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COUNTY OF BANFF

REPORT

ON THE

Health of the County

For the Year 1949

BY THE

MEDICAL OFFICER OF HEALTH

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Printed by The Banffshire Journal Limited, Banff

TO THE DEPARTMENT OF HEALTH FOR SCOTLAND, AND BANFF COUNTY COUNCIL.

Ladies and Gentlemen,

I have pleasure in submitting in terms of Sections 79 and 87 of the Local Government (Scotland) Act 1947 my Annual Report on the Health of the County during 1949.

The Report is prepared in accordance with the suggestions set forth in D.H.S. Circular No. 107/1949, dated 2nd December 1949.

My thanks are due to the Chairman of the Health Committee, the Chairmen of Sub-Committees, members of the staff and officials and members of other departments of the Council for their co-operation, loyal devotion to duty, and willing help.

Ladies and Gentlemen,

I am,

Your Obedient Servant,

D. I. WALKER,

Medical Officer of Health.

April 1950.

HEALTH COMMITTEE.

Dickson, Rev. G. A. M., The Manse, Fordyce, Portsoy (Chairman)—1, 2, 3.*
Abercromby, Col. Sir G. W., Bart., D.S.O., Forglen House, By Turriff—3.
Boardman, Treasurer G. H., Strathlea, Seafield Avenue, Keith —1.
Corrigall, D., M.A., J.P., Longhope, Rothiemay—3.
Falconer, Provost J., J.P., The Anchorage, Portknockie—1, 2, 5.
Findlater, A. J., Hillside of Jackston, Longmanhill—1, 2, 3.
Gordon, Mrs E. G., Buchromb, Dufftown—1, 3, 5.
Gordon-Duff, Lt.-Col. T. R., Drummuir, Keith—3.
Gray, Wm., Mill of Park, Cornhill—3.
Hall, Bailie J., 43 Duff Street, Macduff.
Hendry, Provost G., M.B., Ch.B., J.P., "Treryn," 93 West Church Street, Buckie—1.
Keir, Provost J., Ardmannoch, Cullen—1, 2.
M'Lean, Wm. J., Mill of Rathven, Buckie—3.
M'Nicol, R. C. A., Knock Farm, Grange—2, 3.
Mackenzie, Mrs M., The Manse, Aberlour—1, 3.
Milne, J. W., Paddocklaw, By Banff—3
Morrison, Bailie G., Market Street, Macduff.
Reid, Bailie P., M.B., Ch.B., D.P.H., Kinbrace, 53 East Church Street, Buckie.
Robertson, Bailie G. O., 3 St Ann's Terrace, Banff—2, 4.
Scott, Bailie J., J.P., 8 Blantyre Terrace, Ianstown, Buckie (Vice-Chairman)—2.
Taylor, Bailie P., 97 High Street, Aberlour.
Thomson, Bailie J. J. M., 7 St Catherine Street, Banff.
Wilson, Major G. A., Hamewith Keith—3.
Wood, Bailie G., Hamewith, Hill Street, Portsoy—1, 2, 5.

* *Member of Sub-Committee numbered below.*

1. *Homes.*—
   Revd. G. A. M. Dickson (Chairman).
   Ex-Provost Merson (Co-opted).
   Mrs Taylor (Co-opted).
2. *Nursing and Allied Services.*—
   Provost J. Keir (Chairman).
   Mrs Grant.
   With in addition three members to be nominated by the County Nursing Asscciation.
3. *Housing.*—
   Lt.-Col. T. R. Gordon-Duff (Chairman).
   Mr Alex. Forbes.
   Mrs Grant.
   Mr D. Reid.
4. *Food and Drugs Prosecutions.*—
   Bailie J. J. M. Thomson (Chairman).
   Provost Addison.
5. *Advisory Co-ordinating for Local Health Functions (vide D.H.S. Circular* No. 85/1947.)

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STAFF.

County Medical Officer of Health.

DANIEL I. WALKER, M.A., M.B., Ch.B., D.P.H.

Assistant Medical Officer of Health.

JAMES A. BUCHANAN, M.B., Ch.B., D.P.H.

County Sanitary Inspector.

GEORGE EATON.

Assistant Sanitary Inspector.

ALEXANDER M'BOYLE.

Superintendent of Nurses and Supervisor of Midwives.

ISABELLA FARQUHAR, S.R.N., S.C.M.

Milk Officer.

JUANITA PHILIP.

Clerkesses.

BATHIA MASSIE.

MABEL MAIR.

ELIZABETH J. L. FORDYCE, appointed 24/1/49.

MIDWIVES, HEALTH VISITORS, GENERAL AND SCHOOL NURSES.

AREA IN WHICH EMPLOYED.	DISTRICT NURSING SISTER.
Aberlour	H. Gloyer
Banff	I. Sim
Boharm	I. Gordon
Boyndie and Banff Landward	I. Moggach
Buckie and Rathven (Central)	A. C. Service, resigned 4/6/49. L. A. M. Ferrier M. B. Morrison, appointed 28/7/49.
Cabrach	E. Miller
Dunlugas	A. Webster
Findochty and Rathven (Eastern)	A. E. Thomson
Fordyce and Portsoy	A. Roy
Gardenstown and East Gamrie	M. S. Blackhall
Grange	I. G. Pearson
Inveravon and Glenlivet	M. A. Mathieson
Keith	A. Stronach
Keith Landward and Botriphnie	A. R. Kidd
Kirkmichael and Tomintoul	M. A. Gregory
Knock, Ordiquhill and Rothiemay	A. M. R. M'Gregor, resigned 30/9/49. H. J. G. Cameron, appointed 15/10/49.
Macduff	A. G. Campbell
Marnoch and neighbouring parishes	F. Donald P. B. Philip
Mortlach	I. M'Kenzie
Portgordon and Rathven Western	J. Middleton
Portknockie, Cullen and Deskford	J. H. Hay

HEALTH VISITOR AND SCHOOL NURSE.

Buckie—F. Smith.

MIDWIFE (PRIVATE) (Part-Time).

Cullen, Portknockie and Deskford—F. M. Foster.

AREA AND DISTRICT OFFICERS

and (along with the Medical Officer of Health and Assistant Medical Officer of Health)

AUTHORISED OFFICERS IN MENTAL HEALTH SERVICE.

Buckie—Chief Area Officer, John Donaldson.
Banff—Area Officer, Duncan Kennedy (appointed October 1949).
Keith—Area Officer, Charles G. Taylor.
Aberchirder—District Officer, R. B. Wilson (also rent collector).
Dufftown—District Officer, William Gordon (resigned 20/11/49).
Portsoy—District Officer, James Stewart.

BURGH SANITARY INSPECTORS.

Aberchirder—George Eaton.
Aberlour—George Eaton.
Banff—David Malcolm.
Buckie—W. J. R. Guthrie.
Cullen—George Legge.
Dufftown—Edward M'Cormack.
Findochty—James Simpson (part-time).
Keith—A. M. Lochhead.
Macduff—John C. Miller.
Portknockie—R. M. Fulton (part-time).
Portsoy—W. E. Goodfellow.

MATERNITY AND CHILD WELFARE CLINICS.

1. **ABERCHIRDER—(Monthly).**
   District Nursing Sisters—F. Donald and P. B. Philip.
2. **BANFF—(Monthly).**
   Medical Officer—J. C. Galloway, M.D., D.P.H.
3. **BUCKIE—(Weekly).**
   Medical Officer—E. Hendry, M.B., Ch.B.
4. **GARDENSTOWN—(Bi-Monthly)**
   District Nursing Sister—M. S. Blackhall.
5. **KEITH—(Monthly). (Closed June 1949).**
   Medical Officer—J. L. Taylor, M.B., Ch.B.
6. **MACDUFF—(Monthly).**
   Medical Officer—James Morrison, M.B., Ch.B.
7. **PORTSOY—(Monthly)**
   Medical Officer—J. W. Macrae, M.B., Ch.B.
8. **WHITEHLLS—(Monthly)**
   Medical Officer—F. J Lees, M.B., Ch.B

COUNTY OF BANFF.

REPORT BY THE MEDICAL OFFICER OF HEALTH
For the Year 1949.

GENERAL STATISTICS.

Area of County (acres)	403,053
Population of County (1931 Census)	54,835
Population estimated to middle of year	51,773
Gross Valuation	£368,514
Rateable Value	£233,857

VITAL STATISTICS.

LIVE BIRTHS (including Illegitimate)	972
—Rate per 1000 population	18.8
LIVE BIRTHS—Illegitimate	77
—Rate per 100 live birth	7.9
STILL BIRTHS	28
—Rate per 1000 total births (including still births)	28
MARRIAGES	353
—Rate per 1000 population	6.3
DEATHS—All causes	626
—Rate per 1000 population	12.1
—Tuberculosis—All forms	16
—Tuberculosis (Respiratory System)	10
—Principal Epidemic Diseases	4
—Children aged under 1 year	30
—Rate per 1000 Live Births	31

CAUSES OF DEATH.

The following Table gives the causes of the deaths occurring during the year:—

Typhoid Fever	—	Cancer, malignant tumours	88
Cerebro Spinal Fever	—	Tumours, non-malignant or not defined	—
Scarlet Fever	—	Acute Rheumatism	—
Whooping Cough	1	Diabetes, mellitus	1
Diphtheria	—	Other General Diseases	10
Tuberculosis of Respiratory system	10	Meningitis, Diseases of Spinal Cord	3
Other forms of Tuberculosis	6	Cerebral haemorrhage	71
Syphilis	2	Other diseases of nervous system	8
Influenza	3	Heart disease	221
Measles	—	Circulatory diseases	26
Other Infectious or Parasitic Diseases	4		
		Carry forward	454

Brought forward	454		
Bronchitis	18	Other Puerperal causes	1
Pneumonia	23	Disease of skin and organs of movement	2
Other respiratory diseases	11	Congenital debility, Prem. birth, Malformation, etc.	17
Gastric and duodenal ulcer	3	Old Age	19
Diarrhoea (all ages)	2	Suicide	3
Appendicitis	4	Road Transport Accidents	5
Cirrhosis of liver	2	Other violence	17
Other diseases of liver	1	Causes, ill-defined or unknown	8
Other digestive diseases	14		
Nephritis, acute or chronic	8	All causes	626
Other diseases of genito-urinary system	14		
Puerperal Sepsis	—		

The number in 1948 was 603.

AGE AT DEATH.

The following table gives the age in groups of persons dying during the year:—

Age.		Age.	
—1	30	45-54	34
1-4	3	55-64	83
5-9	3	65-74	166
10-14	2	75-84	182
15-24	10	85 and over	78
25-34	14		
35-44	21	Total	626

The mortality rate of 31 per 1000 live births, in children under 1 year compares favourably with the rate of 37 last year.

CAUSES OF DEATH.

In Children under 1 year.

Congenital debility, prem. birth, malformations	15
Whooping-cough	1
Meningitis	1
Other disease of nervous system	2
Other circulatory disease	1
Pneumonia	7
Other violence	2
Causes ill-defined or unknown	1
Total	30

The number of deaths among children between 1 and 4 years inclusive was 3, the causes of death being 1 each of pneumonia, disease of the nervous system and disease of the genito-urinary system.

The number of deaths among children between 5 and 14 years inclusive was 5, the causes of death being 1 each of non-respira-

tory tuberculosis, pneumonia and congenital debility and 2 of accidents.

In the Table given below there is detailed the name of the Registration Districts in the County along with the name of the respective Registrar and the number of Deaths, Births and Still-births registered in each district.

District	Registrar	Nnmbers Registered Deaths	Births	Still-Births
Aberchirder	R. B. Wilson	16	27	—
Aberlour	A. G. M'Gregor	26	16	1
Alvah	W. Henderson	3	2	—
Banff	W. S. Leask	94	238	4
Banff Landward	W. S. Leask	1	4	—
Boharm	J. Milton	1	7	—
Botriphnie	J. Blackie	7	8	—
Boyndie	J. Gavin	23	10	—
Buckie	J. Donaldson	93	270	10
Cabrach	W. M'Donald	3	1	—
Cullen	J. S. Ogilvie	27	10	2
Deskford	R. Cruickshank	2	2	—
Dufftown	C. J. V. Parr	18	44	2
Findochty	J. Donaldson	13	7	—
Fordyce	A. G. Thompson	9	19	—
Forglen	Mrs H. J. Yeats	4	1	—
Gamrie	R. Goodlad	7	4	—
Glenlivet	Mrs M. Stuart	3	11	—
Glenrinnes	J. Glass	2	—	—
Grange	Miss J. Wright	4	11	—
Inveravon	A. Grant	2	8	—
Keith	C. G. Taylor	46	135	2
Keith Landward	C. G. Taylor	11	10	—
Kirkmichael	Mrs V. A. M'Arthur	2	1	—
Macduff	D. Kennedy	31	23	—
Marnoch	R. B. Wilson	7	8	—
Mortlach	C. J. V. Parr	2	4	—
Ordiquhill	G. Wilson	5	3	—
Portsoy	J. Stewart	28	15	—
Rathven	J. Donaldson	23	20	—
Rothiemay	G. Pirrie	4	8	—
Seafield	W. Falconer	16	7	—
Tomintoul	Mrs B. Leslie	4	1	—
	Total ...	537	935	21

MORBIDITY.

During the year notice was received that the Department of Health for Scotland was proposing to issue information regarding the incidence of illness among insured persons. It was believed that such information would be valuable from the point of view of being able to anticipate staffing requirements at hospitals and

that certain action might be taken otherwise against di health of an epidemic nature.

NATIONAL HEALTH SERVICE (SCOTLAND) ACT, 1947.

A. LOCAL HEALTH AUTHORITY FUNCTIONS.

With a view to co-operation with the Executive Council and the Regional Hospital Board the Council took steps towards the setting up of an Advisory Co-ordinating Committee in terms of D.H.S. Circular 85/1947, by nominating three members to this Committee which however did not meet during the year. Many contacts were made, however, on a number of points by the Medical Officer of Health and the Administrative Officers of the Regional Hospital Board and the Hospitals' Boards of Management. From these contacts and otherwise it was realised that the Boards had not their affairs in such order that much benefit could have accrued from the recommended mutual discussions, having as their object the better implementation of the Local Health Authority's "proposals."

No pamphlet has yet been published detailing the services provided respectively by the Executive Council, the North-Eastern Regional Hospital Board and the Local Health Authority. Approach was made to the Secretary of the Hospitals Management Boards for information regarding the various hospital clinics understood to be in being at the general hospitals in the County but no statement had been received by the end of the year. It was understood that more than one of proposed clinics had been abandoned temporarily or otherwise after opening and others failed to begin because of lack of staff. Other clinics had their day and time of meeting changed during the year. In the absence of the relative information therefore it was not possible to maintain a satisafctory list of clinics with times of opening as had been done heretofore.

Details regarding the work done in implementation of the proposals approved by the Secretary of State under Sections 22 to 28 of the Act are given under the appropriate under-mentioned Sections I. to VII. of this part of the Report.

1. CARE OF MOTHERS AND YOUNG CHILDREN (Section 22).

The Maternity and Child Welfare Clinic at Keith was closed because of the small attendances. A new clinic was opened at Aberchirder.

No special provision as in the case of premature infants nursed at home had to be made.

A quantity of proprietory baby foods and food supplements were sold or issued to mothers mainly through the various clinics. Neither beds, cots, bedding nor fuel were supplied to any mothers.

The following are the details supplied on Health Services: Form 15:—

(i) Ante-natal and post-natal service.

No ante-natal or post-natal clincs were provided either by the Local Health Authority or by a Voluntary Organisation apart from the Child Welfare Clinics specified below.

(ii) Child Welfare Clinics.

	No. of Clinics provided at end of year.	No. of Children who attended the Clinics during year.	No. of Children who first attended the Clinics during year and who on the date of their first attendance were:—		Total No. of Attendances made during year by Children who at end of year were:—	
			Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Over 1 year of age.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Local Health Authority Clinics	7	592	236	356	2070	2468
Clinics provided by Voluntary Organisations	None	—	—	—	—	—

(iii) Dental Care.

No Expectant Mothers, Nursing Mothers or Pre-school children were inspected by Dental Officers during the year.

(iv.) Mother and Baby Homes.

No Homes or Hostels were provided by the Authority or by any Voluntary Organisation.

(v.) Day Nurseries (including 24-hour nurseries).

No Nurseries were provided either by the Authority or by Voluntary Organisations or by firms of manufacturers.

(vi.) Residential Nurseries and Children's Homes.

No Nurseries or Homes were provided.

(vii) Nurseries and Child Minders Regulation Act, 1948.

No application was received regarding either Nursing premsies or Child Minders.

2. MIDWIFERY. (Section 23).

3. HEALTH VISITING. (Section 24).

4. HOME NURSING. (Section 25).

After discussions and negotiations through the Association of County Councils, the Council decided to affiliate with the Queen's Institute of District Nursing and make payment to the Institute at the rate of £11 10s per nurse in their employment. The Queen's Institute has for many years been the training body for District Nurses and has continued to supervise their work to ensure that it was of a first class standard.

See Appendix I. for report on the Midwifery and Maternity work sent to the Queen's Institute of District Nursing (Scottish Branch).

One death of a married woman "during pregnancy or within four weeks thereafter" was brought to the notice of the Medical Officer of Health by a Registrar of Deaths, namely, that of a young woman who died at home. The cause of death was certified to have been due to "Incomplete abortion with hæmorrhage: toxeamia of pregnancy."

There was a tendency in a few areas on the part of expectant mothers and doctors in charge of such patients to avoid using the services of the health visitors in their ante-natal care where such mothers were going to hospital for their confinements.

There was unnecessary delay on the part of at least one hospital in the County in the sending of the notifications of birth form to the Medical Officer of Health. This resulted in a number of babies being "discovered" by the health visitors during their rounds.

Because of lack of accommodation in the County Offices, Banff, the Superintendent of Nurses was allocated one room—to be shared by her and her clerkess—in the Area Office of the County Council at 51 East Church Street, Buckie.

Four District Nursing Sisters were provided with new cars, namely, those at Aberchirder, Buckie, Gardenstown and Glenlivet. In each of the first three cases the old car was unfit for further service and all three were disposed of by the respective

District Nursing Associations. In the fourth case the car was allocated to the District Nursing Sister at Findochty who had in the past depended on hiring. Three of the new cars were Fords and one was an Austin. Garages were built at the residence and for the use of the District Nursing Sisters at Drummuir and Knock.

The District Nursing Sister located in Tomintoul was provided with a house and telephone. The house was furnished partly by the Local District Nursing Association and partly by the Council. She took up residence on 5th September 1949.

Telephones were installed at the residence of the Superintendent of Nurses and at the home of one of the Health Visitors at Buckie.

One of the nurses continued to do work in an area involving part of Aberdeenshire. Two nurses employed by Aberdeenshire did work throughout the year in an area which included parts of Banffshire. Similarly a small portion each of Banffshire and Morayshire was nursed respectively by nurses from Morayshire and Banffshire. In each of these inter-county arrangements services were looked on as equivalent as far as the neighbouring county was concerned and therefore were looked on as not entailing any financial adjustment.

After negotiation Banff County Council agreed to nurse the Aitkenway portion of Morayshire which lies to the east of the river Spey, and comprises 4 homes. It was formerly nursed by the District Nursing Sister at Rothes. This new area was attached for nursing to the Aberlour area, and Morayshire agreed to pay 1/- per visit and actual mileage.

An adjustment of the Southern boundary of the Fordyce and Portsoy area was also made, thirteen homes and a school being transferred to the district covered by the District Nursing Sister in the Knock, Ordiquhill and Rothiemay area.

A number of articles of nursing equipment belonging to and stored at the County Depot of the Banff Branch of the British Red Cross Society was made available to persons in need of same. 25 persons received articles on loan, as follows:—

Wheelchairs	10	Rubber Air Rings	10
Night Stools	2	Sputum Mug	1
Rubber Sheeting	1	Rubber Air Cushion ...	1

In addition there remained on loan from the Red Cross Depot throughout the whole year and issued in the previous year:—

Air Beds	2	Wheel Chairs	2

A large quantity of gift-parcel foods and used clothing was also distributed to invalids and old people from this Depot.

Nursing equipment in the hands of the respective District Nursing Sisters was also issued on loan to 122 persons as follows:—

Air Bed	1	Feeding Cups	2
Air Ring	41	Glass Funnel	1
Bed Pans	61	Higginson's Syringe	1
Bed Rests	4	Hypodermic Syringe	1
Binders	3	Mackintosh Sheeting	45
Breast Pump	1	Rubber Bedette	4
Enamel Bowl	1	Urinals	20

1 Bed Cradle was borrowed from a hospital.

42 midwives notified their *Intention to Practice*. 15 of these were employed in hospitals.

The usual supervision, namely, twice yearly visits to each midwife was carried out by Miss Farquhar, Supervisor of Midwives. The work and the records of the midwives was found in every case to be satisfactory.

As Superintendent of Nurses, Miss Farquhar visited all the District Nursing Sisters quarterly and on one other occasion she accompanied them to the homes of their cases, a school in their area and the clinic where one was in existence, with a view to supervising the work they were doing. This general work was also found to be well done and the patients in every case visited gave a happy welcome to the nurse.

(See Appendix II. for the Standing Instructions and the Rules issued to the District Nursing Sisters regarding their visitation of patients, etc.)

31 Midwifery Overalls, 51 Masks and 39 Caps were issued to Midwives as replacements or as additions to the number already on hand. 2 Midwifery Cases were also replaced.

The following are the details supplied on Health Services Form 15:—

Midwifery Service.

(i) Total number of births *occurring in the area* during year—that is before correction for mother's residence:—

Live Birth, 935; Still Births, 21; Total, 956.

(ii) Total number of births in (i) occurring in institutions (including private maternity homes), 648 or 67.8%

(iii) Total number of births in (i) occurring at home, 308 or 32.2%

(iv.) Number of births in (iii) 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 engaged.	Midwife alone (no doctor engaged).	Without doctor or midwife.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
(a) Midwives employed by the Authority (including those engaged on a fee-per-case basis)	204	97	None	None	None	7	308

(v.) Medical Aid under Section 22 (1) of the Midwives (Scotland Act, 1915).

Number of cases in which medical aid was summoned during the year under Section 22 (1) of the Midwives (Scotland) Act, 1915, by a Midwife:—

(a) for Domiciliary Cases:—

(i) Where the Medical Practitioner had arranged to provide maternity medical services under the National Health Service—Number ..... None

		Total.
(ii) Others—Number	None.	—
(b) For Cases in Institutions	None.	—

(vi.) Administration of Analgesics.

(a) Number of midwives in practice in the area qualified to administer Analgesics in accordance with the requirements of the Central Midwives board for Scotland:—

(i) Domiciliary	18	
(ii.) In Institutions	9	
	—	27

(b) Number of domiciliary midwives who received their training during the year ... 14*

(c) Number of sets of Apparatus for the administration of Analgesics in use at 31st December 1949, by Domiciliary Midwives employed by the Authority, or employed by voluntary organisations in the Authority's area 6

(d) Number on order at 31st December 1949 None

(e) Number of cases in which Analgesics were administered by Midwives in domiciliary practice during the year 10

(f) Number of cars in use by midwives at 31st December 1949 16

* Four others were trained before taking up their appointment in the County and three were partly trained.

Health Visiting.

No. of Visits paid by Health Visitors during year.

	Expectant Mothers		Children under 1 year of age.		Children between the ages of 1 and 5.		Tuberculosis Cases.		Other Cases.		Visits Total Paid.
	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Health Visitors employed by the Authority	35	175	1021	7708	934	6630	21	102	120	1369	15,984

Home Nursing.

	No. of Cases attended by Home Nurses under arrangements made under this Section.	No. of Visits paid by Nurses to these Cases.
(1)	(2)	(3)
Home Nurses employed directly by the Authority	1940	25681

The following table gives relative particulars with regard to each nursing sub-area:—

	*1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Grand Total
Infants—																								
Number Visited,	27	63	47	6	54	28	42	22	34	69	3	22	81	37	5	36	255	50	37	6	66	31	—	=1021
Total Visits,	331	355	250	196	170	274	357	190	185	496	100	465	483	427	46	268	374	164	285	35	988	248	—	=7708
Children (1-5)—																								
Number Visited,	27	34	40	19	68	52	13	6	17	50	2	20	119	28	10	43	248	11	20	6	72	29	—	=934
Total Visits,	304	237	204	148	239	259	322	247	114	504	95	267	729	507	190	239	292	86	338	61	210	104	—	=6630
Expectant Mothers—																								
Number Visited,	14	7	18	8	34	19	14	14	17	31	4	28	17	15	4	15	8	15	13	4	2	6	—	=307
Total Visits,	30	36	50	58	102	74	57	19	62	160	16	166	89	118	7	75	26	42	67	8	1	80	—	=1650
Number of Confinements attended,	20	9	14	19	30	7	10	4	12	29	1	24	18	21	2	19	24	10	12	—	6	7	10	= 308

*Nursing Districts.

1 Aberlour.
2 Banff.
3 Boyndie and Banff Landward.
4 Boharm.
5 Buckie (2).
6 Cairnie and Grange (½).
7 Dufftown.
8 East Gamrie.
9 Findochty and Rathven (Eastern).
10 Fordyce and Portsoy.
11 Glass and Cabrach (½).
12 Inveravon and Glenlivet.
13 Keith.
14 Keith Landward and Botriphnie.
15 Kirkmichael and Tomintoul.
16 Knock, Ordiquhill, and Rothiemay.
17 Macduff, including part of Alvah and Gamrie.
18 Marnoch (2).
19 Portgordon and Rathven (Western.)
20 Dunlugas portion of Alvah (part).
21 Buckie Health Visitor.
22 Cullen, Portknockie and Deskford.
23 Private Midwife, Cullen.

With regard to the preceding table, 46 of the 308 cases taking place were booked in 1948. Actually 317 expectant mothers made application during the year for the services of a domiciliary midwife. Of this number 18 were eventually confined in Hospital—14 being on account of complications of pregnancy and 2 each on account of lack of suitable accommodation and inability to procure domestic help. Five were also subsequently transferred to another Local Health Authority Area.

5. Domestic Help (Section 28).

The following are the details supplied on Health Services Form 15 :—

(I) No. of Domestic Helps employed at end of year :—	
(a) whole-time	—
(b) part-time	4
(c) retaining fee basis	—
(II) No. of cases for which Helps were provided during year	17
(III) Average period of assistance	376 hours

6. Vaccination and Immunisation (Section 26).

VACCINATION.

Leaflets explaining the desirability of infant vaccination were prepared and issued to Registrars of Births for the Registrars to hand to persons registering the birth of a child.

No emergency demand for vaccination arose. No publicity measures towards the securing of vaccination were taken apart from the personal recommendations of the health visitors.

The following is an extract of the details regarding vaccination supplied on Health Services Form 17 :—

No. of persons primarily vaccinated :—		
Typical vaccina greatest 7th to 10th day	168	
Accelerated (vaccinoid) reaction 5th-7th day	2	
Reaction greatest at 2nd-3rd day	1	
No local reaction	10	
Total ——		181
No. of persons re-vaccinated—		
Typical vaccina greatest at 7th-10th day	5	
Accelerated (vaccinoid) reaction, 5th-7th day	2	
Reaction greatest at 2nd-3rd day	1	
No local reaction	4	
Total ——		12
Grand-Total		193

The grand total last year was 109.

Immunisation against Diphtheria.

Leaflets describing the desirability of immunisation and the facilities available regarding same were issued to the Health Visitors.

Stocks of A.P.T. were held in the Health Department of the Council for issue to general medical practitioners and for use at the school clinics conducted by the S.M.O. and at the Child Welfare Clinics. Many of the general medical practitioners, however, prescribed and used a combined Diphtheria and Whooping Cough prophylactic.

The following is an extract of the figures supplied on Health Services Form 16 regarding immunisations:—

No. under School Age	706
No. of School Age	150
No. re-immunised—all ages	886

The numbers last year were 608, 219 and 863 respectively.

7. Prevention of Illness, Care and Aftercare (Section 27.)

In July, Dr Maurice H. Waters took up duty as Tuberculosis Physician for the Counties of Banff, Moray and Nairn on his appointment by the Regional Hospital Board.

Alterations in the Council's proposals under this Section of the Act were made to permit of the initiating the use of B.C.G. Vaccine in selected groups of the population under the direction of the Senior Tuberculosis Physician in the Region. The scheme did not however come into operation during the year.

As in past years the County was fortunate in that it was possible to find a bed in a hospital or sanatorium for all new cases of tuberculosis in need of and agreeable to accept admission, almost at once; also for all chronic cases desiring or in need of institutional treatment.

Four patients had wooden garden shelters available for their use.

In a number of cases additional nourishment was supplied to patients being nursed at home and gift-parcels of food, received from the Red Cross Society's Scottish Branch Headquarters, Glasgow, were distributed in co-operation with the Banff Branch of the Society.

The subjoined tables I to V give statistical details regarding the notification, the incidence, the hospitalisation, etc., of tuberculosis as supplied on Health Services Form 7.

Table I.—RETURN OF CASES OF TUBERCULOSIS NOTIFIED DURING THE YEAR.

NUMBER OF CASES NOTIFIED AS SUFFERING FROM TUBERCULOSIS.

		AGE-GROUPS										
		Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total	Cases removed to hospital
		1	2	3	4	5	6	7	8	9	10	11
Respiratory	Males	1	1	1	1	1	2	2	2	—	11	8
	Females	—	—	1	2	8	3	—	3	—	17	13
	Total	1	1	2	3	9	5	2	5	—	28	21
Non-respiratory	Males	—	2	2	5	—	—	—	2	1	12	12
	Females	—	1	3	—	—	1	—	—	—	5	4
	Total	—	3	5	5	—	1	—	2	1	17	16
Respiratory and Non-respiratory	Males	1	3	3	6	1	2	2	4	1	23	20
	Females	—	1	4	2	8	4	—	3	—	22	17
Grand Total		1	4	7	8	9	6	2	7	1	45	37

The total number of notifications last year was 47, being respiratory 22 and non-respiratory 25.

Table II.—RETURN OF CASES NOTIFIED DURING YEAR IN WHICH DIAGNOSIS OF TUBERCULOSIS HAS BEEN CONFIRMED.

		NUMBER OF CASES DIAGNOSED AS SUFFERING FROM TUBERCULOSIS.									
		AGE-GROUPS									
		Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total
		1	2	3	4	5	6	7	8	9	10
Respiratory	Males	1	1	1	1	1	2	2	2	—	11
	Females	—	—	1	2	8	3	—	3	—	17
	Total	1	1	2	3	9	5	2	5	—	28
Non-respiratory	Males	—	2	2	4	—	—	—	2	1	11
	Females	—	1	3	—	1	—	—	—	—	5
	Total	—	3	5	4	1	—	—	2	1	16
Respiratory and Non-respiratory	Males	1	3	3	5	1	2	2	4	1	22
	Females	—	1	4	2	9	3	—	3	—	22
	Total	1	4	7	7	10	5	2	7	1	44

Table III.—RETURN SHOWING THE NUMBER OF CASES WITH THEIR HOME RESIDENCE IN THE AREA WHO RECEIVED TREATMENT IN SANATORIA OR OTHER INSTITUTIONS DURING THE YEAR.

			NUMBER OF PATIENTS					
			In Institutions on January 1	Admitted during the year	Di charged during the year	Died in the institutions†		In institutions on December 31
			1	2	3	4	5	6
Respiratory	Adults	Males	19	20	20	5	1	13
		Females	15	20	19	—	—	16
	Children	Males	—	3	2	—	—	1
		Females	—	3	—	—	—	3
Non-respiratory	Adults	Males	2	6	2	3	—	3
		Females	4	—	4	—	—	—
	Children	Males	4	9	11	—	1	1
		Females	—	4	4	—	—	—
Total			44	65	62	8	2	37

†In column 4 are shown those who were in final residence 28 days or over.
In column 5 are shown those who were in final residence under 28 days.

Table IV.—RETURN OF NUMBER OF PERSONS RESIDENT IN THE AREA AT 31st DECEMBER 1949 WHO WERE KNOWN TO BE SUFFERING FROM TUBERCULOSIS.

		NUMBER OF CASES IN AGE-GROUPS.									
		Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total
Respiratory.											
1. Sputum or other material examined and tubercle bacilli found	Males	—	—	—	—	7	14	14	9	1	45
	Females	—	—	—	1	15	18	7	9	—	50
2. Sputum or other material examined and tubercle bacilli never found	Males	—	—	—	1	18	20	13	9	—	61
	Females	—	1	—	1	16	11	7	8	1	45
3. Sputum or other material not examined	Males	—	1	2	2	—	—	—	—	1	6
	Females	—	—	—	—	1	3	1	—	—	5
Total		—	2	2	5	57	66	42	35	3	212
Non-Respiratory.											
1. Abdominal	Males	—	1	1	1	—	—	—	—	—	3
	Females	—	—	1	—	—	—	—	—	—	1
2. Spine	Males	—	1	1	—	1	1	1	—	—	5
	Females	—	—	—	—	—	1	—	—	—	1
3. Bones and joints (exclusive of spine)	Males	—	2	2	2	3	2	—	—	—	11
	Females	—	—	1	1	2	—	—	—	—	4
4. Superficial glands	Males	—	4	10	6	2	1	—	—	—	23
	Females	—	1	3	1	1	3	2	—	—	11
5. Lupus	Males	—	—	—	—	—	2	—	—	—	2
	Females	—	—	—	—	1	1	—	—	—	2
6. Other parts or organs	Males	—	—	—	1	3	—	1	1	—	6
	Females	—	—	—	—	—	—	—	—	—	—
Total		—	9	19	12	13	11	4	1	—	69
Respiratory and Non-Respiratory Total		—	11	21	17	70	77	46	36	3	281

Last year the Total was 271.

Table V.—RETURN OF NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS IN THE AREA DURING THE YEAR WITH PARTICULARS AS TO PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

Number of persons who died from tuberculosis	RESPIRATORY		NON-RESPIRATORY	
Of whom—	Males	Females	Males	Females
Not notified or notified only at or after death	—	—	3	—
Notified less than 1 month before death	1	—	—	—
,, from 1 to 3 months ,, ,,	—	1	—	—
,, ,, 3 to 6 ,, ,, ,,	—	1	—	—
,, ,, 6 to 12 ,, ,, ,,	1	—	—	—
,, ,, 1 to 2 years ,, ,,	1	—	—	—
,, over 2 years ,, ,,	4	1	1	1
Total	7	3	4	1
Number who died within 28 days after discharge from an institution	—	—	1	1
Number who died more than 28 days after discharge from an institution	1	2	—	—

The total last year was 10, 5, 0 and 1.

8. Control of Infectious Diseases.

The following is an extract of the details supplied on Health Services Form 6, regarding notifications:—

Cerebro-Spinal Fever ...	—	Pneumonia, Acute Primary	23
Chickenpox	—	Pneumonia (not otherwise notifiable)	4
Cholera	—	Poliomyelitis, Acute ...	2
Continued Fever	2	Puerperal Fever	—
Diphtheria	9	Puerperal Pyrexia	1
Dysentery	2	Scarlet Fever	79
Encephalitis Lethargica	—	Smallpox	—
Erysipelas	3	Typhoid Fever	—
Jaundice, Acute infective	—	Paratyphoid A.	—
Malaria	—	Paratyphoid B.	—
Measles	3	Typhus Fever	—
Ophthalmia Neonatorum	—	Whooping Cough	1
Plague	—	Weil's Disease	2
Pneumonia, Acute Influenzal	—	Total	131

In 1948 the total was 172. Of the 131, 102 were removed to hospital. One of the cases of Weil's disease was notified after death. Two measles cases had pneumonia concurrently, and four scarlet fever cases also had diphtheria.

On the occurrence of a case of diphtheria in a Scarlet Fever Hospital Ward swabbing of the other patients showed that two others had the organisms of diphtheria in their nose or throat. Of these, one had been noticed to have a purulent nasal discharge and she is believed to have introduced the disease to the ward. Another of the cases of diphtheria was a member of the staff and yet another was a patient who had been discharged from the same Scarlet Fever Ward only a few days previously. The four others—all adults—were not connected with this hospital ward epidemic but one was a member of the staff and was presumably infected by an earlier case. The other two were not in any way associated with any other patient or with each other. The first of this small group of four had had treatment a few weeks before in Germany but was still showing signs of the disease and was found on swabbing to be still harbouring diphtheria organisms in his throat.

9. Mental Health Service.

During the year 3 changes in the personnel of the Authorised Officers took place, namely, the appointment of Mr Duncan Kennedy, Area Officer, Banff, in place of Mr James Stewart, who reverted to District Officer, Portsoy, and the appointment of Mr Thomas Bisset, Assistant to the Chief Area Officer, and the resignation of Mr William Gordon, District Officer, Dufftown. The work previously done by Mr Gordon has, since his resignation been undertaken by Mr Charles G. Taylor, Area Officer, Keith. No female psychiatric worker was appointed.

The following particulars supplied by the Chief Area Officer, Mr John Donaldson, indicate the nature and amount of the work done :—

No of persons removed to Mental Hospitals	29
No. of persons in the area boarded out, or liberated on probation	11
No. of Home investigations made prior to liberation	7
No. of Mentally Defective persons 16 years and over removed to an Institution	1
No. of Mentally Defective children under 16 years removed to an Institution	5*
No. of Mental Defectives under Official Guardianship	29

Further particulars regarding mentally defective children between the ages of 5 and 16 years are given in Table IV of the Thirty-Third Annual Report on the Medical Inspection, etc., of School Children for the year ending 31st July, 1949.

There continued to be experienced a very serious shortage of accommodation and facilities for the training and care of the mentally defective of all grades and ages.

*This figure includes 3 removed at the instance of the Education Committee.

10. Nurseries and Child-Minders' Regulations Act.

No application was received for the registration of premises as Nurseries or the registration of persons as child-minders during the year.

B. SCHOOL HEALTH SERVICE.

A separate report was published regarding this service for the year to 31st July 1949.

C. PORT HEALTH ADMINISTRATION.

Declarations of Health were received on form P.S.1, as follows :—

Port of call and number of vessels involved—Buckie		65
Nationality of Boats—Belgian		6
	British	4
	Danish	41
	Faroese	4
	Norwegian	10
Cargo—Fresh Fish		62
	Light	2
	Basic Slag	1
Number of Crew		321
Average number of crew		5
Number of passengers		—

All health questions were answered in the negative.

The numbers are about half those last year.

D. FOOD SUPPLY.

(1) Milk.

Sampling of Milk for bacterial count or content was continued as in former years. The number of samples sent to the City Hospital Laboratory, Aberdeen, was for:—

Bacterial Count	290
Fat estimation	357
Organisms	2
Methylene Blue Tests	69
Total	718

Last year the number was 664.

There were also carried out 73 animal inoculations.

Under the Milk and Dairies Acts, where illness among human beings had been found, suspected to be due to infected milk, special clinical examination of cows was carried out by an Inspector of the Ministry of Agriculture and Fisheries as follows:—

Number of dairies involved	1
Number of individual milk samples taken	4
Number of cows slaughtered under Tuberculosis Order of 1938	1

Last year 5 dairies were involved.

The illness was that of tuberculosis of neck glands in two children. The dairy comprised 17 animals, made up of 15 cows in milk, 1 dry cow and 1 bull.

The clinical examination of the herd showed that 2 cows had mastitis, one having also induration of udder. 2 others had also induration of the udders. Milk samples from the 4 cows showed the presence of the organisms of tuberculosis in one instance. This cow was slaughtered as stated above and post mortem examination revealed tubercular lesions in the substance of both lungs and on the pleaura, also in the liver the mesenteric glands and in the indurated quarter of the udder.

2. Ice Cream.

With regard to the administration of the Ice Cream (Scotland) Regulations 1948 no medical examination was carried out of any trade employee as none was found to be suffering from the diseases mentioned in the Regulations.

No bacteriological examinations of ice cream samples were carried out.

For further details regarding the Ice Cream Regulations see the report of the Sanitary Inspector.

3. Meat and other foods.

The services of a Meat Inspector were requested by the various

detention officers in the County and the inspections were carried out by the following :—

Inspectors of the Ministry of Agriculture and Fisheries	265
Local Veterinary Surgeons	35
Medical Officers of Health	161
Total	462

Last year the total was 324.

4. Clean Food.

No specific campaign such as lectures, classes for food traders and their employees, exhibitions, etc., were arranged for. Many visits of a routine nature were paid by the sanitary staff to premises of traders when discussion on hygienic methods of food handling invariably took place.

5. Food poisoning.

No proved case of food poisoning occurred in the County.

6. Nutrition.

No case of defective nutrition was brought to the notice of the Medical Officer of Health.

Under the School Medical Inspection Scheme there were found during routine inspections 10 cases or .37% with slightly defective nutrition and 7 others.

E. MISCELLANEOUS.

1. National Assistance Act, 1948.

(i) Medical Supervision and provision of establishments.
(Section 21.)

The Local Health Authority provided accommodation for aged, infirm and other persons in need of care and attention, which was not otherwise available to them, as follows :—

Address of Accommodation.	In Institution on 1st January.	Admitted during the year.	Discharged during the year.	Died.	In Institution on December 31st.
The Linn, Keith	17 (incl. 2 M.Ds.)	7	2	5	17 (incl. 2 M.Ds.)
The Home, Keith	25 (incl. 9 M.Ds.)	2	1	5	21 (incl. 8 M.Ds.)
Campbell Home, Cullen	11 (incl. 2 M.Ds.)	3	3	2	9 (incl. 1 M.D.)
Craigmoray, Elgin	17 (incl. 2 M.Ds.)	12	15	—	14 (incl. 2 M.Ds.)
Other	3	3	2	—	4
Total	73 (incl. 15 M.Ds.)	27	23	12	65 (incl. 13 M.Ds.)

In terms of paragraph 10 of the scheme for the provision of accommodation the Medical Officer of Health is responsible for the medical supervision of the Local Authority establishments. The medical needs of the individual residents are met, however, by the doctor selected by the resident under the National Health Service.

The Local Authority is alive to the need for additional accommodation but all efforts to secure same proved unavailing.

(ii) Registration and Inspection of Disabled or Old Persons' Homes (Section 37.)

There are no homes of this nature located in the County other than the Homes controlled by the Local Authority. No action was therefore called for under this Section.

(iii) Removals (Section 47).

No action was called for under this Section.

(iv) Care of Property (Section 48).

No action was called for under this Section.

(v) Burial Grounds (Section 50).

In one instance only, during the year, was action called for under this Section, namely, on a patient who died in Ladysbridge Hospital.

(In this connection it may be noted that the question of responsibility for the burial or cremation of the body of a person dying in hospital, for which the Regional Hospital Board are responsible, is still under discussion between the Association of County Councils and the Department of Health for Scotland.)

(vi) Welfare Services (Section 29).

(a) Blind Persons.

Acting as Agents for the Local Authority, the Aberdeen Town & County Association for Teaching the Blind at their Homes supplied a comprehensive Welfare Service for Blind Persons of this Area. The number of Registered Blind Persons ordinarily resident in this area at end of the year was—male : 29, female : 40. In addition 4 males and 2 females were employed as trained workers, and 2 males were undergoing training in the workshops of the Royal Blind Asylum, Aberdeen, and 4 schoolchildren were receiving education in Special Schools at the instance of the Education Authority.

(b) Deaf and Dumb Persons.

The Local Authority are negotiating with the Aberdeen Deaf and Dumb Benevolent Society for the provision of a Welfare Service on similar lines to the service supplied by the Association for Blind Persons. The number of Deaf and Dumb Persons ordinarily resident in the area at end of the year was—21 adult males, 7 adult females and 5 children.

(c) Persons other than the Blind or Deaf and Dumb who are Substantially and Permanently Handicapped.

Detailed information as to the numbers of such persons is not yet available. It is likely that guidance as to the nature and extent of the Welfare Service to be provided will be obtained when the

findings of the Advisory Council on the Welfare of Handicapped Persons are made available. Individual cases which came to the notice of the Council were appropriately dealt with. Some were encouraged to take up a pastime occupation and were supplied with materials for this purpose.

2. Nursing Homes Registration (Scotland) Act 1938.

There are no registered Nursing Homes in the County.

3. Health Education.

In the month of March the Mobile Film Unit of the Scottish Council for Health Education along with a Medical Lecturer came to the County. Five Primary and five Secondary Schools and five Youth Clubs were visited by the Unit, when on each occasion the programme consisted of about 30 minutes film and 30 minutes talk with demonstration.

Otherwise on the occasion of his routine visits to schools the School Medical Officer gave a short health talk to most classes. The Doctor in attendance at the Maternity and Child Welfare Clinics also usually gave a talk on some subjects related to Mother Craft.

No other formal action was taken and most of the work in this field of instruction was done by the Health Visitors as they moved about their districts and by the class teachers as part of their normal teaching. This latter was given considerable attention to in many Infant Departments.

4. Welfare Food Service of the Ministry of Food.

Of the total potential, the percentage up-take was for:—

Orange Juice, 19.8 (23.0); Cod Liver Oil, 15.1 (24.0); Vitamin A and D Tablets, 38.4 (26.2).

The corresponding figures for Scotland are given in brackets.

These figures represent the average of the twelve monthly figures supplied by the Divisional Food Office and except in Cod Liver Oil show a slight increase in up-take over last year.

5. Disabled Persons (Employment) Act, 1944.

Concerning a survey planned by the Medical Research Council, eight forms relating to registered disabled persons were completed and returned. The investigation, which was part of a nation wide one, had to do with an attempt to ascertain the real extent and severity of the problem of the resettlement of disabled people.

Of the 30 full-time employees of the Health Department, 3 are Registered Disabled Persons.

During the year as a nominee of the Banff, Moray and Nairn Local Medical Committee the Medical Officer of Health became a member of the Disablement Advisory Committee for Banffshire.

6. Bacteriological Examinations.

The following number of specimens of material were collected and sent for examination to the City Hospital Laboratory, Aberdeen :—

Diphtheria:	Throat and nose swabs	233
	Virulence	3
Upper Respiratory Tract Infections:	Throat and nose swabs— Streptocccci and other organisms	121
	Vincents	18
Bacillary Dysentery:	Faeces	51
Enteric and Food Poisoning Infections:	Blood culture	3
	Widals	32
	Faeces	4
Gastro-enteritis of infants:	Faeces	1
Tuberculosis:	Sputum	314
	Faeces	4
	Urines	5
	Pus	23
	C.S. Fluids	1
	Gastric contents	1
	Sensitivity (Streptomycin Tests)	4
	Animal Inoculations	62
Venereal Disease:	Wasserman Reaction	248
	Kahn Tests	248
	C.S. Fluids	3
	Gonococcal Complement Fixation Tests	21
	Pus Smears for Gonococci	64
Undulant Fever:	Agglutinations	18
Glandular Fever:	Paul Bunnell Test	2
General:	Blood culture	2
	Pus	43
	Sputum	17
	Cervical Swabs	7
	Urines	59
	Other Animal Inoculations	2
	Preparation of Vaccine	4
	C.S. Fluids (other than tuberculous or luetic)	10
Water Examinations:	Domestic—Count and Bact coli	111
Milk:	Count and Bact. coli	290
	Methylene Blue Tests	59
	Animal Inoculations	73
	Milk for organisms	2
	Total	2,163

CLINICAL ANALYSIS.

Complete Blood Count	155	
Differential Blood Count	88	
Blood Grouping Tests	3	
Blood for Malaria, etc.	2	
Faeces for Amoebic Dysentery	5	
Faeces for Ova and Worms	5	
Urines—General	59	
Blood—Biochemical	34	
Urines do.	12	
Faeces do.	39	
Pregnancy Test—Friedman	14	
Do. Hogben	26	
Total		442

PATHOLOGICAL EXAMINATIONS.

Autopsies	1	
Histological Examinations	21	
Total		22

CHEMICAL EXAMINATIONS.

Water	14	
Milks—Fat	357	
,, Methylene Blue Tests	10	
Miscellaneous	1	
Total		382
Grand Total		3,009

The total for last year was 3,048.

7. Slaughterhouses and Knackers' Yards.

In terms of Section 33 of the Public Health (Scotland) Act 1897, licences were granted for two slaughter-houses as follows:—

William Roger, Inveravon, for premises at Marypark Bridge.
and
William Kelman, Tomintoul, for premises at 33 Main Street, Tomintoul;

and for two Knackers' Yards as follows:—

R. L. Christie, Muirfield, Fordyce, for premises at Douglas Brae, Keith, and
James Christie, Muirfield, Fordyce, for premises at Muirfield.

8. Anthrax Order, 1938.

During the year 67 deaths among animals were reported to the Police. One of these was diagnosed by the Veterinary Inspector as Anthrax.

9. Ambulance Service.

The following details have been furnished through the St. Andrew's and Red Cross Scottish Ambulance Service for the year ending 31st May 1949, regarding the number of cases transported and miles travelled by the respective ambulances:—

Banff	484	25064
Buckie	218	22711
Keith	279	21171

For these services the Scottish Ambulance Service is reimbursed with the actual net running cost.

The Buckie Ambulance Service is operated in affiliation with the St. Andrew's and Red Cross Ambulance Service.

10. Prevention of Accidents.

The Council renewed its membership subscription of £2 2s of the Royal Society for the Prevention of Accidents and received from it posters and pamphlets which were displayed or distributed through the Health Visitors and Maternity and Child Welfare Clinics. There is scope for instruction in schools and very good work is being done in this regard there. The B.B.C., the cinemas and the newspapers have had frequent programmes, articles or advertisements emanating from the Society which were of undoubted value.

F. GENERAL SANITATION.

No sanitary matters calling for special comment and not reported on otherwise by the Sanitary Inspector were dealt with.

After several casual journeys through the various hamlets, villages and burghs in the County it can be said quite definitely that the standard of cleanliness of the main roads and streets was very high. In particular there was nowhere seen any noticeable amount of waste paper such as empty cigarette packets or other paper wrappings. This high standard has been reached partly through the scarcity of paper, the systematic collection of waste paper and the good work done by the scavengers. Occasionally there was seen litter in the form of grease-stained paper bags originating from the fish and chip shops and was usually in the streets near or leading from fish shops but somtimes at a considerable distance from them. There is perhaps no way of dealing with such waste material except by the provision of suitable bins at strategic points and having the scavengers deal with it in course.

It would be unfortunate if this high standard was allowed to go down as low as has been seen elsewhere. Actually in most towns a considerable amount of time must be given too to the keeping of side walks and waste ground free from weeds and other debris, all of which adds considerably to their attractiveness.

With regard to the non-burghal areas of the County minor but unsightly accumulation of household waste and litter were to be seen in several places especially on fore-shores and near some of

the new housing sites. This was perhaps due partly to a lower standard prevailing in the County but also partly to the absence of proper middens or effective refuse-removal organisation. The matter is being watched and where necessary advice given and action taken. Perhaps matters will require to become worse before public opinion will call for concrete action by the Local Health Authority along the lines of providing an up-to-date public cleansing service.

D. I. WALKER,

County Medical Officer of Health.

BANFF, July 1950.

Appendix I.

QUEEN'S INSTITUTE OF DISTRICT NURSING (SCOTTISH BRANCH)

Report on Midwifery Service for year ending 31st December, 1949

LOCAL AUTHORITY AREA—BANFF

1. Ante-natal supervision where no doctor "booked":—

			Number
Confinement at home	Doctor present at birth		—
	No Doctor present at birth		—
Removed to hospital	Before delivery	Obstetric	—
		Housing	—
	After delivery		—
Died or left area before confinement			—

2. Ante-natal supervision where doctor "booked":—

Confinement at home	Doctor present at birth		204
	No Doctor present at birth		97
Removed to hospital	Before delivery	Obstetric	14
		Housing	2
		Hosp. booking	—
		Lack of Home Help	2
	After delivery		—
Died or left area before confinement			5

3. Average period of Ante-natal supervision ..... 3 months

4. No Ante-natal supervision:—

Confinement at home	Doctor present at birth		—
	No Doctor present at birth		7
Removed to hospital	Before delivery	Obstetric	—
		Housing	—
	After delivery		—
Died or left area before confinement			1

5. Maternal deaths (within four weeks after confinement) ... 1

6. Requests for Medical Aid—on behalf of:—

	Mother			Infant
	Before	During	After Delivery	
Doctor booked under N.H.S. (Mat. Service)	—	—	—	—
Others	—	—	—	—

7. Domiciliary forceps cases 27

8. Domiciliary analgesias by midwife 10

9. Puerperual pyrexias 1

10. Domiciliary Still Births 4

11. Infant Deaths (within fourteen days after birth reckoning each period of 24 hours from birth as one day).

Class of Birth.	Under 1	Age at death, in days. 1	2	3	4	5	6	7	8	9	10	11	12	13	14
Domiciliary	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Hospital	6	3	2	—	—	1*	—	2	—	—	—	—	—	—	—

Total 16

* Died in hospital to which she—one of triplets—was removed after birth at home.

Appendix II.

Standing instructions for the conduct of cases and Rules for guidance of District Nursing Sisters and Health Visitors..

Midwifery Service.

(Where a doctor is in attendance on case).

1. The Midwife shall carry out her duties subject to the general control of the medical officer of health and the direct supervision of the supervisor of midwives. She shall obey all directions of the medical practitioner in charge of the patient, and shall co-operate with him in securing the welfare of the patient throughout pregnancy, labour and the lying-in period.

2. The midwife shall undertake a case only if she is able to give all due attention and care to the case, without conflicting with her duties to any other patient. She shall, if required, furnish the supervisor of midwives with a list of her professional engagements.

3. The midwife shall accept any patient assigned to her by the medical officer of health unless she satisfies him that there is good reason why she should not undertake the case.

4. The midwife shall complete in respect of each patient by whom she has been selected or to whom she has been assigned the Record Form supplied to her by the medical officer of health, and on the termination of the case she shall forward the Record Form to the County Superintendent of Nurses forthwith.

Where a patient removes permanently from the midwife's area of practice or if she dies, the midwife shall also forthwith send the Record Form completed so far as appropriate, to the County Superintendent of Nurses.

Where the practitioner in charge of the patient is a practitioner undertaking the case under the "Maternity Medical Services" arrangements made by the Executive Council, the midwife shall, as soon as possible, complete Part I of the practitioner's Record Form relating to the case and return the Form to him.

5. The midwife shall attend with the patient at the ante-natal examinations carried out by the practitioner in charge of the case if he so requests. She shall visit the patient during the ante-natal period at such intervals as the practitioner may direct, and in any case not less than once a month until the end of the seventh month of pregnancy, fortnightly during the eight month, and thereafter weekly until the confinement, and she shall communicate with the practitioner if at any time she considers his advice or assistance desirable.

6. On the commencement of labour the midwife shall immediately notify the practitioner. The midwife shall conduct the confinement if the practitioner then informs her that he considers that his attendance will be unnecessary.

7. The midwife shall attend the patient at least twice daily during the first three days of the lying-in period and at such intervals thereafter during that period as the practitioner in charge of the confinement may direct or as the condition of the patient requires, and in any case at least once daily.

8. Where it is necessary for the midwife at any time to seek medical aid, she shall immediately summon the practitioner in charge of the case, if he, or his deputy, is not available, the midwife shall summon the nearest available practitioner undertaking midwifery cases. If she considers that a medical practitioner should be called in and the patient refuses to have medical aid, she shall act as required by the terms of Rule D.33 of the Rules of the Central Midwives Board for Scotland (1948).

9. The midwife shall accompany the patient at any post puerperal examination made by the practitioner unless he indicates that her attendance is not required.

10. If the practitioner in charge of the patient arranges for the patient to be removed to hospital, the midwife shall, if the practitioner so decides, accompany the patient during removal and until taken charge of by the staff of the hospital, provided that she shall have first advised and secured the consent of the County Superintendent of Nurses.

11. The midwife shall immediately notify the supervisor of midwives if and when she is unavoidably prevented from performing at the appropriate time any service which she is required to render under these standing instructions.

12. The midwife shall not accept any payment for herself from or on behalf of a patient in respect of any ante-natal, intra-natal, or post puerperal services rendered in connection with the pregnancy or confinement under these standing instructions.

13. Nothing in these standing instructions shall affect the duties of a midwife or of the Council under the Rules of the Central Midwives Board for Scotland.

Midwifery Service.

(Where a Doctor is not booked to attend case.)

1. The midwife shall carry out her duties subject to the general control of the medical officer of health and the direct supervision of the supervisor of midwives.

2. The midwife shall undertake a case only if she is able to give all her due attention and care to the case, without conflicting with her duties to any other patient. She shall, if required, furnish the supervisor of midwives with a list of her professional engagements.

3. The midwife shall accept any patient assigned to her by the medical officer of health unless she satisfies him that there is good reason why she should not undertake the case.

4. The midwife shall complete in respect of each patient by whom she has been selected or to whom she has been assigned the Record Form supplied to her by the medical officer of health and on the termination of the case she shall forward the Record Form to the County Superintendent of Nurses forthwith.

Where a patient removes permanently from the Midwife's area of practice, or if she dies, the midwife shall also forthwith send the Record Form, completed so far as appropriate, to the County Superintendent of Nurses.

5. The midwife shall visit the patient during the ante-natal period at such intervals as the condition of the patient requires, and in any case not less than once a month until the end of the seventh month of pregnancy, fortnightly during the eight month, and thereafter weekly until the confinement. If the patient refuses or neglects to follow her advice to seek medical advice or take advantage of any pre-natal services available in the area, or if the patient refuses to have medical aid when the midwife considers that a medical practitioner should be called in, the midwife shall act as required by the terms of Rules D.14 (10) and 33 of the Rules of the Central Midwives Board for Scotland (1948).

6. Where it is necessary for the midwife to seek medical aid, she shall summon the nearest available practitioner undertaking midwifery cases. She shall allow the medical practitioner access to the Record Form relating to the patient and shall furnish the practitioner with such other information as he may reasonably require in regard to the case.

7. The midwife shall attend the patient at least twice daily during the first three days of the lying-in period and at such intervals thereafter during that period as the condition of the patient requires, and in any case at least once daily.

8. Where a practitioner, having been summoned to a case, arranges for the patient to be removed to hospital, the midwife shall, if the practitioner so decides, accompany the patient during removal and until taken charge of by the staff of the hospital, provided that she shall have first advised and secured the consent of the County Superintendent of Nurses.

9. The midwife shall immediately notify the supervisor of midwives if and when she is unavoidably prevented from performing at the appropriate time any service which she is required to render under these standing instructions.

10. The midwife shall not accept any payment for herself from or on behalf of a patient in respect of any ante-natal, intra-natal or post puerperal services rendered in connection with the pregnancy or confinement under these standing instructions.

11. Nothing in those standing instructions shall affect the duties of a midwife or of the Council under the Rules of the Central Midwives Board for Scotland.

Child Welfare

1. The Record Cards supplied are to be used throughout the County for all children from birth up to 5 years of age; the blue cards being used for boys and the yellow for girls.

2. The particulars regarding the family asked for on the card should be entered as soon as ascertained and all matters having a bearing on the health of the child itself should be entered in the appropriate space. The lined space on the front of the card is to be used during the child's first year and that on the reverse side in the subsequent four years.

3. Where a clinic has been established in the area of the Health Visitor these cards may be used at the clinic as well as in connection with home visits paid by the Nurse.

4. Where a child regularly attends a clinic, home visits will be unnecessary apart from exceptional cases or when it is recommended by the Doctor. Where attendance at the clinic is not made or where there is no clinic in the area, home visits should be made as outlined in the following paragraph.

5. Except where otherwise stated in connection with a Clinic, visits should be paid to the homes of infants weekly during the first month of their life. During the remainder of the first year visits should be paid monthly, in the second and third year quarterly and during the 4th and 5th year half yearly.

6. The Record Cards should be filed in the "Advance Trial Outfit" box, already in use.

7. Where a child has removed to another District, the address should be entered on the card which should then be sent to the Medical Officer of Health, Banff, for transference to the new district. The cards of the children who have died and all those of children of school age should also be sent to the Medical Officer of Health—the latter after entering the name of the school the child is attending or is likely to attend.

SCHOOL HEALTH SERVICE

1. A list or book containing the names of children with defects will be supplied by the School Medical Officer for each School in the area, and the Health Visitor will endeavour, by visiting the homes of such children if necessary, to influence the parents to have the defects attended to as soon as possible.

2. Minor ailments call for special attention and where, for any reason, parents or guardians seem incapable of carrying out appropriate treatment, the Health Visitor should demonstrate how it should be done or actually carry out the necessary treatment after securing the consent of the parent or guardian to this course.

3. Routine visits should be paid to all schools in the area once in every month during which the school is in session, for the purpose of examining or re-examining pupils on the defective list and others. More frequent visits may be necessary and cases of pediculosis should be examined at least every 10 days till cured.

4. On her visits to the schools the Health Visitor should take every opportunity that presents itself of instructing pupils on matters of hygiene. She should however avoid making any individual pupil or family conspicuous by calling them only for inspection. She should for instance preferably inspect a whole class and perhaps inspect alternate classes on successive visits.

5. Should any condition of an infectious nature be found or a verminous condition persist after repeated advice and warning, the Health Visitor should report such cases to the School Medical Officer.

6. In exceptional circumstances the Head Teacher of a school may invite the Health Visitor to pay a special visit to the school and this visit should be paid as soon as possible.

7. The list or the book containing the names of children with defects issued to the Health Visitor by the School Medical Officer should be made available to him as required.

8. On each monthly or other visit to a school the Health Visitor should contact the head teacher or his or her deputy and give an indication as to what inspections are contemplated. This contact provides an opportunity to the head teacher for consultation regarding health problems generally and individual pupils in particular.

Care and After Care.

1. With regard to aged persons the Health Visitor will attend as regularly as possible or as need suggests and give whatever help she can with a view to preventing illness and maintaining their well being.

2. In patients convalescing from illness she will continue to attend as long as there is need and where necessary do what she can to assist the householder to get necessary domestic help privately or through the domestic help scheme of the Council.

3. For the convenience of the Health Visitor a Home Visitation Record Card may be used in such cases and may be had from the Health Department of the Council. In tuberculosis cases in particular a Health Visitor's Record Card will be available and will be issued at the discretion of the Tuberculosis Officer.