13. Lungs—											
Chronic Bronchitis	10	6	8	2	5	1	2	—	25	9	34
Percentage	0.35	0.22	0.26	0.07	0.19	0.04	0.65	—	0.28	0.11	0.20
Suspected Tuberculosis	1	—	1	—	—	1	—	—	2	1	3
Percentage	0.04	—	0.03	—	—	0.04	—	—	0.02	0.01	0.02
Other Diseases	64	39	21	8	21	9	1	—	107	56	163
Percentage	2.25	1.44	0.68	0.26	0.82	0.36	0.32	—	1.21	0.66	0.94
14. Deformities—											
Congenital	19	8	16	4	7	4	—	—	42	16	58
Percentage	0.67	0.30	0.52	0.13	0.27	0.16	—	—	0.48	0.19	0.36
Acquired (Poliomyelitis)	3	5	7	2	3	2	—	—	13	9	22
Percentage	0.11	0.19	0.23	0.07	0.12	0.08	—	—	0.15	0.11	0.13
Acquired (probably Rickets)	6	3	5	3	4	2	—	—	15	8	23
Percentage	0.21	0.11	0.16	0.10	0.16	0.08	—	—	0.17	0.09	0.13
Acquired (Other Causes)	20	11	25	8	24	13	5	—	74	32	106
Percentage	0.70	0.41	0.81	0.26	0.93	0.52	1.61	—	0.84	0.38	0.61
15. Infectious Disease	1	—	—	—	2	—	—	—	3	—	3
Percentage	0.04	—	—	—	0.08	—	—	—	0.03	—	0.02
16. Other Diseases or Defects	183	115	91	103	67	83	6	2	347	303	650
Percentage	6.42	4.26	2.95	3.38	2.61	3.35	1.94	0.74	3.94	3.57	3.76

TABLE III.—School Medical Service—Summary of Systematic Examinations—Continued.

Number Examined ...	Entrants.		1947		1943		1940		Total.	
	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.	No. of Children.	% of the Children examined in this Group.
...	5548		6135		5048		579		17,310	
4. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in 2 or 3, distinguishing cases—										
(a) Where complete cure or restoration of function (in the case of eye defect full correction) is considered possible ...	610	10.99	433	7.06	278	5.51	27	4.67	1348	7.79
(b) Where improvement only is considered possible, e.g., without complete restoration of function ...	76	1.37	101	1.64	92	1.82	12	2.07	281	1.62
Total ...	686	12.36	534	8.70	370	7.33	39	6.74	1629	9.41
Total Number of Children Examined ...	5548	100%	6135	100%	5048	100%	579	100%	17,310	100%

TABLE IV.
SCHOOL MEDICAL SERVICE—RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

Disability.		At Ordinary School.	At Special School or Classes.	In Hospital or Institution.	At No School or Institution.	Total.
1. Blind	...	—	14	—	1	15
2. Partially Sighted—						
(a) Refraction errors in which the curriculum of an Ordinary School would adversely affect the Eye Condition ...		26	—	—	—	26
(b) Other conditions of the Eye, <i>e.g.</i> , Cataract, Ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school ...		10	—	—	—	10
3. Deaf—						
Grade I.	...	492	—	—	—	492
Grade IIa.	...	382	—	—	—	382
Grade IIb.	...	14	35	—	—	49
Grade III.	...	—	45	—	1	46

TABLE IV.—Continued.

School Medical Service—Return of all Exceptional Children of School Age in the Area—Continued.

<i>Disability.</i>		<i>At Ordinary School.</i>	<i>At Special School or Classes.</i>	<i>In Hospital or Institution.</i>	<i>At No School or Institution.</i>	<i>Total.</i>
4. Defective Speech—						
(a) Defects of Articulation requiring Special Educational Measures		122	—	—	—	122
(b) Stammering requiring Special Educational Measures ...		42	—	—	—	42
5. Mentally Defective (Children between 5 and 16 Years)—						
(a) Educable (I.Q., approx. 50-70)		135	243	8	1	387
(b) Ineducable (I.Q., generally less than 50)		—	38	25	86	149
6. Epilepsy—						
(a) Mild and Occasional		45	1	—	—	46
(b) Severe (suitable for care in a Residential School) ...		9	1	—	1	11
7. Physically Defective (Children between 5 and 16 Years)—						
(a) Non-Pulmonary Tuberculosis (excluding Cervical Glands)		32	2	2	—	36
(b) General Orthopaedic Conditions		235	19	12	8	274
(c) Organic Heart Disease		53	3	1	1	58
(d) Other Causes of Ill Health		22	14	—	8	44

TABLE IV.—Continued.

School Medical Service—Return of all Exceptional Children of School Age in the Area—Continued.

Disability.					
8. Multiple Defects *	...	...	...	...	...
<p>* The Nature of the Multiple Defects in the 77 Cases are as follows :—</p> <p>1 and 5 (a)—1 case. 1 and 5 (b)—2 cases. 2 (a) and 5 (a)—1 case. 2 (b) and 3 (Grade III.)—1 case. 2 (b) and 5 (b)—1 case. 3 (Grade III.) and 5 (a)—1 case. 4 (a) and 5 (a)—1 case. 4 (a) and 6 (a)—1 case. 4 (a) and 7 (b)—3 cases. 5 (a) and 6 (a)—9 cases. 5 (a) and 6 (b)—6 cases. 5 (a) and 7 (b)—19 cases. 5 (a) and 7 (c)—1 case. 5 (a) and 7 (d)—2 cases. 5 (b) and 6 (b)—4 cases. 5 (b) and 7 (b)—14 cases. 5 (b) and 7 (d)—1 case. 6 (a) and 7 (b)—1 case. 7 (b) and 7 (c)—1 case. 7 (b) and 7 (d)—1 case. 1 : 5 (a) and 7 (d)—1 case. 2 (a), 5 (a) and 7 (b)—1 case. 4 (a), 5 (a), 7 (b) and 7 (c)—1 case. 5 (a), 6 (a) and 7 (c)—1 case. 5 (a), 7 (b) and 7 (d)—1 case. 5 (b), 7 (b) and 7 (c)—1 case.</p>					
At Ordinary School.	At Special School or Classes.	In Hospital or Institution.	At No School or Institution.	Total.	
13	34	10	20	77	

TABLE V.

Dental Inspection and Treatment.

(a) Inspection—

Number of Children Inspected	...	...	...	25,277
Number of Children requiring Treatment	...	...	...	18,013
Number of Children for whom Parents accepted Treatment by School Dentist	...	...	...	7,326
Number of Children not requiring Treatment	...	...	...	7,264
Number of Children for whom Parents stated the Children would be Treated Privately	...	...	...	10,156
Number of Children whose Parents decided to take no action	...	...	...	531
Number of Children Examined as Special or Emergency Cases	...	...	...	32
Number of Children accepting Treatment as Special or Emergency Cases	...	...	...	32
Number of Children treated as Special or Emergency Cases	...	...	...	32

(b) Treatment—

Number of Children Treated	...	...	...	7,124
Number of Extractions (Temporary Teeth)	...	...	...	4,841
Number of Extractions (Permanent Teeth)	...	...	...	1,960
Number of Fillings (Temporary Teeth)	...	...	...	910
Number of Fillings (Permanent Teeth)	...	...	...	11,353
Number of Dentures	...	...	...	108
Number of Crowns	...	...	...	7
Number of Root Treatments	...	...	...	46
Number of Scalings	...	...	...	688
Number of Other Operations (Temporary Teeth)	...	...	...	1,385
Number of Other Operations (Permanent Teeth)	...	...	...	12,184
Number of Emergency Cases	...	...	...	32
Number of Extractions (Temporary Teeth)	...	...	...	29
Number of Extractions (Permanent Teeth)	...	...	...	4
Number of Cases X-Rayed	...	...	...	148

Orthodontics—

New Cases	...	...	...	...	496
Undergoing Treatment	...	...	...	...	700
Completed	...	...	...	...	162

