COUNTY COUNCIL OF DUNBARTON.

ANNUAL REPORTS

BY

SAMUEL HARVEY, M.B., Ch.B., D.P.H., M.R.C.P.(Edin.)
MEDICAL OFFICER OF HEALTH,

THE COUNTY SANITARY INSPECTORS

AND

THE COUNTY ENGINEER

FOR

THE YEAR 1952

SCHOOL REPORT FOR YEAR 1952-53.

CONTENTS.

INDEX

To the Department of Health for Scotland and the County Council of the County of Dunbarton.

LADIES AND GENTLEMEN,

I beg to submit the Annual Report on the Health and Sanitary Conditions of the County for the year 1952, together with the Report on the Medical Inspection and Treatment of School Children for the year 1952/53.

I would refer you to Page 9 of the Report wherein is contained my Review of Health Services covering the period from the inception of the National Health Service (Scotland) Act in July, 1948.

I am, Ladies and Gentlemen,

Your obedient servant,

SAMUEL HARVEY,
Medical Officer of Health.

COUNTY HEALTH DEPARTMENT,
88 COLLEGE STREET,
DUMBARTON.

D.H.S. CIRCULAR No. 98/1952

Review of Services under Part III of the National Health Service (Scotland) Act, 1947

1. *Administration.*—

Administration of all Health, Welfare and Children Act County Services is effected from the Central Office, the Head of Department being the Medical Officer of Health. There is at Central Office the Depute Medical Officer of Health, Superintendent of Nurses, Supervisor of Domestic Help Services, Administrative Assistant and Clerical Staff numbering eleven. Professional Staff employed as at 31st December, 1952, was as follows:—

County Medical Officer of Health.
S. HARVEY, M.B., Ch.B., D.P.H., M.R.C.P.(Edin.).

Depute County Medical Officer of Health.
ALAN A. GILMOUR, M.D., D.P.H.

Assistant County Medical Officers of Health and School Medical Officers.
IAIN MACLEOD, M.B., Ch.B., D.P.H.
MARION H. C. CORNOCK, M.B., Ch.B., D.P.H.
AGNES W. O'GORMAN, L.R.C.P.& S., D.P.H.

Chief Welfare Officer.
GEORGE McCORKINDALE.

Chief Dental Officer.
F. A. CASSIDY, L.D.S., D.D.S. (McGill).

Dental Surgeons.
Miss E. McKENDRICK, L.D.S.
Mrs. M. W. DINN, L.D.S.
Miss SHEILA S. SPEIRS, L.D.S.
Mr. THOMAS HAMILTON, L.D.S.
Miss DOROTHY EDWARD, L.D.S.
Mrs. MOIRA WATSON, L.D.S.
Mr. JAMES RODGERS, L.D.S.

Superintendent of Nurses.

Miss CATHERINE T. GAVIN.

Audiometrician.

Miss CHRIS. P. ROGERS.

Health Visitors and School Nurses.

C. S. L. KING.
K. S. STEVENSON.
C. DEMPSEY.
A. GEE.
M. MILLAR.
M. L. CALLAGHAN.
M. W. CHRISTIE.
E. M. RANKIN.
M. CALLANDER.
E. A. SANDILANDS.
A. VEITCH.
M. MARTIN.*
F. MacNICOL.*
B. JOHNSTONE.*
J. CLARK.*
C. MacLEAN.*
A. M. LEITCH.*
M. G. MACDONALD.*
J. P. SCOTT.
A. TAYLOR.
M. GILMOUR.
E. T. CRAWFORD.
A. JOHNSTON.
J. CAMERON.
M. THOMPSON.
J. P. McHAFFIE.
C. SCOBIE.
M. MACDONALD.

* Home Nurses employed Part-time Health Visiting in Rural Areas.

Midwives.

J. R. RITCHIE.
M. SMITH.
J. WATERHOUSE.
MARGARET MACDONALD.

Home Nurses.

MARION MacDONALD.
MARY PEATTIE.
JESSIE McRAE.
MARY MORIARTY.
JOAN E. PHILLIPS.
JESSIE A. MACRAE.
MARGARET BARROWMAN.
JEAN J. CRAWFORD.
ANNIE M LEITCH.
JANET S. CLARK.
MARION McCUTCHEON.
AGNES G. KEAN.
ELIZABETH SMITH.
BELL JOHNSTONE.
MARGARET G. MACDONALD.
MARY M. MARTIN.
C. MacLEAN.
ANNIE M. MACDONALD.
FLORA MacNICOL.

Central Office Staff.

Administrative Assistant - - L. McGOUGAN, D.P.A.
Home Help Supervisor - - M. McKEAN.

Clerical Staff.

ELIZABETH C. LANG.
MARY M. BUCHANAN.
WM. B. GILLILAND.
ROBT. LIVINGSTONE.
ELIZ. McLEAN.
AGNES KINLOCH.
INA GLASS.
ISABEL ANDERSON.
ELIZ. MacFARLANE.
PATRICIA GRUMLEY.
RUTH McLEAN.

2. *Co-ordination and Co-operation with other parts of the National Health Service.*—

Area arrangements to effect co-ordination between branches of the Health Services might be briefly enumerated as follows:—

Hospital Services.—

(*a*) *Infectious Diseases.*—Medical Officer of Health is Area Officer controlling Hospital admissions and removals to such Hospitals are made by Central Public Health Office or Area Sanitary Inspector's Offices on request by General Practitioners.

(*b*) *General Hospitals.*—General Practitioners make direct application to such hospitals for admission. In certain cases where children are due for discharge and require Convalescent Home care, or some other branch of Ancillary Health Services, such as Physiotherapy or Speech Therapy, Hospital Almoners contact the Central Office of this Department. This also applies in After Care Services, such as Domestic Help and Medical Equipment.

The request from the Hospital is not, of course, always made in many cases where it could be, so that, at best, this co-ordination is actually more an individual matter depending on a particular Almoner rather than on planned lines.

(*c*) *Maternity Hospitals.*—Some co-ordination exists between Local Health Authority Child Welfare Services and Area Maternity Hospitals. The Area Gynæcologist and Obstetrician conducts area Ante and Post-Natal Clinics weekly in Local Authority Clinics. Local Authority Midwives are engaged as Teaching Midwives to pupils from the Hospitals. Admission to Maternity Hospital is the sole right of the Area Specialist and the Local Authority does not enter into the aspect at all.

(*d*) A recognised arrangement in the matter of discharge of patients from County Maternity Hospitals functions very well. If, as often happens, patients are discharged from hospital on the eighth and before the fourteenth day of their puerperium, telephoned information of this is made by the Hospital to

the Public Health Department (confirmed later in writing) in order that the local District Midwife, Home Nurse, or Health Visitor can visit the patient without delay.

(*e*) *Tuberculosis.*—Close liaison is maintained between the Local Health Authority and Area Tuberculosis Physician's Department. The Area Physician conducts regular Clinics in Local Authority premises throughout the County, and full use of the Authority's Health Visiting, Domestic Help, Home Nursing and After Care Services is made by the Tuberculosis Officer. Admissions and discharges of patients to and from Sanatoria are, of course, made by the Area Tuberculosis Physician.

(*f*) *General Practitioner Services.*—Regular contact is maintained between General Practitioners and the Public Health Department, either directly or through the offices of the Executive Council, so that they are kept abreast of all developments in the Health Authority Services. As mentioned elsewhere in this review, a criticism could be made that such Services are not as fully utilised by General Practitioners as they might, particularly so in the spheres of Health Visiting and Home Nursing. This criticism, however, is not general, in that the demand does vary from district to district.

(*g*) *Information to the Public.*—No official Brochure detailing Services has ever been prepared for public issue, though every County Councillor has in her/his possession a prepared Booklet of Local Authority Schemes under the Health and Assistance Acts. It would be fair to say that the Public is reasonably well aware of available services, usually through the medium of their Councillor, Health Visitor, Clinic, Press and Home Nurse. Additionally, from time to time during the winter months, talks are given by Department representatives to Parents and Guild Meetings, and a great deal of information is disseminated in this way.

3. *Joint Use of Staff.*—

(1) (*a*) *General Practitioners.*—In two areas of the County

where no Clinic buildings exist, the services of local General Practitioners are utilised once weekly to conduct a Child Welfare Clinic on behalf of the Local Authority. In both areas, however, new Clinics are either planned or building and it is the intention of the Local Authority to utilise their own Medical Officers for such Clinic sessions when these Clinics are ready for occupancy.

(*b*) *Hospital and Specialist Services.*—No Local Authority Medical Officer is engaged in part-time work in either of these services, but Hospital and Specialist Services are utilised by the Local Authority in the following ways:—

(i) *Eye Service—School and Pre-School.*—The services of a Consultant Oculist employed by the Regional Hospital Board are utilised by the Authority and an average of three Clinics is held weekly.

(ii) *Ear, Nose and Throat Treatment—School and Pre-School.*—

(*a*) *Removal of Tonsils/Adenoids.*—The Services of an Aural Surgeon and Anæsthetist are utilised by the Authority and two operating sessions are held weekly in specially designed Clinics within the County. Each Clinic has its Operating Theatre and Ward containing twelve beds and children are kept overnight after removal of Tonsils and/or Adenoids, and returned home next day. This local arrangement did, of course, exist prior to the National Health Act, and following 1948, the Western Regional Hospital Board agreed that the Local Authority should continue this arrangement, the Board reimbursing the Authority for expenditure incurred in Nursing Salaries, expenses, subsistence, &c. Some 800 children per year are operated on for removal of Tonsils and/or Adenoids in this way.

(*b*) *Defective Hearing—School and Pre-School.*—The services of the Aural Surgeon are also made available in a consultant capacity, in the care and treatment of Children with hearing defects. The Authority themselves employ an Audiometrician

who works in close collaboration with the Consultant, and while school children form the largest element in numbers treated, pre-school children brought to our attention are also given the benefit of the Service.

(2) *Joint Use of Premises by Hospital Service and General Practitioners.*—Reference to joint use of Clinic premises by Hospital and General Practitioner Services has been made elsewhere, but listed examples of this are as follows:—

(*a*) *Maternity Services.*—Local Authority Clinic Accommodation is given to Area Obstetrician and Gynæcologist for Ante and Post-Natal Clinics and Consultant advice.

(*b*) *Tuberculosis Service.*—Local Authority Clinic Accommodation is given to Area Supervising Tuberculosis Physician for Consultant purposes.

(*c*) *Psychiatric Service.*—Accommodation is provided in a Clinic to a Western Regional Hospital Board Consultant Psychiatrist.

(*d*) *Ear, Nose and Throat Clinics.*—There are three Clinics specially fitted for operational work referred to in section dealing with co-ordination of Health Services.

(*e*) *Chiropody Services to the Aged.*—Accommodation once weekly has been granted in two areas to local Old People's Welfare Committees for Chiropody Services.

(*f*) *General Practitioners.*—At the end of 1952, there were no instances of General Practitioners having the use of Local Authority Clinics, but in one area of the County where a Clinic was under construction and due to be in operation towards the end of 1953, it is the intention to offer accommodation to the two local General Practitioners on an agreed rental charge. It is anticipated that this arrangement will materialise as the General Practitioners concerned have already expressed their intention to utilise the Clinic facilities.

4. *Care of Expectant and Nursing Mothers and Pre-School Children.*—

Section 22.—The services offered by the Dunbartonshire Health Authority under this section are the same as mentioned in previous Reports, but the following points can be made:—

(1) The Dental Service has now become much more comprehensive and has recovered from the initial shock of the National Health Act. For some years now a Consultant Anæsthetist has been available and it has been found that the services of such an Anæsthetist renders possible the dental treatment of very young children. In addition, mothers taking advantage of the Local Authority Service are delighted with the anæsthetics given.

(2) An Orthoptist is now fully employed and works in conjunction with the Ophthalmic Specialist of the Regional Hospital Board who sees both pre-school and school children.

(3) The Consultant Obstetrician for the area offered to make available in the patients' homes oxygen apparatus for premature infants. This being the case, the Local Authority service was withdrawn and replaced by the Hospital service.

The numbers of home confinements as against hospital confinements have now stabilised themselves, particularly because of the lack of maternity beds. It is still obvious, however, that in certain areas patients still desire to have the social amenities of hospital even although they have reasonable homes and have normal pregnancies and confinements.

It is suggested that this desire of the public could best be met by converting a block of Local Authority houses, and in these houses the patients could be attended by their own midwives and general practitioners. The running costs of such houses would be negligible compared to hospital, which should, of course, be available primarily for "Hospital Purposes."

An offer was made to general practitioners to use Local Authority Clinics for their ante-natal work if they so desired, but so far no advantage has been taken of this offer.

With regard to residential Nurseries, Cardross Park Home was transferred to the Children's Committee some time ago. Since it was administratively arranged that the social problems of ill-health, &c., in parents as it affected healthy children was a Children's Act function, this transfer was reasonable. A certain number of beds in the Home are still used by the Health Committee on a customer basis as a Residential Nursery.

5. *Domiciliary Midwifery.*—

Section 23.—There is an adequate number of Midwives and District Nurse/Midwives. All are trained in analgesia. The general standard of work is good.

The number of home births seems now to have stabilised at a figure of around 800 per annum. There is a general feeling abroad that many cases being admitted to hospital could well be delivered at home.

6. *Health Visiting.*—

Section 24.—The Health Visiting Service is bearing the brunt of the social problems of the area. The number of children attending Clinics remains relatively high, although the number of home visits fell from 22,340 in 1951 to 20,342 in 1952. The number of visits to expectant mothers rose from 133 to 797. In this connection it should be noted that the services of the Health Visitors are utilised in the Domestic Help Scheme not only for seeing that suitable cases apply for Home Helps but that the Home Helps are carrying out their work satisfactorily.

With regard to the Tuberculosis Scheme, there are no *ad hoc* Visitors, each Health Visitor in her own district carrying out Tuberculosis visitation and Clinic work as part of her general duties. The number of visits to Tuberculosis cases fell from 938 in 1951 to 788 in 1952, and it has been represented by the Tuberculosis Physician that an appointment of two *ad hoc* Tuberculosis Health Visitors should be made. He bases this suggestion on the feeling that Tuberculosis visitation

is inadequate, but it is felt that, in a scattered County of this type, Health Visitors should have general duties, and that criticism with regard to their work in the Tuberculosis service is more organisational than qualitative or quantitative.

Since in Dunbartonshire the Medical Officer of Health is in administrative charge of the Health, Welfare, and Children's Departments, Health Visitors are utilised in such widely varied fields as housing, problems of the aged and crippled, and Children Act functions, and it is felt that the functions of Health Visiting *vis-a-vis* the National Health Act are being more than adequately met.

The difficulty of getting suitably qualified Health Visitors is a real problem and some consideration should be given to allowing Nurses to train as Health Visitors at a higher age than at present. In rural areas of the County District Nurses are now given Health Visiting duties, but this has been found impracticable in the more populous areas. The utilisation of District Nurses as Health Visitors has to some extent overcome the reluctance in these rural areas of the general practitioners to obtain the benefits of the Health Visiting service.

7. *Home Nursing.*—

Section 25.—There are nineteen District Nurses in the area —fifteen of them have cars supplied, two own their own cars, and two use public transport. I feel that every District Nurse should have a car supplied, but so far this has not been agreed.

Generally speaking, the service is adequate and covers all demands, but it is an interesting fact that the utilisation of this service by general practitioners varies from district to district. Some do not seem to know the value of the Nursing Service while others are imbued with the feeling that they do not wish to overload the Nurses. Had there been one administration and one purse for the general practitioners and Home Nursing Service, then with propaganda and personal contact a wider use would, I feel, have been made of the District Nursing Service. It should be stressed that a fairly large proportion of the District Nurses' time is taken up with the

nursing of the aged chronic sick, and unless the Nurse is given a wide variety of work by the general practitioners, she will lose interest.

As already mentioned, the tendency in rural areas is to give District Nurses Health Visiting duties. It is also intended that, in future, all District Nurses appointed in urban areas act as Midwives, so that at the end of the day an uneconomic *ad hoc* midwifery service should cease.

9. *Vaccination and Immunisation.*—

Section 26.—Immunisation is carried out mainly by Medical Officers on the staff of the Public Health Department, but a small proportion of the work is also done by general practitioners. In cases refusing to have their children immunised, Nurses are empowered to offer to do immunisation, but very few cases have required this extreme step.

Immunisation by B.C.G. is proceeding slowly and is still limited to the groups originally suggested.

The split administration as between the clinical and preventive services in Tuberculosis leads to some difficulties and delays in immunisation, which are unsurmountable under the present regime.

10. *Prevention of Illness, Care, and After Care.*—

Section 27.—This is an excellent Section of the Act, which would allow of such development as a Local Authority thought fit to carry out their duties.

During 1952 it was decided to purchase Ardgare, Shandon, as a Residential Home for the care and after-care of children of school age. The establisment of a Children's Committee and the acceptance of many cases for payment by the Children's Committee has meant less demand on residential accommodation for cases previously classed as "Health" problems, especially in the case of pre-school children and infants. My previous remarks regarding the type of administration in this area are referable here, as it is felt that with a

split administration the possibility of having unnecessary and excessive bed accommodation could be a real issue.

One surprising difficulty of establishing Homes for children of school age under Section 27 of the Act is the fact that large burghs associated with the County Council have a right of admission of their Section 27 Act cases only on payment. It puts School Medical Officers who work both in the large burghs and the County Landward area in a rather difficult position, to be able to admit cases from one area and merely recommend to the Medical Officer of Health for the burghs. Furthermore, parents of County cases will require to pay fees, whereas a similar child living in the burgh and sent to a Home under the aegis of the Education Act require to pay no fee.

One great improvement this Section of the Act has effected is the ease with which care and after-care cases can now obtain nursing requisites, invalid chairs, &c., and, furthermore, the demand is growing.

Requests in respect of ancillary services of the Tuberculosis Scheme are surprisingly small. Bed and bedding have been supplied entirely by the Assistance Board in suitable cases, and the same applies to clothing. Garden shelters are in little or no demand.

Priority is given to open cases of Tuberculosis for the purpose of re-housing.

On the broad aspects of prevention of illness, care and after-care, it is felt that as much as possible is being done on the basis of the information available. It is felt, however, that there must be a huge reservoir of cases where (while medically speaking there is no real problem, socially speaking and from a prevention of illness point of view, there is a real problem) requests are not made for Local Authority services.

8. *Domestic Help.*—

Section 28.—The Domestic Help Service keeps slowly growing. 108 Home Helps were employed in 1952 as against 93 in 1951, and the number of cases to which services were given rose from 608 in 1951 to 621 in 1952. The main problem of

the Domestic Help Scheme is in relation to the aged, infirm and chronic sick.

General Comments.—

1. With regard to Local Authority services referable to the 1947 Health Act, the Act itself produces neither good nor evil, since in effect the services were in existence before the appointed day.

2. What has happened, however, as a result of the Act is that certain services, *e.g.*, Tuberculosis and Infectious Diseases are not so well integrated as before in respect the duties of a Medical Officer of Health. Not being associated daily with the clinical service, problems do not come to him so readily, and with lack of knowledge comes lack of interest.

3. An outstanding problem is the question of the chronic sick and aged. The split administration as between Hospital Boards and Local Authorities means that each tries to palm the problem on to the other. It is high time that the hospitalisation of the aged and chronic sick plus the environmental services of these people became the problem of one body.

4. In this area, general practitioners are now less inclined to ring up regarding their infectious disease, chronic sick and Tuberculosis problems than before. This is due to the fact, I think, that it is only when a body offers accommodation that practitioners are interested, and, therefore, the Local Authority does not get the information which would help them to apply their preventive and after-care services and develop them as necessary.

12. *Mental Health.*—

(1) *Administration.*—

(*a*) Responsible Committee—Health and General Committee.

(*b*) *Staff Employed in Service.*—

(i) There is no Medical Staff employed solely in Mental Health. The Medical Officer of Health,

Depute Medical Officer of Health and three Assistant Medical Officers of Health (see list of Staff under "Administration") certify where necessary.

(ii) There is no Psychiatric Social Worker directly employed, and the Local Authority does not have the services of a Psychiatric Social Worker from the Hospital Board.

(iii) There are six duly Authorised Officers in the Area, all of whom were former Welfare Officers.

(iv) The only Occupation Centre in the area is run as part of a School for Mentally Handicapped Children under the Education (Scotland) Act, 1946, and the Centre is staffed by Instructresses appointed by the Education Authority.

(*c*) Co-ordination and Supervision.—Duly Authorised Officers co-ordinate with Hospital Boards in the supervision of patients on trial from Mental Hospitals and Institutions for Mental Defectives. The duly Authorised Officers act as Boarding-Out Officers under the Mental Deficiency Acts, and as Supervisory Officers during periods of licence of such patients. In all instances where patients are certified under the Lunacy Acts, the local Authorised Officer provides the Admitting Hospital with a complete family background and case history of the patient. Escort is provided also by Welfare Staff to accompany patients to institutions.

(*d*) *Duties delegated to Voluntary Associations.*—There are no duties delegated to Voluntary Associations.

(*e*) *Staff Training.*—No arrangements exist for training of staff, though from time to time the Chief Welfare Officer attends Conferences on Mental Health Subjects.

(2) *Work undertaken in the Community.*—

(*a*) *Section 27—National Health Service (Scotland) Act, 1947.*—Prevention and After-Care in the Mental Health field is

included in the Authority's Scheme for all illnesses, and there is therefore a continuing activity in the field work carried out by Health Visitors, Home Nurses, and Welfare Officers.

(*b*) In respect of discharged Mentally Defective and Lunacy cases, the District Welfare Officers keep in touch with the families and are always available for consultation and advice.

(*c*) *Mental Deficiency and Lunacy* (*Scotland*) *Act*, 1913-40.—

(i) Arrangements for ascertainment and certification of Mental Defectives are conducted by the Chief Authorised Officer, and accommodation, where necessary, is also arranged by him. Medical Staff employed by the Local Health Authority carry out the necessary certification.

(ii) *Guardianship.*—The Chief Authorised Officer arranges Boarding-Out of suitable Mental Defectives and for their supervision while in care.

(iii) No arrangements are in operation for the training of defectives in the area in Occupation or Industrial Centres for Adults, or Home Teaching of Individuals or Groups.

MEDICAL OFFICER'S REPORT

FOR YEAR 1952.

VITAL STATISTICS.

Population.—The Registrar-General estimated that the population at the middle of 1952 was 96,052, an increase of 451 over the previous year. Comparative figures for the previous five years are as follows:—

Year.	*Estimated Population.*	*Year.*	*Estimated Population.*
1947 - -	- 93,840	1950 - -	- 95,358
1948 - -	- 94,918	1951 - -	- 95,581
1949 - -	- 95,311		

Births and Birth Rates.—The total number of live births registered in the County during 1952 was 1327, 110 more than in 1951. 472 births were transferred Out and 928 were transferred In, so that the net County Total was therefore 1783 (888 males—895 females), an increase of 20 over the 1951 total. The number of still-births registered in the County was 41, but, after allowing for 32 transferred Out and 32 transferred In, the net County Total was 51 (24 males—27 females), an increase of 7 compared with 1951 figures. Of the 1783 live births, 62 were illegitimate. The corrected live-birth rate was 18.6 per 1000 of the population, compared with 18.4 in 1951. The still-birth rate was 28 per 1000 births (including still-births), compared with 24 in 1951.

Deaths and Death Rates.—The number of deaths registered in the County was 1020, compared with 1083 in 1951. 253 registrations were transferred Out and 349 were transferred In, so that the net County Total was 1116 (585 males and 531

females), giving a death rate per 1000 of the population as 11.6 compared with 12.6 in 1951. 97 persons (41 males and 56 females) had attained the age of 85 or over at the time of death.

Infantile Mortality.—Total number of deaths of children under one year was 59 (27 males and 32 females), a decrease of 10 against the 1951 figure. This gave an Infantile Mortality Rate of 33 per 1000 live births, against 39 per 1000 live births in 1951. Causes of death are shown in Table II on page .

Deaths from Infectious Diseases.—Deaths from principal epidemic diseases during 1952 were recorded as follows:—Other infectious diseases, 1; influenza, 4—a total of 5, which gave a death rate of 0.05 per 1000 of the population.

Deaths from Tuberculosis.—During 1952, 30 deaths occurred from tuberculosis (22 males, 8 females) a decrease of 11 from 1951 figures. Of the 30 deaths recorded, 26 were due to respiratory tuberculosis, giving a death-rate of 0.27 per 1000 of population, compared with 0.36 in 1951. Deaths from other forms of tuberculosis numbered 4 (2 males, 2 females), against 7 in 1951, and comparative death-rates were 0.05 in 1952 against 0.07 in 1951. The death-rate for all forms of tuberculosis was 0.31 per 1000 of population in 1952 compared with 0.43 in 1951.

Deaths from Influenza.—4 deaths (2 males and 2 females) were registered from this cause, a decrease of 12 over 1951 figures.

Deaths from Pneumonia.—27 deaths from pneumonia were recorded in 1952, which included 1 in the new-born. Comparative figures for 1951 were 41 (7 in the new-born).

Deaths from Cancer.—Cancer caused 186 deaths (93 males and 93 females) in 1952. Comparative figures for 1951 were 170 (91 males and 79 females), representing an increase of 16 in 1952.

COUNTY OF DUNBARTON (INCLUDING SMALL BURGHS)

TABLE I.—VITAL STATISTICS COMPILED FROM INFORMATION SUPPLIED BY THE REGISTRAR GENERAL.

	Number Registered in District.	Transfers.		Corrected Number.			Rate per 1000 of Estimated Population (Both Sexes).
		Out.	In.	Both Sexes.	Males.	Females.	
Births (including Illegitimate), ...	1327	472	928	1783	888	895	18·6
Births (Illegitimate), ...	50	22	34	62	33	29	[2]3·5
Births (still births), ...	41	22	32	51	24	27	[3]28
Marriages, ...	606	—	—	—	—	—	6·3
Deaths—							
All Causes, ...	1020	253	349	1116	585	531	* 11·6
Tuberculosis (All Forms), ...	—	—	—	30	22	8	0·31
Tuberculosis (Respiratory System), ...	—	—	—	26	20	6	0·27
Principal Epidemic Diseases,[1]	—	—	—	5	2	3	0·05
Children aged under One Year,	—	—	—	59	27	32	[4]33
,, ,, ,, Four Weeks	—	—	—	45	21	24	[4]25

[1] Typhoid Fever, Menigococcal Infections, Scarlet Fever, Whooping Cough, Diphtheria, Influenza and Measles.
[2] Rate per 100 Live Births.
[3] Rate per 1000 Total Births (including Still-Births).
[4] Rate per 1000 Live Births.
* Rate adjusted for Age and Sex distribution = 11·5.

NATIONAL HEALTH SERVICE (SCOTLAND) ACT, 1947.

SECTION 22.

CARE OF MOTHERS AND YOUNG CHILDREN.

Births Notified.—1783 births were recorded in the County during 1952, of which 786 or approximately 44 per cent. took place at home.

TABLE II.

CAUSES OF DEATH OF CHILDREN UNDER 4 WEEKS AND UNDER 1 YEAR.

CAUSE OF DEATH.	Under 4 weeks	Over 4 weeks and under 1 year	Total	Rate per 1000 live births
Pneumonia,	...	1	6	
Diarrhœa (Except of New Born),	...		1	
Congenital Malformations	6	3	9	
Birth Injuries, Post-Natal, Asphyxia and Atelectasis,	16	...	16	
Pneumonia of New Born,	1	...	1	
Other Diseases peculiar to early infancy,	20	...	20	
Other Violence,	...	3	3	
Causes ill defined or unknown,	...	1	1	
Other Diseases of Nervous System,	1	...	1	
Other Infectious and Parasitic Disease,	1	...	1	
TOTALS,	45	14	59	33

Child Welfare Clinics.—11 weekly clinic sessions were held at which doctors were in attendance. A further 10 weekly sessions were held, which the nurses themselves conducted, an increase of 2 sessions weekly over the 1951 figures. The two additional clinics were held at Milton and Cumbernauld, both clinics being instances of making provision for population drift away from the main area clinics due to rehousing.

TABLE III.

COUNTY OF DUNBARTON (EXCLUDING LARGE BURGHS)—STATEMENT OF CAUSES OF DEATH (CORRECTED FOR TRANSFERS) FOR 195 COMPILED FROM FIGURES SUPPLIED BY THE REGISTRAR-GENERAL.

CAUSES OF DEATH		ALL AGES	under 1 year	1–4 years	5–9 years	10–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85 yrs. & over
Infectious and Parasitic Diseases	M.	1	1	—	—	—	—	—	—	—	—	—	—	—
	F.	1	—	1	—	—	—	—	—	—	—	—	—	—
Cancer—Malignant Tumours	M.	93	—	—	—	—	—	—	7	17	19	28	20	2
	F.	93	—	1	—	—	1	1	5	14	18	21	24	8
Tumours—Non-Malignant or not Defined	M.	2	—	—	—	—	—	1	—	1	—	—	—	—
	F.	2	—	—	—	—	—	—	—	1	1	—	—	—
Venereal Diseases	M.	1	—	—	—	—	—	—	—	—	1	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—
Anaemias	M.	2	—	—	—	—	—	—	—	—	—	2	—	—
	F.	5	—	—	—	—	—	—	—	1	—	1	3	—
Diabetes Mellitus	M.	3	—	—	—	—	—	—	1	—	—	1	1	—
	F.	8	—	—	—	—	1	—	—	—	2	4	1	—
Tuberculosis—Respiratory	M.	20	—	—	—	—	2	4	4	2	2	3	3	—
	F.	6	—	—	—	—	2	2	1	1	—	—	—	—
Tuberculosis—Non-Respiratory	M.	2	—	1	—	—	1	—	—	—	—	—	—	—
	F.	2	—	—	—	—	1	—	—	—	—	1	—	—
General Diseases	M.	2	—	—	—	—	—	—	1	—	—	1	—	—
	F.	9	—	—	1	—	2	—	—	3	1	2	—	—
Diseases of Nervous System—Vascular	M.	89	—	1	—	—	—	1	1	3	16	31	27	9
	F.	96	—	—	—	—	—	—	1	6	13	32	37	7
Diseases of Nervous System—Non-Vascular	M.	7	1	—	—	—	1	1	1	3	—	—	—	—
	F.	7	—	—	—	—	—	2	—	1	—	3	1	—
Diseases of Circulatory System	M.	223	—	—	—	—	1	1	5	12	41	61	77	25
	F.	205	—	—	—	—	—	1	3	5	20	63	78	35
Diseases of Digestive System	M.	18	1	1	1	—	—	—	1	4	5	1	4	—
	F.	11	—	—	—	—	—	—	—	1	2	6	1	1
Diseases of Genito-Urinary System	M.	23	—	—	—	—	—	—	—	1	5	7	7	3
	F.	4	—	—	—	—	—	1	—	—	—	2	1	—
Diseases of Respiratory System	M.	32	2	2	—	—	—	1	—	3	5	7	11	1
	F.	21	4	1	—	—	—	—	—	1	1	6	6	2
Puerperal Causes	M.	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	4	—	—	—	—	—	—	3	1	—	—	—	—
Diseases of Skin and Organs of Locomotion	M.	3	—	—	—	—	—	—	—	—	—	1	2	—
	F.	1	—	—	—	—	—	—	—	—	—	—	1	—
Congenital Debility, Premature Birth, Mal-	M.	13	11	1	1	—	—	—	—	—	—	—	—	—
formations, etc.	F.	15	14	1	—	—	—	—	—	—	—	—	—	—
Pneumonia, Diarrhoea and Other Diseases	M.	11	11	—	—	—	—	—	—	—	—	—	—	—
peculiar to Early Infancy including New-Born	F.	10	10	—	—	—	—	—	—	—	—	—	—	—
Non-Meningococcal Meningitis	M.	2	—	—	1	—	—	—	—	—	—	—	1	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza	M.	2	—	—	1	—	—	—	—	—	—	—	1	—
	F.	2	—	—	—	—	—	—	—	—	—	1	—	1
Senility	M.	5	—	—	—	—	—	—	—	—	—	—	4	1
	F.	5	—	—	—	—	—	—	—	—	—	—	5	—
Causes Ill-Defined or Unknown	M.	4	—	—	—	—	—	—	1	1	—	1	1	—
	F.	6	1	1	—	—	—	1	—	—	1	1	1	—
Suicide	M.	3	—	—	—	—	—	1	—	2	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—
Road Transport Accidents	M.	6	—	1	—	—	—	2	—	1	—	1	1	—
	F.	1	—	—	—	—	—	—	—	—	—	1	—	—
Other Violence	M.	18	—	1	—	1	2	1	6	2	—	3	2	—
	F.	17	3	—	—	—	1	1	1	2	1	3	3	2
TOTALS	M.	585	27	8	4	1	7	13	28	52	94	148	162	41
	F.	531	32	5	1	—	8	9	14	37	60	147	162	56

Ante-Natal and Post-Natal Clinics.—The Health Authority did not themselves conduct any Ante-Natal or Post-Natal Clinics but instead afforded clinic facilities to Dr. J. P. O. Erskine, Area Obstetrician and Gynæcologist, who conducted these clinics as Out-Patient Services of Braeholm and Overtoun Maternity Hospitals. Weekly clinics of this kind were conducted in 1952 as follows:—

Place.	*Day.*	*Time.*
Hartfield Clinic, Dumbarton -	Tuesday -	1.30 p.m.- 4.0 p.m.
The Clinic, Bank Street, Alexandria - - -	Thursday -	9.30 a.m.-12.30 p.m.
The Clinic, East King Street, Helensburgh - - -	Monday -	9.30 a.m.-12.30 p.m.
Whitecrook Clinic, Dean Street, Clydebank - -	Wednesday	1.30 p.m.- 4.0 p.m.
	Friday -	9.30 a.m.-12.30 p.m.

MATERNITY AND CHILD WELFARE.

DENTAL SERVICE.

Annual Report.

There has been an increase in the number of Expectant and Nursing Mothers treated during the year.

Treatment in the majority of cases consisted of the extraction of teeth and the provision of dentures.

There has been an increase in the amount of conservative work undertaken for the pre-school children, but too frequently their first dental visit to the Clinic is for the relief of pain, the teeth concerned being beyond repair.

The importance of conserving the "Baby" or foundation teeth until their normal shedding time, and how best to carry out this important work, is a problem which is constantly with us. An analysis was made of the pre-school children in

one area of the County who had teeth extracted. It was found that 1 per cent. were between the ages of 1-2; 9 per cent. were between 2-3; 30 per cent. were between 3 and 4 years of age and the remainder under 5. When one realises that 10 per cent. had teeth which were so badly decayed as to require extraction before the age of three, the task of conserving these teeth by means of fillings becomes apparent. Ideally the work would have to be undertaken within a short period of their eruption namely between 2-2½ years of age. In addition most of the children had each more than one tooth involved.

When one is actively engaged in such treatment the need for greater preventative measures is not only obvious but of first importance. The fluoridisation of the water supply would appear to be at least a partial solution linked up with an intensive Dental Health Education Programme on a National level.

Wall posters advising early attention to children's teeth have a limited value as they contain only a limited amount of Dental Education. Most people are aware that neglect of children's "Baby" teeth will result in loss through decay but few people realise that apart from the actual loss of their foundation teeth there is a possibility of this loss resulting in an overcrowding or irregularity of the permanent teeth later on. Experience gained through talks to Parent-Teachers Associations has impressed me with the eagerness and willingness of the public to acquire a knowledge of the requirements for a sound dentition and its preservation. Talks to groups of mothers at Infant Welfare Centres by Dentists would contribute greatly to the preservation of the baby or foundation teeth to their normal shedding time.

F. A. Cassidy.

U.V.L. Treatment.—Particulars of Child Welfare Cases treated during 1952 in the various clinics are as undernoted:—

Number treated - - - - - - - - -	77
Total attendances - - - - - - - -	1474
Average number of treatments - - - - - -	19

Causes of Reference.	*Number of Patients.*	*Improved.*	*Unchanged.*
Bronchitis, etc, - - -	57	54	3
Debility - - - -	16	13	3
Glands - - - -	1	—	1
Others - - - -	3	3	—

Provision of Layettes and Accouchment Sets. (*a*) *Layettes.*—76 layettes were provided during 1952 and charges made for these in accordance with the County Council scales of recovery. 18½ were supplied free-of-charge, the applicants in all cases being unmarried mothers. Graded charges on the remaining 57½ layettes were imposed as follows:—

No. of Layettes Supplied, 1952

18	Free	£0 0 0
½	Free	0 0 0
½	10/-	0 10 0
24	10/-	12 0 0
3	15/-	2 5 0
5	20/-	5 0 0
9	25/-	11 5 0
4	30/-	6 0 0
2	35/-	3 10 0
2	40/-	4 0 0
2	45/-	4 10 0
2	50/-	5 0 0
1	55/-	2 15 0
1	65/-	3 5 0
1	70/-	3 10 0
1	80/-	4 0 0
76		£67 10 0

(*b*) *Maternity Packs.*—In conformity with Government instructions, the Local Authority continued to issue Maternity Packs to all Home Confinement cases. The practice of issuing

a suitable disinfectant in bulk to County Midwives for issue by them to patients was continued. The Local Authority paid for each pack 12s. and the annual cost to the Authority was therefore in the region of £475.

Day Nurseries:—

(*a*) *Alexandria Day Nursery—40 Places.*—The Nursery continued to have a fairly large waiting list for places, a natural concomitant to the increasing employment of married women in industry. Priority places were of course reserved for children of unmarried mothers, widows and estranged parents. The abnormally protracted negotiations with the land proprietors to allow of extension of this Nursery was no nearer finality at the end of 1952, and while some progress in this matter is anticipated in 1953, the utilisation of the extension and adaptations is expected to be delayed into 1954.

(*b*) *Helensburgh Day Nursery.*—As foreshadowed in my 1951 Report, extensions to this Nursery were carried out in 1952. In Helensburgh the Nursery is part of the Clinic building and the former U.V.L. Room in the Clinic was adapted for Nursery use. A modern Ultra Violet Machine was purchased for Clinic use and the old Carbon Arc apparatus dispensed with. As in Alexandria, demand for places in the Nursery still exceeds availability, even with the extension from 20 to 30 places, but the problem was not so acute relatively as in Alexandria with the greater industrial potential of that area and consequent opportunity for employment of married women.

Residential Nurseries.—There are no Residential Nurseries in the County.

Care of Unmarried Mothers.—Arrangements exist with undermentioned Homes to have unmarried mothers admitted for their confinements:—

(1) The Salvation Army Home 1014 Great Western Road, Glasgow.

(2) The Salvation Army Home Clevedon Road, Glasgow.
(3) St. Gerard's Home - - 218/220 St. Vincent Street, Glasgow.

During the year 21 cases were admitted to Homes.

Domestic Help.—Domestic Helps assisted at 176 Home Confinements in 1952, a decrease of 76 compared to 1951. The increasing number of mothers being confined in Hospital —referred to elsewhere—was of course a contributory factor in the reduction.

Welfare Foods.—The Local Authority continued to provide proprietary brands of Welfare Foods at Clinics at a charge of 2s. 9d. and 2s. 6d. per packet. In selected cases, at the discretion of the Area Medical Officer, these foods are issued free of charge. Generally speaking, this scheme is operated at little cost to the Local Authority and Recovery Rate is about 90 per cent.

During 1952, the undernoted quantities of various foods were issued:—

Cow & Gate Milk Food (Full Cream and Half Cream) - - -	3003 Packets
Ostermilk - - - - - - - -	922 Packets

The Local Authority co-operated with the Ministry of Food in the issue of Dried Milk, Orange Juice, &c., and in rural areas District Nurses acted on behalf of the Ministry.

Clinic accommodation was afforded from time to time to the Ministry of Food for Propaganda purposes.

Provision of New Clinics.—New Clinics were under construction in Croy and Old Kilpatrick at the end of the year, and it is anticipated that both Clinics will be opened towards the end of 1953. Preliminary planning in respect of a Clinic in Milngavie was proceeding at the end of 1952, and it is hoped that Building Consent may be forthcoming during 1953.

Premature Infants.—The agreement obtaining with Oxygenaire Ltd., to provide Oxygen Tents to Premature Babies was terminated by the Local Authority during 1952. A similar

service is now provided from Bracholm Maternity Hospital which is within the County.

Maternity Hospitals.—(*a*) Patients from Dunbarton County were confined in the undernoted hospitals during 1952:—

Royal Maternity Hospital, Glasgow.
Redlands Maternity, Hospital, Glasgow.
Lennox Castle Maternity Hospital, Lennoxtown.
Overtoun Maternity Hospital, Dumbarton.
Bracholm Maternity Hospital, Helensburgh.
Falkirk Maternity Hospital, Falkirk.

(*b*) *Admissions.*—The following Report on Admissions to Glasgow Royal Maternity Hospital has been kindly provided by the Superintendent:—

THE GLASGOW ROYAL MATERNITY AND WOMEN'S HOSPITAL.

STATEMENT OF CASES ADMITTED (SHOWING REASONS FOR ADMISSION) TO THE ANTE-NATAL WARDS FROM THE COUNTY OF DUNBARTON, DURING THE YEAR 1952.

Threatened Abortion	10	Delayed Labour	5
Rhesus Negative	2	Premaure Labour	7
High Blood Pressure	13	Premature Rupture of Membranes	3
Previous Cæsarian Section	1	Post-partum Hæmorrhage	3
Œdema	5	Retained Twin	1
Anæmia	3	Retained Placenta	2
Cardiac Disease	6	Intra Uterine Death	2
Contracted Pelvis	1	Twins	2
Pyelitis	3	Bronchitis	2
Hyperemesis	2	? Pregnant	1
Ante-partum Hæmorrhage	16	Pessary Inserted	1
Pre-eclampsia	7	? Ectopic Pregnancy	2
Vaginal Bleeding	1	Prolapse of Uterus	1
Inevitable Abortion	2	Fœtal Distress	1
Incomplete Abortion	18	Placenta Prævia	1
Complete Abortion	2	Examination under Anæsthetic	1
Breech Presentations	3	Anencephalic	1
Breech for Version	10		
Hydramnios	1		
For Investigation	2		
For Induction	1		212
Vertex-Presentations	67		

Braeholm and Overtoun Maternity Hospitals.—I am indebted to Dr. G. P. O. Erskine, Area Obstetrician and Gynæcologist, for the following Report on admissions to Braeholm and Overtoun Maternity Hospitals:—

BRAEHOLM MATERNITY HOSPITAL

Dunbarton County Patients Delivered in 1952

Normal Confinements	241	Babies S.B.	6
Maternal Deaths	1	Babies Died in Hospital	6
Babies Alive	235	B.B.A.	2

Ante-Natal Admissions

Ante-partum Hæmorrhage	12	Bornholm Disease	3
External Version	19	Pre-eclamptic toxæmia	17
Hypertension	5	Diabetes	1
Hyperemesis	5	Renal Glycosuria	1
Constipation	2	Petit Mal	1
Pyelitis	20	Abdominal Pain	4
Ectopic Pregnancy	1	Post Maturity	1
Cardiac Disease	16	Thrombo Phlebitis	1
False Labour	10		

Post-Natal Admissions

Post-partum Hæmorrhage	3	Breast Abscess	2
Pyelitis	1	Retained Placenta	2

Obstetric Conditions

	Mother		Child		
	Alive	*Died*	*Alive*	*Died*	*S.B.*
Breech Deliveries	7	—	5	2	2
Twins	8	—	11	—	5
Cæsarean Sections	13	—	12	2	1
Forceps Deliveries	27	—	26	2	[illegible]
Hysterotomy	2	—	—	—	—
Sterilisation	2	—	—	—	—

Abortions

Threatened	45	Complete	5
Incomplete D. & C.	54		

OVERTOUN MATERNITY HOSPITAL

Dunbarton County Patients Delivered in 1952

Confinements	146	Babies S.B.	Nil.
Maternal Deaths	Nil.	Babies Died in Hospital	1
Babies Alive	148	B.B.A.	2

Ante-Natal Admissions

Threatened Abortion	3	Pre-eclamptic toxæmia	9
Eclampsia	1	False Labour	1
Version	1	Ante-partum hæmorrhage	1
Induction of labour	2	D. & C.	1
Hyperemesis	1	Essential Hypertension	2
Transfers to Braeholm	4		

Post-Natal Admissions

Post-partum Hæmorrhage	2	Retained Placenta	1

Modes of Deliveries

	Mother		Child		
	Alive	*Died*	*Alive*	*Died*	*S.B.*
Spontaneous Vertex	133	Nil.	133	Nil.	Nil.
Forceps	11	Nil.	11	1	Nil.
Twins	2	Nil.	4	Nil.	Nil.
B.B.A.	2	Nil.	2	Nil.	Nil.

Section 23.

MIDWIFERY

Staff.—Notice of Intention to Practice in 1952 was received from 53 Midwives, categorised as follows:—

Domiciliary—Directly employed by Local Authority	5
Domiciliary—Contractually employed by Local Authority	4
District Nurse/Midwives directly employed by Local Authority	22
Hospital Midwives—Braeholm	15
Domiciliary—Private Practice—Not under Contract to Local Authority	5
Maternity Nurses—Private	2
Total	53

County Nursing Superintendent.—It must be recorded at this point the retiral in March, 1952, of Miss C. J. Maitland, Supervisor of Midwives, and latterly County Nursing Superintendent. Miss Maitland came originally as a Health Visitor to this Authority in 1930 and gave excellent service to Dunbarton County Council over this lengthy period. She was the recipient of gifts from the County Staff at a well-attended social function held in Hartfield Clinic, Dumbarton, and there introduced her successor to the post, Miss Catherine T. Gavin, also a former Health Visitor with the Authority.

Home Confinements.—The number of live births which occurred at home was 768, and still-births numbered 18. Comparative percentages showing births occurring at home and in hospital are shown below for the past six years, and indicate fairly well the continuing trend of having Baby in Hospital or Nursing Home, though no appreciable difference exists in 1952 figures against those in 1951:—

	Births	
Year	*At Home*	*In Hospital or Nursing Home*
1947	66%	34%
1948	63%	37%
1949	56%	44%
1950	49%	51%
1951	44%	56%
1952	44%	56%

Analgesia.—All Midwives employed by the Authority, including those on a contractual basis, are in possession of Minnitt/Gas Air Apparatus. Gas and Air was given in 372 cases in 1952, while Pethedine was given in 460. One Midwife received training in Gas/Air administration during the year and new untrained Midwifery Staff are trained as early as can be arranged.

Supervision of Midwives.—The work and conduct of cases by Midwives was inspected regularly by the County Nursing Superintendent and found to be satisfactory. With the seeming stabilisation of numbers of cases entering Hospital for confinement, the Area needs of Domiciliary Midwifery Staff will be more readily assessed, and the Local Authority keeps this matter under close review.

The Training School status afforded to Bracholm and Overtoun Maternity Hospitals resulted in two of the County Midwifery Staff undertaking District training of Pupil Midwives throughout the year.

In cases discharged from Maternity Hospitals within fourteen days of the Birth, Local Authority Midwives attended to the nursing puerperium up to the fourteenth day.

Section 24.

HEALTH VISITING

Staffing.—At 31st December, 1952, Staff employed on Health Visiting numbered 24, categorised as follows:—

Whole Time—17. *Part Time—7.

* District Nurses acting also as Health Visitors.

As mentioned in my 1951 Report, the recruitment of fully qualified Staff continued to give concern to all Local Authorities. A training course for the Health Visiting Certificate is organised by Glasgow Corporation, and it is hoped that Staff from this Authority will be enrolled on this course in 1953/54.

Health Visitors in this area are employed in all branches of Public Health work and there are no specialised Nurses such as Tuberculosis, Welfare or Clinics.

Miss Catherine Jeffrey, Health Visitor, Kirkintilloch, retired in October, 1952, on completion of 33 years' service to Dunbarton County Council, and was presented with a Television Set as a token of appreciation at a social function attended by Health Staff, past and present, Education and

Teaching Staff and local friends. Miss Jeffrey had an unequalled record of Nursing Service to the community and her cheerful personality will be missed by several generations in the area.

Clinic Work.—Clinic Returns of children attending and attendances made by them again showed a steady increase over 1951 figures and, indeed, the increasing time spent in Clinics by Health Visitors was under consideration in relation to time available for Domiciliary visiting.

There seems to be no doubt that a visit to the "Clinic" is a regular part of a great many young mothers' weekly or fortnightly programme, though returns indicate that some 25 per cent. of Babies in their first year of life are never taken to Clinic.

Health Visiting.—Visits increased by some 1,700 over the 1951 figures, the largest proportion of the increased visits being attributable to infants. Total visits numbered 27,028 compared to 25,301 in 1951, and it is evident that staffing needs will require consant review in the light of this increase in both Clinic and Visiting work.

A noticeable factor in Health Visiting, and one which is most frustrating to the Nurses, is the increased number of "Not Ins" when the Nurse calls, due largely to the number of mothers in employment outside the home. Visits to Home Helps in their place of employment totalled 2,329, which, at almost 8 per cent. of total visitation, is relatively high.

Section 25.

HOME NURSING

Staff.—At the end of 1952, there were employed by the Local Authority 19 Home Nurses, of whom 18 also acted as Midwives and 7 as Part-time Health Visitors in Rural Areas. The Staffing needs of this Service seemed fairly well set, although the extent of calls on District Nurses varied greatly from district to district.

TABLE IV.—HOME VISITATION

AREA	Expectant Mothers		Children under 1 Year of Age		Children between Ages 1 and 5		Tuberculosis Cases		Domestic Help		Other Cases		Grand Total of Visits
	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	
Kirkintilloch—Burgh	12	12	289	1,213	72	805	27	104	117	193	13	27	2,354
Kirkintilloch—Landward	15	37	171	1,764	206	1,288	26	108	108	775	82	262	4,234
Milngavie—Burgh	—	—	172	1,593	—	191	22	64	80	218	13	219	2,285
New Kilpatrick	21	53	207	1,398	184	1,604	15	101	158	370	43	184	3,710
Old Kilpatrick	2	30	209	1,311	24	953	17	102	36	259	3	88	2,743
Vale of Leven	—	—	372	2,347	226	1,769	29	301	67	408	58	143	4,968
Renton and Cardross	1	1	142	819	54	749	11	84	16	37	17	33	1,723
Rest of Western Area	—	—	57	842	41	837	22	28	4	12	5	13	1,732
Helensburgh	—	—	166	1,053	229	1,344	14	46	21	57	63	92	2,592
Cove and Kilcreggan—Burgh	—	—	24	290	17	170	—	—	—	—	10	227	687
Grand Totals	61	133	1,809	12,630	1,053	9,710	183	938	607	2,329	307	1,288	27,028

TABLE V.—MATERNITY SERVICE AND CHILD WELFARE SCHEME CLINICS.

DETAILS.	CLINICS.											
	County Totals.	Alexandria.	Renton.	Helensburgh.	Dumbarton.	Old Kilpatrick.	Bearsden.	Milngavie.	Cumbernauld.	Croy.	Twechar.	Kirkintilloch.
Number of Clinics held—												
Health Visitor only attending	487	52	50	47	51	—	50	—	47	51	49	90
Doctor and Health Visitor Attending	531	49	48	46	47	47	51	52	46	46	47	52
Ante-Natal Consultations—												
Number attending												
Total attendances												
Referred to Pre-Natal wards—												
Referred to Family Doctor												
Treated at Clinic												
Post-Natal or other Consultations—												
Child Welfare Consultations—												
First attendances—												
Under one year	1,328	226	84	134	109	113	148	118	54	68	74	200
Over one year	1,080	99	70	128	95	77	175	31	52	52	127	174
Total Attendances—												
Under one year	14,503	2,106	1,070	736	1,314	727	1,757	1,542	499	521	1,503	2,728
Over one year	6,461	800	757	302	457	327	958	536	257	338	870	850

The District Nurse in Rosneath—a rural area—resigned in March, 1952, and following detailed consideration of District needs it was decided to include the area with the two neighbouring districts of Garelochhead and Cove and Kilcreggan. This was put into effect and the Local Authority house formerly occupied by the Rosneath Nurse returned to the Council for normal needs.

Transport.—At the end of 1952, 16 motor cars were provided by the Authority, while in two instances a mileage rate was paid to Nurses owning vehicles. There still remained two areas where no car was provided and these area needs are being kept under review.

Housing.—At December, 1952, Housing circumstances of Home Nurses were as follows:—

6 Home Nurses in Houses owned by Authority.
8 Home Nurses in Houses rented by Authority.
2 Home Nurses in Houses owned by them.
3 Home Nurses in Houses rented by them.

General Review.—Supervision of Home Nursing duties was carried out by the County Nursing Superintendent and conduct of cases found satisfactory.

Visiting Returns showed a decrease from 1951 figures, though still remaining relatively high at a total of 39,342, which figure, of course, excludes visits paid in their capacity of Health Visitors and/or Midwives.

Section 26.

VACCINATION AND IMMUNISATION

Vaccination.—The rate continued at a very low level, the Primary Vaccinations numbering 643 (589-1951) and Revaccinations 142 (147-1951). This is a far from satisfactory rate, representing in infants alone a rate of only 33 per cent. vaccinated in their first year of life. In the absence, of course,

of compulsory legislation, everything possible is being done to encourage parents to have vaccination carried out.

Immunisation.—1505 children received full course of immunisation, while 2783 received maintenance or "boosting" inoculations. Comparative figures for 1951 were 1648 and 2387, so that little change took place over the two-year period. This is still an alarmingly low figure, and special effort will be necessary to convince parents of the continuing necessity of immunisation despite the low incidence of Diphtheria.

Section 28.

DOMESTIC HELP

Staff.—108 Home Helps were employed at the end of 1952, 19 full-time and 89 part-time. From these figures it will be noted that the demand for part-time help is increasing and it has been found that in cases of short illnesses and after hospital confinements part-time help is more often asked.

More help is being arranged through hospital almoners for patients returning home for prolonged convalescence and the Scheme is therefore helping to relieve the shortage of hospital beds. Officers of the National Assistance Board continue to arrange help for elderly people living alone who require it.

A large number of the cases are elderly and chronically sick and have been receiving help under the Scheme for some years.

Section 27.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis.—The following report has been provided by Dr. J. P. M. McCarey, the Area Supervising Tuberculosis Physician:—

The following tables show the statistical returns, as regards Tuberculosis, made to the Department of Health for the year 1952, corrected to agree with the returns of the Registrar-General for Scotland:—

The following tables show the main statistics for the Landward and each of the small burghal areas.

Landward Area.

56 Respiratory cases came to notice, 49 notifications, 7 transfers-in.

10 Non-respiratory cases came to notice, 9 notifications, 1 transfer-in.

21 Deaths (17 respiratory and 4 non-respiratory).

160 cases treated in Sanatoria.

41 cases granted domiciliary treatment.

Kirkintilloch.

16 Respiratory cases came to notice, 9 notifications, 7 transfers-in.

2 Non-respiratory cases came to notice, both notifications.

1 Death (respiratory).

55 cases treated in Sanatoria.

13 cases granted domiciliary treatment.

Milngavie.

4 Respiratory cases came to notice, 3 notifications, 1 transfer-in.

1 Non-respiratory case came to notice (notification).

1 Death (respiratory).

10 cases treated in Sanatoria.

4 cases granted domiciliary treatment.

Helensburgh.

12 Respiratory cases came to notice, 8 notifications, 4 transfers-in.

2 Non-respiratory cases came to notice (notifications).

7 Deaths (respiratory).

21 cases treated in Sanatoria.

6 cases granted domiciliary treatment.

Cove and Kilcreggan.

No cases of Respiratory or Non-respiratory came to notice during the year.

No deaths occurred during the year.

1 case treated in Sanatoria.

Of the 69 notified respiratory cases 47 were admitted to institutions during the year. 29 of the notified cases had a positive sputum, and 22 of these cases were admitted to institutions.

Contacts.—150 contacts were examined during the course of the year. One contact was found to be sputum positive, and received hospitalisation.

Extra Diet.—64 patients received extra nourishment (milk).

Rehabilitation.—No return for the year 1952 was made to the Department of Health. Contact with the Ministry of Labour Employment Exchanges was maintained to assist in the rehabilitation of patients and in the registration under the Disabled Persons (Employment) Act, 1944.

Housing.—11 houses were allocated to Tuberculous patients during the course of the year.

General Review.

(1) *Convalescent Homes.*—(*a*) Four admission lines to Voluntary Homes were received and issued to patients by the County Council, usually on the recommendation of the Area Welfare Officer.

(*b*) Children were admitted to Convalescent Homes during 1952, and a charge made to parents in accordance with scale laid down by the Authority. This scale operated on the basis of 1s. per £ per week of Family Income plus Family Allowance where the admitted child was in receipt of it.

(2) *Venereal Diseases.*—The Local Authority continued to co-operate in the follow-up of notified cases and contacts.

(3) *Issue of Medical Equipment.*—Items of equipment, *e.g.*, Wheel Chairs, Bed Pans, Rubber Sheeting, Air Rings, &c., were issued on loan, free of charge, to many patients through the agency of the Home Nurse.

TABLE VI.—RETURN OF CASES OF TUBERCULOSIS NOTIFIED DURING 1952.

		Number of Cases Notified as Suffering from Tuberculosis						
		Age-Groups						
		Under 1 (1)	1 and under 5 (2)	5 and under 10 (3)	10 and under 15 (4)	15 and under 25 (5)	25 and under 35 (6)	35 and under 45 (7)
Respiratory *	M.	—	—	1	1	10	9	6
	F.	—	1	1	1	15	9	1
Total		—	1	2	2	25	18	7
Non-respiratory	M.	—	2	—	—	1	—	—
	F.	—	1	—	3	1	2	—
Total		—	3	—	3	2	2	—
Respiratory and Non-respiratory	M.	—	2	1	1	11	9	6
	F.	—	2	1	4	16	11	1
Grand Total		—	4	2	5	27	20	7

		Number of Cases Notified as Suffering from Tuberculosis			Cases removed to hospital (11)	Cases notified in a previous year and removed to hospital *for the first time* during 1952 (12)
		Age-Groups				
		45 and under 65 (8)	65 and upwards (9)	Total (10)		
Respiratory *	M.	8	5	40	22	5
	F.	—	1	29	25	7
Total		8	6	69	47	12
Non-respiratory	M.	1	—	4	4	—
	F.	1	2	10	5	1
Total		2	2	14	9	1
Respiratory and Non-respiratory	M.	9	5	44	26	5
	F.	1	3	39	30	8
Grand Total		10	8	83	56	13

* Patients are divided into respiratory and non-respiratory tuberculosis cases as follows:—

(1) A respiratory case is one in which there is a tuberculous lesion of the lungs, pleura, intrathoracic glands, trachea or larynx;

(2) A non-respiratory case is one in which a tuberculous lesion is present in one or more parts of the body other than the lungs, pleura, intrathoracic glands, trachea or larynx.

A case in which there are both respiratory and non-respiratory lesions of clinical significance are classified as a respiratory case.

TABLE VII.—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)	1 and under 5 (2)	5 and under 10 (3)	10 and under 15 (4)	15 and under 25 (5)	25 and under 35 (6)	35 and under 45 (7)	45 and under 65 (8)	65 and upwards (9)	Total (10)
Respiratory—										
Males	—	—	1	1	10	9	6	8	5	40
Females	—	1	1	1	15	9	1	—	1	29
Total	—	1	2	2	25	18	7	8	6	69
Non-Respiratory—										
Males	—	2	—	—	1	—	—	1	—	4
Females	—	1	—	3	1	2	—	1	2	10
Total	—	3	—	3	2	2	—	2	2	14
Respiratory and Non-Respiratory—										
Males	—	2	1	1	11	9	6	9	5	44
Females	—	2	1	4	16	11	1	1	3	39
Total	—	4	2	5	27	20	7	10	8	83

TABLE VIII.—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					
		(1)	(2)	(3)	(4)	(5)	(6)
		In Institutions on January 1	Admitted during the year	Discharged during the year	Died in the Institutions*		In Institutions on Dec., 31
Respiratory—							
†Adults	M.	41	44	43	4	5	33
	F.	49	47	43	3	2	48
Children	M.	1	4	—	—	—	5
	F.	1	5	1	—	—	5
Non-Respiratory—							
*Adults	M.	11	9	8	1	1	10
	F.	7	3	7	—	—	3
Children	M.	9	3	6	—	—	6
	F.	4	2	3	—	—	3
Total		123	122	111	8	8	118

* Column 4 shows those who were in final residence 28 days or over.

Column 5 shows those who were in final residence under 28 days.

† All patients of 15 years and upwards are classed as adults.

TABLE X.—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

(Persons dying in santoria, 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	5	—	—	2
Notified less than 1 month before death	1	—	—	—
Notified from 1 to 3 months before death	—	—	—	—
Notified from 3 to 6 months before death	2	1	—	—
Notified from 6 to 12 months before death	6	—	—	—
Notified from 1 to 2 years before death	2	—	—	—
Notified over 2 years before death	4	5	2	—
Total	20	6	2	2
Number who died within 28 days after discharge from an Institution	1	—	—	—
Number who died more than 28 days after discharge from an institution	4	1	1	—

TABLE IX.—RETURN OF NUMBER OF PERSONS RESIDENT IN THE AREA AT 31st DECEMBER, 1952 WHO WERE KNOWN TO BE SUFFERING FROM TUBERCULOSIS

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

		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	M.	—	—	—	—	16	46	31	37	5	135
	F.	—	—	—	—	38	47	27	11	—	123
2. Sputum or other material examined and tubercle bacilli never found	M.	—	—	—	1	21	21	25	26	2	96
	F.	—	—	—	1	37	36	6	7	1	88
3. Sputum or other material not examined	M.	—	—	4	7	18	17	7	8	3	64
	F.	—	2	3	2	26	11	7	4	3	58
Total		—	2	7	11	156	178	103	93	14	564
Non-Respiratory†—											
1. Abdominal	M.	—	—	—	1	1	—	—	—	—	2
	F.	—	—	1	4	2	4	1	—	—	12
2. Spine	M.	—	2	2	1	1	3	2	—	—	11
	F.	—	1	1	—	4	6	—	1	—	13
3. Bones and joints (exclusive of spine)	M.	—	—	3	4	6	3	4	1	—	21
	F.	—	—	1	1	5	1	—	—	1	9
4. Superficial glands	M.	—	—	3	5	5	1	1	—	—	15
	F.	—	—	3	6	8	2	—	2	1	22
5. Lupus	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	1	1	—	—	2
6. Other parts or organs	M.	—	2	4	3	5	4	1	—	—	19
	F.	—	1	—	—	3	7	2	—	—	13
Total		—	6	18	25	40	32	12	4	2	139
Respiratory and Non-Respiratory Total		—	8	25	36	196	210	115	97	16	703

* Persons suffering from both respiratory and non-respiratory tuberculosis should be included under "Respiratory" only.

† Persons suffering from multiple lesions should be classified according to the site of the principal lesion. No case should be included more than once in the return.

Note.—A patient should be retained on the register in the case of respiratory tuberculosis for at least five years, and in the case of non-respiratory tuberculosis for at least three years after complete freedom from symptoms and absence of signs of tuberculosis except such as are compatible with a healed lesion or lesions.

CONTROL OF INFECTIOUS DISEASES

Scarlet Fever.—201 cases were reported during 1952, the figures for 1951 being 122.

Diphtheria.—Nine cases were notified as suspect in 1952 but none were confirmed.

Erysipelas.—Eight cases were notified in 1952 against five in 1951, and all were hospitalised.

Primary Pneumonia.—139 cases were notified in 1952 against 131 cases in 1951. 104 cases were hospitalised.

Influenzal Pneumonia.—Three cases were notified during 1952 against a nil return in 1951.

Cerebro-Spinal Fever.—Seven cases were notified in 1952 against six in 1951. All seven cases were hospitalised.

Puerperal Fever and Pyrexia.—There were no cases intimated during 1952.

Poliomyelitis.—Two cases were notified during 1952, both confirmed and hospitalised. The figure for 1951 was six cases of which two were confirmed.

Smallpox.—For the third consecutive year, there were no cases of smallpox within the County.

Whooping Cough.—This disease became notifiable from 1st January, 1950, and in 1952 there were 62 cases, of whom three were hospitalised. Comparative figures for 1951 were 146 of whom five were hospitalised.

Infectious Diseases at Dairy Farms.—No cases of infectious disease occurred in dairy farms during 1952.

Closure of Schools.—It was not found necessary to close any schools during the year.

MENTAL HEALTH SERVICES

Lunacy.—During 1952, authorised officers arranged for the certification and removal of 28 patients. In addition, two were admitted as voluntary patients for treatment. No difficulty was experienced in finding accommodation for patients, and the scheme worked smoothly.

The Local Authority continued to have a working arrangement with the admitting institutions on rehabilitation of discharged patients, and a complete environmental report on the patients' circumstances was transmitted to the mental hospital by the County District Authorised Officer. Age groups of patients removed were as follows:—

Total	—15	—25	—35	—50	—65	—80	+80
28	—	1	4	8	6	7	2

REMOVAL DETAILS ON AREA BASIS

Vale of Leven Area	7
Helensburgh Area	4
Old Kilpatrick and Duntocher Areas	4
Bearsden and Milngavie Areas	5
Kirkintilloch Area	6
Croy, Twechar and Cumbernauld Areas	1
H.M. Prison, Barlinnie, Glasgow	1
	28

I. CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

(i) ANTE-NATAL AND POST-NATAL SERVICE—Nil.

(ii) CHILD WELFARE CLINICS

	No. of clinics* provided at end of 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)
Local Health Authority Clinics	14	1,328	1,080	14,503	6,461
Clinics provided by Voluntary Organisations	—	—	—	—	—

* "Clinics" means Clinic premises, not sessions.

CHILD WELFARE CLINIC SESSIONS

Name and Address of Clinic	Number of Weekly Sessions with Health Visitor only	Number of Weekly Sessions with Health Visitor and Doctor	Total Number of Weekly Sessions
Alexandria—The Clinic, Bank Street	1	1	2
Renton—The Clinic, John Street	1	1	2
Helensburgh—The Clinic, East King Street	1	1	2
Duntocher—U.F. Church Hall	—	1	1
Old Kilpatrick—c/o J. Pirie, M.P.S., Powside	—	1	1
Milton & Bowling—Village Hall, Milton	1	—	1
Twechar—Public School	1	1	2
Cumbernauld—Public School	1	1	2
Kirkintilloch—The Clinic, Lenzie Road	1	1	
Kirkintilloch—Hillhead Community Centre	1	—	1
Milngavie—37 Station Road	—	1	1
Croy—Dunbarton County Council Office	—	1	1
Bearsden—Hillfoot Clinic	1	1	2
Bearsden—Westerton Hall Committee, Community Hall, Westerton	1	—	1

(iii) DENTAL CARE

	No. inspected by Dental Officers during the year	No. found to require treatment during the year	No. accepting treatment during the year	No. actually treated by Dental Officers during the year
(1)	(2)	(3)	(4)	(5)
Expectant Mothers	38	36	36	36
Nursing Mothers	108	108	108	102
Pre-school children	473	469	469	463

N.B. This return includes work performed for burghs of Dunbarton and Cldyebank.

(iv) MOTHER AND BABY HOMES

	Number of Beds		Number of cots
	Ante-natal	Post-natal	
(1)	(2)	(3)	(4)
HOMES OR HOSTELS PROVIDED BY THE AUTHORITY	Nil	Nil	Nil
HOMES OR HOSTELS PROVIDED BY VOLUNTARY ORGANISATIONS —			
*The Salvation Army Home, Homeland, 1014 Gt. Western Road, Glasgow	12	53	33
*St. Gerards Home, 218-220 Renfrew Street, Glasgow, C.3	26		14

* These two Homes are utilised as part of the Local Health Authority's arrangements for Care of Unmarried Mothers.

Total number of women admitted during the year to homes and hostels in Column (1) above (ignoring re-admission after confinement) 1.

(v) DAY NURSERIES (including 24-hour nurseries) as at end of year

	State whether approved for training	No. of Approved places		No. of children on register at end of year		Average daily attendances during year		Waiting Lists at end of year	
		0–2	2–5	0–2	2–5	0–2	2–5	0–2	2–5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
NURSERIES PROVIDED BY THE AUTHORITY—									
Alexandria Day Nursery Ferryfield, Bank St., Alexandria	Yes	18	22	23	24	16	16	50	124
Helensburgh Day Nursery, East King Street, Helensburgh	Yes	15	16	15	16	10	16	9	30

(vi) RESIDENTIAL NURSERIES AND CHILDREN'S HOMES provided as part of the Authority's arrangements under Section 22 of the National Health Service (Scotland) Act, 1947—Nil.

(vii) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948—Nil.

II. MIDWIFERY (Section 23)

(i) Total No. of births occurring in the area during year—that is before correction for mother's residence :—
Live Births, 1,294. Still Births, 41. Total, 1,335.

(ii) Total No. of births in (1) occurring in institutions (including private maternity homes, 549†).

(Where details of the numbers occurring in each institution are readily available, it would be helpful if a separate list could be provided)

† Took place in Braeholm Maternity Hospital, Helensburgh.

(iii) No. of births in (i) occurring at home :—
Live Births, 768. Still Births, 18. Total, 786.

(iv) No. 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 and Midwife 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)	229	545	—	—	—	—	774
(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	—	—	—	12	—	—	12
(e) Totals	229	545	—	12	—	—	786

Emergency cases under Section 22 (1) of the Midwives (Scotland) Act, 1915, are **not** included in the cases in which a doctor has been "engaged."

Note.—The total of (iv) should equal (iii).

(v) **Medical Aid**

(*a*) No. of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives (Scotland), Act, 1951, by a Midwife :—

(vi) **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 (**including** superintendents, non-medical supervisors of midwives, midwife teachers, midwives employed by the local health authority and by voluntary organisations, private practising midwives, and hospital midwives undertaking domiciliary cases under arrangements made by the local health authority and the Regional Hospital Board but **excluding** pupil midwives undergoing training on the district) Total 27

(i) No. in (*a*) employed on local health authority work 27

(ii) No. in (*a*) not employed on local health authority work .... —

(*b*) No. of domiciliary midwives who received their training during the year 1

(*c*) No. of sets of Apparatus for the administration of gas and air in use in the area at 31st December, 1952 29

(i) No. in (*c*) in use by domiliciary midwives employed on local health authority work (including those in use by hospital midwives undertaking domiciliary cases) 26

(ii) No. in (*c*) in use by domiciliary midwives not employed on local health authority work .... —

(*d*) No. of sets on order at 31st December, 1952 .... —

(*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) 372

(*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) 460

(vii) **No. of Cars in use by midwives at 31st December, 1952** 19

III. HEALTH VISITING (Section 24)

	No. of Visits paid by Health Visitors (or by District Nurses in their capacity as Health Visitors) during the year										
	Expectant Mothers*		Children under 1 year of age		Children between the age of 1 and 5		Tuberculosis cases		Other cases		Total Visits 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	61	133	1,809	12,630	1053	9,710	183	938	914	3,617	27,028
Health Visitors employed by Voluntary Organisations	—	—	—	—	—	—	—	—	—	—	—

Notes.—*These visits do not include visits paid by a midwife-health visitor who is to attend the confinement as a midwife or maternity nurse.

† Excluding cases visited during the previous year and cases known to have previously been visited in another area.

IV. HOME NURSING (Section 25)

	No. of Cases attended by Home Nurses (or by District Nurses in their capacity as 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	1,964	39,342
Home Nurses employed by Voluntary Organisations under arrangements made by the Authority	—	—

V. DOMESTIC HELP (Section 28)

(i) No. of Domestic Helps employed at end of year	108
(a) whole-time	7
(b) part-time	89
(c) Retaining fee basis	12
(ii) No. of cases for which Helps were provided during year	621
(iii) No. of cases in (ii) provided on account of confinement :— (a) at home } (b) in hospital }	202
(iv) No. of cases in (ii) provided on account of chronic sick including aged and infirm (if available)	248

TABLE XI.—MATERNITY AND CHILD WELFARE DENTAL SERVICE—JANUARY, 1952/DECEMBER, 1952

Entire County excluding Burghs of Clydebank and Dumbarton

	Maternity Service		Child Welfare
	Ante-Natal	Post-Natal	
1. Number Inspected	5	32	322
2. Number Requiring Treatment	5	31	331
3. Number Accepting Treatment	5	31	328
4. Number Actually Treated	4	53	280
5. Number of Attendances	7	99	617
6. Number Completed Treatment	11	23	226
Treatment.—			
(*a*) Number of Fillings	1	4	60
(*b*) Number of Teeth Extracted	35	128	510
(*c*) Number under Local Anaethesia	—	4	18
(*d*) Number of Administrations of General Anaesthesia	3	71	143
(*e*) Number of Dentures Supplied	—	15	—
(*f*) Number of Dentures Repaired	—	1	—

TABLE XII—DIPHTHERIA IMMUNISATION

RETURN FOR PERIOD FROM 1ST JANUARY, 1952, TO 31ST DECEMBER, 1952.

Year of Birth of persons	** Number of children who completed a full course of immunisation during the year ended 31/12/52*	*Number of maintenance inoculations given during the year ended 31/12/52*
1952 - - - -	90	—
1951 - - - -	865	—
1950 - - - -	109	—
1949 - - - -	75	1
1948 - - - -	32	5
1947 - - - -	67	411
1946 - - - -	133	702
1945 - - - -	46	114
1944 - - - -	17	161
1943 - - - -	8	106
1942 - - - -	41	718
1941 - - - -	4	84
1940 - - - -	—	24
1939 - - - -	—	153
1938 - - - -	17	264
1937 or earlier - -	1	37
	1505	2780

* The information is in respect of all children who have received the final injection of a course of immunisation during the year. As indicated in Appendix C to D.H.S. Circular 76/1948, the waiting period of 12 weeks for the development of immunity is disregarded.

COUNTY OF DUNBARTON.

TABLE XIV.—SHOWING THE NUMBER OF CASES OF INFECTIOUS DISEASE OCCURRING IN HOUSES OF DIFFERENT SIZES, &c., IN 1952.

Disease.	Number of Apartments.						Cases occurring in					Total No. of Cases.
	One.	Two.	Three.	Four.	Five.	Over Five.	Institutions.	Hotels.	Ships.	Tents.	Houseboats.	
Poliomyelitis, ...	...	...	1	...	1	...	...	...	...	...	...	2
Scarlet Fever, ...	2	47	75	58	6	12	1	...	...	...	...	201
Erysipelas, ...	...	...	4	2	1	1	...	...	...	...	...	8
Primary Pneumonia, ...	3	44	35	38	11	5	2	...	...	1	...	139
Influenzal Pneumonia, ...	...	...	1	2	...	...	...	...	..	...	...	3
Cerebro-Spinal Fever, ...	1	1	1	3	...	...	1	...	...	...	...	7
Dysentery, ...	...	...	...	1	...	1	1	...	...	...	...	3
Ophthalmia Neonatorum, ...	...	...	...	1	...	...	...	...	...	...	...	1
Para Typhoid B., ...	...	...	1	...	...	...	...	...	...	...	...	1
Whooping Cough, ...	2	13	16	22	5	4	..	...	...	...	...	62
Measles, ...	...	1	1	...	...	...	3	...	...	...	...	5
Chickenpox, ...	...	...	...	...	..	...	1	...	...	...	...	1
TOTAL, ...	8	106	135	127	24	23	9	...	...	1	...	433

TABLE XIII.—VACCINATION

Return for Period 1st January, 1952, to 31st December, 1952

Year of birth of persons	Number of Persons Primarily Vaccinated During Period				Number of Persons Re-Vaccinated During Period				Number of persons specially reported during period because of actual or alleged complication of vaccination
	Typical vaccinia greatest at 7th-10th day	Accelerated (vaccinoid) Reaction 5th-7th day	Reaction greatest at 2nd-3rd day	No local reaction	Typical vaccinia greatest at 7th-10th day	Accelerated (vaccinoid) Reaction 5th-7th day	Reaction greatest at 2nd-3rd day	No local reaction	
1952	295	27	2	14	—	—	—	—	
1951	206	25	3	12	—	—	—	—	
1950	14	1	—	—	—	—	—	1	
1949	12	—	—	—	—	—	—	—	
1948	3	1	1	—	1	—	1	—	
1947	4	—	—	—	3	—	—	—	
1946	3	—	—	—	2	—	—	—	
1945	2	—	—	—	—	—	—	1	
1944	1	—	—	—	—	—	1	1	
1943	—	—	—	—	—	—	—	1	
1942	2	—	—	—	2	—	—	—	
1941	—	—	—	—	—	—	—	1	
1940	—	—	—	—	1	—	1	1	
1939	—	—	—	—	—	—	—	—	
1938	—	—	—	—	—	—	1	—	
1937 or earlier	15	—	—	—	56	24	28	15	
Totals	557	54	6	26	65	24	32	21	

TABLE XVa.

Amended Figures to Show Cases of Infectious Diseases Notified During the Year 1952 now Subsequently Confirmed.

DISEASES		At all ages	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 65	65 and over	Cases Removed to Hospital	Cases not Removed to Hospital
Diphtheria *	M.	..	..	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..	..	..
Dysentery	M.	1	..	1	..	..	..	..	..	..	1	..
	F.	2	..	..	..	1	..	..	1	..	2	..
Poliomyelitis	M.	1	..	1	..	..	..	..	..	..	1	..
	F.	1	..	..	..	..	..	..	1	..	1	..
Para Typhoid B.	M.	1	..	..	..	..	..	..	1	..	1	..
	F.	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	M.	1	1	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..	..	..
Total	M.	4	1	2	..	..	..	..	1	..	3	..
	F.	3	..	..	..	1	..	..	2	..	3	..

* All cases of Diphtheria which were notified during the year 1951 were found to be negative.

TABLE XV.—RETURN OF CASES OF INFECTIOUS DISEASE (EXCLUDING TUBERCULOSIS) NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1952

DISEASE		NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH AND ACCEPTED BY HIM AS SUFFERING FROM THE STATED DISEASE										
		At all ages	At Age—Years								Cases removed to hospital	Cases not removed to hospital
			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 65	65 and upwards		
		1	2	3	4	5	6	7	8	9	10	11
Cerebro-Spinal Fever	M.	3	1	1	1	—	—	—	—	—	3	—
	F.	4	1	—	—	3	—	—	—	—	4	—
Chickenpox	M.	1	—	—	1	—	—	—	—	—	1	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Cholera	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	M.	6	1	3	1	1	—	—	—	—	6	—
	F.	3	1	1	—	—	1	—	—	—	3	—
Dysentery	M.	1	—	1	—	—	—	—	—	—	1	—
	F.	2	—	—	—	1	—	—	1	—	2	—
Encephalitis Lethargica	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	M.	3	—	—	—	—	—	1	2	—	1	2
	F.	5	—	—	—	—	1	—	3	1	1	4
Jaundice, Acute Infective	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Malaria	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Measles	M.	2	—	1	1	—	—	—	—	—	2	—
	F.	3	—	1	—	2	—	—	—	—	3	—
Ophthalmia Neonatorum	M.	1	1	—	—	—	—	—	—	—	—	1
	F.	—	—	—	—	—	—	—	—	—	—	—
Plague	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	M.	3	—	1	—	—	1	1	—	—	2	1
	F.	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Primary	M.	80	13	17	9	5	5	5	17	9	67	13
	F.	59	9	11	4	6	7	9	7	6	37	22
Poliomyelitis, Acute	M.	1	—	1	—	—	—	—	—	—	1	—
	F.	1	—	—	—	—	—	—	1	—	1	—
Puerperal Fever	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	M.	83	—	52	28	3	—	—	—	—	74	9
	F.	118	5	56	56	1	—	—	—	—	105	13
Smallpox	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A.	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B.	M.	1	—	—	—	—	—	—	1	—	1	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	M.	26	6	14	5	—	1	—	—	—	—	26
	F.	26	3	23	10	—	—	—	—	—	3	33
TOTAL	M.	211	22	91	46	9	7	7	20	9	159	52
	F.	231	19	92	70	13	9	9	12	7	159	72

COUNTY OF DUNBARTON.

TABLE XVI.—CASES OF INFECTIOUS DISEASE COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER DURING 1952.

Parish.	Chickenpox	Measles	Whooping Cough	Scarlet Fever	Erysipelas	Puerperal Fever	Pyuerperal Prexia	Primary Pneumonia.	Influenzal. Pneumonia.	Cerebro Spinal Fever.	Dysentery.	Poliomyelitis.	Ophthalmia Neonatorum.	Para Typhoid B.	Totals.
Helensburgh,	..	2	..	2	..	..	..	2	..	..	..	1	..	..	7
Bonhill,	..	..	7	39	1	..	..	26	..	1	..	..	..	..	74
Cardross,	..	1	12	34	1	..	..	38	1	..	.	..	..	..	87
Kilmaronock,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rosneath (Landward),	..	.	..	1	..	..	..	..	..	..	..	..	..	..	1
Rosneath (Burgh),	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Rhu (Landward),	..	..	..	..	..	..	..	1	..	..	1	..	..	..	3
Rhu (Burgh),	.	..	..	..	..	..	..	...	..	1	..	..	..	..	..
West Kilpatrick,	..	..	25	23	2	..	..	23	1	1	1	..	1	1	78
East Kilpatrick (Landward)	1	..	3	25	1	..	..	9	..	..	1	1	..	..	42
East Kilpatrick (Burgh),	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Kirkintilloch (Landward),	..	..	4	19	..	..	..	..	..	1	..	.	..	..	20
Kirkintilloch (Burgh),	..	2	2	34	2	..	..	27	..	..	..	..	..	..	70
Cumbernauld,	..	..	..	6	1	..	.	9	..	..	..	..	..	..	18
Milngavie (Burgh),	..	..	9	18	..	..	..	4	1	1	..	..	..	..	33
Totals,	1	5	62	201	5	..	..	139	3	7	3	2	1	1	433
Removed to Hospital.	..	5	3	179	2	..	..	104	2	7	3	2	..	1	308

NURSERIES AND CHILD MINDERS REGULATIONS, 1948

No applications were received in respect of premises during 1952, and no intimations were received from Child Minders.

PORT HEALTH ADMINISTRATION—C

This Local Authority makes an annual payment to the City of Glasgow for services carried out by that Authority on our behalf.

Additionally, suitable arrangements were made for docking of Oil Tankers at Finnart.

FOOD SUPPLY—D

Milk.—The production and retail of milk continues on a satisfactory basis and there was no record of any illness arising from any milk supply.

In farms where infectious disease does arise, immediate arrangements for pasteurisation of the milk is made.

Milk supplied to schools was of the requisite standard.

Ice-Cream.—During this year, the fat standard of Ice-Cream was reduced to contain 4 per cent. fat. Small Ice-Cream Dealers have no objection to this regulation on the grounds of manufacturing costs, but they resent the fact that the addition of fat to their ice-cream tends to reduce its palatability. It is stated that, if and when butter is derationed, the objection on the grounds of palatability may not really be valid. As long as ice-cream is being hygienically produced and retailed, it still seems that there is a case for allowing the retail of both high and low fat content ice-cream. Is it really true that, bulk for bulk, certain high fat content "wafers" contain more fat than low fat content ones?

Meat and Other Foods.—No comments.

Food Hygiene.—The standards of certain restaurants and shops leave much to be desired. Public opinion is slowly forcing the Food Trade into taking a more constructive attitude, but until direct legislation is introduced there can

be no early reduction in the number of cases of food poisoning. How many such cases occur, it is impossible to say, since they do not come to the notice of the Public Health Department unless there is an explosive outbreak.

Food Poisoning.—No major outbreaks of food poisoning occurred.

Nutrition.—The general standard of infants and school children is excellent. The school milk and meals scheme is showing its results, and it is to be hoped that some extension of a meals service can be made to the elderly, where fairly often nutrition is poor. This is usually the case where the old are living alone and cannot be bothered to cook; are financially limited, or require food which is more easily digestible than that which they normally obtain.

Miscellaneous.

E.

NATIONAL ASSISTANCE ACT, 1948

Part III Accommodation.—While available accommodation in the Local Authority Area did not improve, progress was made towards the erection of two Homes in the County—Milton, Dumbuck, by Bowling, to accommodate 25, and Alexandria, where a conversion of a standard Block of four 4-apt. Houses was planned to accommodate 15. It is hoped to have both Homes in full use early in 1954.

Medical Supervision and Services.—Medical Supervision and Services were, of course, provided in Townend, Dumbarton, the only Part III accommodation within the area.

Registration and Inspection of Homes for the Aged and Disabled.—No applications were received during 1952.

Removals (Section 47).—No compulsory removals were undertaken during 1952, the local Welfare Officers being able in all instances to effect persuasion of cases removed.

Care of Property (Section 48).—No specific arrangements were called for in the year under review.

Burials (Section 50).—Burials in terms of this section took place and were paid for by Local Authority without prejudice.

Section 29.

WELFARE SERVICES

Handicapped Persons (excluding Blind).—Progress was made during the year in the formation of a Scheme to provide Services at home and in suitable training establishments and it is hoped that some further progress in provision of these services will take place in 1953.

Blind Persons.—Registered Blind Persons in the County at 31st March, 1953, numbered 117, an increase of 7 over the previous year. Of the total—15 were new registrations and 4 only were under 65 years of age, thus cutting down at the outset the trainability prospects, and of the County total of 117—87 were over 60 years of age. A total of 14 were employed as follows:—

In Workshops for the Blind - -	8
In Approved Home Work - -	1
Others - - - - -	5

Radio Licences—Wireless Telegraphy (Blind Persons Facilities) Act, 1926.—During 1952, 11 certificates were issued to registered blind persons.

Statistics.—The following Tables show the statistics for Blind Persons in the Dunbarton County Area:—

TABLE XVII.

	On Register at 1/1/52.	Added during year.	Total.	Died During Year.	Left district during year.	Certification withdrawn.	On Register at 31/12/52.
Burgh of Kirkintilloch,	12	4	16	1	1	...	14
Burgh of Helensburgh,	11	1	12	1	...	...	11
Burgh of Milngavie, ...	12	2	14	...	...	...	14
Burgh of Kilcreggan, ...	...	...	...	...	...	...	...
Eastern Area (Landward), ...	32	6	38	6	...	...	32
Western Area (Landward), ...	41	8	49	6	1	...	42
	108	21	129	14	2	..	113

TABLE XVIII.—STATISTICS RELATIVE TO BLIND PERSONS AS AT 1ST APRIL, 1953.

DUNBARTON COUNTY (INCLUDING SMALL BURGHS).

M = Males; F = Females; T = Total.

TABLE I.—CASES REGISTERED FOR FIRST TIME DURING YEAR ENDED 31ST MARCH, 1953. AGES AT TIME OF REGISTRATION AND PROBABLE YEAR OF ONSET OF BLINDNESS.

Probable Year of Onset	AGE AT REGISTRATION																								TOTAL		
	0–1		2–4		5–15		16–17		18–20		21–29		30–39		40–49		50–59		60–64		65–69		70+				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Prior to 1949	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1	....	2	1	3
1949	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	1
1950	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	3	....	3	3
1951	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	1	....	....	....	....	4	2	5	7
1952	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	1
1953	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....

II.—CASES REGISTERED FOR FIRST TIME DURING YEAR ENDED 31ST MARCH, 1953. CERTIFICATION OF BLINDNESS.

Certified by			Cases Registered without Medical Examination	TOTAL
Ophthalmic Surgeons attached to Clinics	Other Ophthalmic Surgeons	Medical Practitioners other than Ophthalmic Surgeons		
15	....	....	....	15

III.—NUMBERS ACCORDING TO DIFFERENT AGE-GROUPS OF ALL BLIND PERSONS ON THE REGISTER.

*0–1		2–4		5–15		16–17		18–20		21–29		30–39		40–49		50–59		60–64		65–69		70+		TOTAL		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
....	....	....	....	1	....	....	1	....	1	1	....	3	3	4	2	7	7	5	5	8	9	27	33	56	61	117

IV.—CLASSIFICATION OF BLIND SCHOOL CHILDREN (2 TO 15 YEARS INCLUSIVE).

	Normal		Additionally Handicapped		Total (See note 4 overleaf)		
	M.	F.	M.	F.	M.	F.	T.
At School							
Voluntary School	....	....	....	....	....	....	....
Education Authority School	....	....	....	....	....	....	....
Not at School	....	....	1	....	....	....	....
	....	....	1	....	1	....	1

14	6	6	...	1	1
2	1	...	...	1	...
1	...	1	...	...	...
17	7	7	...	2	1

Blind during year. | Left district during year. | Certificates withdrawn. | Deaths during year.

—Progress was
heme to provide
blishments and
ovision of these

in the County at
se of 7 over the
registrations and
ting down at the
County total of
total of 14 were

- 8
- 1
- 5

Blind Persons Fam
ates were issued to

w the statistics for
Area:—

TABLE XVIII.—STATISTICS RELATIVE TO BLIND PERSONS AS AT 31st APRIL, 1953

DUNBARTON COUNTY (INCLUDING SMALL BURGHS).

M = Males; F = Females; T = Total.

TABLE I.—CASES REGISTERED FOR FIRST TIME DURING YEAR ENDED 31st MARCH, 1953. AGES AT TIME OF REGISTRATION AND PROBABLE YEAR OF ONSET OF BLINDNESS.

Probable Year of Onset	AGE AT REGISTRATION																								TOTAL		
	0–1		2–4		5–15		16–17		18–20		21–29		30–39		40–49		50–59		60–64		65–69		70+				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Prior to 1949	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	1	3
1949	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1
1950	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3	3
1951	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	4	2	5	7
1952	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1
1953	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

II.—CASES REGISTERED FOR FIRST TIME DURING YEAR ENDED 31st MARCH, 1953. CERTIFICATION OF BLINDNESS.

Certified by			Cases Registered without Medical Examination	TOTAL
Ophthalmic Surgeons attached to Clinics	Other Ophthalmic Surgeons	Medical Practitioners other than Ophthalmic Surgeons		
15	...	...	...	15

III.—NUMBERS ACCORDING TO DIFFERENT AGE-GROUPS OF ALL BLIND PERSONS ON THE REGISTER.

*0–1		2–4		5–15		16–17		18–20		21–29		30–39		40–49		50–59		60–64		65–69		70+		TOTAL		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
...	...	...	...	1	...	...	1	...	1	1	...	3	3	4	2	7	7	5	5	8	9	27	23	56	61	117

IV.—CLASSIFICATION OF BLIND SCHOOL CHILDREN (2 TO 15 YEARS INCLUSIVE).

	Normal		Additionally Handicapped		Total (See note 4 overleaf)		
	M.	F.	M.	F.	M.	F.	T.
At School							
Voluntary School	...	...	...	...	...	...	...
Education Authority School	...	...	...	...	...	...	...
Not at School	...	...	1	...	...	...	...
Total	...	...	1	...	1	...	1

V.—EMPLOYMENT, &c., CONDITION OF BLIND PERSONS OF 16 YEARS AND OVER.

Employed (a)				Undergoing training (b)		Unemployed: Trained (c)		Unemployed: Not trained but trainable (d)		Unemployed: Not available for employment (housewives, retired persons, etc.) (e)		Unemployed: Not capable of work (f)		Grand Totals (g)		
	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
In workshops for the blind	4	4	For sheltered employment	...	...	...	...	2	1							
As approved Home workers	1	...	For open employment	...	...	...	...	...	...							
Others	4	1	For profession or university	...	...	...	...	...	...							
Totals	9	5		...	...	...	...	2	1	36	59	6	5	55	61	116

VI.—THE PROBABLY TRAINABLE BLIND.

	16–17		18–20		21–29		30–39		40–49		50–59		Total			Unwilling to undergo training			Grand Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.
For sheltered employment	...	1	...	...	...	...	...	...	1	...	...	...	1	1	2						
For open employment	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
For profession or university	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
Totals	...	1	...	...	...	...	...	...	1	...	...	...	1	1	2	1	...	1	2	1	3

William Dougal, 23 Nithsdale Crescent, Bearsden—Aged 47 years, willing to undergo training.
Mary McMeechan, 5 Stewart Street, Milngavie—Aged 16 years, willing to undergo training.

TABLE XIX.—RAINFALL DURING 1952

Station	Observer	Rain Gauge: Diameter	Rain Gauge: Ht. above Ground	Rain Gauge: Ht. above Sea-level		January	February	March	April	May	June	July	August	September	October	November	December	Totals
Whistlefield, Clear Water Tank	Malcolm Ross, County Engineer	in. 8	ft. in. 1 0	ft. 342	Rain in inches	5·80	2·11	4·96	2·10	0·95	3·37	2·66	7·00	4·34	5·17	3·20	7·13	48·73
Rhu, Filter House	Do.	8	1 0	350	Rain in inches	5·37	1·83	4·91	2·23	1·39	3·23	3·01	6·70	3·95	5·15	2·78	7·16	47·71
Valve House, Luss Rd., Helensburgh	A. Duncan Romisch, Burgh Surveyor	8	1 0	293	Rain in inches	5·61	2·26	4·18	2·80	1·70	3·31	2·78	5·01	3·55	5·81	3·54	7·00	47·55
Renton Filters	E. Carberry, Alexandria	8	4 0	292	Rain in inches	5·74	2·40	3·67	2·35	2·09	3·87	3·29	3·88	3·37	6·47	2·68	5·58	45·39
					Days on which rain fell	18	13	13	15	10	18	17	18	14	21	11	25	193
Garshake	William Wilson, Burgh Engineer	8	1 0	235	Rain in inches	5·33	2·13	3·35	2·62	0·88	2·12	2·27	3·25	2·11	5·74	2·97	5·48	38·25
Loch Humphrey	Do.	8	1 0	1052	Rain in inches	5·00	2·13	4·35	2·45	0·63	1·76	3·68	3·05	2·62	4·70	3·02	4·33	38·62
Main Sewage Stn., Dumbarton	Do.	5	1 0	11	Rain in inches	5·41	1·65	3·23	2·16	1·71	3·11	2·33	3·32	2·93	5·33	2·08	4·86	38·12
Glen Finlas	E. Carberry, Alexandria	....	....	....	Rain in inches	8·36	3·65	7·11	3·72	2·18	5·60	5·32	8·02	5·70	7·38	3·94	9·80	70·78
					Days on which rain fell	19	16	14	16	16	23	17	21	13	20	12	21	208
Cochno Filters		5	1 0	400	Rain in inches	4·18	2·45	3·34	1·92	2·31	3·07	3·15	3·53	2·86	5·07	2·32	4·60	38·80
					Days on which rain fell	16	12	12	15	14	18	15	17	12	19	14	20	184
Cochno Loch	J. E. McWilliam, Superintendent	5	1 0	909	Rain in inches	3·09	5·14	4·52	2·61	2·17	4·86	4·37	5·47	3·56	6·09	2·59	6·19	50·66
Jaw Reservoir	Do.	5	1 0	912	Rain in inches	4·04	4·73	4·65	2·77	1·99	4·37	4·86	5·13	4·12	5·02	3·03	6·05	50·76
Greenside Reservoir	Do.	5	1 0	875	Rain in inches	3·37	5·92	4·60	2·57	2·29	4·58	3·73	5·28	3·27	5·58	2·28	5·35	48·82
Mugdock Reservoir	Malcolm Ross, County Engineer	....	....	325	Rain in inches	5·43	2·79	2·77	2·47	2·29	3·68	3·32	4·33	2·97	5·66	2·12	5·22	44·05
Mean Rainfall .... (Scotland)	Meteorological Reports	....	....	....	Rain in inches	3·49	1·14	2·46	1·64	1·95	2·64	2·45	4·01	2·33	3·20	2·25	3·46	31·02
					Days on which rain fell	17	11	14	12	12	17	15	17	15	19	15	21	185

DEPARTMENT OF HEALTH FOR SCOTLAND.
B.C.G. VACCINATION, 1952.

RETURN FOR PERIOD 1ST JANUARY, 1952, TO 31ST DECEMBER, 1952.

	Tuberculin tested.		*Negative re-actors.*		*Vaccinated During 1952.**	
	M.	F.	M.	F.	M.	F.
(1) Nurses - - - -	—	58	—	11	—	7
(2) Medical Students - -	—	—	—	—	—	—
(3) Contacts - - - -	102	100	55	56	32	33
(4) Special Groups not included in (1) to (3) above—						
(*a*) School leavers -	—	—	—	—	—	—
(*b*) New-born babies -	—	—	—	—	†7	2
(5) Others - - - -	—	1	—	1	—	—

*This return shows the number of vaccinations carried out during 1952 whether or not the pre- or post-vaccination tuberculin tests were carried out in the same year.

†These vaccinations were carried out in Royal Maternity Hospital, Glasgow.

Nursing Homes Regulation (Scotland) Act, 1938.—There are no registered Nursing Homes within the County.

Health Education.—No specific campaign was carried out during the year, but literature was issued regularly to all Health Department Agencies.

General Sanitation—Water Supplies.—Periodic samples of the various sources within the County were examined and found to be satisfactory. In view of possible future developments, samples of water from Auchentullich Bay, Loch Lomond, were taken, and it would appear doubtful if it would be safe to use water from this source.

Fluoridisation of water supplies to prevent dental decay has given rise to a great deal of speculation, and as against future schemes of dental hygiene, the various water supplies in the County were analysed. It was shown that as against the recommended level of fluorine of 1 p.p.m., the supplies in this County showed contents varying from Nil to 0.1 parts per million.

Details as to the individual waters examined for routine purposes can be found in the Sanitary Inspectors' Reports.

Rivers Pollution.—During this year, the Authority were interested in the setting-up of the River Boards under the Rivers Prevention and Pollution (Scotland) Act, 1951. Little headway was made and Local Authority officials will still require to carry on. In this connection, it is hoped that, when these Boards are finally established, the co-operation and help of the relative officials of the Local Authority will be sought, as their intimate knowledge of local problems would be invaluable.

Complaints of oil in water were received from the Gareloch-side, but the possibility of finding the transgressor is remote. Until Masters of vessels do clean their bilges well out at sea (and there is now no excuse for them not doing so) pollution will continue.

The pollution from laid-up ships in the Gareloch is at present negligible.

With the proposed establishment of a Hardboard Factory at Renton, standards of effluents which would protect the River Leven were established.

Offensive Trades.—No complaints were received.

Other Matters

Meteorology.—Reference should be made to Table XIX on page 63.

HOUSING PROGRESS

Houses Completed During The Year 1952.

Site	Tradition	Non-Traditional		Agricultural		Total
Totine Park, Renton		Whitson-Fairhurst	12			12
Cardross	4	Whitson-Fairhurst	4			8
Dalmonach		Orlit	18	Orlit	4	22
Gartocharn		Whitson-Fairhurst	8			8
Waterside		Lawrence	24			24
Rosneath		Whitson-Fairhurst	10			10
Lomond Road Balloch		Lawrence	30			30
Cumbernauld		Lawrence	26			26
Milton				Trad.	4	4
	4		132		8	144

HOUSING (SCOTLAND) ACT, 1950

During the year 43 Representations were made affecting 43 houses under the Housing (Scotland) Act, 1950.

Renton

Situation of Property	*No. of Houses*	*Apartments* 1	2	3	4	5	6	7
Closing Order—								
133 Back Street, Renton	1	1	—	—	—	—	—	—
	1	1	—	—	—	—	—	—

Bonhill

Situation of Property	No. of Houses	Apartments 1	2	3	4	5	6	7
Closing Order—								
187 Main Street, Jamestown -	1	—	1	—	—	—	—	—
105 North Street, Alexandria	1	1	—	—	—	—	—	—
40 Random Street, Alexandria	1	—	1	—	—	—	—	—
Demolition Order—								
8 Random Street, Alexandria	1	—	1	—	—	—	—	—
16 Random Street, Alexandria	1	—	—	1	—	—	—	—
18 Random Street, Alexandria	1	—	—	1	—	—	—	—
	6	1	3	2	—	—	—	—

Cardross

Situation of Property	No. of Houses	Apartments 1	2	3	4	5	6	7
Closing Order—								
Hope Terrace (Upper Flat) -	1	—	1	—	—	—	—	—
	1	—	1	—	—	—	—	—

Clynder

Situation of Property	No. of Houses	Apartments 1	2	3	4	5	6	7
Closing Order—								
Victoria Place, Clynder	1	—	—	1	—	—	—	—
Victoria Place, Clynder -	1	—	—	—	1	—	—	—
Clynder Cottage, Clynder -	1	—	1	—	—	—	—	—
Hotel Buildings, Clynder	1	—	1	—	—	—	—	—
Demolition Order—								
Mount Pleasant Cottage -	1	—	1	—	—	—	—	—
	5	—	3	1	1	—	—	—

Rosneath

Situation of Property	No. of Houses	Apartments 1	2	3	4	5	6	7
Closing Order—								
Camsail Cottage, Rosneath -	1	—	—	—	1	—	—	—
	1	—	—	—	1	—	—	—

Waterside

Situation of Property	No. of Houses	Apartments 1	2	3	4	5	6	7
Demolition Order—								
34 Bankhead Rd., Waterside	1	—	1	—	—	—	—	—
Duntiblae, Waterside - -	1	—	—	1	—	—	—	—
Duntiblae, Waterside - -	1	—	—	1	—	—	—	—
	3	—	1	2	—	—	—	—

Twechar

Situation of Property	No. of Houses	Apartments 1	2	3	4	5	6	7
Closing Order—								
84 Barrhill Rows, Twechar -	1	—	1	—	—	—	—	—
152 Barrhill Rows, Twechar	1	—	1	—	—	—	—	—
	2	—	2	—	—	—	—	—

Condorrat

Situation of Property	No. of Houses	Apartments 1	2	3	4	5	6	7
Closing Order—								
Dalshannon, Condorrat -	1	—	1	—	—	—	—	—
Dalshannon, Condorrat -	1	—	1	—	—	—	—	—
Dalshannon, Condorrat -	1	—	1	—	—	—	—	—

Demolition Order—								
Kirkgate Cottage, Condorrat	1	—	—	—	1	—	—	—
	4	—	3	—	1	—	—	—

CUMBERNAULD

Situation of Property	*No. of Houses*	*Apartments* 1	2	3	4	5	6	7
Closing Order—								
11 Main Street, Cumbernauld	1	—	1	—	—	—	—	—
54 Main Street, Cumbernauld	1	—	1	—	—	—	—	—
54 Main Street, Cumbernauld	1	1	—	—	—	—	—	—
10 The Wynd, Cumbernauld	1	—	1	—	—	—	—	—
10 The Wynd, Cumbernauld	1	—	1	—	—	—	—	—
Demolition Order—								
34 Baronhill, Cumbernauld -	1	—	1	—	—	—	—	—
34 Baronhill, Cumbernauld -	1	—	1	—	—	—	—	—
34 Baronhill, Cumbernauld -	1	—	1	—	—	—	—	—
39 Main Street, Cumbernauld	1	—	1	—	—	—	—	—
39 Main Street, Cumbernauld	1	—	1	—	—	—	—	—
49 Main Street, Cumbernauld	1	—	1	—	—	—	—	—
49 Main Street, Cumbernauld	1	—	1	—	—	—	—	—
17 The Wynd, Cumbernauld	1	—	1	—	—	—	—	—
19 The Wynd, Cumbernauld	1	—	—	1	—	—	—	—
19 The Wynd, Cumbernauld	1	—	1	—	—	—	—	—
22 The Wynd, Cumbernauld	1	—	—	—	1	—	—	—
26 The Wynd, Cumbernauld	1	—	1	—	—	—	—	—
26 The Wynd, Cumbernauld	1	—	1	—	—	—	—	—
26 The Wynd, Cumbernauld	1	1	—	—	—	—	—	—
26 The Wynd, Cumbernauld	1	1	—	—	—	—	—	—
	20	3	15	1	1	—	—	—
TOTAL ALL AREAS - -	43	5	28	6	4	—	—	—

TABLE XX.

Prescribed Particulars on the Administration of the Factories Act, 1937.

PART I OF THE ACT

1.—Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors)—

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	112	181	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	143	172	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	35	94	2	—
Total	290	447	3	—

I.—Cases in which Defects were Found—

(If defects are discovered at the premises on two, three or more separate occasions, they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of Cleanliness (S.1)	12	12	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable Temperature (S.3)	—	—	—	—	—
Inadequate Ventilation (S.4)	1	1	—	—	—
Ineffective Drainage of Floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	2	2	—	—	—
(b) Unsuitable or Defective	2	2	—	—	—
(c) Not Separate for Sexes	—	—	—	—	—
Other Offences against the Act (not including offences relating to Outwork)	1	1	—	1	—
Total	18	18	—	2	—

Medical Inspection of School Children

1952-1953

(Year ending 31st July, 1953)

COUNTY COUNCIL OF DUNBARTON.

SCHOOL MEDICAL STAFF.

Supervising School Medical Officer.

SAMUEL HARVEY, M.B., Ch.B., M.R.C.P.(Edin.), D.P.H.

School Medical Officers.

ELLEN CUSH, M.B., Ch.B., D.P.H. (Resigned 15/8/52.)

IAIN MACLEOD, M.B., Ch.B., D.P.H.

CHARLES C. SLORACH, M.B., Ch.B., D.P.H. (part-time).

AGNES W. B. F. O'GORMAN, L.R.C.P., L.R.C.S.(Edin.), L.R.F.P.S.(Glas.), D.P.H.

MARION H. C. CORNOCK, M.B., Ch.B., D.P.H.

Chief Dental Officer.

FELIX A. CASSIDY, L.D.S., D.D.S.(McGill).

Dental Surgeons.

ELIZABETH McKENDRICK, L.D.S.

Mrs. MARY W. DINN, L.D.S.

DOROTHY EDWARD, L.D.S.

JAMES RODGERS, L.D.S. (Commenced 18/8/52.)

THOMAS HAMILTON, L.D.S.

SHEILA S. SPEIRS, L.D.S.

MOIRA KEITH, L.D.S. (Commenced 16/9/52 resigned 30/6/53.)

KENNETH DAVIS, L.D.S. (Commenced 16/3/53.)

Ophthalmic Surgeon.

JAMES N. TENNENT, M.B., Ch.B., B.Sc., D.O.M.S., F.R.F.P.S.

Ear, Nose and Throat Specialist.

J. FULTON CHRISTIE, M.B., Ch.B., F.R.F.P.S.

Anæsthetist.

A. FERGUS McINTYRE, M.B., Ch.B.

Nurse in Charge of Orthopædic Clinics.

MORAG T. GALLOWAY.

Orthopædic Assistants.

AGNES McF. MALCOLM. JEAN S. A. HOWATT (part-time).
Mrs. MARGARET S. MACLAGAN.

Superintendent of Nurses.

C. T. GAVIN

Nursing Staff.

C. M. JEFFREY.
(Retired 7/10/52.)
•J. P. SCOTT.
J. McHAFFIE.
A. GEE.
•M. GILMOUR.
K. STEVENSON.
M. M. MACDONALD.
E. M. RANKIN.
Mrs. M. THOMPSON.
(Resigned 28/2/53.)
Mrs. M. W. CHRISTIE.
C. SCOBIE.
(Commenced 17/11/52.)
•A. TAYLOR.
C. DEMPSEY.
M. G. MILLER.
C. KING.
M. CALLANDER.
E. A. SANDILANDS.
M. CALLAGHAN.
A. VEITCH.
(Resigned 31/1/53.)
Mrs. J. CAMERON.
E. CRAWFORD.
A. JOHNSTON.
ALICE F. McLELLAN.
(Commenced 1/5/53.)

• Employed solely on School Medical Duties.

Audicometrician.

CHRISTINA P. ROGERS.

Dental Attendants.

ANNIE C. RAE.
Mrs. M. SAMSON.
CHRISTINE McNAUGHTON.
(Commenced 25/8/52.)
MAUREEN McGOUGAN.
(Commenced 10/9/52.)
JEAN S. LOCKHART.
(Commenced 12/1/53.)
Mrs. J. MASON.
ELIZABETH ROLLO.
(Resigned 15/12/52)
ANNA LANG.
(Commenced 4/9/52.)
J. HEMPHILL.
(Commenced 15/9/52.)
Mrs. C. DUNCAN.
(P.T. Commenced 24/3/53

Attendant at Orthopædic Clinic.

MARGARET C. BLACK.

Clerks.

WILLIAM B. GILLILAND.
ELIZABETH McLEAN.
ELIZABETH MacFARLANE.
ISABELLA ANDERSON.

REPORT

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN IN THE COUNTY OF DUNBARTON.

1.—List of Staff.

(See pagec 74 and 75.)

2.—(a) Number of Schools.

School Management Area	*Number of Schools*
Cumbernauld - - -	4
Kirkintilloch - - - -	6
New Kilpatrick - - -	5
Old Kilpatrick - - -	13
Dumbarton - - - -	7
Vale of Leven - - -	12
Helensburgh - - - -	10
Total - - -	57

(b) Number of Children on Register and in Average Attendances during Session 1952-53.

School Management Area	*Average on Roll*	*Average Attending*	*Per Cent.*
Cumbernauld - - -	905.5	810.0	89.5
Kirkintilloch - - -	3,815.4	3,367.6	88.3
New Kilpatrick - - -	2,157.5	1,918.2	88.9
Old Kilpatrick - - -	9,067.5	8,022.2	88.5
Dumbarton - - -	4,900.8	4,316.3	88.1
Vale of Leven - - -	3,594.4	3,119.0	86.8
Helensburgh - - -	1,990.1	1,795.7	90.2
Totals - - -	26,431.2	23,349.0	88.3

NUMBER OF VISITS FOR SYSTEMATIC EXAMINATIONS.

Note.—One whole day spent in school counts as two visits (morning and afternoon sessions).

Number of visits as above	540

NUMBER OF SPECIAL VISITS BY MEDICAL OFFICERS.

For re-examination of defective children	29
For re-examination of backward, mentally or physically defective children	45
Attendances at school clinics	354
Attendances for office work, &c.	52
For inquiry regarding infectious diseases (including scabies)	1
Diphtheria Immunisation	62
Others	60
	603

SANITARY CONDITIONS OF SCHOOLS.

The Property Visiting Committee when making their annual inspection of schools at the commencement of the 1952/53 financial year gave particular attention to the cleanliness of the buildings and expressed satisfaction with the manner in which the janitors and cleaners are carrying out their duties.

No major improvements to the lavatories were found necessary, but again all defective and broken w.c. pans, washhand basins and drinking fountains were replaced.

The usual limewashing and painter work of the outside offices was carried out, and a considerable amount of internal painter work and washing down of walls of classrooms, cloakrooms, &c., was executed.

ORGANISATION AND ADMINISTRATION.

For Organisation and Administration, &c., and Co-operation with Public Health Departments, Section A, B, C, D. E and F, see pages 9 to 15 of the Annual Report, 1948-49.

PARENTS PRESENT AT INSPECTION.

School Management Area	*Number of Children Examined*	*Number of Parents Present at Routine Examinations*	*Per Cent.*
Cumbernauld - - -	221	99	44.8
Kirkintilloch - - -	1,013	590	58.2
New Kilpatrick - -	420	300	71.4
Old Kilpatrick - -	2,529	1,553	61.4
Dumbarton - - -	1,348	556	41.2
Vale of Leven - -	934	563	60.2
Helensburgh - - -	545	234	42.9
Totals - -	7,010	3,895	55.5

GENERAL REVIEW.

Routine inspection was carried out on 7010 children—a decrease of 102 from last year's total.

The number of children examined non-routinely, *i.e.*, at clinics mainly, was 1696, a decrease of 448.

PHYSICAL CONDITION.

The percentage of children found to be free from all defects on routine school examination was 47.5 as against the previous session's figure of 49.6. The percentages of children free from defects from the different age groups are as follows:—

Entrants - - - - - - - - -	40.7
Second Age Group - - - - - - -	50.1
Third Age Group - - - - - - -	65.6
Fourth Age Group - - - - - - -	51.3

In Table I the number of children who were found to be requiring treatment (excluding uncleanliness and dental caries) and whose parents were so advised—was 815, 270 fewer than last session. The decrease was mainly in the Entrants age group.

DEFECTS AND DISEASES.

Clothing.—During the session, 16 children were found to have unsatisfactory clothing.

Footgear.—Only 14 cases of unsatisfactory footgear were noted, an increase of 2 over the previous session.

Uncleanliness.—The percentage of children found to be in a verminous condition of head and/or body shows a very slight improvement from last year 6.1 per cent., as compared with 6.5 per cent. in 1951-52. 11.0 per cent. of girls examined were in this category—a decrease of 0.3 per cent. in the year.

It should be noted that the present legal position is such that the value of the supervisory services are minimised by the fact that the other members of the family cannot be examined or treated. To put an end to the whole question of verminous children in schools a return to a type of scheme that was in vogue during the war seems to be essential.

Skin Diseases.—One case of ringworm of the head was noted.

Impetigo of the head was found in 10, a decrease of 2 from last year's total. There was only one case noted of impetigo of the body.

Nutrition.—Five children were noted as suffering from bad nutrition against a total of 2 last year.

Deformities.—More children were found to have deformities —both of the congenital and acquired types.

In the special eye examination of the 1944 age group, 88.2 per cent. had normal vision.

SCHOOL DENTAL SERVICE.

Annual Report, 1952-53.

The year under review witnessed the addition of three Dental Officers thus re-establishing the Dental Service to the level which pertained during 1946-47 just prior to the introduction of the National Health Service. Two of the Dental Officers did not take up duty until late in the session therefore the total year's work may be computed as that accomplished

by seven assistant Dental Officers and one Chief Dental Officer.

With the increase in dental personnel it became possible to reduce the number of children allotted to each officer and to re-introduce the very necessary Annual Routine Dental Inspection and Treatment. The absence of the Routine Dental Inspection over the past few years, when dental decay progressed almost unchecked, made it impossible to offer treatment to all school children. Only a limited number could be undertaken and therefore certain age groups were chosen, *viz.*, 5, 7, 9 and 12 year old children. These age groups were selected for definite reason, *e.g.*, the five year olds, to clear up the mouths of septic, decayed and aching teeth thus restoring function to the remaining teeth and creating a healthier field into which the six year old permanent molars would erupt. Children outwith the chosen age groups were also treated on request. In the smaller schools treatment was offered to all children irrespective of age.

There were 20,794 attendances made by pupils for dental treatment, 10,491 fillings were inserted in permanent teeth and 1,281 fillings in temporary teeth. On the other hand 1,168 General Anæsthetics had to be administered for the removal of teeth. The demand made for emergency treatment considerably curtailed the Routine Treatments and in fact the number of emergency patients treated exceeded slightly those from the chosen age groups. The arrears of treatment are considerable and some time must elapse before we can get down to treating each child within the year.

The portable X-Ray machine was used frequently during the year, some 300 films were taken. Further facilities for treatment will be available on the completion of the new clinics at Croy and Old Kilpatrick early next session, both clinics having well-equipped dental surgeries. The dental laboratory at Old Kilpatrick will be of immense value in the production of dentures for expectant and nursing mothers and orthodontic appliances for school children.

F. A. CASSIDY,

Chief Dental Officer.

SPEECH THERAPY REPORT.

1952/53.

Procedure.

1. Cases are treated individually and in groups of 2, 3, or 4.
2. A treatment session may last from 20 minutes to one hour, and about 17 cases are treated at each centre per day.
3. Parents are seen as frequently as possible and are very co-operative.
4. Cases are frequently referred to School Medical Officers, Psychologists and Dentists for Surgical, Medical, Psychological, Educational, Dental or Orthodontic consultations or treatments necessary to speech re-adjustment.
5. Visits are paid to schools and much valuable assistance is given by head teachers and assistant staff.
6. Especially valuable is the guidance given by the Director of Education, Dr. Anne H. McAllister (Hon. Consultant), Miss Calvert (Principal Psychologist), and Mrs. Wohl, late Senior Speech Therapist.
7. Every possible facility is given by the County Medical Officer other County Medical Officers and the Nursing Staff to ensure that the centres are available and as suitable as possible for Speech Therapy treatment. Much valuable help is obtained from the Nursing Staff in respect of assessing home conditions and contacting parents who do not attend for interview or become careless in carrying out advice given in the Clinic.
8. All Therapists employed by the County are fully qualified in this particular branch of child guidance work, and in addition 1 of the 7 is a fully qualified experienced teacher. The ready advice and treatment given at their request by other County Specialists constitutes a team service for every speech-disordered child.

9. Again during this session a considerable number of pre-school children have been admitted for treatment. The results have been very satisfactory.

10. The continued request for treatment for adult speech-handicapped persons (Aphasics Stutterers, Cleft Palate, Post E.N.T. Operation cases and Voice Defectives) indicates a very real need for consideration of the matter by the appropriate authorities.

11. The audiometer (gramophone, puretone and peep-show) is of great assistance in the cases whose Speech Defect is due to partial deafness.

12. The three sound recording units are a valuable asset in treatment.

13. The Speech Survey carried out 4 years ago by the Therapists has been kept up-to-date by the surveying of all children admitted to school during the current session.

14. The accommodation in Moss Cottage, Child Guidance Centre has enabled Miss Liddell to treat children twice and sometimes three times a week with gratifying results. A Play Therapy room, shared by the Psychological Staff, has proved to be of great value.

In the past year the Glasgow School of the College of Speech Therapists has sent Students for observation and clinical training.

Mrs. Wilson left the service at Easter time. We thank her for the high quality of her work and our best wishes go with her into her domestic life. Owing to the shortage of staff during the last two months, the time spent at some of the centres had to be curtailed. This we hope will be remedied next session, when a new assistant has been appointed.

BETSY C. McORIST,

Senior Speech Therapist.

SPECIAL SCHOOLS AND CLASSES.

Special Schools.

Milton Special School.

This school caters for mentally handicapped pupils from the Western portion of the County. There are four classes at Milton School with a total roll of 75. There is also an Occupational Centre in the school with 28 pupils on the roll.

Special Classes.

(*a*) For mentally handicapped children—*Whitecrook School, Clydebank,* with 19 on the roll (one class); *Lairdsland School, Kilkintilloch,* with 10 on the roll (one class). Total number of pupils, 29.

(*b*) For physically handicapped children—*Hartfield School, Dumbarton,* with 25 on the roll (one class).

(*c*) For conservation of vision—*Whitecrook School, Clydebank,* with 6 on the roll (one class); *Hartfield School, Dumbarton,* with 10 on the roll (one class); *Lairdsland School, Kirkintilloch,* with 3 on the roll (one class). Total number of pupils, 19.

(*d*) For deaf-mute children—*Hartfield School, Dumbarton,* with 7 on the roll (one class).

Institutions.

(1) Number of Physically Handicapped children in Institutions paid for by the County Council - -	10
(2) Number of Mentally Handicapped children in Institutions paid for by the County Council - -	Nil
(3) Number of Blind Persons in training under the Blind Persons Act, 1920 (cost of training borne by the Education Committee and maintenance by the Local Authority) - - - - - - -	Nil

MEDICAL INSPECTION OF SPECIAL SCHOOLS.

During the present session 170 children, 89 boys and 81 girls were examined. Of these, 154 were mentally defective and 16 physically defective. 16 children were classified as

having slightly defective nutrition, while 18 had bad eyesight. Clothing and footgear were satisfactory in all but 4 cases and 36 children were found to have a verminous condition of the head and/or body, while 73 children were found to have unhealthy mouths. 61 parents were present at the medical examinations and notices were issued to all parents whose children were found to be suffering from a particular defect.

MILK IN SCHOOLS SCHEME.

The average number of pupils taking milk in schools during session 1952/53 was 21,217 (approximately 81 per cent. of the roll).

ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE IN SCHOOL.

Details of physical education arrangements are as contained in the Report for 1948-49.

ADMISSION OF CHILDREN TO APPROVED SCHOOLS.

During the year 19 children were committed by the Sheriff to the following institutions:—

Balgay Approved School, Dundee.

Dalbeth Girls' School.

Dale School, Arbroath.

Kenmure St. Mary's Boys' School, Bishopbrigge, Glasgow.

Kibble School, Paisley.

Rossie Farm School, Montrose.

Springboig St. John's Boys' School, Shettleston, Glasgow.

St. Joseph's Approved School, Tranent.

St. Mungo's School, Mauchline.

Thornly Park Approved School, Paisley.

Whittinghame House School, Haddington.

ULTRA VIOLET LIGHT TREATMENT.

The following are details of the work done at Dumbarton, Clydebank, Kirkintilloch, Bearsden, Alexandria and Helensburgh Clinics during the year:—

Number of patients treated - - - - -	143
Total number of attendances, - - - -	2,132
Average number of treatments - - - -	14

Cause of Reference	*No. of Patients*	*No. Improved*	*Condition Unchanged*
Bronchitis, etc. - - -	49	35	17
Adenitis - - - -	1	1	—
Debility - - - -	70	56	11
Asthma - - - -	5	3	2
Skin Conditions - - -	1	1	—
Rheumatism - - -	2	—	2
Glands - - - -	4	4	—
Others - - - -	20	16	—
	152	116	32

AVERAGE HEIGHTS AND WEIGHTS IN INCHES AND POUNDS

Total Number Examined at All Ages	BOYS															
	Entrants				Age 9				Age 13				Age 16			
	Number Examined	Average Age	Height (Inches)	Weight (Pounds)	Number Examined	Average Age	Height (Inches)	Weight (Pounds)	Number Examined	Average Age	Height (Inches)	Weight (Pounds)	Number Examined	Average Age	Height (Inches)	Weight (Pounds)
		Y. M.				Y. M.				Y. M.				Y. M.		
1952-53	1357	5 6	43·1	42·6	1192	9 7	52·0	63·3	923	13 5	59·2	91·2	72	16 4	67·0	133·1
1951-52	1397	5 5	43·3	42·8	1070	9 7	52·2	62·7	979	13 3	58·9	90·7	94	16 4	67·1	129·8
1950-51	1215	5 6	43·2	43·1	1088	9 5	50·6	57·8	1011	13 5	58·9	89·0	95	16 4	66·8	131·5
County Average— Years 1940-41 to 1949-50	11647	5 5	42·8	43·2	10608	8 11	50·0	57·3	10134	13 4	58·9	88·0	1017	16 4	66·9	127·0
County Average— Years 1930-31 to 1939-40	1495	5 6	42·6	41·8	11767	8 8	49·4	56·5	*7108	13 7	58·9	89·5	1163	16 4	65·6	124·1
County Average— Years 1919-20 to 1929-30	13238	5 7	42·1	41·2	11863	8 7	48·3	54·3	—	—	—	—	769	16 1	64·3	118·8

* Previous to the session 1930-31, the average age of the Third Age Group was 12 years. The number of children examined at the average age of 13 years is, therefore, comparatively small.

AVERAGE HEIGHTS AND WEIGHTS IN INCHES AND POUNDS—Continued.

Total Number Examined at All Ages	GIRLS															
	Entrants				Age 9				Age 13				Age 16			
	Number Examined	Average Age	Height (Inches)	Weight (Pounds)	Number Examined	Average Age	Height (Inches)	Weight (Pounds)	Number Examined	Average Age	Height (Inches)	Weight (Pounds)	Number Examined	Average Age	Height (Inches)	Weight (Pounds)
		Y. M.				Y. M.				Y. M.				Y. M.		
1952-53	1282	5 6	42·8	41·2	1182	9 6	51·5	61·5	922	13 5	59·6	96·4	80	16 –	63·3	124·0
1951-52	1352	5 6	43·0	41·5	1098	9 7	51·6	60·6	1022	13 6	59·9	95·7	109	15 10	62·8	120·2
1950-51	1157	5 7	42·9	41·5	1052	9 6	51·1	59·6	1138	13 5	59·9	92·9	80	16 4	63·1	118·0
County Averages—Years 1940-41 to 1949-50	11249	5 2	42·4	41·9	10287	8 11	49·4	55·6	9957	13 4	59·3	93·5	845	16 4	63·1	119·8
County Average—Years 1930-31 to 1939-40	12132	5 7	42·3	40·5	11645	8 8	49·0	54·8	*7123	13 5	59·5	94·8	887	16 4	62·8	116·7
County Average—Years 1919-29 to 1929-30	13019	5 8	41·7	39·7	11582	8 8	48·2	52·3	—	—	—	—	774	16 1	62·2	111·6

* Previous to the session 1930-31, the average age of the Third Age Group was 12 years. The number of children examined at the average age of 13 years is, therefore, comparatively small.

PREVIOUS ILLNESSES

	No. of Routine Cases Examined	Measles		Whooping Cough		Chicken Pox		Mumps		Scarlet Fever		Diphtheria		Smallpox		Rheumatism		Fits		Others	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Entrants	2639	2021	76·5	1017	38·1	828	31·4	554	20·9	141	5·3	7	0·2	–	–	5	0·1	–	–	816	30·9
Second Age-Group	2374	2130	89·7	1441	60·7	1313	55·3	1004	42·3	227	9·6	38	1·6	–	–	13	0·5	1	0·1	981	41·3
Third Age-Group	1845	1697	92·0	1233	66·8	997	54·0	897	48·5	213	11·5	104	5·6	–	–	10	0·5	1	0·1	898	48·6
Fourth Age-Group	152	142	93·4	105	69·1	93	61·1	85	55·9	21	13·8	5	3·3	–	–	2	1·3	–	–	61	40·1
TOTAL	7010	5990	85·4	3796	54·2	3531	50·4	2540	36·2	592	13·5	154	2·2	–	–	30	0·4	2	0·2	2756	39·3

VERMINOUS CONDITIONS

The following table summarises on an area basis the number of Children showing evidence of verminous conditions of the head, or body, or both.

School Management Area	No. of Routine Cases Examined			No. Showing Evidence of Vermin			Percentage		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Cumbernauld	114	107	221	1	5	6	0·4	0·5	2·7
Kirkintilloch	532	481	1013	5	46	51	0·9	8·6	9·5
New Kilpatrick	211	209	420	—	—	—	—	—	—
Old Kilpatrick	1275	1254	2529	18	162	180	0·7	6·4	7·1
Dumbarton	649	699	1348	12	94	106	0·8	6·9	7·8
Vale of Leven	469	465	934	8	56	64	0·8	5·9	6·8
Helensburgh	294	251	545	7	18	25	1·2	3·3	4·5
Total	3544	3466	7010	51	381	432	0·7	5·4	6·1

TABLE I.

(A) Total Number of Children Examined at:—

		Systematic Examinations	Other Systematic Examinations
	Entrants - - - -	2,639	
Ordinary	Second age group - -	2,374	
Schools.	Third age group - -	1,845	
			1,696
Secondary			
Schools.	Fourth age group - -	152	-
		7,010	1,696

(B) Other Examinations:—

Special Cases - - - - - -	60
Re-inspection by Medical Officer, - -	74
Total - -	134

Number of individual Children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries):—

Entrants - - - - - - -	242
Second age group - - - - -	314
Third age group - - - - -	233
Secondary age group - - - - -	26
Other systematic examinations - - -	—
Total - -	815

TABLE II—SYSTEMATIC EXAMINATIONS

TOTAL EXAMINED AT ALL AGES—7,010

Total Examined in Each Age Group—By Sexes	Entrants				Second Age Group				Third Age Group				Fourth Age Group				All Ages				Non-Routine 1696
	1357		1282		1192		1182		923		922		72		80		3544		3466		
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		
No. showing Defects	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Nature of Defect—																					
1. Clothing Unsatisfactory	3	0·2	4	0·3	—	—	1	0·1	2	0·2	6	0·7	—	—	—	—	5	0·1	11	0·3	2
2. Footgear Unsatisfactory	2	0·1	—	—	4	0·3	2	0·2	4	0·4	2	0·2	—	—	—	—	10	0·2	4	0·1	1
3. Uncleanliness—																					
(a) Head	13	0·9	91	7·1	10	0·8	114	9·6	7	0·8	157	17·0	—	—	2	2·5	30	0·8	364	10·5	11
(b) Body	3	0·2	7	0·5	11	0·9	5	0·4	7	0·8	5	0·5	—	—	—	—	21	0·5	17	0·5	2
4. Skin—																					
(a) Head—																					
Ringworm	—	—	—	—	—	—	—	—	—	—	1	0·1	—	—	—	—	—	—	1	0·02	1
Impetigo	3	0·2	2	0·2	2	0·2	2	0·2	1	0·1	—	—	—	—	—	—	6	0·2	4	0·1	30
Other Diseases	15	1·1	12	0·9	9	0·8	5	0·4	12	1·3	25	2·8	4	5·5	6	7·5	40	1·1	48	1·3	74
(b) Body—																					
Ringworm	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Impetigo	—	—	—	—	—	—	—	—	1	0·1	—	—	—	—	—	—	1	0·02	—	—	3
Scabies	1	0·1	—	—	—	—	1	0·1	—	—	—	—	—	—	—	—	1	0·02	1	0·02	1
Other Diseases	19	1·4	17	1·3	13	1·1	11	0·9	12	1·3	12	1·3	—	—	1	1·3	44	1·2	41	1·2	190
5. Defective Nutrition—																					
(a) Slightly Defective	50	3·7	47	3·7	60	5·1	53	4·5	22	2·4	27	2·9	—	—	1	1·3	132	3·7	128	3·7	1
(b) Bad	2	0·1	1	0·1	1	0·1	—	—	—	—	1	0·1	—	—	—	—	3	0·1	2	0·1	—
6. Mouth and Teeth Unhealthy	412	30·4	410	31·9	327	27·7	273	23·1	181	19·6	204	22·1	14	19·4	17	2·1	934	26·5	904	26·1	7
7. Naso-pharynx—																					
(a) Nose—																					
1. Obst. Req. Ob.	68	5·0	66	5·1	17	1·4	14	1·1	5	0·5	3	0·3	—	—	1	1·3	90	2·5	84	2·4	36
2. Obst. Req. Oper.	78	5·7	43	3·4	22	1·8	24	1·9	—	—	5	0·5	—	—	—	—	100	2·8	72	2·1	88
3. Other Conditions	72	5·3	58	4·5	40	3·1	15	1·2	14	1·5	13	1·4	2	2·7	—	—	128	3·6	86	2·4	47
(b) Throat—																					
1. Tonsils Req. Ob....	147	10·8	151	11·7	58	4·9	71	6·0	34	3·4	32	3·5	2	2·7	1	1·3	241	6·8	255	7·4	59
2. Tonsils Req. Oper.	115	8·4	77	6·0	34	2·8	39	3·4	8	0·9	15	1·6	—	—	—	—	157	4·4	131	3·4	118
(c) Glands—																					
1. Requiring Ob.	36	2·7	18	1·4	9	0·8	9	0·8	3	0·3	6	0·7	—	—	1	1·3	48	1·3	34	0·9	34
2. Requiring Oper.	2	0·1	—	—	—	—	—	—	—	—	5	0·5	—	—	2	2·5	2	0·1	7	0·2	5
8. Eye Conditions—																					
(a) External Conditions—																					
Blepharitis	7	0·5	8	0·6	7	0·6	15	1·2	15	1·6	12	1·3	—	—	—	—	29	0·8	35	0·9	61
Conjunctivitis	2	0·1	1	0·1	—	—	1	0·1	1	0·1	—	—	—	—	—	—	3	0·1	2	0·1	33
Corneal Opacities	—	—	1	0·1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0·02	1
Strabismus	59	4·3	40	3·1	23	1·9	25	2·1	14	1·5	15	1·6	2	2·7	1	1·3	98	2·7	81	2·3	31
Other Diseases	5	0·4	1	0·1	1	0·1	1	0·1	2	0·2	2	0·2	—	—	—	—	8	0·2	4	0·1	48
(b) Visual Acuity—																					
1. Fair Vision	12	0·9	6	0·5	91	7·7	80	6·7	61	6·6	66	7·1	5	6·9	6	7·5	169	4·8	158	4·5	99
2. Bad Vision, 6/18 or worse	—	—	—	—	51	4·3	53	4·5	52	5·7	63	6·8	6	8·3	18	22·5	109	3·1	134	3·8	34
3. Recommended for refraction	50	3·6	68	5·3	163	13·6	177	14·9	199	21·5	205	22·2	17	23·6	15	18·7	429	12·2	465	13·4	55
9. Ear Conditions—																					
(a) Diseases—																					
1. Otorrhoea	6	0·5	3	0·2	5	0·4	—	—	1	0·1	3	0·3	—	—	—	—	12	0·3	6	0·1	17
2. Other Diseases	15	1·1	9	0·7	9	0·8	3	0·3	3	0·3	—	—	—	—	—	—	27	0·8	12	0·3	111
(b) Defective Hearing—																					
Grade I	—	—	—	—	1	0·1	—	—	—	—	—	—	—	—	—	—	1	0·02	—	—	6
Grade IIA	—	—	1	0·1	3	0·3	1	0·1	4	0·4	2	0·2	—	—	—	—	7	0·2	4	0·1	—
Grade IIB	—	—	—	—	1	0·1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grade III	—	—	—	—	1	0·1	—	—	—	—	—	—	—	—	—	—	1	0·02	1	0·02	—
10. Defective Speech—																					
Defect. Articulation	14	1·0	15	1·2	7	0·6	3	0·3	1	0·1	1	0·1	—	—	—	—	22	0·6	20	0·6	12
Stammering	3	0·2	—	—	1	0·1	—	—	2	0·2	2	0·2	—	—	—	—	6	0·2	—	—	2
11. Mental and Nervous Conditions—																					
(a) Backward	6	0·5	3	0·2	3	0·3	—	—	3	0·3	—	—	—	—	—	—	12	0·3	4	0·1	—
(b) Dull (Intrincis'ly)	—	—	1	0·1	—	—	—	—	—	—	1	0·1	—	—	—	—	—	—	1	0·02	—
(c) Ment. Deficient (Educable)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Ment. Deficient (Ineducable)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Highly Nervous or Unstable.	5	0·4	—	—	8	0·7	1	0·1	—	—	—	—	—	—	—	—	13	0·3	1	0·02	2
(f) Difficult in Behaviour	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. Heart Conditions—																					
(a) Organic Heart Disease—																					
1. Congenital	—	—	3	0·2	3	0·3	5	0·4	2	0·2	4	0·4	—	—	—	—	5	0·1	12	0·3	—
2. Acquired	3	0·2	1	0·1	2	0·2	—	—	6	0·6	5	0·5	—	—	2	2·5	11	0·3	8	0·2	—
(b) Functional Conditions	7	0·5	4	0·3	4	0·3	5	0·4	2	0·2	6	0·7	—	—	—	—	13	0·3	15	0·4	—
13. Lung Conditions—																					
(a) Chro. Bronchitis	2	0·1	2	0·2	—	—	—	—	1	0·1	—	—	—	—	—	—	3	0·1	2	0·1	7
(b) Sus. Tuberculosis	2	0·1	—	—	1	0·1	—	—	—	—	—	—	—	—	—	—	3	0·1	—	—	—
(c) Other Diseases	155	11·4	133	10·4	57	4·8	28	2·4	22	2·4	15	1·6	2	2·7	1	1·3	236	6·7	177	5·1	70
14. Deformities—																					
(a) Congenital	7	0·5	6	0·5	3	0·3	1	0·1	5	0·5	1	0·1	—	—	—	—	15	0·4	8	0·2	2
(b) Acquired (Infantile Paralysis)	—	—	—	—	1	0·1	—	—	—	—	1	0·1	—	—	—	—	1	0·02	1	0·02	—
(c) Acquired (Probably Rickets)	—	—	—	—	2	0·2	—	—	—	—	—	—	—	—	—	—	2	0·1	—	—	—
(d) Acquired (Other Causes)	37	2·7	21	1·6	36	3·0	27	2·3	40	4·3	41	4·4	4	5·5	3	3·8	117	3·3	92	2·6	27
15. Infectious Diseases	1	0·1	4	0·3	—	—	—	—	—	—	—	—	—	—	—	—	1	0·02	4	0·1	4
16. Other Diseases and Defects	79	5·8	54	4·2	59	4·9	64	5·4	44	4·7	31	3·3	1	1·3	3	3·8	183	5·1	152	4·4	518

TABLE III.—SYSTEMATIC MEDICAL EXAMINATION

Classification	Entrants		Second Age-Group		Third Age-Group		Fourth Age-Group		Total	
	Number of Children	Percentage of the Children Examined in this Group	Number of Children	Percentage of the Children Examined in this Group	Number of Children	Percentage of the Children Examined in this Group	Number of Children	Percentage of the Children Examined in this Group	Number of Children	Percentage of the Children Examined at Systematic Medical Examinations
I.—Children free from Defects	1074	40·7	1189	50·1	989	65·6	79	51·3	3331	47·5
II.—Children (otherwise free from defects) who suffer from—										
(a) Defective vision not worse than 6/12 in the better eye with or without glasses	15	0·6	148	6·2	138	8·6	25	16·4	326	4·6
(b) Conditions of the Mouth and Teeth requiring treatment	425	1·6	348	14·6	258	15·6	14	9·2	1045	14·9
(c) Both (a) and (b)	9	0·2	64	2·7	33	1·8	4	2·6	110	1·5
Total	449	1·7	560	23·5	429	23·2	43	28·2	1481	21·1
III.—Children suffering from Ailments (other than those mentioned in II) from which complete recovery is expected within a few weeks	1020	3·8	525	22·1	314	18·1	27	17·7	1886	26·9
IV.—Children suffering from (or suspected to be suffering from) defect less remediable than defects specified in II and III, distinguishing cases—										
(a) Where complete cure or restoration of function (in the case of eye defects full correction) is considered possible	78	2·9	82	3·4	86	5·8	2	1·3	248	3·5
(b) Where improvement only is considered possible, *e.g.*, without complete restoration of function	18	0·7	18	0·7	27	1·5	1	0·7	64	0·9
Total	96	3·6	100	4·2	113	7·1	3	1·9	312	4·4
Total Number of Children Examined	2639	—	2374	—	1845	—	152	—	7010	—

TABLE IV.—RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THIS AREA

Disability	At Ordinary School	At Special Schools or Classes	At No School or Institutions	Total
1. Blind	—	—	—	—
2. Partially Sighted—				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	—	9	—	9
(b) Other conditions of the eye, *e.g.*, cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	1	—	1	2
3. Deaf—Grade I	• 4	—	—	4
Grade IIA	• 12	2	—	14
Grade IIB	• —	—	—	—
Grade III	2	—	—	2
4. Defective Speech				
(a) Defects of articulation requiring special educational measures	† 56	25	—	81
(b) Stammering requiring special educational measures	† 7	2	—	9
5. Mentally Defective (Children between 5 and 16 years)—				
(a) Educable (I.Q. approx. 50-70)	—	97	—	97
(b) Ineducable (I.Q. generally less than 50)	—	8	—	8
6. Epilepsy—				
(a) Mild and occasional	2	1	—	3
(b) Severe (suitable for care in a residential school)	—	—	—	—
7. Physically Defective (Children between 5 and 16 years)—				
(a) Non-pulmonary tuberculosis (excluding cervical glands)	—	—	—	—
(b) General orthopaedic conditions	3	9	—	12
(c) Organic heart disease	1	—	1	2
(d) Other causes of ill-health	—	1	1	2
8. Multiple Defects—				
(a) Mentally defective (educable) and epilespy (mild)	—	1	—	1
(b) Mentally defective (ineducable) and epilepsy (mild)	—	—	—	—
(c) Mentally defective (educable) and partially sighted (refractive error)	—	1	—	1
(d) Physically defective (other causes of ill-health) and partially sighted (refractive errors)	—	—	—	—
Total	88	156	3	247

• Pupils examined at Routine Medical Inspection during the session.

† Children attending Speech Therapy Clinics during the session.

TABLE V.

Dental Inspection and Treatment.

(1) Inspected by the Dental Officers:—

Age	(a) Systematic Examinations	(b) Special Emergency Cases	Total
5 - - -	1,029	287	1,316
6 - - -	208	401	609
7 - - -	1,152	375	1,527
8 - - -	229	385	614
9 - - -	1,464	374	1,838
10 - - -	284	430	714
11 - - -	406	348	754
12 - - -	369	330	699
13 - - -	64	307	371
14 - - -	243	262	505
15 - - -	19	100	119
15+ - - -	—	40	40
Totals -	5,467	3,639	9,106

	Systematic Examinations	Special or Emergency Cases	Total
(2) Found to require treatment - - -	4,346	3,672	8,018
(3) Actually treated by School Dental Officers - - -	3,249	3,328	6,577
(4) Number of attendances made by children for treatment -	15,898	4,896	20,794

(5) Fillings—			
(*a*) Permanent teeth	9,322	1,169	10,491
(*b*) Temporary teeth	1,212	69	1,281
(6) Extractions—			
(*a*) Permanent teeth	1,001	1,367	2,368
(*b*) Temporary teeth	5,019	4,075	9,094
(7) Number of administrations of a general anæsthetic for extractions - - -	469	699	1,168
(8) Other operations—			
(*a*) Permanent teeth	3,949	1,302	5,251
(*b*) Temporary teeth	166	66	232
(9) Half-days devoted to—			
(*a*) Inspection - -	83	—	—
(*b*) Treatment - -	2,253	603	2,856
(10) Children treated under private arrangements	No reliable information available.		

RESULTS OF REMOVAL OF TONSILS AND/OR ADENOIDS.

The following tables show the results of special inquiries into the conditions following the removal of tonsils and/or adenoids. Children are examined one year after operation and the details of this examination are shown on Table A. The figures shown are the totals since session 1932-33. See Annual Report, 1932-33, pages 42-43.

As it has been suggested that the removal of tonsils and/or adenoids is of little permanent benefit, a further examination was made of pupils who had been operated on a considerable number of years before. During the present session there were 233 children re-examined at the age of 14 or 16 years who had tonsil and adenoids, or tonsils only, or adenoids only, removed previously. Of these, 227 were found to be absolutely satisfactory, the remaining 6 showed evidence of rheumatism or chorea, asthma, bronchial trouble, deafness or otorrhœa. Table B shows details of this investigation.

RESULTS OF REMOVAL OF TONSILS AND/OR ADENOIDS
(TABLE A)

		Tonsils and Adeniods Removed				Adenoids only Removed			
		Result Satis-factory	Result Moderately Satis-factory	Result Unsatis-factory	Totals	Result Satis-factory	Result Moderately Satis-factory	Result Unsatis-factory	— Totals
	Number	5904	1317	432	7653	349	229	145	723
	Percentage	77·1	17·2	5·6	—	48·2	31·6	20·0	—
Mouth Breathing	Present before Operation	4156	956	274	5386	299	135	101	535
	Continuing after Operation	175	241	171	587	19	36	70	125
	Apparently Cured	4068	768	110	4964	282	89	32	403
	Beginning after Operation	2	16	2	20	1	—	2	3
Deafness	Present before Operation	730	270	74	1074	195	45	22	262
	Continuing after Operation	71	137	57	265	30	18	16	64
	Apparently Cured	688	137	17	842	166	27	7	200
	Beginning after Operation	11	6	7	24	5	—	1	6
Discharging Ears	Present before Operation	635	214	534	1383	56	24	15	95
	Continuing after Operation	72	118	181	371	13	8	11	32
	Apparently Cured	552	104	353	1009	44	16	4	64
	Beginning after Operation	32	37	14	83	1	5	5	11
Discharging Nose	Present before Operation	2190	569	198	2957	186	85	87	358
	Continuing after Operation	159	336	174	669	18	52	81	151
	Apparently Cured	2083	250	26	2359	167	33	7	207
	Beginning after Operation	35	41	22	98	—	6	5	11
Susceptibility to Colds and/or Sore Throats	Present before Operation	5113	1077	292	6482	249	101	108	458
	Continuing after Operation	239	417	212	868	21	20	92	133
	Apparently Cured	5026	826	96	5948	229	80	17	326
	Beginning after Operation	15	13	13	41	—	1	3	4
Enlarged Glands	Present before Operation	2658	712	106	3476	50	20	33	103
	Continuing after Operation	107	134	35	276	14	4	23	41
	Apparently Cured	2616	612	73	3301	36	16	10	62
	Beginning after Operation	10	9	5	24	—	—	4	4
Rheumatism or Chorea	Present before Operation	194	90	14	298	10	1	—	11
	Continuing after Operation	48	43	8	99	7	1	—	8
	Apparently Cured	146	47	6	199	3	—	—	3
	Beginning after Operation	53	41	6	100	2	4	—	6

RESULTS OF REMOVAL OF TONSILS AND/OR ADENOIDS
(TABLE B)

Number of Years After Operation	Number of Cases	Satisfactory		Unsatisfactory		Reason for Classification as Unsatisfactory						
						Rheumatism	General Health Unsatisfactory	Asthma	Bronchial Conditions	Nasal Catarrh	Deafness	Otorrhoea
		No.	%	No.	%							
10 or more	13	13	100·0	—	—	—	—	—	—	—	—	—
9	26	25	96·1	1	3.8	—	—	—	—	—	—	—
8	29	29	100·0	—	—	—	—	—	—	1	—	—
7	40	39	97·5	1	2·5	—	—	—	—	—	—	1
6	35	34	97·1	1	2·8	—	—	—	—	—	—	1
5 or less	90	87	96·6	3	3·3	—	—	—	1	1	—	1
Totals	233	227	97·3	6	2·5	—	—	—	1	2	—	3

THROAT, NOSE AND EAR CLINICS

	CLYDEBANK			KIRKINTILLOCH			DUMBARTON			TOTAL		
	School	Pre-School	Total	School	Pre-School	Total	School	Pre-School	Total	School	Pre-School	Total
Number of Children Examined	524	75 76*	675	245	47	292	398	109	507	1167	307	1474
Number of Children Operated On	181	36 35*	252	89	13	102	204	78	282	474	162	636
Attendances with Ambulance	—	—	—	89	13	102	204	78	282	293	91	384
Home Visits for After Care	—	—	—	89	13	102	498	50	548	587	63	650
Nature of Operation—												
Excision of Tonsils and Adenoids	181	36 35*	252	89	13	102	200	76	276	470	125	595
Excision of Tonsils Only	—	—	—	—	—	—	—	—	—	—	—	—
Excision of Adenoids Only	—	—	—	—	—	—	4	2	6	4	2	6
Others	—	—	—	—	—	—	—	—	—	—	—	—
Causation—												
Discharging Ears	21	6	27	—	—	—	24	3	27	45	9	54
Tonsils Much Enlarged	373	83	456	—	—	—	158	54	212	531	137	668
Deafness	37	5	42	4	—	4	31	2	33	72	7	79
Obstructed Breathing and Deafness	9	1	10	—	—	—	20	1	21	29	2	31
Obstructed Breathing	323	75	398	18	—	18	150	50	200	491	125	616
Rhinitis	331	15	346	12	—	12	4	—	4	347	15	362
Tonsillitis	317	79	396	10	—	10	134	39	173	461	118	579
Enlarged Glands	282	48	330	—	—	—	128	52	180	410	100	510
Bronchitis	130	29	159	—	—	—	46	14	60	176	43	219
Otorrhoea	—	—	—	8	—	8	—	—	—	—	—	—
Tonsils and Adenoids	382	119	501	—	—	—	—	—	—	382	119	501
Adenoids	10	2	12	2	—	2	—	—	—	12	2	14
Various	143	35	178	48	—	48	52	13	65	243	48	291
Results—												
Progress Definite and Rapid	—	—	—	102	—	102	—	—	—	102	—	102
Progress Retarded	—	—	—	—	—	—	—	—	—	—	—	—
Still Awaiting Examination	35	7 17*	59	29	4	33	130	47	177	194	75	269
Sent to Hospital	—	—	—	—	—	—	—	—	—	—	—	—
Died	—	—	—	—	—	—	—	—	—	—	—	—

* Clydebank Burgh Pre-school Children.

OPHTHALMIC TREATMENT OF SCHOOL CHILDREN (TABLE A)

	Dumbarton		Helensburgh		Kirkintilloch		New Kilpatrick		Old Kilpatrick		Vale of Leven	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Defective Vision Corrected with Spectacles	97	130	16	22	89	85	34	47	130	146	73	94
Defective Vision too Slight to benefit from Spectacles	25	38	7	5	30	28	7	7	31	26	3	13
Defective Vision Treated Otherwise	21	24	—	2	16	18	10	12	17	10	9	10
Total Number of Children Examined	143	192	23	29	135	131	51	66	178	182	85	117
Re-examinations	43	65	3	1	10	15	3	13	25	26	16	18

Total Number of Children Examined—1332.

OPHTHALMIC TREATMENT OF SCHOOL CHILDREN (TABLE B)

Complications	SCHOOL MANAGEMENT AREA											
	Dumbarton		Helensburgh		Kirkintilloch		New Kilpatrick		Old Kilpatrick		Vale of Leven	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blepharitis	2	3	—	—	3	4	4	1	4	4	—	2
Dacryocystitis	—	—	—	—	—	1	1	—	—	—	—	—
Ptosis	—	—	—	—	—	—	1	—	—	—	—	—
Strabismus Convergens	44	34	7	9	50	29	13	21	52	56	44	50
Strabismus Divergens	—	2	—	—	—	1	2	5	1	1	—	3
Conjunctivitis, Keratitis and Iritis	2	3	—	—	4	7	1	3	5	2	2	1
Opacity of Cornea	1	1	—	—	—	2	—	—	3	5	—	1
Opacity of Lens	1	3	—	—	—	2	—	—	—	4	2	—
Dislocation of Lens	—	—	—	—	—	—	—	—	—	—	—	—
Aphakia	—	—	—	—	1	—	—	—	—	—	—	—
Synechia Anterior	—	—	—	—	—	—	—	—	1	—	—	—
Synechia Posterior	—	—	—	—	—	—	—	—	—	—	1	—
Coloboma Uveae	—	—	—	—	—	—	—	—	—	—	—	—
Uveitis	—	—	—	—	—	—	—	—	—	—	—	—
Choroido Retinitis	—	1	—	—	—	—	—	—	1	—	1	—
Optic Atrophy	—	1	—	—	1	—	—	—	—	—	—	—
Buphthalmos	—	1	—	—	—	—	—	—	—	—	—	—
Microphthalmia	1	1	—	—	—	—	—	—	—	—	—	—
Nystagmus	3	1	—	—	—	1	—	1	2	—	2	—
Anophthalmos	—	1	—	—	—	—	—	—	—	—	—	—
Albinism	—	—	—	—	—	—	—	—	—	—	—	—
Aniridia	—	—	—	—	—	—	—	—	—	—	1	—

1944 AGE GROUP—EYE EXAMINATIONS

Slight Visual Defect: 6·9—6·12 Marked Visual Defect: 6·18 or worse
(Snellen's Test at 6 Metres)

	BOYS		GIRLS		TOTAL	
	No.	%	No.	%	No.	%
Total Number of Children Examined	1110	—	1062	—	2172	—
Normal Vision	983	88·5	933	87·8	1916	88·2
Slight Defect (Both Eyes)	40	3·6	46	4·3	86	3·9
Marked Defect (Both Eyes)	10	0·9	13	1·2	23	1·1
Slight Defect (One Eye)	24	3·1	43	4·0	77	3·1
Marked Defect (One Eye)	23	2·1	16	1·5	39	1·3
Unreliable Results	20	1·8	11	1·0	31	1·4
Number of Children found Wearing Glasses	21	1·8	32	3·0	53	2·4
Strabismus	28	2·5	40	3·8	68	3·1
Blepharitis	—	—	2	0·1	2	0·1
Conjunctivitis	—	—	1	0·1	1	0·1
Corneal Ulcers or Opacities	1	0·1	—	—	1	0·1
Others	—	—	—	—	—	—

Note—When a child has defective vision of slight defect and marked defect together, the defect has been classified according to the better eye grouping.

1944 AGE GROUP—EAR EXAMINATIONS

	Total Number of Children Examined	Normal Hearing		Defective Hearing				Otorrhoea	Otitis Media	Others
				Grade II		Grade III				
		No.	%	No.	%	No.	%			
Boys	1110	1104	99·4	6	0·5	—	—	—	1	1
Girls	1062	1056	99·4	6	0·5	—	—	2	1	1
Total	2172	2160	99·4	12	0·5	—	—	2	2	2

Grade II.—Children who can hear ordinary conversation voice between 20 feet and 2 feet.
Grade III.—Children who can hear ordinary conversation voice at not more than 2 feet, if at all.

TREATMENT OF MINOR AILMENTS

District	Nurse	Total No. of Children dealt with	Total No. of Attendances	No. of Visits to Parents	No. of Visits to Schools	Cuts, Bruises, Sprains and Minor Injuries, etc.	Diseases of the Ear	Diseases of the Eye (excluding D.V.)	DISEASE OF THE SKIN							Cases referred to Family Doctor or Hospital
									Ringworm of the Scalp	X-ray Treatment	Other Treatment	Ringworm of the Body	Scabies	Impetigo	Other Diseases	
Cumbernauld	C. Dempsey	176	225	6	44	147	7	1	—	—	—	—	—	15	6	6
Kirkintilloch	E. M. Rankin	61	96	—	1	45	9	4	—	—	—	—	—	—	3	—
	M. G. Miller	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	A. Veitch	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—
Twechar & Croy	A. Gee	506	1250	35	41	353	32	6	—	—	—	—	—	111	4	6
New Kilpatrick	C. S. L. King	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—
	K. S. Stevenson	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Milngavie	M. W. Christie	201	275	—	23	162	31	8	—	—	—	—	—	—	—	11
Duntocher	M.M.Macdonald	288	477	15	28	252	11	8	—	—	—	—	—	2	15	4
Old Kilpatrick and Milton	M. Callaghan	165	74	8	34	91	12	1	—	1	—	—	3	10	47	1
Clydebank	J. P. Scott	—	—	43	—	—	—	—	—	—	—	—	—	—	—	—
	A. Johnston	510	732	22	—	55	133	30	2	—	81	—	—	10	199	—
	E. Crawford	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—
Dumbarton	M. Gilmour	159	305	4	11	45	50	13	—	—	—	—	—	51	—	—
	A. Taylor	169	491	27	43	28	18	20	—	—	—	—	—	65	38	—
Renton and Cardross	M. Thompson....	473	618	9	24	372	7	17	—	—	—	—	—	22	45	—
Vale of Leven	M. Callander	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	J. Cameron	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	C. Scobie	61	84	—	—	43	14	—	—	—	2	—	—	—	2	—
Helensburgh	E.A. Sandilands	7	18	—	—	5	2	—	—	—	—	—	—	—	—	—
	J. McHaffie	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other Western Portions of the County	District Nurses	7	2	71	21	1	—	—	—	—	—	—	—	2	4	1

District	Nurse	No. of Children Examined for first Time	No. of Children Re-examined	Total No. of Children Examined	Vermin or Nits on Head	CAUSES OF REFERENCE					No. of Visits Paid to Schools	No. of Visits Paid to Homes
						Vermin or Nits on Body	Vermin Suspected	Unsatisfactory Clothing	Unsatisfactory Footwear	Others		
Cumbernauld	C. Dempsey	116	146	262	3	—	—	—	—	—	24	4
Kirkintilloch	E. Rankin	17	65	92	1	—	2	—	—	—	5	—
	M. G. Miller	60	125	185	57	—	—	—	—	—	9	2
	A. Veitch	56	46	102	3	—	—	3	—	—	4	—
Twechar and Croy	A. Gee	12	511	523	5	—	—	—	—	—	12	46
New Kilpatrick	C. S. L. King	—	—	—	—	—	—	—	—	—	—	—
	K. S. Stevenson....	—	12	12	—	—	—	—	—	—	2	1
Milngavie	M. W. Christie	44	1052	1096	8	—	—	—	—	61	41	37
Duntocher	M. M. Macdonald	6	363	369	6	—	—	—	—	—	14	19
Old Kilpatrick and Milton	M. Callaghan	68	844	912	18	6	2	9	3	—	63	51
Clydebank	J. P. Scott	15	615	630	8	—	—	8	—	3	26	42
	A. Johnston	33	1892	1925	24	—	—	9	1	—	46	23
	E. Crawford	34	1578	1612	34	—	—	—	—	—	31	35
Dumbarton	M. Gilmour	309	641	950	238	—	—	25	24	14	21	38
	A. Taylor	57	1509	1202	11	5	2	1	—	6	27	32
Renton and Cardross	M. Thomson	701	1128	1829	2	—	—	—	—	—	15	16
Vale of Leven	M. Callander	—	405	405	4	—	—	—	—	2	4	10
	J. Cameron	87	599	686	7	—	—	—	—	2	17	25
	C. Scobie	37	2236	2273	153	—	—	3	1	2	21	8
Helensburgh	J. McHaffie	—	—	—	—	—	—	—	—	—	—	—
	E. A. Sandilands	6	820	826	4	—	—	—	—	2	8	—
All other Western Portions of the County	District Nurses	28	1830	1858	20	—	—	2	—	—	40	56

RESULTS OF AUDIOMETRIC SURVEY

Age-Groups Children Examined	No. Listed	No. Tested	No. Normal Hearing	No. Showing Loss	Grade				Case Referred for					
					I	IIa	IIb	III	S.M.O.	E.N.T. Examination	Special Seating	Hearing Aid	Medical Treatment	No Action
1937	*246	207	205	2	2	—	—	—	2	1	—	—	2	—
1942	*653	648	643	5	—	5	—	—	5	3	2	—	3	—
1943	*735	707	700	7	2	4	1	—	6	4	4	—	2	1
1944	2581	2473	2458	15	9	3	2	—	15	6	5	—	8	2
Children born outwith Age-Groups	256	255	208	47	18	25	4	—	40	29	21	3	20	5

* Add to 1951-52 Report.

ORTHOPEADIC TREATMENT

Clinic	Response to Treatment	DEFORMITY OR DISEASE																																										
		Kyphosis			Lordosis			Kypho-Lordosis			Scoliosis			Chest			Foot Deformities			Paralysis and Infantile Paralysis			Asthma			Bronchitis			Mouth Breathers			Rheumatism			Others			Total		
		Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Kirkintilloch	Treatment Completed	7	8	15	—	1	1	4	4	8	1	—	1	10	4	14	7	20	27	—	1	1	2	—	2	2	1	3	5	3	8	2	—	2	2	1	3	42	46	88
	On Treatment	6	3	9	—	—	—	1	—	1	—	1	1	1	1	2	6	15	21	2	—	2	1	—	1	3	1	4	2	3	5	—	—	—	1	1	2	23	25	48
	Unsatisfactory due to—																																											
	(a) Non-attendance	—	—	—	—	—	—	—	1	—	—	—	—	—	2	2	3	3	6	—	—	—	—	—	—	1	1	2	1	—	1	—	—	—	—	—	—	5	7	12
	(b) Non-co-operative	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	4	—	4
Dumbarton	Treatment Completed	2	5	7	—	—	—	—	—	—	—	3	3	15	2	17	—	1	—	1	—	1	2	—	2	—	—	—	14	8	22	—	1	1	2	1	3	36	21	57
	On Treatment	1	—	1	—	1	1	—	1	1	—	—	—	2	1	3	7	4	11	1	—	1	3	1	4	1	—	1	3	—	3	—	—	—	2	—	2	20	8	28
	Unsatisfactory due to—																																											
	(a) Non-attendance	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	2	—	—	—	1	1	2	—	—	—	2	1	3	—	—	—	1	1	2	7	3	10
	(b) Non-co-operative	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1
Vale of Leven at Dumbarton	Treatment Completed	5	5	10	1	2	3	1	1	2	1	2	3	11	7	8	4	5	9	—	—	—	2	—	2	—	1	1	9	4	13	1	—	1	1	1	2	36	28	64
	On Treatment	2	3	5	—	—	—	—	—	—	—	1	1	2	2	4	4	6	10	—	1	1	2	1	3	5	1	6	2	—	2	—	—	—	—	—	1	17	16	33
	Unsatisfactory due to—																																											
	(a) Non-attendance	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1	4	4	8	—	1	1	1	—	—	—	—	—	6	2	8	—	—	—	—	—	—	13	7	20
	(b) Non-co-operative	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	2	—	2
Clydebank	Treatment Completed	2	1	3	—	—	—	2	4	6	1	4	5	8	1	9	2	4	6	1	—	1	3	8	11	7	4	11	20	16	36	—	1	1	1	—	2	47	44	91
	On Treatment	1	2	3	—	—	—	—	—	—	—	1	1	1	—	1	2	1	3	1	—	1	—	1	1	3	1	4	7	2	9	—	—	—	—	—	—	15	8	23
	Unsatisfactory due to—																																											
	(a) Non-attendance	1	1	2	—	—	—	—	1	1	2	—	2	1	3	4	—	1	1	—	—	—	—	1	1	2	1	3	5	2	7	—	—	—	—	—	—	11	10	21
	(b) Non-co-operative	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Helensburgh	Treatment Completed	—	1	1	—	—	—	—	1	1	—	—	—	9	3	12	3	2	5	—	a—	—	—	1	1	—	1	1	3	2	5	—	—	—	1	—	1	16	11	27
	On Treatment	1	2	3	—	1	1	—	1	1	—	—	—	4	2	6	2	—	2	—	—	—	1	2	3	1	—	1	—	—	—	—	—	—	1	—	1	10	8	18
	Unsatisfactory due to—																																											
	(a) Non-attendance	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	4	—	—	—	—	—	—	—	—	—	2	1	3	—	—	—	—	—	—	3	4	7
	(b) Non-co-operative	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1
Hillfoot	Treatment Completed	4	3	7	—	—	—	1	3	4	—	—	—	2	4	6	15	15	30	—	—	—	3	—	3	1	—	1	5	2	7	1	—	1	1	1	2	33	28	61
	On Treatment	—	—	—	—	—	—	—	—	—	1	—	1	1	1	2	3	7	10	—	—	—	4	—	4	—	—	—	1	1	2	—	—	—	—	1	1	11	10	21
	Unsatisfactory due to—																																											
	(a) Non-attendance	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	3	1	4	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	4	3	7
	(b) Non-co-operative	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1
Dumbarton Physically Handicapped	Treatment Completed	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
	On Treatment	2	2	4	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	1	1	2	—	—	—	1	1	2	6	4	10
	Unsatisfactory due to—																																											
	(a) Non-attendance	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	1	1	2
	(b) Non-co-operative	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

(a) Non-attendance. (b) Non-co-operative

NUMBER OF TREATMENTS GIVEN

Clydebank	2655	Helensburgh	1101
Dumbarton (including Vale of Leven)	3658	Bearsden	1977
Kirkintilloch	3206	Dumbarton Physically Handicapped	324

SPEECH THERAPY

STATISTICS SUMMARY—1952-53

CLINIC or SCHOOL	No. on Roll	Left	Discharged		Transferred		Ad-mitted	No. on Roll
			Cured	Non-Co-op	In	Out		
Bank Street	24	2	6	3	1	2	9	21
Bonhill	8	1	3	1	—	—	2	5
Cardross	6	—	2	—	4	3	1	6
Clyde St.	9	1	4	1	—	2	12	13
Clydebank High	5	1	6	1	—	—	8	5
Cumbernauld	16	1	5	1	1	—	4	13
Duntocher	15	1	2	—	1	3	2	12
Hartfield	31	1	18	3	2	5	19	25
Hermitage	6	1	2	1	1	—	3	6
Hillfoot	12	2	12	1	3	2	18	16
Holy Cross, Croy	7	—	5	—	—	—	6	8
Gavinburn	25	—	14	2	2	4	12	19
Kirkintilloch	20	—	17	4	2	1	23	23
Kilbowie	7	—	3	—	—	1	5	8
Knoxland	6	—	1	—	—	2	6	9
Jamestown	15	2	6	—	—	—	—	7
Lenzie Academy	10	—	6	1	2	1	—	4
Levenvale	8	—	1	1	4	—	1	11
Milton	19	—	8	—	9	3	4	21
Milngavie	18	—	9	1	3	3	11	19
Moss Cottage	27	4	18	4	9	5	21	26
Miller St.	12	2	—	1	3	6	9	15
Renton	17	—	9	3	—	2	9	12
St. Joseph's, Helensburgh	6	—	2	3	—	—	3	4
St. Ninian s	15	1	6	—	1	1	7	15
St. Stephen s	29	2	11	2	2	8	14	22
Twechar	15	1	5	—	2	3	5	13
Westerton	5	—	3	1	—	—	5	6
Whitecrook	36	3	11	1	21	15	20	47
Total	429	26	198	36	73	73	242	411

Details of Procedure are as shown in the Reports for 1948-49.