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COUNTY OF AYR



# ANNUAL REPORT

BY

THE MEDICAL OFFICER OF HEALTH

For the Year 1958

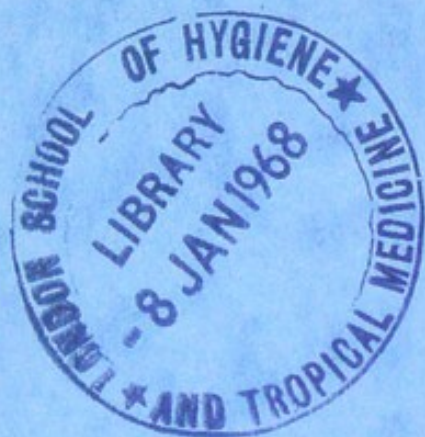
AND

THE SCHOOL MEDICAL OFFICER

For the Year 1957-58.



66842



COUNTY OF AYR



# ANNUAL REPORT

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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 1958, together with the Report on the Medical Inspection and Treatment of School Children for the year ended 31st July, 1958.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. A. ROUGHEAD,

*Medical Officer of Health.*

COUNTY BUILDINGS,  
AYR,

OCTOBER, 1959.



**STAFF.**

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

JOHN A. ROUGHHEAD, 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. (Resigned 15/1/59).

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

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. (Resigned 15/1/59).

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

JOHN B. MORRIS, M.B., CH.B., D.P.H. (Appointed 1/12/58).

*Assistant Medical Officer—Tuberculosis Scheme—*

ROBERT WHITELOW, M.B., CH.B., D.P.H. (Resigned 23/11/58).

RAMSAY G. SMALL, M.B., CH.B., D.P.H. (Appointed 10/11/58).

*Chief Dental Officer—*

ARNOLD J. DUNCAN, L.D.S.

*Assistant Dental Officers—*

AGNES N. CARNEGIE, L.D.S.

DOROTHY E. CHATER, L.D.S.

PETER MCG. GARDNER, L.D.S.

IAN HARVEY, L.D.S. (Resigned 15/2/59).

MARGARET H. MERRIMAN, L.D.S. (Resigned 22/11/58).

AGNES J. PURDIE, L.D.S.

MONTGOMERY B. SIMPSON, L.D.S.

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

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

JAMES WILSON, L.D.S.

DENTAL ATTENDANTS—11.

*County Nursing Superintendent—*

MISS JANET S. HASTIE, R.G.N., S.C.M., H.V., Q.N.

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*Matron, Residential Nursery, Irvine—*

MISS N. G. LEES.



*Matron, Residential Nursery, Kilwinning—*

MISS HELEN GRANT.

*Matron, St. Leonard's Home, Ayr—*

MISS MARGARET CLEMENT (Resigned 31/5/59).

MISS MARION MORRISON (Appointed 17/8/59).

*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, M.B.E.

*Acting Psychiatric Social Workers—*

MISS A. S. KELLOCK, A.M.I.A.

MRS. HILDA MCGINIS, M.A., Certificate in Social Studies.

*Social Workers—*

MRS. MARJORY BORTHWICK.

MISS ELIZABETH SODEN (Appointed 2/2/59).

*Occupational Therapist—*

MISS SHEILA MACKINTOSH (Appointed 26/1/59).

*Clerical Staff—*

Chief Clerk—J. B. HANNAH, A.C.I.S.

Other Clerical Staff .....20

## 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.

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# County Medical Officer's Report

1958.

## A.—VITAL STATISTICS.

**Population and Area.**—The Registrar General has estimated the population of the Landward Area and Small Burghs to middle of 1958 as 249,353. This figure is 4,459 more than his estimate for 1957.

**Births.**—The live births registered after correction for transfers were 4,799, equivalent to a birth rate of 19·2 per thousand of population, as compared with 18·8 for the preceding year. The figure for Scotland was 19·2. The rates for previous years are :—

1931-35—Average Birth-Rate ...	...	...	...	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
1958	„	...	...	19·2

The number of still-births registered after correction for transfers during the year was 107, giving a rate of 22 per thousand total births. The rate for Scotland was 23. 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
1958	... ..	107	22

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

**Deaths.**—The deaths registered after correction for transfers were 2,815, which is equivalent to a death-rate of 11·3, as compared with 11·2 in 1957. The Scottish figure was 12·0. The following are the figures so far as they are available for preceding years :—

1931-35—Average Death-Rate	...	...	...	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
1958	"	...	...	11·3

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 135, equivalent to an infantile mortality rate of 28, as compared with 30 during the preceding year. The following are the figures for previous years so far as they are available:—

1931-35—Average Infantile Mortality-Rate	...	73
1936-40	"	71
1941-45	"	63
1946-50	"	39
1951-55	"	32
1956—Infantile Mortality-rate...	...	31
1957	"	30
1958	"	28

Of the total infantile deaths 97 (72 per cent.) occurred within the first four weeks of life.

The main causes of death were congenital malformations 15 (11 per cent.), pneumonia 20 (15 per cent.), injury at birth, etc., 43 (32 per cent.), and other diseases peculiar to early infancy 32 (24 per cent.).

**Deaths from Infectious Diseases.**—The deaths which occurred from infectious diseases were cerebro-spinal fever 3, acute poliomyelitis 3, and other infective diseases 7.



**Deaths from Tuberculous Diseases.**—The deaths from respiratory and other forms of tuberculosis were 11 and 1 respectively, giving death-rates of 0·044 and 0·004. The corresponding figures for the previous year were deaths 15 and 3 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
1958 „ ...	0·04	0·004	0·05

**Deaths from Pneumonia.**—There were 76 deaths from pneumonia, including 6 of the newborn, equivalent to a death rate of 0·30. During the previous year the deaths were 62, equal to a death rate of 0·25. 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
1941-45 (Average) ...	0·46	1957 ... ..	0·25
1946-50 (Average) ...	0·34	1958 ... ..	0·30

**Deaths from Other Diseases of the Respiratory System.**—There were 105 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 0·42, as compared with 0·40 in the previous year.

**Deaths from Influenza.**—The deaths due to influenza numbered 4, giving a death-rate of 0·02. During 1957, the deaths were 33 and the death rate 0·13. 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	1958 ... ..	0·02



**Deaths from Cancer.**—The deaths from cancer were 455, which is equivalent to a death rate of 1·82, as compared with 1·79 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	1958	...	...	...	1·82

**Cancer of the Lung.**—This group includes primary malignant neoplasms of trachea, bronchus and lung. There were 74 deaths from this cause (62 males and 12 females) as compared with 67 deaths (57 males and 10 females) last year.

Age.	<i>No. of Deaths from Cancer of Lung.</i>		<i>No. of Deaths from Cancer other than Lung Cancer.</i>	
	1958		1958	
	<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>
1—	—	—	3	1
5—	—	—	1	—
10—	—	—	1	1
15—	—	—	5	1
25—	1	—	1	3
35—	2	1	9	12
45—	7	2	16	43
55—	19	—	32	50
65—	30	8	49	66
75—	3	1	38	37
85—	—	—	6	6
TOTALS...	62	12	161	220

**Deaths from Diseases of the Nervous System.**—This group of diseases, which includes such causes as cerebral haemorrhage, apoplexy, etc., accounted for 494 of the deaths occurring in the area, being a death rate of 1·98, as against 1·94 in the preceding year.



**Deaths from Diseases of the Digestive System.**—The deaths were 80, equivalent to a death rate of 0·32 as compared with 0·37 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 1,166, giving a death rate of 4·68, as compared with 4·59 in the previous year.

**Deaths from Diseases and Accidents of Pregnancy and Parturition.**—There was one maternal death during 1958, which represents a rate of 0·20 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 1958 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	1958 ... ..	0·2

## 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 ...	2042	258
(4) Total number of attendances made by women during the year ...	8497	258



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

Assistance was extended to 97 girls by the Welfare Visitor who paid, in all, 328 visits to their homes.

The nature of the help given can be seen from the following figures :—

	<i>No. of Instances.</i>
(1) Advice in obtaining decree of affiliation and aliment against the father of the child ...	38
(2) Advice regarding legal adoption ...	45
(3) Help in finding suitable accommodation for the child where it was necessary for the mother to work ...	15
(4) Advice regarding entitlement and help in obtaining allowances from the Ministry of National Insurance, National Assistance Board, etc. ...	29
(5) Help in finding suitable employment...	9
(6) General advice ...	201

(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 43 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 ...	43
(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 ... ..	6,117
Over 1 year of age ... ..	4,696
(4) Total number of attendances made during the year by children who at the time of attendance were—	
Under 1 year of age ... ..	43,249
Over 1 year of age ... ..	18,128

(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 54 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 1956, 1957 and 1958 the uptake of welfare foods throughout the County was :—

	<i>Uptake.</i>		
	1956.	1957.	1958.
National Dried Milk ... ..	118,234	84,459	60,850
Cod Liver Oil ... ..	27,948	25,537	17,433
Vitamin "A" and "D" Tablets	8,008	7,675	7,440
Orange Juice ... ..	128,821	144,081	97,148

(g) **Dental Care.**—In spite of a further depletion of the Dental Staff it is encouraging to note that the number of patients examined by the Dentists showed little reduction, while the treatment figures actually showed an increase.



It is not generally realised that the temporary teeth and some of the permanent teeth begin to develop during the early months of pregnancy, and for this reason the mother should have a satisfactory diet and a healthy mouth with sufficient teeth for mastication. Where necessary patients are given advice on oral hygiene and instructed as to the proper care of the teeth and also of the gums which frequently show a tendency to become tender and inflamed during pregnancy.

The fluoridation of the water supply in the Kilmarnock area, one hopes, will show a decrease in the incidence of dental decay, but it will be some time yet before definite figures will be available.

#### EXPECTANT AND NURSING MOTHERS—

Number of Patients Examined	...	...	...	935
Number of Patients requiring Treatment	...	...	...	593
Number of Patients accepting Treatment	...	...	...	148
Number of Patients Treated	...	...	...	148
Number of Attendances	...	...	...	566
Number of Extractions...	...	...	...	152
Number of Fillings	...	...	...	152
Number of Scalings	...	...	...	30
Number of Dentures	...	...	...	94
Number of Other Operations	...	...	...	384

#### PRE-SCHOOL AGE CHILDREN—

Number of Children Examined	...	...	...	52
Number of Children requiring Treatment	...	...	...	41
Number of Children accepting Treatment	...	...	...	29
Number of Fillings (Temporary Teeth)	...	...	...	2
Number of Extractions (Temporary Teeth)	...	...	...	25
Number of Other Operations	...	...	...	6

(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 1958, 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	...	...	...	4,820
Still-Births	...	...	...	139
				<hr/>
TOTAL	...	...	...	4,959

- (2) Total number of Births occurring in Institutions (including private maternity homes) ... 3,703

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

Live	...	...	...	...	1,238
Still	...	...	...	...	18
					<hr/>
TOTAL	...	...	...	...	1,256

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.).
1958	...	...	...	3,703	1,256 (25 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.
(a) Midwives Employed by the Authority (including those engaged on a fee-per-case basis) ... ..	355	846	55	—	—	—	—
(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 ... ..	—	—	—	—	—	—	—
(e) Other Cases ... ..	—	—	—	—	—	—	—
TOTALS ... ..	355	846	55	—	—	—	1,256

## (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	355
(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).....	355	

## (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)...	67	
(2) No. in (a) not employed on local Health Authority work ... ..	—	67
(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 31/12/58—		
(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 31/12/58 (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 ...					301	
(2) When Doctor was present at delivery ...					91	
					—	392
(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 ...					466	
(2) When Doctor was present at delivery ...					171	
					—	637
(7) No. of Cars in use by Midwives at 31/12/58 (including one privately-owned by District Nurse) ...						
					50	

**Supply of Maternity Outfits.**—1,250 maternity outfits were supplied during the year to mothers for domiciliary confinement.

*Additional Information—*

**Institutional Births—**

Ayrshire Central Hospital, Irvine ...	2,483
Kilwinning Maternity Home ...	984
Davidson Hospital, Girvan ...	114
Greystones Nursing Home, Prestwick ...	121
Ballochmyle Hospital, Mauchline ...	1



#### (4) Health Visiting.

Routine health visiting of all children under five has been carried out at regular intervals during 1958 by the District Nurses. The visiting of tuberculous patients in their own homes has been undertaken by a special staff of four Health Visitors.

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 ... ..	6,991	34,856
Children (1-5 years) ... ..	17,084	45,163
Tuberculosis Patients... ..	1,753	3,832
Other Cases ... ..	994	4,337

\*All visits in this category were paid by Health Visitors/Midwives who attended the confinement. The total number of visits was 40,509.

#### (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 1958 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 1958. 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 ... .. 6,488

(2) Number of visits paid by Nurses to these cases... 133,847

The number of elderly patients (those aged 65 years or over) included in the former figure was 2,403. The total number of visits paid to these elderly patients was 79,031.



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

Dalmellington ...	Nurses' House and Clinic...	Occupied 15/7/58
Tarbolton ...	Nurses' House and Clinic...	Occupied 10/4/59

The following have been approved and progress is indicated :—

Ardrossan ..	Clinic ...	Site obtained and plans prepared.
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Prestwick ...	Clinic ...	Plans being prepared.
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### (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	1958.....	946

At 31st December, 1958, the number of Home Helps employed was 320, and the number of families served 445. 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 946 cases dealt with in 1958, 715 were on account of chronic sickness (including aged and infirm cases) and 138 on account of confinement.

It will be observed from the table provided that at the end of the year the duration of help to 275 households (62 per cent.) exceeded one year and to 55 households (11 per cent.) exceeded five years.

The evening and all-night service, introduced in December, 1955, continues in operation. During 1958, 12 cases received evening help, 3 night attendance, and 3 both evening and night attendance. The corresponding figures for 1957 had been 11, 4 and 5 respectively.



**AYR COUNTY COUNCIL—HOME HELP SERVICE.**  
**NUMBER OF CASES DEALT WITH DURING 1958 AND DURATION OF CASES SERVED AT END OF YEAR.**

District.	Duration of Cases Served at end of Year.					No. of Cases Completed during Year.	No. of Cases Supplied with Helps during Year.	No. of Cases at 31/12/57.	No. of Cases at 31/12/58.
	Over 5 Years.	Between 3 and 5 Years.	Between 2 and 3 Years.	Between 1 and 2 Years.	Between 6 Months and 1 Year.				
Annbank.....	3	5	3	2	3	3	2	3	2
Ardrrossan.....	4	2	1	4	1	33	29	41	21
Auchinleck.....	—	1	—	1	—	5	11	5	11
Ayr Landward.....	6	3	6	—	—	5	4	7	2
Beith.....	1	2	3	3	—	14	23	14	23
Catrine.....	1	3	—	5	—	9	13	11	11
Cumnock.....	—	3	—	2	—	8	12	11	9
Dalmellington.....	6	1	3	3	—	3	2	2	3
Dalry.....	—	3	3	—	—	18	22	20	20
Darvel.....	1	1	—	3	—	6	7	8	5
Dreghorn/Springside.....	—	—	1	1	—	4	4	3	5
Drybridge.....	—	1	—	1	—	1	2	1	2
Dundonald.....	—	—	1	—	—	2	2	3	1
Dunlop.....	—	—	1	—	—	—	1	1	—
Fenwick.....	2	2	2	—	1	10	11	7	14
Galston.....	3	1	—	5	—	13	12	13	12
Girvan.....	2	6	—	2	—	7	8	6	9
Hurlford.....	3	3	4	5	—	28	35	39	24
Irvine.....	—	3	2	2	2	16	22	20	18
Kilbirnie/Glengarnock.....	1	3	—	3	—	6	4	3	7
Kilmaurs/Crosshouse.....	4	1	4	3	4	20	10	15	15
Kilwinning.....	2	1	1	1	1	38	18	34	22
Largs.....	—	3	—	3	—	10	13	11	12
Maybole.....	3	3	—	3	—	3	8	2	9
Mauchline.....	1	1	1	1	1	7	16	12	11
Muirkirk.....	—	2	1	2	1	3	14	6	11
New Cumnock.....	—	1	—	1	—	8	9	6	10
Newmilns.....	—	—	—	—	—	7	2	6	4
Patna.....	1	2	1	5	1	57	26	60	23
Prestwick.....	—	5	1	8	1	75	40	82	33
Saltcoats.....	2	1	2	7	5	14	12	16	10
Stevenston.....	—	2	1	3	—	11	5	6	10
Stewarton.....	1	—	1	1	—	2	1	2	1
Tarbolton.....	4	4	7	8	4	41	34	45	30
Troon.....	2	3	—	4	3	18	11	18	11
West Kilbride.....	—	—	—	—	—	—	—	—	—
TOTALS.....	55	66	60	94	69	501	445	533	413



## (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... ..	2,395	159
(2) Accelerated (Vaccinoid) Reaction (5th to 7th Day)	2	94
(3) Reaction greatest at 2nd to 3rd Day ... ..	1	188
(4) No Local Reaction ... ..	134	54
	2,532	495

Of the 2,532 persons who received primary vaccination, 1,449 were children born in 1958 and 765 were children born in 1957.

Of the total number of primary vaccinations 635 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, 3,772 were performed by the Local Authority's Medical Staff.

#### DIPHTHERIA IMMUNISATION.

	<i>New Inoculations.</i>	<i>Maintenance Inoculations.</i>
Pre-School Children ... ..	2,662	34
School Children ... ..	245	2,605
TOTALS ... ..	2,907	2,639

(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 1958 was 2,970. This compares with 2,799 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 who had Received One Injection Only.</i>	<i>No. of Persons Awaiting Vaccination</i>
Children Born in Years 1943-57	47,237	1,747	872
Young Persons : 1933-42.....	40	—	—
Expectant Mothers.....	534	84	52
General Practitioners & Families	90	—	—

In addition, 3,960 children received a third injection.

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

(a) **Tuberculosis.**—There were notified 152 cases of pulmonary tuberculosis and 18 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 147 of pulmonary tuberculosis and 15 of non-pulmonary tuberculosis.

**Pulmonary Tuberculosis.**—Of the 147 new cases of pulmonary tuberculosis 73 were males and 74 were females. 68 per cent. (101) of these cases received institutional treatment during the year.

The notifications for the years 1951-58 inclusive were 194, 159, 180, 168, 166, 168, 179 and 147.

Including cases notified in previous years, 171 patients were admitted to Hospitals and Homes during 1958 as follows :—

Ayrshire Central Hospital, Irvine	...	...	...	100
Heathfield Hospital, Ayr	...	...	...	54
Glenafton Sanatorium, New Cumnock	...	...	...	15
Robroyston Hospital, Glasgow	...	...	...	1
Gateforth Hospital, Yorks	...	...	...	1
				<hr/>
				171



There were 11 deaths, of which 7 occurred in Institutions.

**Non-Pulmonary Tuberculosis.**—The 15 new cases of non-pulmonary tuberculosis are classified as follows, according to the localisation of the disease :—

	No. of Cases.
Abdominal ... ..	4
Superficial Glands (Cervical) ... ..	1
Bones and Joints ... ..	2
Genito-Urinary Organs ... ..	7
Other Organs ... ..	1

Including cases notified in previous years 15 patients were admitted to Hospitals and Homes during 1958 as follows :—

Ayrshire Central Hospital ... ..	2
Mearns Kirk Hospital, Newton-Mearns ... ..	3
Robroyston Hospital, Glasgow ... ..	9
Heathfield Hospital, Ayr ... ..	1

There was one death.

**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 the Area Supervising Tuberculous Physician, with whom a close liaison is maintained.

**Hospital Service.**—Dr. Boyd, Area Supervising Tuberculosis Physician, reports as follows :—

“ **Incidence.**—The number of new cases discovered this year is significantly lower, and it seems reasonable to expect this pleasing trend to continue. Fewer than 200 adult cases represents a fall of one-third in the past decade.

“ **Hospital Accommodation.**—Beds surplus to requirements have now been given up and are being used as follows :—

- (a) *Glenafton Hospital.*—During 1958 part of the accommodation here was in use for tuberculous cases, but on 1st April, 1959 this Hospital changed to Geriatric cases only.



- (b) *Kaimshill Hospital*.—Closed on 10th March, 1958, and in future will be used for convalescent Medical and Surgical cases from Kilmarnock Infirmary. Children suffering from active Primary Tuberculosis and requiring hospital treatment have since been accommodated at Ayrshire Central Hospital.
- (c) *Heathfield Hospital*.—The 10-bedded Chest Observation block is now being used for skin cases. To accommodate the Ayr and District Chest Observation cases it has been possible to find the necessary accommodation by transferring some male tuberculous cases to Irvine. If the present incidence trend continues it should be possible to transfer more of the tuberculous cases to Ayrshire Central Hospital, leaving the present male block to be used solely for both male and female observation cases.

At the time of writing the Chest beds in Ayrshire are as follows :—

Ayrshire Central Hospital, Irvine	...	...	...	141
Heathfield Hospital, Ayr	...	...	...	53

This would seem to be an adequate provision meantime.

“ **Chest Clinics**.—The facilities at Glenafton will continue to serve the south-eastern corner of the County, but it is still hoped that the Authorities will provide such accommodation at Ballochmyle Hospital at an early date. At Heathfield Hospital we have had to wait a long time for adequate out-patient facilities, but at last work is about to begin on the new Out-Patient Department project, and in this will be sited a new Chest Clinic.

“ **Chest Surgery**.—Mr. Kenneth Fraser, on his appointment as a Chief in the Glasgow Western Infirmary, resigned from Ayrshire Central Hospital, and from 1st January, 1959, Mr. Robert McCluskie has been responsible for all operative work in this Unit. The number of cases requiring major surgery in Ayrshire has been steady since the Unit opened in 1953. There has, of course, been a change in the type of case—Non-Tuberculous conditions being on the increase, while Tuberculous cases are fewer.

“ **Public Health**.—The falling incidence in Tuberculosis has meant fewer new cases for the Health Visitor, but strange to relate she is nonetheless busy. It is with regret that one has to record that a very high proportion of patients cannot be relied on to take their special Chemotherapy on leaving hospital. This is a finding



common to the whole country, and the vigilant, attentive Health Visitor can and is doing much to improve this position. The danger from poor or inadequate Chemotherapy is, of course, drug resistant organisms, and this may well prove to be a real menace in a few years from now.

**"Ancillary Services.**—With the closure of Glenafton it has become necessary to provide ancillary accommodation for the ambulant patient in Ayrshire Central Hospital. This need was foreseen in my 1957 Report, but with five months of the current year gone we are still awaiting Regional Board approval. In such a matter the responsible authority appears to have failed to appreciate the urgency, and so the number of patients discharging themselves prematurely because of boredom is on the increase.

**"Conclusion.**—A satisfactory downward trend of the incidence of tuberculosis seems to have become established and provided there is no let up in the search for new cases in the effective treatment of these, and in the protection of those most at risk, then the next decade should see tuberculosis eliminated from the list of "Important Diseases."

"The Ayrshire team, in spite of difficulties, continues to give of its best and deserves full credit for another year of hard work and loyal service."

**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 3,098. Of these, 2,653 (86%) were available for testing by the consent of their parents. Due to absence and other factors, 2,305 were actually Mantoux tested. A positive response was given by 324 (14%). A negative reaction was obtained in 1,981 (86%) instances, and these were subsequently inoculated with B.C.G.



Statistics for the year 1958, in the form required by the Department of Health, are :—

	<i>Tuberculin Tested.</i>		<i>Negative Re-actors.</i>		<i>Vaccinated during 1958</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
(1) Nurses ... ..	5	84	2	28	2	18
(2) Medical Students ... ..	—	—	—	—	—	—
(3) Contacts ... ..	284	233	254	214	244	224
(4) Special Groups not included in (1) to (3) above—						
(a) School-leavers ...	77	77	61	56	—	—
(b) New Born Babies	—	—	—	—	—	—
(5) 13-year-old Group ... ..	1241	1183	1015	966	1015	966
(6) Others ... ..	2	1	1	1	1	2

**Domiciliary Treatment.**—Cases suitable for treatment at home or awaiting admission to hospital were visited by the Tuberculosis Nurses, who paid 3,832 visits to 1,753 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 Dailly, Barony Colliery, Prestwick Airport, etc. During that period 3,111 individuals were examined. Two cases of active pulmonary tuberculosis were revealed and nine cases were found to be requiring further observation.

**Supply of Milk.**—The number of free milk vouchers issued was 445, covering some 10,000 gallons of milk at an approximate cost of £2,666.



**Bed and Bedding.**—Articles of bedding were issued on loan to five patients.

	<i>On Loan at 31/12/57.</i>	<i>Issued 1958.</i>	<i>With- drawn 1958.</i>	<i>Written off.</i>	<i>Remaining on Loan at 31/12/58.</i>
Bedsteads.....	46	—	—	—	46
Mattresses.....	52	1	1	—	52
Blankets.....	35	6	—	23	18
Sheets.....	38	6	—	26	18
Pillows.....	14	8	—	9	13
Pillow Cases.....	37	4	—	25	16

**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 36 are of average intelligence and attend ordinary schools, 5 are mentally handicapped and are attending special schools.

Thirty-five children have major epilepsy. Twenty-two of these (whose intelligence is unimpaired) attend ordinary schools; 3 are mentally handicapped and attend special schools within the County; 5 are in Certified Institutions and are mentally retarded to a severe degree; 1 is accommodated at St. Elizabeth's School, Much Hadham, Herts. The remaining 4 are ineducable and are at home.

There are 3 known cases of epilepsy among pre-school children. These have not yet been fully assessed for educational purposes. Known adult epileptics number 72. Of these 5 are in the Colony at Bridge-of-Weir.

The remaining 67 are at home and are receiving treatment from their own doctors. In 15 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 are five epileptic cases 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 108 children in the County area who suffer in varying degree from cerebral palsy. These can be divided into different categories as follows :—

Thirty-five 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 4 resident pupils at St. Leonard's Home), 6 are resident in Special Schools outwith the County, 1 receives tuition at home on account of severe physical disability, 2 are under observation at home until a final assessment can be made, and 4 are awaiting admission to Special Schools. There are 12 known spastics among the pre-school children.

There are 27 ineducable spastic children, 6 are in Certified Institutions, 15 are at home and 6 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 from other sources indicate that there are at least 53 cases. Of these 18 are classed as severely handicapped either mentally or physically or both and are incapable of working, 14 are affected to a moderate degree but cannot work or cannot find suitable employment. The remaining 21 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.

The most recent development in this sphere has been the introduction by the Scotsraig Committee of the Scottish Council for the Care of Spastics of a Mobile Physiotherapy Unit which provides treatment for severely physically handicapped children at their homes. The number of County cases dealt with in this way is six and each child receives two treatments per week.

(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 fourth full-time Chiropodist was appointed early in 1959. 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 four 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. A certain amount of domiciliary visiting is undertaken as circumstances permit.

#### *Clinics—*

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

#### *Domiciliary Districts—*

Dalrymple.	Dunure.	Girvan.	Straiton.
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#### *Old People's Homes—*

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

During the year the Chiropodists attended 2,560 patients and gave 9,162 treatments.

The Ayrshire 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, West Kilbride and Fairlie.



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 1,503 treatments were given at the Clinic sessions and 19 domiciliary visits were made in the Valley area. In all 287 patients benefited.

In the Largs area 607 treatments were given—274 of these were domiciliary, 234 at Clinic and 99 at Haylie House, Largs.

#### (9) Control of Infectious Diseases.

(a) 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 seventh year in succession that such has been the case.

The following are the cases and the deaths since 1939, grouped in five year periods:—

					Cases.	Deaths.
1939 - 1943	...	...	...	...	2,361	75
1944 - 1948	...	...	...	...	867	28
1949 - 1953	...	...	...	...	9	1
1954 - 1958	...	...	...	...	—	—

**Erysipelas.**—The number of cases was 8, compared with 16 in 1957. There were no deaths.



**Scarlet Fever.**—During the year there were 61 cases of Scarlet Fever, compared with 90 in the previous year. Two cases of Scarlet Fever occurred at Dundonald Children's Home, two cases at Hazeldene Children's Home, and one at Southannan Nursery School, Fairlie. All were removed to Ayrshire Central Hospital, Irvine.

**Typhus Fever.**—No case was reported.

**Enteric Fever (including Typhoid and Paratyphoid Fever).**—Six cases of Paratyphoid Fever occurred in contrast to one case in 1957.

The first two cases occurred in Troon towards the end of January. One of these was a housemaid who had accompanied the family, in which she was employed, on a holiday to Southern Ireland during the previous December, and had there been in contact with a case of Paratyphoid Fever. Investigation of her contacts revealed a positive result in a child aged 3 years. Both cases were removed to Irvine Central Hospital and made an uneventful recovery.

The second group of cases, four in all, occurred in Irvine between 4th July and 14th July. This included a father and daughter, aged 18 years, and a father and son, aged 20 years. All were treated in Central Hospital.

**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 1957. The following are the cases and deaths since 1935, in five-yearly periods:—

					<i>Cases.</i>	<i>Deaths.</i>
1935 - 1939	...	...	...	...	56	25
1940 - 1944	...	...	...	...	73	26
1945 - 1949	...	...	...	...	44	1
1950 - 1954	...	...	...	...	5	1
1955 - 1958 (four years)	...	...	...	...	1	—

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

**Puerperal Pyrexia.**—No case was notified. During the previous year there was one case.

**Cerebro-Spinal Fever.**—Eight cases occurred, three of which were fatal. These figures compared with 13 cases and 2 deaths in the previous year.



**Poliomyelitis.**—During the year there were 22 confirmed cases of Poliomyelitis—12 males and 10 females. Eighteen cases had paralysis and 4 were diagnosed as suffering from the disease by clinical and bacteriological findings, but did not have paralysis. There were 3 deaths, all males, aged 10 months, 11 years and 32 years respectively. These figures compared with 13 confirmed cases in the previous year, of which there were 3 with paralysis, including 1 death, and 10 without paralysis. No connection could be traced between these cases.

Of the 3 deaths, a baby, aged 10 months, had received a first injection fifteen days before the onset of illness. The remaining two had not received any protective inoculation.

Of the non-fatal cases with paralysis 2 had each received two injections. The remainder in this group were unprotected.

Of the 4 non-paralytic cases, only 1 had received a first injection.

The distribution of cases in 1958 was :—

#### LANDWARD AREA.

Beith.....	3	High Fenwick.....	1
Catrine.....	2	Kilbirnie.....	1
Crosshouse.....	1	Monkton.....	3
Dailly.....	1	Sorn.....	1
Drongan.....	2	Tarbolton.....	1

#### SMALL BURGHS.

Ardrossan.....	1	Saltcoats.....	1
Girvan.....	1	Stewarton.....	1
Maybole.....	2		

The age grouping is shown in the following table :—

		Under 1	1-5	5-10	10-15	15-25	25-35	35-45	45-65	65+
With Paralysis	M.	2	3	—	1	—	4	—	—	—
	F.	—	2	3	—	1	1	1	—	—
Without Paralysis	M.	—	2	—	—	—	—	—	—	—
	F.	—	1	—	—	1	—	—	—	—



Seasonal incidence :—

July.....	2	October.....	7
August.....	3	November.....	1
September.....	9		

The following are the cases and deaths since 1946 :—

	<i>Cases.</i>	<i>Deaths.</i>		<i>Cases.</i>	<i>Deaths.</i>
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
1952.....	7	1	1958.....	22	3

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 64 cases notified during the year, compared with 103 cases in the previous year.

An outbreak of Sonne Dysentery occurred in Hazeldene Children's Home, Kilwinning. Between 26th December and 31st December, 18 cases were notified. The children were removed to Ayrshire Central Hospital, Irvine.

Sonne Dysentery occurred in Southannan Nursery School, Fairlie, between 27th January and 3rd February, and again from 24th to 30th June. Four children were notified in the first outbreak and 1 nurse and seven children in the second. All were removed to hospital.

An outbreak occurred at Biggart Home, Prestwick, from 28th May till 16th June. Thirteen cases occurred, including four of the Flexner type.

**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 nor in 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 since.

**Acute Influenzal and Acute Primary Pneumonia.**—The numbers were of the former 2 and of the latter 264. During the previous year the numbers were 38 and 247 respectively.



**Malaria.**—Four cases occurred compared with 2 cases in 1957.

**Infective Jaundice.**—This disease did not occur.

**Whooping Cough.**—There were 18 cases notified during the year, compared with 194 cases in the previous year.

**Food Poisoning.**—Three cases occurred, compared with 1 case notified in 1957. These were involved in a single incident which occurred in the New Cumnock area following a meal of stewing steak. A family of six were involved but only three children together with the father ate the meat. The children were removed to hospital with severe abdominal pains together with sickness and diarrhoea. The infecting agent was *Staphylococcus Aureus Pyogenes*.

#### (10) Mental Health Service.

(a) **Lunacy Cases.**—The Authorised Officers dealt with 72 admissions to the Mental Hospital during the year (males 27, females 45).

(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 of the Local Authority, and are 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, 1958 :—

#### IN PRIVATE GUARDIANSHIP.

<i>Where Boarded.</i>	<i>With Relatives.</i>	<i>With Strangers.</i>	<i>Totals.</i>
<b>Mental Defectives—</b>			
Within the County ... ..	22	9	31
Outwith the County... ..	2	10	12
In Care of Officers of the Welfare Home, Ayr, and Ravenspark Hospital, Irvine ... ..	—	20	20
<b>Certified Lunatics—</b>			
Within the County ... ..	1	—	1
Outwith the County... ..	2	—	2
<b>Totals at 31st December, 1958</b>	<b>27</b>	<b>39</b>	<b>66</b>
<b>Totals at 31st December, 1957</b>	<b>29</b>	<b>37</b>	<b>66</b>



(c) The following Statistics relate to Adult Patients referred to the County Psychiatrist :—

(i) **Psychiatric Consultations—**

Cases referred for opinion of Psychiatrist with a view to certification or other disposal ... ..	14
--	----

(ii) **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	53
---	----

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.

Thirteen of the patients in this group were also under the supervision of the Probation Department.

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

Referred to Psychiatric Out-Patient Clinics...	...	5
Admitted to Mental Hospitals	... ..	3
Admitted to Mental Deficiency Hospitals	... ..	5
Admitted to various Institutions and Homes	... ..	6
Referred to General Hospital	... ..	3
Referred to Ministry of Labour with special recommendations	... ..	4

(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 1958.**

	<i>Medical</i>	<i>Surgical</i>	<i>Burns</i>	<i>Eyes</i>	<i>Ears.</i>	<i>Misc.</i>	<i>Total.</i>
January ...	102	104	21	41	5	7	280
February ..	164	101	9	34	7	1	316
March.....	240	94	14	22	2	5	377
April.....	168	161	20	20	3	2	374
May.....	114	152	23	46	4	—	339
June.....	152	129	15	33	18	—	347
July.....	72	117	27	12	4	4	236
August.....	104	85	2	34	21	22	268
September.	112	206	12	20	7	17	374
October....	78	78	13	22	11	—	202
November.	66	82	16	13	—	—	177
December .	93	72	8	20	2	3	198
TOTALS.....	1,465	1,381	180	317	84	61	3,488



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 3,567 civil and military aircraft arrived at Prestwick Airport. The passengers disembarking totalled 66,075 and 63,326 landed in transit to other places.

The numbers of American Service Personnel and their dependants are not included.

### **Prestwick Airport, 1958.**

<i>Month.</i>	<i>No. of Aircraft.</i>	<i>Passengers Disembarking.</i>	<i>Passengers in Transit.</i>
January.....	210	2,706	2,404
February.....	194	2,217	2,209
March.....	206	3,577	5,591
April.....	222	4,744	2,945
May.....	281	5,866	4,389
June.....	430	9,949	8,669
July.....	435	10,006	8,482
August.....	442	9,151	9,668
September.....	378	5,876	7,286
October.....	296	3,664	5,926
November.....	222	2,822	3,024
December.....	251	5,497	2,733
TOTALS.....	3,567	66,075	63,326

### **D.—FOOD SUPPLY.**

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

The milk supply of each Certified and Tuberculin Tested producer was sampled on an average six times per year and subjected to the bacteriological tests required by the above-mentioned Orders, namely, the Plate Count and Coliform Tests.

Testing was carried out in the Regional Hospital Board's Laboratory at Irvine and the results are summarised in the following table :—

<i>Designation.</i>	<i>No. of Producers at 31/12/58.</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 ... ..	33	153	30	6	5	2	2	—	—	19.6
Tuberculin Tested ...	1464	9732	1418	429	225	92	59	34	10	14.5



The incidence of failure among Certified samples was 2 per cent. higher than in 1957, and even allowing for the rather more stringent bacteriological tests applied to this grade of milk, the number of samples failing to meet the requirements is still too high.

Samples of Tuberculin Tested milk which failed to comply show an increase of 0·3 per cent. on the 1957 figures, and while the incidence of 14·5 per cent. is far too high to give any grounds for complacency it should be stated that the number of samples taken this year was increased by 1,100.

The Tuberculin Tested Licences of ten producers were suspended because of their unsatisfactory sampling records, and I would again explain that while this may seem comparatively few considering the number of producers involved in sample failures, such action is taken by the Local Authority virtually as a last resort ; previous advisory visits and inspections by Milk Officers having failed to bring about the desired effect.

3122 inspections were made at farms by Milk Officers, 742 of which were milking inspections ; these figures do not, of course include the visits to farms for routine, repeat or test sampling purposes which meant some 2,000 additional calls. A great many of the last-mentioned were naturally made at milking time, but as such visits are primarily for the purpose of sampling and often of short duration, they are not classed as milking inspections.

Assessing the efficiency of sterilisation of utensils by rinsing with sterile water accounted for a further 100 farm visits, resulting in the submission of 732 rinse samples for bacteriological examination. This practice is a most valuable link in the chain of routine investigation into sample failures, particularly where milk equipment appears to be perfectly clean and the producer is dismayed or disgruntled at the absence of any apparent fault.

Coal-fired steam boilers which have " had their day " continue to be replaced by the more hygienic and labour-saving electric steam-raisers, and, in fewer cases, where the boiler is still in good condition, conversion has been made to oil-firing.

**Bulk Storage and Collection of Milk.**—December saw the introduction to Ayrshire of that most praiseworthy of schemes sponsored by the Scottish Milk Marketing Board, namely, the bulk cooling and storage of milk on the farm in a stainless-steel lined refrigerated tank, with its collection and transport to the creamery in an insulated road tanker.



The first collection was made on the morning of 16th December from seven farms, and the scheme was completed with the incorporation of the thirteenth farm on the very last day of the year.

The Board was obviously too far-seeing to be in the least superstitious at inaugurating such a scheme with thirteen farms, and the producers concerned deserve our congratulations for "showing the way" to their fellow-producers, particularly in the absence, at that time, of any very real financial incentive.

The new system which renders obsolete the transport can and minimises the risk of contamination of the milk keeps Ayrshire abreast of dairying progress, and we look forward with interest to an assessment of its results in the coming year.

**Non-Designated Milk.**—The amount of non-designated milk produced in the County is diminishing rapidly, the number of registered producers holding neither Certified nor Tuberculin Tested Licences having fallen to 18 by the end of the year.

In all, 109 samples were taken of these supplies and subjected to plate count and coliform tests; 21 samples gave unsatisfactory results, and while this is a high incidence of failure, namely, 19·2%, it is worthy of note that seven producers had no sample failures, while four had only one failure.

**Pasteurised Milk.**—Weekly sampling of Tuberculin Tested (Pasteurised) or Pasteurised milk from each of the six pasteurising plants in regular operation was carried out. 434 samples were taken and 10 failed to comply with the prescribed standard, 8 reacting unfavourably to the Phosphatase Test and indicating inefficient pasteurisation, while 2 samples showed the presence of coliform bacilli.

It is significant that 7 of the 8 Phosphatase failures occurred at three plants where pasteurisation is by means of the "Holder" or "Batch" process, and this, despite the fact that the licence-holders concerned are fully aware of the futility of going through the time-consuming routine of filling the holder, heating to the required temperature, holding for 30 minutes, emptying and cooling, only to result in a sample failure.

**Milk-in-Schools Scheme.**—167 Local Authority and 10 Private Schools received milk daily throughout the school year, the village school at Lendalfoot being the only one which failed to participate in the scheme. All but six schools were supplied with Pasteurised



milk by eight main distributors, four of the pasteurising plants concerned being situated in the County area, two in the Burgh of Ayr and one each in the Burghs of Kilmarnock and Paisley.

The six schools referred to, being in the rather scattered Carrick district, were supplied with Tuberculin Tested milk from local retailers and producer-retailers.

**Scottish Milk Testing Scheme.**—As will be seen from the following table the overall number of notifications received in terms of this scheme from creameries to which Ayrshire milk was being consigned was smaller than in 1957, although there was an increase in Weekly Resazurin Test failures, *i.e.*, the keeping quality test :—

<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>
1957.....	281	15	Nil
1958.....	234	27	1

The 234 Daily Platform Test failures meant the rejection by the eleven creameries operating the scheme of 3,462 gallons of milk as being unsuitable because of appearance, smell, flavour or acidity, the largest rejection of an individual farm supply on any one day being 75 gallons.

In a few instances, rejections were strongly challenged by producers who felt that their milk, even after its return journey from the creamery, was quite normal, but it must be admitted that, in the majority of cases, failure to satisfy the Platform Test was a true indication of some shortcoming or other in methods of production, be it accidental or due to insufficient care being exercised in byre or dairy.

All failures were followed up by Milk Officers in an effort to improve the milk supplies concerned or prevent a recurrence where there had been, say, a temporary lapse. In addition, the assistance of the Advisory Staff of the West of Scotland Agricultural College was sought and readily given when the odd case of feeding or bacterial taint proved difficult to remedy.



**E.—WELFARE AND MISCELLANEOUS SERVICES.****(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 Ravenspark Hospital, Irvine.

	<i>Birken-ward.</i>		<i>Lain-shaw.</i>		<i>Largs.</i>	<i>Nether Auchendrane.</i>		<i>Ravenspark Hospital, 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 1958...	2	8	14	14	3	5	6	39	36	13	12
No. Discharges during 1958...	1	7	14	18	3	3	6	49	40	12	15
No. of Beds occupied 31/12/58	7	14	16	16	6	6	18	51	30	17	11
Total No. of Beds	7	14	17	26	6	8	18	Not specified			

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*	—
Nether Auchendrane	2	1	4	—

\* *part-time*

In addition, 2 males and 8 females are accommodated in other Authority Homes, and 19 males and 30 females in Voluntary Homes.



Number of maintenance days at :—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Birkenward House, Skelmorlie ...	1,793	4,962	6,755
Lainshaw House, Stewarton ...	5,211	6,780	11,991
Nether Auchendrane House, by Ayr	2,480	5,813	8,293
Largs Home, Largs ... ..	—	1,977	1,977
Ravenspark Hospital, Irvine ...	22,715	11,355	34,070
Welfare Home, Ayr... ..	5,533	3,447	8,980
Voluntary Homes ... ..	4,269	7,320	11,589
Other Local Authority Homes ...	528	2,150	2,678
	42,529	43,804	86,333

*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, 1958, shows that 872 Blind Persons were visited in their homes, 171 other visits were paid and 125 lessons in Braille, handicrafts, etc., were given.

The number of Registered Blind in the County area was 289.

Handcraft classes continued at Centres in Saltcoats, Kilmarnock and Ayr.

The Domino Club continued as in the past, as also did the Bowling in Kilmarnock, where the members have attained a fair degree of skill.

A successful outing to Troon and Girvan 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 delegates 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 221 visits were made to the deaf in their homes and 36 visits to the sick.



The number of Deaf in the County area was 180.

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

The Institute's premises are open at Ayr and Kilmarnock, and a varied programme of social activities is available.

A free holiday at Brodick was taken advantage of by ten Deaf Persons from the County, while those unable to go were given gifts of Coal and Groceries in lieu.

*Hard of Hearing Persons.*—A Club for the Hard of Hearing meets in Ayr during the winter, using the premises of the Deaf and Dumb. Instruction is given in lip-reading, handicrafts and a varied social programme is organised.

*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
Pneumonoconiosis ...	—	—	—	—	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 that the service for the Handicapped may be developed further, certain key personnel would be required in addition to present Field Welfare Officer. A Crafts Teacher or Occupational Therapist would teach in the Homes and to groups at selected Centres. A Physiotherapist would treat those confined to the house who are suffering from paralytic or arthritic conditions.

*Welfare of the Aged.*—There are some 36 Old People's Welfare Committees in the County.

Meals on Wheels are served in Saltcoats and Ardrossan, Kilbirnie having lapsed through lack of demand during the period under review. The County Council pay one-third of the cost of this service.

The W.V.S. are interested in starting Meals of Wheels Services in Largs, Skelmorlie, Irvine and Troon.

A scheme, independent of the County Council scheme, operates in Galston.

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

Temporary accommodation had to be provided for seven families, all of whom were evicted, four from tied cottages, one from sub-let accommodation and two from relatives or other accommodation.

*Section 17—Reception Centres.*

Accommodation is provided for vagrants in Ravenspark Hospital, Irvine. During the year 326 males and 32 females were admitted, giving 455 patient days.

Twelve 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.*

No compulsory removals were carried out during 1958.

**(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.**

A Medical Lecturer for the Scottish Council for Health Education visited a number of schools in the Cumnock, Dalmellington, Prestwick and Annbank areas of the County for a week at the beginning of October. Mixed gatherings of children aged 13-15 were addressed on various health topics. The subjects were illustrated by film strips and flannel graphs. Ten schools were visited and approximately 2,000 attended.

Members of the Medical Staff gave lectures on Health Education to various organisations in the evenings during 1958.

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 226 volunteers, of whom 203 gave blood. The second session was in August, when 187 attended and blood was withdrawn from 150. On both occasions the Unit was accommodated in the County Clinic premises at Campbell Avenue.



### (5) Accidents in the Home.

During the year 39 accidents in the home were reported by District Nurses—21 males and 18 females were affected.

The greatest incidence was in the under 2 age group with 19 cases. The 2-5 age group ranked second with 13 cases. Further incidents involved 3 children between 5-10 years of age. The remaining cases covered 4 adults in the higher age levels.

Burns and scalds accounted for 34 of the total number of accidents reported from this source, there being an equal number of each. The other cases involved 2 fractures of the limbs due to falls, 1 case of poisoning, 1 of strangulation, and, finally, one case of severe bruising due to a fall from a step-ladder.

Eighteen of these accidents were classified as serious and required admission to hospital or prolonged treatment at home; in several instances the stay in hospital was extended by the need for skin grafting.

One fatal accident occurred when a child of  $1\frac{1}{2}$  years was strangled by the jersey he was wearing having caught on the latch of his cot in which he had been left asleep. This produced a constriction round the child's neck with fatal results.

The living-room and the kitchen are again shown to be the most dangerous rooms in the house, though accidents did occur in all the other rooms when care had been relaxed or when conditions were suitable for accidents to occur. There were three instances of children being severely burnt by their clothes catching fire from unguarded fireplaces. The first case involved two sisters aged  $4\frac{1}{2}$  and  $5\frac{1}{2}$ . The younger child removed the fireguard; at that moment her sister opened the door causing a draught which blew her nightdress over the fire and ignited it. The terrified child ran towards her sister and set her clothing alight. Both children were extensively burned and required treatment extending over several months. The third instance occurred in similar circumstances when a child of 5 was severely burned by her fancy dress catching fire at an unprotected grate. Fortunately in these three cases one or both parents were in the house.

There were numerous instances of children being burned by falling into unprotected fires and being scalded by pulling hot liquids over themselves from the table or stove.



In one instance a child of 2 swallowed a number of Iron Tablets which had been left on the table by her mother. She was removed to hospital and recovered.

In this series of accidents all the usual precipitating factors were present, such as trailing electrical flexes, pots and pans of hot liquids within the reach of small children, boxes of matches in accessible places and the temporary or permanent absence of a fireguard.

Apart from the accidents in the home detailed above, there were many others requiring admission to hospital. It has not so far been possible to arrange with the Hospital Authorities for these to be notified, but it is known that 47 people died from this cause during the year.

The outstanding feature is that 38 of these cases occurred in people over 60 years of age, there being 10 males and 28 females.

There was a very high preponderance of fractures as the primary cause of death in the over 60 age group, the number being 33 ; practically all of these were fractures of the neck of the femur, only 3 other types of fracture were present.

Coal gas poisoning accounted for 3 cases in this group which was completed by 1 head injury and 1 case of multiple burns. Of the 9 cases in the lower age groups 3 fatalities occurred in infants under 1 year ; these were all due to asphyxia. The remaining 6 cases concerned males in ages ranging from 32-57. They comprised 4 cases of coal gas poisoning, 1 gunshot wound and 1 asphyxia due to a fall down stairs.

#### **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>Kilwinning.</i>	<i>Largs.</i>	<i>Maybole.</i>	<i>Neumiln.</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.....	5	1	—	—	—	—	1	1	1	1	—	—	—	—	1	—	11
Tuberculosis, other forms.....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Syphilis and its sequelae.....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Dysentery, all forms.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections.....	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Acute Poliomyelitis.....	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Measles.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infections and Parasitic Diseases.....	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Malignant Neoplasms.....	196	21	4	8	10	22	32	12	30	5	7	25	38	18	4	23	455
Malignant Neoplasms of respiratory system.....	32	2	—	—	2	8	5	1	3	—	3	5	7	2	—	4	74
Malignant Neoplasms of lymphatic and haematopoietic tissues.....	12	2	—	1	—	1	2	1	2	—	—	—	2	1	—	1	26
Other Malignant Neoplasms.....	152	17	3	7	8	13	25	10	25	5	4	20	29	15	4	18	335
Benign and Unspecified Neoplasms.....	1	1	1	1	1	—	1	—	2	2	—	1	1	2	—	2	31
Diabetes Mellitus.....	17	2	—	—	—	—	—	—	2	1	1	—	2	—	—	—	15
Anaemias.....	7	—	—	—	—	—	4	—	—	—	—	—	5	—	—	—	22
Other General Diseases.....	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vascular Lesions affecting Central Nervous System.....	223	14	12	5	7	10	36	6	30	7	15	19	30	18	8	16	456
Non-Meningococcal Meningitis.....	3	—	—	—	—	—	—	—	1	—	2	2	—	1	—	2	4
Other Diseases of Nervous System.....	19	—	—	—	—	2	1	—	2	2	2	—	1	1	—	—	34
Rheumatic Fever.....	1	—	—	—	—	1	2	—	—	—	1	1	3	1	2	—	1
Chronic Rheumatic Heart Disease.....	20	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33
Arteriosclerotic and Degenerative Heart Disease.....	417	32	11	14	21	22	43	28	57	12	18	48	66	35	21	57	902
Other Diseases of Heart.....	22	—	—	—	1	2	6	5	3	1	1	—	1	—	1	1	44
Hypertension with Heart Disease.....	25	1	1	2	3	2	4	1	2	4	4	5	2	—	1	6	60
Hypertension without Heart Disease.....	29	3	2	2	1	—	3	1	2	—	—	1	2	—	—	2	48
Other Circulatory Disease.....	47	5	—	5	1	2	1	1	5	2	—	6	—	—	1	3	79
Influenza.....	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	4
Pneumonia (except of newborn).....	40	1	—	2	4	—	5	—	5	—	—	6	4	2	—	1	70
Bronchitis.....	34	1	—	—	1	2	9	1	2	3	1	3	5	6	1	2	71
Other Respiratory Diseases.....	25	—	—	—	2	—	2	2	—	1	—	1	—	1	—	—	34
<i>Carry forward.....</i>	1158	84	35	39	52	63	150	60	146	41	51	118	160	84	40	116	2397



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

<i>Causes of Death.</i>	County Landward.	Ardrossan.	Cumnock.	Dartel.	Galeton.	Girvan.	Irvine.	Kilwinning.	Large.	Maybole.	Newmilns.	Prestwick.	Salecote.	Stevenson.	Stewarton.	Troon.	Total—Landward Area and Small Burghs.
<i>Brought forward.</i>	1158	84	35	39	52	63	150	60	146	41	51	118	160	84	40	116	2397
Ulcer of Stomach and Duodenum	10	—	1	—	—	2	2	—	—	—	—	1	1	3	—	1	21
Appendicitis	1	—	—	1	—	—	—	—	—	1	—	—	—	—	—	1	4
Intestinal Obstruction and Hernia	7	—	—	—	—	1	3	—	1	1	—	1	—	—	—	1	16
Gastritis and Duodenitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea (except of newborn)	5	1	—	2	—	—	—	—	1	1	—	1	2	1	—	—	14
Cirrhosis of Liver	—	—	—	—	—	—	1	—	—	1	—	—	1	1	—	—	5
Other Diseases of Liver	5	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2	9
Other Digestive Diseases	7	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	10
Nephritis and Nephrosis	2	1	—	—	—	—	3	1	1	1	—	2	1	1	—	1	14
Hyperplasia of Prostate	11	1	—	—	1	4	1	2	2	—	—	3	1	2	—	2	28
Other Diseases of Genito Urinary System	8	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	12
Puerperal Sepsis, including Post-Abortive Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Puerperal Causes	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Diseases of Skin and Organs of Locomotion	6	—	1	—	—	2	1	—	1	—	—	—	1	—	—	1	13
Congenital Malformations	16	—	—	1	—	—	2	—	—	—	—	—	2	—	—	—	21
Birth Injuries, Post-Natal Asphyxia and Atelectasis	21	2	2	—	2	2	5	2	—	—	—	—	6	1	—	—	43
Pneumonia of newborn	3	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	6
Diarrhoea of newborn	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Other Infections of the newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases peculiar to Early Infancy	19	1	2	—	—	1	2	1	—	—	—	3	1	1	1	—	32
Senility without mention of Psychosis	15	1	—	—	—	1	3	—	3	1	—	2	3	1	—	—	27
Cause ill-defined and Unknown	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22
Suicide and self-inflicted injuries	8	2	1	1	—	—	1	1	—	1	1	2	—	1	1	2	17
Motor Vehicle Accidents	10	3	—	—	—	—	2	—	—	—	—	—	2	—	—	—	21
Other Road Transport Accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidents in the home	17	3	2	1	2	1	2	2	5	—	1	2	2	3	—	5	48
Other Violence	22	—	—	1	—	—	4	1	—	1	—	1	—	—	—	3	33
ALL CAUSES	1,371	100	46	46	57	77	183	70	161	49	53	136	185	100	44	137	2,815



TABLE II.

## Births and Deaths in the County and Burghs.

Area.	Estimated Population.	Area in Acres.	Live-Births.	Still-Births.	Deaths at Sub-joined Ages.					Mortality from Sub-joined Causes.																							
					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—	131,248	706,470	2535	60	1371	76	7	10	1278	—	—	—	—	—	2	—	—	—	—	1	6	30	5	1	43	59	3	196	245	560	57	145	18
Landward .....	9,667	730	195	6	100	4	1	—	95	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	21	14	43	8	9	—
Burghs—	5,278	259	134	3	46	6	—	1	39	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	12	15	3	9	—
Ardrossan.....	3,338	453	53	—	46	2	3	1	40	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	2	—	—	8	5	23	3	2	—
Cumnock.....	4,548	191	74	—	57	4	—	—	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	7	27	2	4	—
Darvel.....	6,003	487	115	2	77	3	—	—	74	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22	12	27	1	10	—
Galston.....	16,122	1,783	367	6	183	9	—	3	171	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32	37	58	9	23	—
Girvan.....	7,274	440	165	1	70	6	1	—	63	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	6	35	4	9	—
Irvine.....	7,822	610	97	3	161	2	—	1	158	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30	33	69	5	13	—
Kilwinning.....	4,078	392	77	2	49	—	—	—	49	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	9	19	1	5	1
Largs.....	4,023	636	37	1	53	1	—	—	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	17	24	2	1	—
Maybole.....	11,625	1,039	216	3	136	5	—	—	131	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25	21	61	5	11	—
Newmilns.....	13,969	464	335	9	185	10	2	4	169	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	38	31	74	4	20	3
Prestwick.....	9,974	860	204	3	100	3	—	1	96	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	19	36	4	8	—
Saltcoats.....	3,456	381	58	1	44	3	—	—	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	8	26	1	1	—
Stewarton.....	10,028	2,995	137	5	137	1	—	3	133	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23	18	69	10	8	—
Troon.....																																	
County-Landward and Small Burghs	249,353	718,190	4799	107	2815	135	14	24	2642	—	—	—	—	—	3	—	—	1	16	64	11	1	76	105	4	455	494	116	119	278	22		



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.	The Principal Zymotic Diseases.										Tuberculous Diseases.		Violence.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
						All Causes.	The Principal Zymotic Diseases.								Digestive Diseases.		Pneumonia.		Diseases of Respiratory System.	Influenza.	Cancer.	Diseases of Nervous System.	Diseases of Circulatory System.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
							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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
County—	0.19	19.3	0.39	23	30	10.45					0.02																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									



TABLE IV.

## Infantile Mortality.

(1) CLASSIFIED ACCORDING TO AGE GROUPS :—						<i>Deaths.</i>	<i>Rate per 1,000 Births.</i>
Under 4 Weeks	...	...	...	...	...	97	20.2
4 Weeks and under 1 Year	...	...	...	...	...	38	7.9
(2) CLASSIFIED ACCORDING TO CAUSES OF DEATH :—							
Tuberculosis...	...	...	...	...	...	1	0.2
Acute Poliomyelitis	...	...	...	...	...	1	0.2
Meningococcal Infections	...	...	...	...	...	1	0.2
Other Infective Conditions	...	...	...	...	...	2	0.4
Pneumonia	...	...	...	...	...	20	4.2
Diarrhoea	...	...	...	...	...	5	1.0
Congenital Malformations	...	...	...	...	...	15	3.1
Birth Injuries, Post-Natal Asphyxia and Atelectasis	...	...	...	...	...	43	9.0
Other Diseases peculiar to Early Infancy	...	...	...	...	...	32	6.7
Accidents in the Home	...	...	...	...	...	7	1.5
All Other Causes	...	...	...	...	...	8	1.7



TABLE V.

## Infectious Diseases—Year 1958.

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 Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Erythric Fever.	Relapsing Fever.	Continued Fever.	Tuber- culosis.	Non-Pulmonary.		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.
											Pulmonary.																
County—											68	10	—	—	—	—	3	45	126	2	—	—	17	—	—	—	—
Landward.....	—	—	—	—	43	—	—	—	—	—	8	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Small Burghs—	—	—	—	—	2	—	—	—	—	—	3	1	—	—	—	—	—	—	12	—	—	1	—	—	—	—	—
Ardrossan.....	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	8	—	—	—	—	—	—	—	—
Cumnock.....	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Darvel.....	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—
Galloway.....	—	—	—	—	1	—	—	—	—	—	5	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Girvan.....	—	—	—	—	1	—	—	—	—	—	3	—	—	—	—	—	—	—	24	—	—	—	—	—	—	—	—
Irvine.....	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Kilwinning.....	—	—	—	—	1	—	—	—	—	—	4	—	—	—	—	—	—	—	13	—	—	—	—	—	—	—	—
Largs.....	—	—	—	—	1	—	—	—	—	—	10	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Maybole.....	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Newmilns.....	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Prestwick.....	—	—	—	—	2	—	—	—	—	—	4	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—
Saltcoats.....	—	—	—	—	2	—	—	—	—	—	6	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Stevenston.....	—	—	—	—	3	—	—	—	—	—	4	—	—	—	—	—	—	—	10	—	—	—	—	—	—	—	—
Stewarton.....	—	—	—	—	2	—	—	—	—	—	4	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—
Troon.....	—	—	—	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—	14	—	—	—	—	—	—	—	—
Landward and Small Burghs ..	—	—	—	—	61	—	6	—	—	—	147	15	—	—	—	4	04	204	2	—	—	22	—	—	—	—	—
	—	—	—	—	8	—	—	—	—	—	147	15	—	—	—	—	—	04	2	—	—	22	—	—	—	—	—



TABLE VI.

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

<i>Diseases.</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April.</i>	<i>May.</i>	<i>June.</i>	<i>July.</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total Cases.</i>
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Membranous Croup ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ... ..	—	4	—	1	6	16	9	—	1	2	—	25	64
Erysipelas ... ..	2	2	—	1	—	—	1	—	1	1	—	—	8
Scarlet Fever ... ..	8	3	5	6	1	6	5	3	2	6	11	5	61
Typhus Fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid, Paratyphoid, and Continued Fevers ...	1	1	—	—	—	—	4	—	—	—	—	—	6
Puerperal Fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ... ..	—	—	—	—	2	3	—	—	—	1	1	1	8
Acute Poliomyelitis ... ..	—	—	—	—	—	—	1	4	4	12	1	—	22
Tuberculosis—Pulmonary ...	6	18	12	14	25	9	9	17	11	9	8	9	147
Non-Pulmonary ... ..	1	1	—	3	1	1	2	1	—	—	3	2	15
<b>TOTAL</b> ... ..	18	29	17	25	35	35	31	25	19	31	24	42	331





TABLE VIII.—TUBERCULOSIS—STATISTICAL RETURNS, 1958.

## Part 1.—Respiratory Tuberculosis.

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

	<i>Age Groups.</i>									<i>Total.</i>
	<i>Under 1.</i>	<i>1 and under 5.</i>	<i>5 and under 15.</i>	<i>15 and under 25.</i>	<i>25 and under 35.</i>	<i>35 and under 45.</i>	<i>45 and under 55.</i>	<i>55 and under 65.</i>	<i>65 and upwards.</i>	
Males.....	—	6	7	17	10	10	8	9	9	76
Females....	3	4	14	30	14	8	2	—	1	76
TOTAL.....	3	10	21	47	24	18	10	9	10	152

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

	<i>Age Groups.</i>									<i>Total.</i>
	<i>Under 1.</i>	<i>1 and under 5.</i>	<i>5 and under 15.</i>	<i>15 and under 25.</i>	<i>25 and under 35.</i>	<i>35 and under 45.</i>	<i>45 and under 55.</i>	<i>55 and under 65.</i>	<i>65 and upwards.</i>	
Male.....	—	6	7	17	10	9	8	8	8	73
Female....	3	4	14	30	12	8	2	—	1	74
TOTAL.....	3	10	21	47	22	17	10	8	9	147



(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.....	6	26	21	53
Female .....	9	37	2	48
TOTAL.....	15	63	23	101

### 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					
{ Male.....	3	8	5	1	5
{ Female.....	7	10	10	1	6
15-45 years					
{ Male.....	37	46	60	1	22
{ Female.....	45	68	75	1	37
45 years and over					
{ Male.....	19	35	37	3	14
{ Female.....	6	4	7	—	3
TOTAL.....	117	171	194	7	87

(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 Notified 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	1	2	1	1	—	1	9
Females....	—	—	—	3	2	1	2	—	1	9
TOTAL.....	—	2	1	4	4	2	3	—	2	18

(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...	—	2	—	—	—	—	—	—	—	2
	Females	—	—	—	1	1	—	—	—	—	2
2. Meningeal.	Males...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
3. Miliary Tuberculosis	Males...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
4. Bones and Joints.	Males...	—	—	1	—	—	—	—	—	1	2
	Females	—	—	—	—	—	—	—	—	—	—
5. Superficial Glands.	Males...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	1	—	—	1
6. Genito Ur'ry Organs	Males...	—	—	—	1	2	1	—	—	—	4
	Females	—	—	—	2	—	—	1	—	—	3
7. Other Organs.	Males...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	1	—	—	—	1
	TOTAL...	—	2	1	4	3	2	2	—	1	15



### 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, 1958, 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.)

	Respiratory.		Non-Respiratory.	
	Males.	Females.	Males.	Females.
Number of Persons who Died from Tuberculosis—				
Of whom—				
Not notified or notified only at or after Death				
Notified less than 1 month before Death ...	2	1	—	1
Notified from 1 to 3 Months before Death...	—	—	—	—
Notified from 3 to 6 Months before Death...	—	—	—	—
Notified from 6 to 12 Months before Death...	1	—	—	—
Notified from 1 to 2 Years before Death ...	—	—	—	—
Notified over 2 Years ...	6	1	—	—
Total	9	2	—	1

## PART IV.—THE TUBERCULOSIS REGISTER.

(j) Return of Number of Persons Resident in the Area at 31st December, 1958, 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.										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		
1. Respiratory.....	Males...	—	10	36	163	223	154	129	73	33	821	
	Females	—	7	54	248	380	183	60	13	8	953	
2. Non-Respiratory....	Males...	—	7	24	21	29	15	7	1	2	106	
	Females	—	1	15	31	27	13	3	7	2	99	



**TABLE IX.**  
**OUT-PATIENT CLINICS.**

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>
<b>SCHOOL CLINICS—</b>		
Cumnock—Millbank.....	First and Third Fridays.	2 p.m.
Dalry—Higher Grade School	Third Monday.	2 p.m.
Galston—Henrietta Street..	Third Monday.	1.30 p.m.
Girvan—Wesley Place.....	Second and Fourth Fridays.	2 p.m.
Hurlford—Academy Street.	First Monday.	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.
<b>CHILD WELFARE CENTRES—</b>		
Annbank—4 Mauchline Rd.	Second and Fourth Tuesdays.	2 p.m.
Ardrossan—Castlecraigs, Glasgow Street.....	Every Wednesday.	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.
Fairlie—Nurse's Home.....	Fourth Friday.	1.45 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.
Kilmaurs—J.S. School.....	First and Third Fridays.	2 p.m.
Kilwinning—Ladyford Av..	Every Wednesday.	2 p.m.



TABLE IX.—*Continued.*  
OUT-PATIENT CLINICS.—*Continued.*

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>
<b>CHILD WELFARE CENTRES—</b>		
Largs—Moorburn Road....	Second and Fourth Mondays.	2 p.m.
Lugar—The Institute.....	Second and Fourth Mondays.	2 p.m.
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.
Netherthird—22 Black-faulds Road.....	Second and Fourth Mondays.	2 p.m.
New Cumnock—The Glebe	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...	First and Third Thursdays.	2 p.m.
Stevenston—The Cross.....	Every Monday.	2 p.m.
Stewarton—Avenue Square	Second and Fourth Mondays.	2 p.m.
Tarbolton—36 Montgomery Street.....	First and Third Wednesdays.	2 p.m.
Troon—41 Barassie Street	Every Thursday.	2 p.m.
West Kilbride—Masonic Hall.....	Second Friday.	2 p.m.
	Fourth Friday.	3 p.m.
<b>ANTE-NATAL CLINICS (Dentist in Attendance)—</b>		
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.	2 p.m.
<b>DENTAL CLINICS (for Expectant and Nursing Mothers and Young Children)—</b>		
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.
<b>ORTHODONTIC CLINIC—</b>		
Ayr—King Street.....	Every Friday.	9 a.m.-12 noon.



# MEDICAL INSPECTION OF SCHOOL CHILDREN

1957—1958.

Year ended 31st July, 1958.

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**I.—STAFF.**

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

**II.—GENERAL STATISTICS.**

Population of the Area (at 31st December, 1957, as estimated by the Registrar-General) ... .. 334,900

Number of Schools—

(a) Primary Schools under Education Authority ... 95

(b) Secondary Schools under Education Authority ... 58

(c) (i) Special Schools ... .. 9

(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 ... 57,570

Average Number of Children in Attendance ... 52,527

**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 4,329, and the total number of visits paid was 4626.



**(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 1948.
- (3) Children born in 1944.
- (4) Children born in 1941.
- (5) Children born in 1950 (visual acuity 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 4,404.

### V.—THE FINDINGS OF MEDICAL INSPECTION.

#### (a) Routine.

The number of children examined was 16,320, of whom 3,878 or 23·76 per cent. suffered from some defect. Of these 2,668 or 16·35 per cent. of the children examined suffered from minor defects or ailments, from which recovery was expected in a few weeks, and 1,017 or 6·23 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 193 or 1·18 per cent. of those examined.

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

##### (1) Clothing.

Nineteen children were found to have unsatisfactory clothing, 0·12 per cent. of the children examined.

##### (2) Footgear.

Eleven children were found to have unsatisfactory footgear, 0·07 per cent. of the children examined.

##### (3) Cleanliness.

(a) *Head*.—The number of children found to have dirty or verminous heads was 234 or 1·43 per cent. of those examined.

(b) *Body*.—The number of children found to have dirty or verminous bodies was 15 or 0·09 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 ...	...	...	9 children or 0.06 per cent.
Other Diseases	...	...	32 children or 0.20 per cent.

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

Ringworm...	...	...	1 child or 0.006 per cent.
Impetigo ...	...	...	2 children or 0.01 per cent.
Scabies ...	...	...	2 children or 0.01 per cent.
Other Diseases	...	...	138 children or 0.85 per cent.

**(5) Nutritional State.**

53 children were found to be suffering from slightly defective nutrition and 4 from bad nutrition, being respectively 0.32 and 0.02 per cent. of the children examined.

**(6) Mouth and Teeth.**

141 children were suffering from unhealthy conditions of the mouth and teeth, 0.86 per cent. of the children examined.

**(7) Nasopharynx.**

(a) *Nose*.—Apart from cases requiring further observation, 68 children or 0.42 per cent. of those examined showed obstruction, probably due to adenoids requiring operation.

(b) *Throat*.—Apart from cases requiring further observation, 157 children or 0.96 per cent. of those examined were found to have tonsils which required operative treatment.

(c) *Glands*.—Enlarged Glands requiring further observation were found in 173 or 1.06 per cent. of the children examined, while 4 children or 0.02 per cent. had Glands requiring operation.

**(8) Eyes.**

Infective conditions of the lids or conjunctiva were found in 134 children or 0.82 per cent. of those examined.

Corneal Opacities were found in 1 or 0.006 per cent. of the Children.

Squint affected 175 children or 1.07 per cent.



*Visual Acuity.*—Vision was not examined in entrants. Of those in the other age groups 593 or 5.59 per cent. had defective vision requiring refraction. In addition 4,750 children in the seven-year-old group were examined in place of entrants. Of these 417 were found to require refraction.

#### (9) Ears.

Otorrhoea or discharge from the ears affected 60 children or 0.37 per cent.

Defective hearing was present in 57 children or 0.35 per cent. Twenty-nine were classified in Grade I. Deafness—that is children who can be educated in the ordinary school without special provision, and 25 in Grade II. (a) Deafness—that is children who can make satisfactory progress in ordinary schools if given some help, *e.g.*, favourable position in class, individual hearing aid or tuition in lip-reading.

Three 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 59 or 0.36 per cent. suffered from defective articulation and 16 or 0.10 per cent. from stammering.

#### (11) Mental and Nervous Conditions.

Sixteen children or 0.10 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 0.32 per cent. of the children examined.

#### (12) Circulatory System.

Thirty-two children were found to be suffering from organic heart disease, comprising 0.20 per cent. of the children examined. Of these 26 were Congenital and 6 Acquired.

#### (13) Lungs.

The number of children suffering from chronic bronchitis was 34 or 0.21 per cent. of those examined.



There were referred to the Area Chest Physician as suspected cases of Tuberculosis 7 children or 0.04 per cent.

Other diseases of the Lungs affected 119 children or 0.73 per cent.

#### (14) Deformities.

Deformities dating from birth affected 83 children or 0.51 per cent.

Deformities due to Poliomyelitis affected 17 children or 0.10 per cent.

Deformities due to Rickets affected 4 children or 0.02 per cent.

Deformities due to other causes, for instance flat feet, affected 90 children or 0.55 per cent.

#### (15) Infectious Disease.

There were discovered 7 cases of Infectious Disease, 0.04 per cent. of the children examined.

#### (16) Other Diseases or Defects.

433 Children or 2.65 per cent. of those examined were affected.

##### (b) Special Examinations.

Of the 773 special cases examined, 125 were found defective and were notified to parents as requiring treatment. The following is a list of the defects found :—

(1) Unsatisfactory Clothing	...	...	...	...	...	1
(2) Unsatisfactory Footgear	...	...	...	...	...	—
(3) Cleanliness—						
Head—Dirty, Nits or Vermin	...	...	...	...	...	7
Body—Dirty, Nits or Vermin	...	...	...	...	...	—
(4) Skin—						
Head—Ringworm	...	...	...	...	...	—
Impetigo...	...	...	...	...	...	1
Other Diseases	...	...	...	...	...	2
Body—Ringworm	...	...	...	...	...	—
Impetigo...	...	...	...	...	...	—
Scabies	...	...	...	...	...	—
Other Diseases	...	...	...	...	...	8

[illegible]



<b>(12) Circulatory System—</b>		
<b>(a) Organic Heart Disease—</b>		
Congenital	... ..	—
Acquired...	... ..	1
<b>(b) Functional Conditions ...</b>		1
<b>(13) Lungs—</b>		
Chronic Bronchitis	... ..	5
Suspected Tuberculosis	... ..	—
Other Diseases	... ..	7
<b>(14) Deformities—</b>		
Congenital	... ..	1
Acquired (Poliomyelitis)	... ..	2
Acquired (probable Rickets)	... ..	—
Other Causes	... ..	9
<b>(15) Infectious Diseases...</b>		1
<b>(16) Other Diseases or Defects</b>		28

## 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 1,632. Recurrent visits brought the total attendances to 3,478. The following is a list of the defects found :—

(1) Cuts, Bruises, Sprains and Minor Injuries, etc.	... ..	355
(2) Diseases of the Ear, largely cases of Otorrhoea	... ..	83
(3) Diseases of the Eye, principally Conjunctivitis and Blepharitis	... ..	139
(4) Diseases of the Skin. (This figure comprises 3 cases of Ringworm of Body, 63 cases of Impetigo, 8 cases of Scabies and 159 cases involving other diseases of the skin)	... ..	233
(5) Other Diseases (including cases of non-attendance brought to Clinics on recommendation of Attendance Officers)	... ..	1,012



**(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	...	...	...	...	282
Number of Children Examined	...	...	...	...	3,191
Number of Children Prescribed Spectacles	...	...	...	...	1,892

**(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	...	...	...	...	1,553
Number of Theatres held	...	...	...	...	195
Number of Children Operated on (392 Emergency)	...	...	...	...	595

*Ophthalmic Department—*

Number of Theatres held	...	...	...	...	54
Number of Children Operated on	...	...	...	...	299

*Medical Department—*

Number of Clinics held	...	...	...	...	219
Number of Children Examined	...	...	...	...	2,900
Number of Admissions	...	...	...	...	484

*Ear, Nose and Throat Department—*

Number of Theatres held	...	...	...	...	247
Number of Children Operated on	...	...	...	...	1,364
Number of Cases Examined at Clinics	...	...	...	...	6,388



*Orthopaedic Department—*

Number of Clinics held	...	...	...	...	127
Number of Children Examined	...	...	...	...	3,949
Number of Children recommended for Remedial					

*Exercises—*

Out-Patient	...	...	...	...	2,560
In-Patient...	...	...	...	...	300
Number of Children Operated on	...	...	...	...	153
Number of Children put in Plaster of Paris	...	...	...	...	396

*Plastic Department—*

Number of Patients Admitted	...	...	...	...	154
Number of Clinics held	...	...	...	...	25
Number of Theatres held	...	...	...	...	36

**(d) Audiometric Testing.**

In order to lower the age at which children have a routine hearing test, two age groups have been tested in the past eighteen months. In all, 11,463 children of all ages were tested in schools in the year ending 31st July, 1958 :—

(a) Children born in 1949	...	...	...	...	5,183
Children born in 1950	...	...	...	...	4,980
(b) Children born in 1948 (Absent at previous Test)	...	...	...	...	268
(c) Children of any other age thought to have a hearing defect	...	...	...	...	424
(d) Re-tests—Children showing defect at previous test	...	...	...	...	608
					<hr/> 11,463 <hr/>

In group (a) above, of the 10,163 children tested, 9,654 were normal and 509 had a defect in either one or both ears. The 509 defective children were classified as follows :—

Grade I.—354 ; Grade IIA.—147 ; Grade IIB.—8.



Figures and classification of groups (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 ...	...	34
St. Vincent's School, Glasgow	...	8
		—
		45
		==

There are 38 severely deaf (Grade IIb.) children attending schools in Ayrshire. Of these 2 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 one girl 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 13 children have been fitted with hearing-aids at the Hearing-Aid Clinic at Ayr. The position with regard to hearing-aids is as follows :—

(a) No. of children wearing Hearing Aids at 1st August, 1957	...	...	...	...	...	68
(b) No. of children supplied with Hearing Aids during school session (1957-58)	...	...	...	...	...	13
(c) No. of pre-school children wearing Hearing Aids ...						3
						—
						84
(d) No. of children at (a) who left school during session (1957-58)	...	...	...	...	...	17
						—
(e) No. of children wearing Hearing Aids at 31st July, 1958						67
						==

Of the 153 children referred to Ear, Nose and Throat Clinics from schools, 137 attended and subsequently received treatment and operations when necessary from 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.



**RESULTS OF GRAMOPHONE AND PURETONE AUDIOMETRIC TESTS IN ALL SCHOOLS IN AYRSHIRE.**  
**Year Ending 31st July, 1958.**

Group.	No. of Children Listed.	No. of Children Tested.	No. of Children Normal.	No. of Children Defective.	Grade.				No. of Children referred to E.N.T. Clinic.	No. of Children referred to Hearing Aid Clinic.	Retests.			
					I (Education in Ordinary School.)	IIa. (Education in Ordinary School with Hearing-Aid.)	IIb. (Education in Special School.)	III. (Education in Residential Special School.)			Normal.	Sh. Imp.	No. Imp.	Deterioration.
Children Born in 1949 ...	5537	5183	4940 95.30%	243 4.70%	160 3.09%	79 1.53%	4 0.08%	—	50 0.96%	—	—	—	—	—
Children Born in 1950 ...	5339	4980	4714 94.66%	266 5.34%	194 3.89%	68 1.37%	4 0.08%	—	39 0.78%	—	—	—	—	—
Children Born in 1948. (Absent at previous test)	332	268	261	7	4	3	—	—	1	—	—	—	—	—
Children of any other age thought to have a Hearing Defect ...	450	424	283	141	73	66	2	—	30	—	—	—	—	—
Retests. Children showing defect at previous test	784	608	183	425	187	214	24	—	33	—	183	67	314	44

**RESULTS OF PURETONE AUDIOMETRIC TESTS AT EAR, NOSE AND THROAT CLINICS, SEAFIELD HOSPITAL,  
 AYR, AND AYRSHIRE CENTRAL HOSPITAL, IRVINE.**

Children attending E.N.T. Clinic (New Cases) ...	—	353	130	223	107	110	5	1	108	5	—	—	—	—
Retests ...	—	237	107	130	59	65	5	1	29	2	107	59	56	15



**(e) Psychiatric Service.**

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

The present Report differs from those of preceding years in that it covers the period from June, 1957, to the end of December, 1958, on account of the fact that the County Psychiatrist is due to leave and it would not be worthwhile to include a few extra months of the present school year (*i.e.*, September to December, 1958) in a separate Report.

A detailed survey of the main features of the Service as it now exists was given in the course of previous Annual Reports, where the rapid growth of facilities in Ayrshire was commented upon. Among the topics discussed then were the various types of treatment available, the liaison existing with other agencies, and the special features of residential treatment at Kirkmichael. In general, it may be said of the period covered by the present Report that we have been busy chewing what we have bitten off and that the provision of more special facilities for mentally handicapped and maladjusted children has naturally resulted in increased pressure of work as far as the Psychiatric Service is concerned.

Concerning the facilities which are now in existence some comments about the use of Adjustment Classes will be made below, as this topic has not been hitherto reviewed in these Reports.

At the same time, since the Psychiatrist is leaving his present post almost five years to the day on which he took up his duties in 1953, it would seem worthwhile to attempt to draw up some kind of balance sheet in respect of the progress made during the whole of this period, *i.e.*, from 1953 to 1958 ; the second part of this Report accordingly deals with this matter.

**(1) Adjustment Classes.**

This form of special educational treatment is discussed here not only for the sake of completeness but also because during the period under review a number of cases have occurred which were able to benefit from it.

It has been found that these Tuition Classes are able to make provision in a particularly helpful way for the special needs of certain children who are referred from time to time to the Psychiatrist. These are children suffering from what is sometimes called (rather inaccurately from the medical point of view) "School Phobia." These children are unable to attend school on account of ill-health which is of a psychological nature ; in



this respect the condition is, of course, similar to that of many adults who are unable to attend their daily work on account of some form of nervous breakdown. The condition should not be confused with truancing; the difference is that in the type of case we are discussing there is an inability to go to school—as distinct from the unwillingness to do so in the case of truancing. This inability to go to school may exist in spite of genuine though unsuccessful attempts of the child to attend, and it usually occurs in a child with an otherwise good previous record of school attendance (and indeed very often also of school performance). From the point of view of treatment these cases undoubtedly present a difficult problem; though the ultimate outlook in terms of recovery and normal return to school is good, this may take a long time and may have to be achieved gradually and by easy stages. Any attempt to go too fast is liable to arouse excessive anxiety and thus to lead to renewed failure, with the result that such progress as has already been made may once again be lost. The steps which are required in these cases are thus as follows :—

- (a) The first stage is usually that of treatment at the Child Guidance Clinic supplemented by simultaneous remedial education there within the limits of the child's capacity to absorb it. This latter measure is designed to ensure that normal academic progress is maintained as far as possible.
- (b) When the case is ready to progress from this stage the next step should be transfer to an Adjustment Class. The child is now attending school, though perhaps for as yet a limited part of the day; he is taught there in association with a small number of other pupils by a Remedial Teacher specially appointed for this task.
- (c) The next stage is the transfer of the child within the same school to the normal class of his age group.
- (d) The final stage in the rehabilitation of such a child is his ultimate transfer from the school in which the Adjustment Class is held back to his own school. This should be possible in the majority of cases as the problem is not generally one which has arisen in connection with the school as such, *i.e.*, it is not usually a problem of academic failure or of a bad relationship with teachers or pupils, etc., but of a psychological disturbance which has arisen within the child himself.

Facilities for such a gradual process of rehabilitation for these "School Phobia" cases at present exist in some areas of the



County but not in others. The progress of each of these cases therefore depends considerably upon the extent to which it has hitherto been possible to provide in the area concerned the Adjustment Classes and Remedial Teachers authorised by the Education Committee during the last few years.

## **(2) Progress of the Child Psychiatry Service during the Period 1953-58**

The task of assessing the extent of the progress which has been made during the last five years in Ayrshire in this sector of the School Health Service is a difficult one since there is no similar service in existence anywhere in Scotland with which it could be compared; the one Education Authority which might be considered a possible exception to this—the City of Glasgow—cannot be in any way compared to Ayrshire owing to the differences in size, nature and geographical distribution of the respective populations and also the proximity of other Psychiatric facilities in Glasgow.

Thus there only remains the possibility of comparing the development of the Child Psychiatry Service in Ayrshire during the period 1953-58 with that which took place during the preceding period (1949-53). It will be remembered that it was in 1949 that a whole-time Psychiatric Service was first established here, and it would therefore appear that it might be worth while to make a comparative assessment of this kind. In doing so it should be remembered, however, that this too is not a wholly appropriate method since it is to be expected that in the initial stages of any service of this type there are bound to be "growing pains" and that this undoubtedly applied to the period 1949-53 in Ayrshire; in subsequent stages of development, such as that represented here from 1953 onwards, one might on the other hand expect things to go much more smoothly, as indeed they have done.

### **(a) Annual Referral Rate.**

During the period 1949-53 (4 years, 3 months) a total of 426 children were referred; during the subsequent period 1953-58 (5 years) 645 children were referred.

The average number of children referred per annum (*i.e.*, 12 months) thus works out at 100 for the period 1949-53, as compared with 129 for 1953-58; there was thus an increase in the annual rate of referral of about 30% during the latter period.



**(b) Distribution of Cases in Terms of Sources of Referral.**

	1949-53.	1953-58.
Educational Psychologists ... ..	2.63%	21.55%
Paediatrician ... ..	2.63%	15.82%
School Medical Officer... ..	13.16%	12.12%
General Practitioners and other		
Medical Sources ... ..	21.05%	22.73%
Juvenile Courts and Probation Officers	47.37%	20.54%
Other Sources ... ..	13.16%	7.24%

These figures would appear to indicate a wider and more even pattern of referrals during the period 1953-58. Close liaison and co-operation not only within the School Medical Department but also with other Departments, both within and outwith the Local Authority, has, in fact, been a feature of this Service during the last five years. As already described in previous Annual Reports, frequent clinical conferences have been held with all the officials concerned over cases and also in connection with various problems of a more general nature connected with the making of provision for mentally handicapped and maladjusted children which crop up from time to time.

**(c) Psychiatric Social Workers.**

There were no Social Workers employed in this Department during 1949-53. While no fully qualified Psychiatric Social Workers were employed in 1953-58 (for the simple reason that in common with other Child Guidance and Mental Health Services we have found them to be unobtainable) it was nevertheless possible during 1953-58 to put at the disposal of the Psychiatrist the best arrangement which could be devised under the circumstances; two Social Workers with good qualifications and experience in other fields of medical social work as well as an interest in mental health work were seconded to the Child Psychiatry Service. The arrangement has proved satisfactory and has made a great difference to the work which it has been possible to do during the last five years.

In this connection it is worth stressing that much of the effectiveness in general of the mental health sector of the School Medical Service naturally depends upon the existence of such ancillary facilities; this applies not only to the amount of auxiliary staff available but also to those facilities for the special educational treatment of mentally handicapped and maladjusted children required by the Education Act and the subsequent regulations made in pursuance of this Act. These facilities will now be discussed.



#### **(d) Provision for Mentally Handicapped Children.**

At the end of the period 1949-53 three special schools for mentally handicapped children existed in Ayrshire. During 1953-58 three more have been opened and additional transport has also been provided for children from some of the more out-lying areas. There has thus been a fundamental change in the situation in this field. To make provision for the needs of the more scattered rural districts in a County 84 miles in diameter at its furthest points is, of course, always bound to present a difficult problem. Nevertheless, with the facilities which now exist, only a few places (such as Dalmellington) are still not fully covered as far as arrangements for special schooling are concerned. Children from Irvine are generally admitted to Park School in Kilmarnock, though ideally, of course, a local arrangement would be more satisfactory.

To those mentally handicapped children who are not suitable for special school education particular attention was given by the Education Authority during the period 1953-58. During 1949-53 no Occupation Centres existed in Ayrshire. During 1953-58, however, two such Centres were established and a third one is in the process of being set up at the time of writing. The total number of children attending these Centres in December, 1958, was 47. This is a good example of what has been stressed above, *i.e.*, the extent to which the effectiveness of the Psychiatric Service depends upon the necessary facilities being available. Where previously only a diagnosis of "ineducability" could be made but no recommendation submitted to the Education Authority in view of the lack of Occupation Centre facilities, it is now possible in many cases in this County to recommend the appropriate form of training when such a child is referred to the Child Guidance Clinic and found to be trainable but not formally "educable" in the sense of being capable of learning to read and write, etc.

There is now also a strong trend of opinion against the certification of these children as "ineducable." The latter word raises unnecessary difficulties with parents and is in any case a somewhat relative concept. The abolition of the term was strongly favoured by the Report of the Royal Commission on Mental Illness and Mental Deficiency (H.M. Stationery Office, Cmd. 169); more detailed reference was already made to this in last year's Annual Report.

#### **(e) Provision for Maladjusted Children.**

All forms of provision for maladjusted children have been expanded during 1953-58, from increased Clinic accommodation (as a result of structural building alterations) to the appointment



of additional Educational Psychology Staff and Remedial Teachers and the establishment of Adjustment Classes.

Special reference should be made here to the provision of residential treatment facilities which was achieved during the period 1953-58. No such provision existed during the earlier period and the question of residential facilities for this type of child had, in fact, been the subject of considerable discussion and controversy in the period immediately preceding the present Psychiatrist's appointment in 1953. In view of the absence at that time of any such facilities here and their general scarcity elsewhere in Scotland, arrangements for these children had been made in England until then. It had been difficult to be certain of the adequacy of such arrangements in view of the distances involved; the expenditure incurred in placing children South of the Border was considerable and the procedure, though not in any way illegal, was not exactly helping to maintain the reputation of Scottish education there since it implied the stigma of backwardness in making provision for the needs of these children here. From 1953 onwards the problem was approached from a different angle in Ayrshire by commencing what proved to be fairly protracted negotiations about the setting up of a Residential Treatment Centre of our own in Ayrshire. The latter eventually opened in Kirkmichael with the full support of the Scottish Education Department in 1956; at the time of writing it has been in existence for two years and during this period a total of 61 children have been admitted there. Treatment of this type obviously requires to be of a more intensive kind than that which could be given at an ordinary Out-Patient Child Guidance Clinic, and this places not only a very heavy responsibility but also an increased pressure of work on medical and other staff, a problem which will be further referred to below.

Certain additional residential facilities had also in the meantime been created by the Children's Department at Kirkland Park, Darvel. Children who are admitted to Kirkland Park (other than remand cases) often present some maladjustment of a type which can be expected to respond to ordinary sensible child care and environmental measures, though from time to time further Psychiatric help and supervision is necessary in order to ensure their rehabilitation.

#### **(f) The Problem of Psychiatric Staff.**

It is unfortunately necessary to end this Report with a problem which is, as yet, unsolved at the time of writing. In perusing the above account of the development of the Psychiatric Service one cannot avoid the conclusion that the demands made



upon it have grown tremendously during the last five years. In assessing the needs for the medical staffing of the Mental Health Service for the children of this County, the following points are of particular relevance :—

- (1) The increase in the annual rate of referral already noted above. This has been coped with in spite of the development of commitments which did not exist during the period 1949-53, *i.e.*, the Residential Clinic at Kirkmichael, the Children's Home and Reception Home at Kirkland Park, Darvel, as well as the demands for Psychiatric advice from many other departments and agencies dealing with children.
- (2) Since provision is now being made in the mental health field for a larger number of children than ever, a proportionately larger number of Psychiatric reports are being asked for in order to enable the Education Authority to decide upon the appropriate kind of disposal. This has involved a more detailed documentation of cases and a more extensive keeping of records during 1953-58 than that which had been found necessary during the preceding period; all of this makes additional demands upon the time of the Psychiatrist.
- (3) In connection with the extra time now required for the residential work at Kirkmichael and Darvel, it has to be borne in mind that certain other Local Authorities in Scotland, particularly the Counties of Renfrew, Wigtown, Kirkcudbright and Dumfries, the larger Burghs within these areas, as well as certain other Local Authorities, make use of these facilities here which are not available in their own areas; this is in accordance with the policy of the Scottish Education Department and based upon the recommendations of the Advisory Council on Education to the effect that there should be four such Residential Child Guidance Centres in Scotland, one of which should be situated in the area of the South-Western Counties. In a similar fashion Kirkland Park is used for the Psychiatric observation of cases on Remand from the Juvenile Courts not only of the County of Ayr and the Burghs of Kilmarnock and Ayr but also from a number of other Local Authority areas in the South-West; here again the arrangement has been officially sanctioned by the Secretary of State. The cost of such cases from outside the County is defrayed from the financial point of view



by the various Authorities concerned, but this alone, of course, does not recompense the County of Ayr for the extra time which its own staff (not only Psychiatric) have to devote to this work. It is indeed a compliment to us that other Authorities show this confidence in what we are able to do for their children. At the same time the extra work with these cases is always bound to reduce the amount of time which could otherwise be devoted to children from Ayrshire, as long as only the same amount of staff is available as hitherto.

- (4) It is thus clear that with the expansion of treatment facilities in all these directions, there is bound to go hand in hand an expansion of the staff needed for the work. This is particularly true in respect of the Psychiatric Service which had remained the same (one Psychiatrist whole-time to the Local Authority as such, but only part-time to the Education Authority) throughout the period under review. The need for this expansion of staff is reflected in the following figures relating to other types of staff whose work brings them into contact with this field. Again we compare the establishments as they existed in 1953 and 1958 respectively :—

				1953.	1958.
Educational Psychologists	...	...	...	6	9
Speech Therapists	...	...	...	7	8
Remedial Teachers	...	...	...	3	8
Probation Officers	...	...	...	5	10
Psychiatrists	...	...	...	1	1

These figures speak for themselves as regards the need for increasing the number of Psychiatrists available to the Child Guidance Service if the work is to be done adequately and with the minimum amount of delay in seeing cases, etc. The Committee on Maladjusted Children (the Underwood Committee) which published its Report in 1955 recommended a ratio of 1 : 2 : 3 for Psychiatrists, Educational Psychologists and Psychiatric Social Workers respectively in Child Guidance Clinics. On this calculation Ayrshire would need four or five Psychiatrists. While this number may be unrealistic and unobtainable under present circumstances, it seems to be an obvious conclusion that at least one additional Psychiatrist is required in the meantime. Moreover during the period under review Clinics have been held in Ayr and Kilmarnock respectively; while these two towns are fairly accessible from most parts of the County by bus or train,



there remains the Saltcoats-Stevenston area from which access is more difficult; this area could normally claim to be reasonably entitled to two weekly Child Psychiatry Clinics of its own if adequate medical staff were available.

At the same time any reduction of the present establishment in any part of the Child Guidance Service or its auxiliary services would undoubtedly reduce their efficiency. As the result of my experience of five years' service with the Education Authority it is impossible to escape the conclusion that during the next five years it is inevitable that:—

- (a) The services of one whole-time Psychiatrist are absolutely essential, whether these be obtained directly by the Education Authority or by Agreement with the Regional Hospital Board; and
- (b) The problem of the appointment of a further Psychiatrist either now or in the very near future will demand attention.

### **General Support of the Psychiatric Service.**

The good relationship between the Psychiatric Service and other Departments of the Local Authority during 1953-58 has already been referred to above, but the specific point which I should like to stress under this heading is the consistent support which the Psychiatrist has enjoyed from the Education Authority employing him. Nearly every month at least one, usually several, reports to the Authority have been presented by the School Medical Officer, based upon recommendations about cases made by the Psychiatrist in the course of his work. These have not only been consistently accepted in every case but whenever necessary time has been devoted to a full discussion of these problems by the various Committees concerned. The Psychiatrist has much appreciated the fact that such time has been found by members of the Education Authority, as he is aware of how extensive and varied the responsibility of an Education Authority is these days; he knows, moreover, from personal experience how much time all work connected with mental health in any form, can take up. In conclusion, therefore, he would like to express here his best wishes for the further development of the Services in the future in Ayrshire.

## **VII.—DENTAL INSPECTION AND TREATMENT.**

### **Report by the Chief Dental Officer.**

The Dental Officers devoted 355 half-days to the inspection of school children and 2,932 half-days to carrying out the necessary



treatment for those children whose parents wished treatment by the School Dental Service, the number of attendances being 17,491.

It is regretted that the continued shortage of Dental Staff means longer intervals between visits from the Dentist, resulting in more teeth being extracted which otherwise could have been saved. The early extraction of temporary teeth frequently leads to crowding of the succeeding permanent teeth throwing more work on the Orthodontic Service which is already fully occupied, and a waiting list for children requiring Orthodontic Treatment has had to be introduced in some areas.

Once again our thanks are due to Dr. J. Campbell, of Glasgow Dental Hospital, for his monthly visits to our Clinics, where his specialist advice is greatly appreciated, both by the Dentists and the parents; the expressions of gratitude by the parents on completion of this part of the service is very encouraging to the Staff.

### **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 70, of whom 1 was a physically handicapped child and 69 mentally handicapped children.

St. Leonard's Home has 9 physically handicapped children resident, and these are taught in the Physically Handicapped Classes.

There were thus on the school roll 10 physically handicapped and 69 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 107 mentally handicapped children and 16 physically handicapped children.

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



**(3) Courthill School, Dalry.**

This school which comprises three classes has 49 mentally handicapped children on the roll.

**(4) Garrallan School, Cumnock.**

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

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

This class accommodates mentally handicapped children from the South of the County and there are 18 children on the school roll.

**(6) Occupational Centre, Kilmarnock.**

The children at this Centre 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 has at present 19 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 five children are boarded at St. Leonard's Home School, 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 in West Park School, Kilmaurs. There are four children attending twice weekly for periods of 1½ hours each day.



**(10) Other Institutions.**

At 31st July, 1958, there were in Institutions :—

Donaldson's School for the Deaf, Edinburgh	...	3
Langside School for the Deaf, Glasgow	... ..	34
St. Vincent's School for the Blind and Deaf, Glasgow		10
Royal Blind School, Edinburgh	... ..	12
Condovalhall School, Shrewsbury (for Blind Children with other Disabilities)	... ..	1
Colony for Epileptics, Bridge-of-Weir	... ..	3
St. Elizabeth's School and Home, Much Hadham, Herts		1
Scotsraig School for Spastics, Paisley	... ..	4
Waverley Park Certified Institution, Kirkintilloch...		1
St. Joseph's Certified Institution, Rosewell, Midlothian		3
Lennox Castle Certified Institution, Lennoxtown	...	2
St. Charles Certified Institution, Carstairs Junction	...	1
Royal Scottish Certified Institution, Larbert	...	4
Camphill Rudolph Steiner School, Aberdeenshire	...	2
East Park Home for Infirm Children, Largs	...	2
Naemoor School, Perthshire	... ..	1
Trefoil School, Hermiston	... ..	2
Coltness House, Wishaw	... ..	2
Lovedale Boys' Home	... ..	1
Glenburn Special School, Paisley	... ..	2

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 24.

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

### **(a) Accommodation.**

Each new school which is built provides improved facilities for Physical Education both indoors and out-of-doors. In some districts the opening of a new school by providing accommodation for surplus pupils from neighbouring schools creates in these schools extra rooms which are re-modelled and made available for physical training. Increased attention is being given to the care and maintenance of playing fields.



**(b) Staffing.**

While there has been a further decrease in number of women specialist teachers, the supply of men at the moment is just adequate. The lack of a sufficient supply of such teachers to help to introduce the new scheme of Physical Education in Primary Schools must be deplored.

**(c) Swimming.**

(1) Each week of the school session approximately 1,200 pupils from the local schools visit the Kilmarnock Corporation Baths for instruction in swimming. In some schools this instruction begins at the Primary VI. Stage. The majority of the pupils who attend the Baths regularly qualify for Certificates of Proficiency in Swimming.

(2) During the summer term pupils in Cumnock, Prestwick, Troon and Saltcoats have swimming lessons at the local pools.

(3) To cater for pupils living within easy travelling distance of Kilmarnock an intensive course of ten swimming lessons is provided at Kilmarnock Academy during the first two weeks of the summer vacation. This course is taken by pupils from Dreghorn, Crosshouse, Stewarton, Kilmaurs, Darvel, Newmilns, Galston and Hurlford.

**(d) Camp Schools.**

The Camp Schools at Broomlee and Glengonnar are occupied by Ayrshire pupils for four months each year. Approximately 2,000 boys and girls have the opportunity of living away from home for a fortnight. At those schools a great deal of the instruction is in the open air.

**(e) Personal Hygiene.**

In every Physical Education lesson, whether it be in the gymnasium, on the playing field, at the baths or at camp, care is taken to inculcate sound ideas about personal cleanliness and healthy habits. While this is done incidentally in Primary classes, more formal instruction is given to older pupils.

Two members of the Physical Education Staff attend the summer school run by the Scottish Council for Health Education each year.



## 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 46,609.

Meals were supplied to 16,257 children, of whom 2,337 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—

Primary and Junior Secondary Schools—	<i>Systematic Examinations.</i>
Entrants ... ..	5,716
Children Born in 1950 (Visual Acuity only) ...	4,750
Children Born in 1948 ... ..	5,261
Children Born in 1944 ... ..	4,801
Senior Secondary Schools—	
Children Born in 1941 ... ..	542
TOTAL ... ..	<u>21,070</u>

### (b) Other Examinations—

Special Cases ... ..	773
Re-Examination—Number Examined ... ..	2,129
Treatment Completed ... ..	1,395
Receiving Treatment ... ..	233
On Waiting List for Treatment ... ..	88
Condition Unchanged—Under Observation ... ..	413
TOTAL ... ..	<u>2,902</u>



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

Entrants ... ..	587
Children Born in 1950 (Visual Acuity only) ...	417
Children Born in 1948 ... ..	500
Children Born in 1944 ... ..	438
Children Born in 1941 ... ..	25
<b>TOTAL ... ..</b>	<b>1,967</b>

(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	2,913	65·76	43·50	44·26
	Female	2,803	65·85	43·13	42·61
Children Born in 1948	Male	2,708	114·21	52·58	66·11
	Female	2,553	114·09	52·11	64·96
Children Born in 1944	Male	2,474	163·16	60·75	101·30
	Female	2,327	163·85	60·93	103·60
Children Born in 1941	Male	268	201·70	68·50	141·80
	Female	274	203·50	63·70	125·40



TABLE II.

## SCHOOL MEDICAL SERVICE—SYSTEMATIC EXAMINATIONS.

<i>Nature of Defect.</i>	<i>Entrants.</i>		1948		1944		1941		<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	2913	2803	2708	2553	2474	2327	268	274	8363	7957	16,320
<b>1. Clothing—</b>											
Unsatisfactory	...	...	...	...	...	...	...	...	...	...	...
Percentage	8	2	3	3	1	2	—	—	12	7	19
	0.27	0.07	0.11	0.12	0.04	0.09	—	—	0.14	0.09	0.12
<b>2. Footgear—</b>											
Unsatisfactory	...	...	...	...	...	...	...	...	...	...	...
Percentage	2	—	4	3	2	—	—	—	8	3	11
	0.07	—	0.15	0.12	0.08	—	—	—	0.10	0.04	0.07
<b>3. Cleanliness—</b>											
(a) Head—											
Dirty, Nits or Vermin	...	...	...	...	...	...	...	...	...	...	...
Percentage	23	53	27	67	9	55	—	—	59	175	234
	0.79	1.89	1.00	2.62	0.36	2.36	—	—	0.71	2.20	1.43
(b) Body—											
Dirty, or Verminous	...	...	...	...	...	...	...	...	...	...	...
Percentage	4	—	3	1	4	3	—	—	11	4	15
	0.14	—	0.11	0.04	0.16	0.13	—	—	0.13	0.05	0.09



TABLE II.—Continued.

## School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1948		1944		1941		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
4. Skin—											
Head—											
Ringworm	—	—	1	—	—	—	—	—	1	—	1
Percentage	—	—	0.04	—	—	—	—	—	0.01	—	0.006
Impetigo...	3	3	—	2	—	1	—	—	3	6	9
Percentage	0.10	0.11	—	0.08	—	0.04	—	—	0.04	0.08	0.06
Other Diseases	6	5	1	8	5	6	—	1	12	20	32
Percentage	0.21	0.18	0.04	0.31	0.20	0.26	—	0.36	0.14	0.25	0.20
Body—											
Ringworm	—	—	—	—	1	—	—	—	1	—	1
Percentage	—	—	—	—	0.04	—	—	—	0.01	—	0.006
Impetigo...	—	1	—	—	1	—	—	—	1	1	2
Percentage	—	0.04	—	—	0.04	—	—	—	0.01	0.01	0.01
Scabies	—	—	1	—	—	1	—	—	1	1	2
Percentage	—	—	0.04	—	—	0.04	—	—	0.01	0.01	0.01
Other Diseases	27	25	25	21	16	17	4	3	72	66	138
Percentage	0.93	0.89	0.92	0.82	0.65	0.73	1.49	1.09	0.86	0.83	0.85
5. Nutritional State—											
Slightly Defective...	10	13	7	13	6	4	—	—	23	30	53
Percentage	0.34	0.46	0.26	0.51	0.24	0.17	—	—	0.28	0.38	0.32
Bad ...	1	—	1	2	—	—	—	—	2	2	4
Percentage	0.03	—	0.04	0.08	—	—	—	—	0.02	0.03	0.02



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

Nature of Defect.	Entrants.		1948		1944		1941		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
<b>6. Mouth and Teeth—</b>											
Unhealthy ...	43	20	26	15	28	8	1	—	98	43	141
Percentage ...	1.48	0.71	0.96	0.59	1.13	0.34	0.37	—	1.17	0.54	0.86
<b>7. Nose—</b>											
Obstruction requiring Observation	79	58	26	21	8	10	2	—	115	89	204
Percentage ...	2.71	2.07	0.96	0.82	0.32	0.43	0.75	—	1.38	1.12	1.25
Obstruction (probably Adenoids) requiring Operation ...	26	16	15	6	1	4	—	—	42	26	68
Percentage ...	0.89	0.57	0.55	0.24	0.04	0.17	—	—	0.50	0.33	0.42
Other Conditions ...	52	44	22	12	15	3	—	—	89	59	148
Percentage ...	1.79	1.57	0.81	0.47	0.61	0.13	—	—	1.06	0.74	0.91
<b>Throat—</b>											
Tonsils requiring Observation ...	149	127	75	72	30	32	—	3	254	234	488
Percentage ...	5.12	4.53	2.77	2.82	1.21	1.38	—	1.09	3.04	2.94	2.99
Tonsils requiring Operative Treatment ...	41	29	29	32	12	13	—	1	82	75	157
Percentage ...	1.41	1.03	1.07	1.25	0.49	0.56	—	0.36	0.98	0.94	0.96
<b>Glands—</b>											
Requiring Observation ...	78	50	16	21	7	1	—	—	101	72	173
Percentage ...	2.68	1.78	0.59	0.82	0.28	0.04	—	—	1.21	0.90	1.06
Requiring Operative Treatment ...	1	1	—	—	—	2	—	—	1	3	4
Percentage ...	0.03	0.04	—	—	—	0.09	—	—	0.01	0.04	0.02



TABLE II.—Continued.

## School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1948		1944		1941		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
8. Eyes—											
External Diseases—											
Blepharitis ...	23	16	30	19	23	13	—	—	76	48	124
Percentage ...	0.79	0.57	1.11	0.74	0.93	0.56	—	—	0.91	0.60	0.76
Conjunctivitis ...	2	4	—	1	1	1	—	—	3	7	10
Percentage ...	0.07	0.14	—	0.04	0.04	0.04	—	0.36	0.04	0.09	0.06
Corneal Opacities ...	—	—	1	—	—	—	—	—	1	—	1
Percentage ...	—	—	0.04	—	—	—	—	—	0.01	—	0.06
Squint ...	59	64	13	17	11	10	—	—	83	92	175
Percentage ...	2.03	2.28	0.48	0.67	0.44	0.43	—	0.36	0.99	1.16	1.07
Other Diseases ...	6	9	9	4	4	2	—	—	19	15	34
Percentage ...	0.21	0.32	0.33	0.16	0.16	0.09	—	—	0.23	0.19	0.21
Visual Acuity—											
Number Examined ...	—	—	2708	2553	2474	2327	268	274	5450	5154	10604
Recommended for Refraction—											
Defective Vision—											
Fair ...	—	—	83	83	77	82	8	12	168	177	345
Percentage ...	—	—	3.06	3.25	3.11	3.52	2.98	4.38	3.08	3.43	3.25
Bad ...	—	—	43	53	76	69	4	3	123	125	248
Percentage ...	—	—	1.59	2.08	3.07	2.97	1.49	1.09	2.26	2.43	2.34



TABLE II.—Continued.

## School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1948		1944		1941		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Number Examined	2913	2803	2708	2553	2474	2327	268	274	8363	7957	16,320
<b>9 Ears—</b>											
Otorrhoea ...	8	6	5	1	6	9	—	1	19	17	36
Percentage ...	0.27	0.21	0.18	0.04	0.24	0.39	—	0.36	0.23	0.21	0.22
Other Diseases ...	7	7	2	5	1	2	—	—	10	14	24
Percentage ...	0.24	0.25	0.07	0.20	0.04	0.09	—	—	0.12	0.18	0.15
Defective Hearing—											
Grade I. ...	8	6	6	5	4	—	—	—	18	11	29
Percentage ...	0.27	0.21	0.22	0.20	0.16	—	—	—	0.22	0.14	0.18
Grade IIa. ...	1	—	7	6	5	6	—	—	13	12	25
Percentage ...	0.03	—	0.26	0.24	0.20	0.26	—	—	0.16	0.15	0.15
Grade IIb. ...	1	1	1	—	—	—	—	—	2	1	3
Percentage ...	0.03	0.04	0.04	—	—	—	—	—	0.02	0.01	0.02
Grade III. ...	—	—	—	—	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—	—	—	—	—
<b>10. Speech—</b>											
Defective Articulation ...	35	15	5	2	1	1	—	—	41	18	59
Percentage ...	1.20	0.54	0.18	0.08	0.04	0.04	—	—	0.49	0.23	0.36
Stammering ...	7	3	3	2	—	—	—	1	10	6	16
Percentage ...	0.24	0.11	0.11	0.08	—	—	—	0.36	0.12	0.08	0.10



TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Entrants.		1948		1944		1941		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
<b>11. Mental and Nervous Conditions—</b>											
Backward ...	—	—	1	—	—	—	—	—	1	—	1
Percentage ...	—	—	0.04	—	—	—	—	—	0.01	—	0.006
Dull (Intrinsically) ...	4	—	—	—	1	—	—	—	5	—	5
Percentage ...	0.14	—	—	—	0.04	—	—	—	0.06	—	0.03
Mentally Defective (Educable) ...	3	1	5	3	3	1	—	—	11	5	16
Percentage ...	0.10	0.04	0.18	0.12	0.12	0.04	—	—	0.13	0.06	0.10
Mentally Defective (Ineducable) ...	—	—	—	—	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—	—	—	—	—
Highly Nervous ...	11	10	4	3	1	2	—	—	16	15	31
Percentage ...	0.38	0.36	0.15	0.12	0.04	0.09	—	—	0.19	0.19	0.19
Difficult in Behaviour ...	7	7	—	1	—	—	—	—	7	8	15
Percentage ...	0.24	0.25	—	0.04	—	—	—	—	0.08	0.10	0.09
<b>12. Circulatory System—</b>											
(a) Organic Heart Disease—											
Congenital ...	5	6	4	3	2	5	1	—	12	14	26
Percentage ...	0.17	0.21	0.15	0.12	0.08	0.21	0.37	—	0.14	0.18	0.16
Acquired... ..	—	1	1	1	—	2	—	1	1	5	6
Percentage ...	—	0.04	0.04	0.04	—	0.09	—	0.36	0.01	0.06	0.04
(b) Functional Conditions											
Percentage ...	25	9	9	9	7	12	—	1	41	31	72
Percentage ...	0.86	0.32	0.33	0.35	0.28	0.52	—	0.36	0.49	0.39	0.44



TABLE II.—Continued.

School Medical Service—Systematic Examinations.—Continued.

Nature of Defect.	Entrants.		1948		1944		1941		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
13. Lungs—											
Chronic Bronchitis	10	1	11	4	4	4	—	—	25	9	34
Percentage	0.34	0.04	0.41	0.16	0.16	0.17	—	—	0.30	0.11	0.21
Suspected Tuberculosis	3	1	—	—	2	1	—	—	5	2	7
Percentage	0.10	0.04	—	—	0.08	0.04	—	—	0.06	0.03	0.04
Other Diseases	51	23	15	3	16	7	2	2	84	35	119
Percentage	1.75	0.82	0.55	0.12	0.65	0.30	0.75	0.73	1.00	0.44	0.73
14. Deformities—											
Congenital	36	18	10	9	9	1	—	—	55	28	83
Percentage	1.24	0.64	0.37	0.35	0.36	0.04	—	—	0.66	0.35	0.51
Acquired (Poliomyelitis)	2	3	7	2	2	1	—	—	11	6	17
Percentage	0.07	0.11	0.26	0.08	0.08	0.04	—	—	0.13	0.08	0.10
Acquired (probably Rickets)	2	—	1	—	—	1	—	—	3	1	4
Percentage	0.07	—	0.04	—	—	0.04	—	—	0.04	0.01	0.02
Acquired (Other Causes)	18	10	25	8	8	20	—	1	51	39	90
Percentage	0.62	0.36	0.92	0.31	0.33	0.86	—	0.36	0.61	0.49	0.55
15. Infectious Disease	1	4	—	—	1	—	1	—	3	4	7
Percentage	0.03	0.14	—	—	0.04	—	0.37	—	0.04	0.05	0.04
16. Other Diseases or Defects	131	95	66	46	46	42	6	1	249	184	433
Percentage	4.50	3.39	2.44	1.80	1.86	1.81	2.24	0.36	2.98	2.31	2.65



TABLE III.—SCHOOL MEDICAL SERVICE—SUMMARY OF SYSTEMATIC EXAMINATIONS.

Number Examined ...	Entrants.		1948		1944		1941		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.	
1. Children Free from Defects...	4125	72.17	4108	78.08	3782	78.78	427	78.78	16,320
2. Children otherwise Free from Defects who Suffer from—									
(a) Defective Vision not worse than 6/12 in the better Eye with or without Glasses, or	101	1.76	378	7.18	434	9.04	84	15.50	6.11
(b) Oral Sepsis, etc.	40	0.70	28	0.53	26	0.54	1	0.18	0.58
(c) Both (a) and (b)	1	0.02	3	0.06	1	0.02	—	—	0.03
Total ...	142	2.48	409	7.77	461	9.60	85	15.68	6.72
3. Children suffering from ailments (other than those mentioned in 2) from which complete recovery is anticipated within a few weeks ...	910	15.92	407	7.74	242	5.04	12	2.22	9.63



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

Number Examined ...	Entrants.		1948		1944		1941		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.
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 ...	484	8.47	272	5.17	251	5.23	10	1.84	1017	6.23
(b) Where improvement only is considered possible, e.g., without complete restoration of function ...	55	0.96	65	1.24	65	1.35	8	1.48	193	1.18
Total ...	539	9.43	337	6.41	316	6.58	18	3.32	1210	7.41
Total Number of Children Examined ...	5716	100%	5261	100%	4801	100%	542	100%	16,320	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	...	3	14	—	2	19
2. Partially Sighted—						
(a) Refraction errors in which the curriculum of an Ordinary School would adversely affect the Eye Condition ...		24	—	—	—	24
(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 ...		12	—	—	—	12
3. Deaf—						
Grade I. ...		638	—	—	—	638
Grade IIa. ...		430	—	—	—	430
Grade IIb. ...		4	34	—	—	38
Grade III. ...		—	45	—	1	46



TABLE IV.—Continued.

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

Disability.		At Ordinary School.	At Special School or Classes.	In Hospital or Institution.	At No School or Institution.	Total.
<b>4. Defective Speech—</b>						
(a) Defects of Articulation requiring Special Educational Measures ...	...	193	—	—	—	193
(b) Stammering requiring Special Educational Measures ...	...	55	—	—	—	55
<b>5. Mentally Defective (Children between 5 and 16 Years)—</b>						
(a) Educable (I.Q., approx. 50-70) ...	...	73	261	8	4	346
(b) Ineducable (I.Q., generally less than 50) ...	...	—	41	37	91	169
<b>6. Epilepsy—</b>						
(a) Mild and Occasional ...	...	50	1	—	—	51
(b) Severe (suitable for care in a Residential School) ...	...	8	4	—	2	14
<b>7. Physically Defective (Children between 5 and 16 Years)—</b>						
(a) Non-Pulmonary Tuberculosis (excluding Cervical Glands)	...	29	—	—	1	30
(b) General Orthopaedic Conditions ...	...	144	16	18	7	185
(c) Organic Heart Disease ...	...	82	2	—	1	85
(d) Other Causes of Ill Health ...	...	27	13	—	5	45







TABLE V.

## Dental Inspection and Treatment.

## (a) Inspection—

Number of Children Inspected	...	...	...	17,954
Number of Children requiring Treatment	...	...	...	13,045
Number of Children for whom Parents accepted Treatment by School Dentist	...	...	...	5,253
Number of Children not requiring Treatment	...	...	...	4,909
Number of Children for whom Parents stated the Children would be Treated Privately	...	...	...	7,658
Number of Children whose Parents decided to take no action	...	...	...	396
Number of Children Examined as Special or Emergency Cases	...	...	...	31
Number of Children accepting Treatment as Special or Emergency Cases	...	...	...	31
Number of Children treated as Special or Emergency Cases	...	...	...	31

## (b) Treatment—

Number of Children Treated	...	...	...	5,650
Number of Extractions (Temporary Teeth)	...	...	...	4,429
Number of Extractions (Permanent Teeth)	...	...	...	1,682
Number of Fillings (Temporary Teeth)	...	...	...	932
Number of Fillings (Permanent Teeth)	...	...	...	9,465
Number of Dentures	...	...	...	110
Number of Crowns	...	...	...	10
Number of Root Treatments	...	...	...	41
Number of Scalings	...	...	...	694
Number of Other Operations (Temporary Teeth)	...	...	...	858
Number of Other Operations (Permanent Teeth)	...	...	...	10,610
Number of Emergency Cases	...	...	...	31
Number of Extractions (Temporary Teeth)	...	...	...	26
Number of Extractions (Permanent Teeth)	...	...	...	7
Number of Cases X-Rayed	...	...	...	156

## Orthodontics—

New Cases	...	...	...	485
Undergoing Treatment	...	...	...	984
Completed	...	...	...	284