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Report

of the

Medical Officer of Health

City of Glasgow

1967

THE CORPORATION OF THE CITY OF GLASGOW

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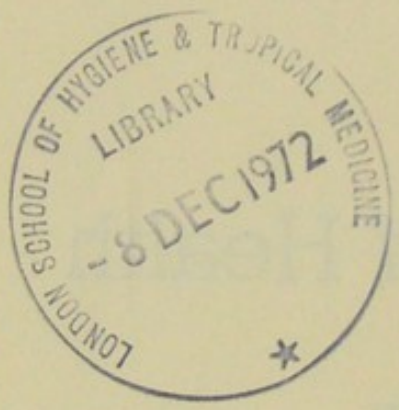
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Medical Officer (seconded by Health and Welfare Department)	FRANCES M. W. HAMILTON, M.B., Ch.B., D.P.H.
Research Assistants (University)	ELAINE C. TAYLOR, B.Sc. MURIEL DONALD, M.A. ESTHER GRANICK, B.A. MARY NICHOLSON.
Personal Secretary	MARGARET I. TINNING.

CONTENTS

PREFACE

This year has seen a further reduction in the City's population by 19,271 to 960,527.

Probably the most interesting events of the year have been the reduction in the general death rate to 12·0 per 1,000, which is the lowest figure recorded for the City since 11·8 in 1954, and also the reduction in the infantile mortality rate from 30·2 last year to 24·5 this year. This latter is by far the lowest rate yet recorded in the City. In connection with the general death and the infant mortality rates it might be well to keep in mind that the winter of 1967 was by no means unfavourable and was unaccompanied by any marked influenzal outbreak or increase in respiratory infections.

The steady rise in the marriage rate noticed over the past few years has continued, the rate for Glasgow now being 9·4 as against 8·1 for the whole of Scotland.

In March, 1967, screening for cervical cancer was begun, and well women clinics were opened in several of the maternity and child welfare centres. By the end of the year 11 centres were in use, and the number of women examined at these clinics was 4,586.

Rickets, which featured so frequently in the press at one stage, showed a decrease from 12 cases in 1966 to 8 cases this year. Nevertheless, Dr. Richards of the Social Paediatric Research Group points out that there is still in many families a deficiency in the intake of vitamin D. I would like to emphasise at this point that Glasgow is not the only place in which cases of rickets occur, but that Glasgow has been in the forefront of those who look for it. The full report of the Social Paediatric Research Group is to be found in the Maternity and Child Welfare Section of this report.

The health visitor's staff was again fully stretched, and the addition of the special research projects undertaken at the request of universities, hospital authorities and other bodies, involving careful and detailed enquiry increased considerably their work load. This year also saw the start of the health visitor/district nurse/general practitioner liaison scheme. The stage is now approaching when further request for assistance will have to be considered very carefully against the background of their daily duties.

Valuable assistance was given by the public health nurses who, in addition to their everyday work of manning clinics, assisting at medical inspections, etc., made regular visits to our 9,600 old people. This was in addition to the work done in this regard by the Home Nursing Service, the calls on which service show no sign of diminishing.

The decline in cases of infectious disease continued, the number of cases of measles being the lowest since 1960, while the small increase in the number of cases of whooping cough was insufficient to influence the total reduction.

As already mentioned, pneumonia had a low incidence, actually the lowest for ten years, and there was practically no influenza, but among the causes of death, lung cancer still marches ahead despite the slight drop in the total number of cases in 1966. This year's total of 890 is the highest so far recorded.

There were no cases of diphtheria, and only one case of poliomyelitis which occurred in an immigrant child who had contracted the disease before arrival.

There appeared to be an increase in the number of cases of chickenpox, but it is not entirely clear whether this was a true increase or due to more complete notification.

Brucellosis was the subject of a special study by Dr. William J. Patterson, covering the years 1952-1966, which gained for him the Littlejohn-Gairdner prize, much to the delight and pleasure of his colleagues.

The work of inspection of food and food premises has undergone a marked increase, indicating a greater awareness and interest on the part of the public. Over 98 per cent. of the City's milk supply is now pasteurised.

During the year Messrs. James Templeton & Co. Ltd., gifted to the Corporation the Templeton Convalescent Home situated in Racecourse Road, Ayr, and after the necessary alterations this will increase the holiday accommodation already available for the aged and disabled by a further 20 beds.

Adaptations were carried out to the huts at Broomhill, and this has allowed the Scottish Society for the Mentally Handicapped to increase their adult work centre to some 48 places.

The Clean Air programme, one of the most important public health measures, has been continued, and the Corporation's intention to have the whole City smoke-free by the early 1970's is steadily being implemented. Pollokshaws (No. 2) Area came into force in August, 1967, and in November the Orders for Camphill, Govanhill and Langside, bringing the total number of premises under Smoke Control Area Orders to 130,068. It is anticipated that by the end of next year 52 per cent. of the acreage of the City will be covered by Smoke Control Orders, 41 per cent. of the houses and 44 per cent. of the population.

In the course of the year Dr. George McHugh gained the Diploma in Industrial Hygiene of St. Andrews University.

In October, 1967, the Committee appointed a Chief Sanitary Inspector in the person of Mr. William B. Easton, from whom I have had the greatest co-operation both in his new post and when he was the Divisional Inspector in the South-Western Division.

I wish to take this opportunity of thanking the Convener and members of the Health and Welfare Committee for their support and encouragement during the year. I wish also to thank the members of the staff who have contributed to this report, and in particular Miss Knox the Librarian, for once again undertaking the tremendous task of not only writing some sections herself but of collating and arranging the material.

Dr. T. F. Elias-Jones, the Director of the City Laboratory, and Dr. I. D. G. Richards of the Social Paediatric Research Group, who both contribute to this report, have once again been towers of strength.

SECTION I

POPULATION, ETC.

The Registrar General's estimate of the City's population, as at 30th June, 1967, was 960,527, a decrease of 19,271 from the 1966 mid-year estimate.

There was another decrease in the number of births in 1967 but in conjunction with the marked reduction in the number of deaths the net result, the Natural Increase, was larger than in 1966, 7,850 as against 7,325. The following table shows the variation since 1957 :—

NATURAL INCREASE (*for Calendar year*)

1957 ...	... 9,236	1961 ...	... 9,474	1965 ...	... 8,086
1958 ...	... 9,306	1962 ...	... 10,267	1966 ...	... 7,325
1959 ...	... 9,062	1963 ...	... 8,901	1967 ...	... 7,850
1960 ...	... 10,055	1964 ...	... 10,128		

In the period July, 1966 to 30th June, 1967, the natural increase was 7,935, a figure which, if added to the estimated mid-year population in 1966, of 979,798, would have given in 1967 a population of 987,733. According to this estimate, therefore, there has been an actual loss of 27,206 persons from the City during this period. From information supplied by the Registrar General, this loss can be accounted for—partly by emigration abroad and by migration outwith the City, some to other areas of Scotland and the United Kingdom but chiefly into the adjacent counties. In 1967, the estimated net migration loss was some 27,600 persons. Of this number, 50·4 per cent. went to other parts of Scotland, 19·9 per cent. elsewhere in the United Kingdom and 29·7 per cent. overseas.

In 1966, 51 per cent. of the migration loss was to other areas in Scotland, 22 per cent. to other parts of the United Kingdom and 27 per cent. overseas.

This considerable loss of population is, in part, confirmed by the reduction in the number of persons in the Voter's Roll between October, 1966 and February, 1967, a decrease of 18,085. On a ratio of population to voters based on the latest Census this represents a population loss of 27,562 persons.

It should be noted that in this Report, as in 1966, the various rates have been calculated on the *mid-year* population and not on the December estimate as in previous years.

Ward Population.—Details of the population in each ward of the City are given in Appendix Table I and the distribution of the population in the five administrative divisions of the City is shown in Section XVI—General Sanitary Administration, page 311. Ward populations are based on the Census ratio of population to local government electors as changes in the electoral register provide as accurate an index as any of the movement of population between wards.

There is great variation in population size throughout the 37 wards, ranging from 9,268 in Exchange ward to 84,773 in Provan where extensive housing development has taken place in recent years.

The only ward with a population which may be regarded as near the average of all the wards is Langside (25,756). Twenty-six wards had smaller populations than this and in seventeen of these the population was less than 20,000.

Of the ten wards with larger populations, Cathcart (64,577), Knightswood (52,719), Pollokshaws (47,445), Shettleston and Tollcross (41,697), and Ruchill (41,317) are, like Provan, wards on the periphery of the City where much housing development has taken place within recent years.

Institutional Population.—On 30th June each year a special Census of persons resident in hospitals and institutions, hotels, etc., is taken by the district inspectors and in 1967 this population totalled 22,070, a decrease of 1,641.

The largest institutional population (3,059) was in Exchange Ward where most of the City's hotels are located. Of the 2,067 persons in Pollokshields Ward more than half were resident in Leverndale Hospital, 453 in Crookston Home and the remainder distributed throughout the many nursing homes and residential homes (for children and for aged persons) which are a feature of this area. Robroyston and Stobhill Hospitals together account for most of the 1,863 persons in Springburn Ward. Kelvinside Ward (1,592) has, in addition to the three hospitals, several hotels in this area and a growing number of residential homes for aged persons. Provan Ward, where Barlinnie Prison and Gartloch Hospital are located, had an institutional population of 2,338.

The main Glasgow Hospitals are distributed throughout the City as shown in the following table :—

LOCATION IN WARDS OF THE VARIOUS GLASGOW HOSPITALS AND THE NUMBER OF PERSONS RESIDENT THEREIN AS AT 30TH JUNE, 1967

Ward	Hospital	Persons Resident
2. Parkhead	Belvidere	422
7. Provan	Gartloch	928
9. Springburn	Stobhill	1,216
	Robroyston	577
10. Townhead	Royal Infirmary	862
	Eastern District	236
11. Exchange	Royal Maternity	358
	Ophthalmic Institute	25
12. Anderston	Ear, Nose and Throat	62
	Queen Mother Hospital	154
	Royal Hospital for Sick Children	*
13. Park	Eye Infirmary	98
	Royal Beatson Memorial	78
15. Woodside	R.H.S.C., Oakbank	179
16. Ruchill	Ruchill	479
18. Maryhill	Eastpark Home	56
19. Kelvinside	Gartnavel	786
	Homeopathic	3
	Redlands	139
20. Partick East	Western Infirmary	790
23. Yoker	Knightswood	171
	Blawarthill	45
24. Knightswood	R.H.S.C., Drumchapel	92
30. Fairfield	Shieldhall	135
	Elder Cottage	29
	Southern General	860
	David Elder	78
32. Pollokshields	Leverndale†	1,046
34. Pollokshaws	Darnley	70
	Cowglen	248
35. Govanhill	Samaritan	156
36. Langside	Victoria Infirmary	484
		10,862

* Now at Oakbank.

† Formerly known as Hawkhead.

In 1967 as in previous years fluctuations in hotel and hospital population accounted for most of the changes in the ward totals compared with 1966. The only other changes of any consequence in 1967 were the increase in a prison population in Provan Ward, and a decrease in Kinning Park Ward following the closure of a common lodging house.

The institutional population, as at 30th June, 1967, was accommodated as follows :—

	1967	1966
General Hospitals	2,312	2,415
Infectious Diseases Hospitals	901	939
Mental Hospitals	2,760	2,923
Sanatoria and Others*	5,031*	5,754*
Nursing and Maternity Homes	407	412
Children's Homes	260	185
Hotels and Guest Houses	3,409	4,093
Hotels	973	881
Homes for Aged Persons	1,774	1,758
Common Lodging Houses	1,134	1,110
Special Institutions	3,109	3,241
Total	22,070	23,711

* including Geriatric Hospitals.

Acreage.—The area of the City remains unaltered at 39,725 acres. The following table shows the progress of the City's expansion since the beginning of the century :—

	Acres
1901	12,681
1911	12,975
1921	19,183
1931	29,511
1951	39,725

The 37 wards of the City vary considerably in size, from the smallest, Woodside, with 170 acres, to Provan with 4,846 acres. Cowcaddens, Woodside and Gorbals are the only three wards which have remained unchanged in area throughout the various extensions to the City and alterations in ward boundaries which have taken place since the wards were first " recast " in 1920.

Density.—The average density of the City fell from 25 in 1966 to 24 persons per acre in 1967. Three of the oldest wards of the City, Townhead, Gorbals and Woodside, were till recently the most densely

populated, with densities well above the other 34 wards. The redevelopment of the most congested areas in these wards has resulted in a marked reduction in their density. The progressive reduction in the density of these wards over the past forty years or so is shown as follows :—

	Woodside	Gorbals	Townhead
1921	222	207	171
1931	195	186	156
1951 (Census) ...	158	145	116
1961 (Census ...	116	93	88
1962	113	87	86
1963	107	83	85
1964	98	78	83
1965	86	74	79
1966	81*	68	72*
1967	77	80	64

The densities of Woodside and Townhead were incorrectly stated in 1966.

While the density of the City as a whole at the 1961 Census (26·5 persons per acre) showed little change from that of 1951 (27·4) the extensive housing developments in three wards, Provan (Easterhouse), Knightswood (Drumchapel) and Cathcart (Castlemilk) materially increased the density in these areas. There has been little or no change since.

	Persons per acre		
	1967	1961	1951
Provan	17	16	5
Knightswood ...	33	33	11
Cathcart	24	23	8

Occupied Houses.—A return of occupied and unoccupied houses (including inhabitant occupiers) as at Whitsunday of each year is compiled by the City Assessor and the following analysis is based on the information given in this return.

The sharp decrease in the number of occupied houses in 1967, from 317,715 in 1966 to 313,453, a drop of 4,262, is a measure of the large scale redevelopment now proceeding in various areas of the City.

This is, of course, the *net* change from the previous year. In fact there was an actual reduction of 6,136 houses among 23 wards offset by an increase of 1,874 in the other fourteen. The decrease was most marked in the wards of Townhead (878), Gorbals (772), Kingston (763) and Mile End (500).

Increases ranged from 5 in Yoker to 243 in Parkhead, and included 236 in Cowcaddens, 209 in Pollokshaws and 205 in Govanhill.

The number of occupied houses in the City according to size is as follows :—

	1967	Compared with 1966	
One apartment	23,651	Decrease ...	1,470
Two apartments	80,845	Decrease ...	4,010
Three apartments	119,680	Increase ...	862
Four apartments	64,595	Increase ...	380
Five apartments and over	24,682	Decrease ...	24
	313,453	Decrease	4,262

The decrease in the number of (occupied) one-apartment houses is, of course, the *net* total for the City. Ten wards showed some increase in the number of occupied one-apartment houses, from four in Pollokshaws to 81 in Kelvinside. The increase in this ward is due to subdivision of the larger type of house (six apartments and over) and the creation of " multiple occupancies." Most of the increase in other wards is new housing provided for single and aged persons, an instalment of the linings passed by the Dean of Guild in the past two years (as detailed in Appendix Table III). With the advent of these flats, specially designed for single and aged persons, the category of " one apartment house " is no longer synonymous with a " single end " (a single apartment in a tenement property) but may also refer to a service flat or the accommodation for an aged or single person.

The decrease in occupancy of the older type of one-apartment house was 1,742 in all (this figure takes no account of the increase of 787 in the unoccupied one apartments).

The distribution of the 23,651 occupied one-apartment houses throughout the 37 wards ranges from 161 in Langside to 2,057 in Dalmarnock with the greatest concentration in the older parts of the City. Five wards in all have over 1,000 of this type of house.

The following table shows the total number (*occupied and empty*) of one-apartment houses in these seven wards with the relative proportion of houses of all sizes in each.

	Number	As percentage of Houses of all sizes
Dalmarnock	2,402	23·3
Hutchesontown	1,040	20·7
Mile-End	1,545	17·6
Calton	1,026	17·3
North Kelvin	1,356	16·1
Cowlairs	1,262	15·5
Shettleston and Tollcross ...	1,176	8·8

Unoccupied Houses.—At Whitsunday, 1967, there were 11,365 houses unoccupied compared with 8,157 in 1966, an increase of 3,208. This is the result of action taken under the Housing Acts and the redevelopment of certain areas.

The increase in 1967 affected all sizes of houses, but was most noticeable in those of two apartments.

NUMBER OF EMPTY HOUSES

	1967	1966	1965	1964	1963	1962	1961	1960
One apartment	2,813	2,026	1,871	1,418	1,209	1,135	1,111	1,057
Two apartments	5,138	3,572	3,080	2,569	1,693	1,445	1,427	1,445
Three apartments	1,930	1,276	1,159	1,005	882	655	628	642
Four apartments	781	621	707	596	526	497	492	507
Five apartments and over ...	703	622	766	709	636	630	677	705
	11,365	8,157	7,583	6,297	4,946	4,362	4,335	4,356

This total of 5,138 two-apartment houses is equivalent to 45 per cent. of all the unoccupied houses in the City, compared with 44 per cent. in 1966. Since 1957, the proportion of unoccupied two-apartments has remained very steady, at 32 per cent. from 1957 to 1959 and 33 per cent. from 1960 to 1962. In 1964, however, there was a sharp rise to 41 per cent. and this ratio is still increasing.

Only a small proportion (6·2 per cent.) of the unoccupied houses were houses of five apartments and over compared with 8·1 per cent. in 1966. Cowcaddens had the greatest number of empty houses, 949, compared with 580 in 1966, but only 16 were of five or more apartments. Wards in which 20 per cent. and over of the empty houses were of five apartments and over are shown in the following table :—

NUMBER OF EMPTY HOUSES

	Total	Five Apartment and over	Percentage
Pollokshields ...	131	59	45
Partick East ...	275	117	43
Kelvinside ...	221	54	24
Park	559	126	23
Langside ...	161	34	21
Cathcart ...	134	27	20

Dean of Guild Linings.—During the year ended 31st August, 1967, 5,244 linings were granted compared with 3,400 in 1966. Details of the number and size of house for which these were granted are given in Appendix Table III, with a comparison of the figures for the preceding years from 1919. Of the total linings granted, 1,991 were for three-apartment, 373 for four-apartment, and 38 for five and six apartment. Accommodation for single and aged persons is to be provided by 794 single and 2,048 two-apartment houses distributed widely throughout the City.

METEOROLOGY

Weather conditions were similar to those of the previous year, fairly equable on the whole, with no great variation in temperature from the seasonal average and no unduly severe or prolonged cold spells.

After a cold beginning in the first week of the year temperatures rose into the mid-forties early in February. This, however, was followed by high winds which with hail and sleet showers made March a cold month. April, too, was cool and on the 2nd of the month, May had its coldest day for 40 years. Temperatures thereafter rose and during the next three months reached 70°F. and over on several successive days. September was mild but frost in October marked the passing of autumn and was succeeded by much colder but seasonable weather in November and December. Glasgow, on the 19th December, had its coldest night since March, 1965.

Although there were more wet days, the total rainfall was less than in 1966 but still above the average for the ten years 1956-1965. The first three months had very similar amounts of rain but the distribution over the other nine was very variable. April and June were very dry but October was the wettest (in the Glasgow area) for more than 80 years. A heavy downpour in one 12-hour period caused flooding in some areas of the City.

The year was sunnier than of late and three months, January, October and December, had record amounts of sunshine. In contrast, May was the dullest since 1925 and July since 1944.

Temperature

The mean temperature in 1967, 47·0°F., was the average for the ten-years 1956-1965 and compared favourably with the two previous years' figures of 46·3°F. in 1966 and 45·3F. in 1965. This rise in the mean temperature was observed in all but four months (March, May, July and September).

The lowest mean temperature, 38·7°F., was that of January, 3·3° higher than in 1966 (35·4°F.) and 1·4° above average. The highest maximum was 51·1°F. on the 13th and the lowest minimum 23°F. on the 6th.

February, too, had a higher than average mean temperature in 1967, 40·1°F. as against 37·3°F. in 1966. The highest maximum, the same as that of January (51·1°F.) was recorded on the 2nd and the lowest minimum, 28°F., on the 13th.

Mean temperature in March, 41·9°F., was slightly above average for this month, but lower than the 1966 figure of 43·2°F. The highest maximum was 53·1°F. on the 21st and the lowest minimum, 27·0°F., on the 31st.

Although still slightly below average, the mean temperature in April, 44·9°F., was higher than in 1966 (40·9°F.) which, however, had been the coldest since records began in 1920. The highest maximum was 61·0°F. on the 28th and the lowest minimum, 27·0°F., on the 1st.

In 1966 temperatures of 70°F. and over were recorded in May but in 1967 this month's maximum was no higher than 66·9°F. on the 31st. Mean temperature was 1·9° below average, 47·7°F. as against 50·6°F. in 1966. The lowest minimum, 29·1°F., was recorded on the 3rd.

June had the warmest days of the year although the mean temperature was only 55·9°F. (only slightly below average) compared with 56·5°F. in 1966. The highest maximum, 75·0°F., was recorded on the 13th, 16th and 18th, and the lowest minimum, 43·1°F., on the 8th, 13th and 22nd.

This warmer weather continued into July, although the mean temperature of 56·7°F., was one degree below average and below the 1966 figure for this month, 57·6°F. The highest maximum was 71·1°F. on the 12th and the lowest minimum, 41·1°F., on the 4th.

The highest mean temperature was that of August, 57·6°F., slightly below average, but comparing favourably with the previous year's figure for this month of 55·5°F. The highest maximum was 73·9°F. on the 23rd and the lowest minimum, 45°F., on the 27th.

Mean temperature in September, 54·3°F., was similar to that of 1966, 54·5°F., and only 0·2° above average. The highest maximum was 64·9°F. (on the 13th, 22nd and 28th), and the lowest minimum, 39·9°F. on the 8th.

October's mean temperature of 47·7°F., slightly below average, was higher than in the previous year (46·5°F.). The highest maximum was 60·1°F. on the 9th and the lowest minimum, 32°F., on the 31st.

In November the mean temperature, 41·4°F., was 0·2° below average, but above that of the previous year, 39·6°F. The highest maximum was 54°F. on the 10th and the lowest minimum, 30·0°F., on the 26th.

December had a mean temperature of 39·6°F. (0·5° above average) compared with 38·1°F. in 1966. The highest maximum was 53·1°F. on the 22nd and the lowest minimum, 21·0°F. on the 20th.

Frost was present on one or more days in each of the first five months and in the last three.

RAINFALL

Though still above the average for the ten-year period 1950-1959 (40·26 inches), the total rainfall in 1967 was less than in the previous year (42·69 inches and 43·66 inches respectively). The table below shows the very variable distribution of the rainfall in each quarter of each year since 1960 compared with the average for the period 1950-59 :—

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Year
1967	11·23	8·27	9·83	13·36	42·69
1966	9·29	11·91	10·04	12·42	43·66
1965	8·08	9.89	12·57	10·98	41·52
1964	5·12	10·17	11·35	10·30	36·94
1963	5·90	9·94	9·62	12·16	37·62
1962	11·32	6·23	16·37	9·43	43·35
1961	10·18	6·68	15·40	14·00	46·26
1960	8·94	8·64	10·65	13·09	41·32
1950-59	*84·0*	*7·15*	*12·54*	*12·16*	*40·25*

In 1967 the heaviest rainfall was in the fourth quarter (13·36 inches) compared with 12·42 inches in 1966 and more than half of this total (8·11 inches) was recorded in October.

The first quarter, too, had more rain than in 1966, 11·23 inches as against 9·29 inches, the wettest since 1962 (11·32 inches). Distribution throughout the three months, however, was more even. January had 3·27 inches (in 17 days) compared with 2·13 inches (in 11 days) in 1966. Although February had rain on 20 days and March on 26, the amount of rainfall was very similar, 3·99 and 3·97 inches respectively. More than half the total rainfall in the second quarter was recorded in May which had 24 wet days and 4·76 inches rain. In contrast April was very dry with only 1·61 inches (in 15 days), less than the average for this month and not more than half the 1966 total of 3·08 inches. June, too. was drier, the total rainfall, 1·90 inches (in 16 days) being less than average and in sharp contrast to the 1966 total of 5·75 inches.

July, the Glasgow Fair Holiday month, was again a wet month with 3·44 inches rain and 23 wet days in contrast to 1·65 inches (in 15 days) in 1966. This total, however, is nearer the average for July,

the 1966 figure being only 50 per cent. of the 1916/1950 average. The variations since 1920 in this month's rainfall are shown in the following table :—

RAINFALL IN THE MONTH OF JULY.

	Amount in inches		Amount in inches
1920-29 (average) ...	3·57	1962	3·04
1930-39 ,, ...	3·92	1963	2·18
1940-49 ,, ...	3·25	1964	1·82
1950-54 ,, ...	4·40	1965	3·63
1955-59 ,, ...	4·33	1966	1·65
1960	4·07	1967	3·44
1961	2·99		

Rainfall in August was less than average for this month, 2·78 inches in 18 days, little more than half the total for 1966 (4·28 inches in 17 days). September, with the same number of wet days, had 3·61 inches of rain, less than the average for this month. This compares favourably with the 4·11 inches recorded for this month in 1966. October was unusually wet, with a rainfall total of 8·11 inches and 26 wet days. It is said to have been the wettest October in the Glasgow area for more than 80 years. The heaviest fall on any one day was 1·73 inches on the 6th of the month. In 1966 this month had a less than average rainfall of 3·45 inches (in 19 days).

Both November and December had less than their average rainfall and somewhat similar amounts, 2·69 inches (in 18 days) and 2·56 inches (in 16 days) respectively. In 1966 the November total, although higher, 3·60 inches (in 19 days), was also less than average but December was above average with 5·37 inches (in 26 days).

Snow and sleet showers were experienced on several occasions from January to April and again in December. Snow was lying on 8 mornings in January.

Hail showers occurred in March and May and thunder in May and June.

SUNSHINE

There was more sunshine in 1967 than in the three previous years, 1,221 hours as against 1,151 in 1966, and all but three of the months had above average totals.

June was the sunniest month with 196·7 hours in sharp contrast to the previous year when this month had been exceptionally dull with only 86·5 hours' sunshine, half its average.

August with 146·9 hours' sunshine was only a little sunnier than April (145·1 hours). Both months had more sunshine than in 1966 (129·7 hours and 97·8 hours respectively), and both above their monthly average.

July with only 108 hours' sunshine was the dullest since 1944 (101·5 hours). This total was little more than half that of 1966 (201·7 hours) and well below the monthly average. October had a very similar amount of sunshine but the total of 109·6 hours was exceptional for this month and well above average. It was said to be the sunniest October since 1881. In 1966 there were only 75 hours' sunshine in this month.

May was much duller in 1967, with 113·2 hours' sunshine, its lowest total since records began in 1926. This was in contrast to the previous year when there were 205·1 hours' sunshine in this month, the sunniest of the year.

The only other month with more than 100 hours' sunshine was September, which had 100·5 hours' sunshine compared with 88·7 hours in the previous year, when it had been unusually dull.

March had 93·9 hours' sunshine, less than in 1966 (118·1 hours), but still above average for the month.

The first two months of the year were very much sunnier than in 1966. January had 51·2 hours' sunshine compared with only 26·3 hours in 1966, and February 57·0 hours as against 32·3. Both months, however, had been unusually dull in the previous year. December, too, was much sunnier with 59·6 hours compared with 28·1 hours in 1966. This total is well above the 1950/1959 average of 23·0 hours and 31·4 hours in 1960/1964.

The dullest month was November with only 39·6 hours, not much more than half the previous year's total of 61·8 hours. This is below the 1960/1964 average of 43·8 hours but above the 1950/1959 average of 38·8 hours.

There was little or no fog during the year apart from the two or three days in mid November and mid December, on none of which, however, was it as dense or persistent as in previous years.

Up to and including November, 1965 the daily readings from which these weather notes were compiled were based on observations made at Springburn Park and published daily in *The Glasgow Herald*. Since 1st December, 1965, the daily readings have been those recorded at the Meteorological Station at Renfrew Airport, a site more representative

of the area than Springburn Park which is higher than many of the surrounding districts. This difference is most obvious in the case of temperature, a variation of several degrees being frequently observed in the readings taken at Renfrew and those recorded at the City Weather Centre.

This year's notes, however, have again been compiled from the monthly weather reports of the Meteorological Office which provides information additional to that shown in Appendix Table IV on page 348. The readings referred to continue to be those taken at Springburn.

SECTION II

VITAL STATISTICS

The following is a summary of the principal vital statistics of the City :—

SUMMARY

	1967	1966	1965	1964	1963
Population	960,527	979,798*	1,000,857*	1,018,582*	1,029,147
Acreage	39,725	39,725	39,725	39,725	39,725
Persons per acre	24	25	25	26	26
Number of Inhabited Houses	313,453	317,715	318,499	320,316	321,655
Deaths—Number registered	11,715	12,731	13,507	13,086	14,536
Deaths—After correction for Transfers	11,482	12,441	12,761	12,277	13,717
Births—Number registered	21,131	21,799	23,213	23,467	22,349
Births—After correction	19,332	19,766	20,846	22,405	22,618
Death rate per 1,000 living —All causes	12·0	12·7	12·7	12·1	13·3
Birth rate per 1,000 living	20·1	20·2	20·8	22·0	22·0
Deaths under One Year— After correction ...	474	598	587	641	722
Deaths under one Year per 1,000 births ..	25	30	28	29	32
Neonatal death rate—Per 1,000 live births ...	16	18·9	17·8	18·4	19·2
Stillbirth rate per 1,000 births (live and still) ...	18	20	20	19	21

* Midyear population.

Particulars of the causes of mortality together with the rates are given in Table VII in the Appendix, and the age and sex distribution in Table VIII.

BIRTHS

There was another decrease in 1967 in the number of births registered, 19,332 compared with 19,766 in 1966 and 20,846 in 1965. This total is the lowest yet recorded. The following table shows the trend since 1930 :—

1930-39 (Average)	22,238	1965	20,846
1940-49 (Average)	21,941	1966	19,766
1950-59 (Average)	21,234	1967	19,332
1960-64 (Average)	22,890		

The birth-rate remained practically unchanged at 20·1 per 1,000 of the population compared with 20·2 in 1966. This is the lowest rate since 1955. (19·5).

Male births formed 51·8 per cent. of the total compared with 51·6 in 1966 and 51·4 in 1965.

Provan was the only ward to have more than 1,000 births in 1967, 1,196 compared with 1,106 in 1966. Cathcart, the only other ward in 1966 to have more than 1,000 births, had 982 in 1967. The highest ward birth rates, however, were those of North Kelvin (37·7), Mile End (36·2) and Dalmarnock (35·3).

The lowest birthrate was again that of Craigton Ward, 9·2 compared with 11·0 in 1966, well below that of any other ward. Other low rates were those of Yoker (12·1), Whiteinch (12·2) and Knightswood (13·8).

For several years now attention has been drawn in these reports to one result of the low birthrates in certain wards—an excess of deaths over births. This adverse trend was first observed in Kelvinside, Langside and Camphill wards in 1949 and in Yoker and Craigton in 1955. Since 1959 Kelvinside, and Langside since 1962, have consistently had a favourable balance of births over deaths and were, therefore, excluded in 1965 from the table below.

	1967		Decrease (except where indicated by *)						
	Births	Deaths	1967	1966	1965	1964	1963	1962	1961
Camphill ...	331	320	11*	38*	7*	18*	43	—	5*
Yoker ...	352	429	77	74	48	25	15	68	39
Craigton ...	339	470	131	137	140	45	90	103	118

The improvement in Camphill ward was not maintained in 1967. when an increase in the deaths resulted in some reduction of the favourable balance shown in 1966.

There was very little change in both Yoker and Craigton wards. In the former, births and deaths were very similar to those of 1966, and in Craigton a reduction in the deaths was closely matched with the reduction in the births.

Illegitimate Births.—During 1967, 1,853 illegitimate births were registered compared with 1,749 in 1966 and 1,606 in 1965. This is equivalent to 9·6 per cent. of the total live births as against 8·8 per cent. in 1966 and is the highest rate so far recorded. The following table shows the trend in the rate since 1946 :—

1946-1950 (Average)	5·6	1963	6·6
1951-1955 (Average)	4·9	1964	7·1
1956-1960 (Average)	4·9	1965	7·7
1961	5·4	1966	8·8
1962	6·1	1967	9·6

The highest ward rates were those of Exchange (17·6), Park (16·7) and Calton (15·4). The rate for Gorbals (13·9) was closely matched by Ruchill (13·8). The lowest rate was that of Partick West (3·4) followed by Govanhill (4·2) and Camphill (4·8).

A more accurate comparison of the legitimate and illegitimate birth rates is obtained when the calculation is based on the number of women of child bearing ages ; the former on married women of 16 to 44 years of age, and the latter on the unmarried women and widows of 15 to 44. This is given in the following table (the latest available figure being that of 1966) :—

GLASGOW—BIRTH RATES DISTINGUISHING LEGITIMATE AND ILLEGITIMATE IN CERTAIN YEARS FROM 1881
(Based on Figures of the Registrar-General)

Year	Number of Legitimate Births	Rate per 1,000 Married Women 16-44 Years	Number of Illegitimate Births	Rate per 1,000 Unmarried Women and Widows 15-44 Years
1881 ...	17,605	293	1,501	22
1891 ...	18,304	283	1,553	21
1901 ...	22,676	260	1,530	14
1911 ...	19,966	229	1,603	14
1921 ...	27,790	238	1,922	13
1931 ...	21,504	176	1,427	10
1951 ...	19,029	134	1,062	9·6
1961 ...	21,606	155·6	1,236	15·0
1962 ...	22,064	163·0	1,430	17·1
1963 ...	21,134	160·2	1,484	17·8
1964 ...	20,808	160·9	1,597	19·4
1965 ...	19,240	152·3	1,606	20·2
1966 ...	18,017	146·8	1,749	22·8

These rates are higher than those for Scotland as a whole. In 1966 the comparable legitimate birth rate for Scotland was 137·4 and the illegitimate 16·5.

MARRIAGES

There was an increase in the number of marriages in 1967, 8,989 compared with 9,042 in 1966 and 8,809 in 1965. This represents a rate of 9·4 per thousand of the population as against 9·2 for the previous year. The following table shows the trend of the marriage rate since 1911 :—

MARRIAGE PER THOUSAND PERSONS LIVING

1911-1920	9·7	1961	8·9
1921-1930	8·9	1962	8·7
1931-1940	9·7	1963	8·6
1941-1945	11·0	1964	8·7
1946-1950	9·8	1965	8·8
1951-1955	9·6	1966	9·2
1956-1960	9·5	1967	9·4

This is still above the rate for Scotland as a whole, which remained unchanged at 8·1.

DEATHS

There was a marked reduction in the number of deaths registered in 1967, 11,715 compared with 12,731 in 1966. After correction for transfers this total was reduced to 11,482 a decrease of 759 from the previous year. Glasgow with 18·5 per cent. of the population of Scotland accounted in 1967 for 19·3 per cent. of the deaths (19·5 in 1966). The death rate which had remained unchanged at 12·7 per 1,000 in the two previous years, fell to 12·0, the lowest since 1954.

The highest rate of all the 37 wards was that of Exchange (20·5). Camphill Ward, which, with only three exceptions since 1950, had the highest rate until 1965, came second in 1967 with a rate of 17·4. Other wards with rates of 15 per 1,000 or over were Anderston (16·4), Parkhead (15·6) and Fairfield (15·3).

Only one ward, Woodside (12·1) had a rate similar to that of the City as a whole, while in other thirteen the rates were lower. For the past five years Provan Ward has had the lowest rate but in 1967 it shared this distinction with Knightswood, both wards had a rate of 7·4. Other low rates were those of Cathcart (8·6), Pollokshaws (9·9) and Springburn (10·0).

Age and Sex Distribution.—In contrast to 1966 the decrease was greater among males, 6,029 deaths compared with 6,548 and the proportion of male deaths was also slightly reduced, from 52·6 to 52·5. Female deaths totalled 5,453, a decrease of 440 from the previous year. The sex and age distribution of deaths according to the International Classification of Causes of Death (Short List) has been taken from the *Registrar General's provisional return* and is shown in Appendix Table VIII.

The age distribution of the deaths as a rate per 1,000 deaths at all ages is given in the table below :—

RATE PER THOUSAND DEATHS AT ALL AGES

	-4 wks.	-1 yr.	-5	-15	-25	-35	-45	-55	-65	65+	Total
1951	36	28	12	9	16	25	45	98	180	551	1,000
1961	35	18	7	5	7	13	33	88	192	602	1,000
1962	38	20	7	7	8	14	34	89	195	588	1,000
1963	32	21	7	6	7	13	31	84	200	599	1,000
1964	33	19	6	6	9	12	33	89	210	583	1,000
1965	29	17	6	6	9	13	31	83	200	606	1,000
1966	30	18	7	6	9	12	28	83	196	611	1,000
1967	26	15	6	6	8	10	31	79	206	613	1,000

In 1951 8·5 per cent. of all the deaths occurred at ages under 15 years and 73 per cent. at ages over 55. In 1967 the relative proportions were 5·3 and 81·8 per cent.

More than half the decrease, in both males and females was in the higher age group, 65 years and over. Other sizeable reductions occurred, in both male and female deaths, at age under 1 year, and also (to a greater extent in males) at ages 45 to 64.

Over 55 years the male deaths totalled 4,753 in 1967, compared with 5,110 in 1966, while the number of female deaths was 4,640, a decrease of 281. This is equivalent to 78·8 per cent. of all the male deaths (78·0 in 1966) and 85·1 per cent. of the female deaths (83·5 in 1966).

International Classification of Causes of Death.—The problem of the statistical treatment of joint causes of death is one that successive international conferences since 1900 have endeavoured to solve. As from 1st January, 1964, a new International Medical Certificate has been in use in Scotland and it soon became apparent that the information which this was expressly designed to solicit was in a large number of cases, not correctly stated.

Where the information on the certificate is inconsistent with a causal sequence, or appears incomplete or equivocal, certain selection rules are applied. It should be emphasised, however, that such rules are arbitrary and cannot constitute a successful substitute for a properly completed certificate or certificates where points of doubt have been clarified by reference to the certifier and this the Registrar General is in a position to do.

This Report has so far as possible made use of the Registrar General's analysis of the cause of death as given in his preliminary statement published in March of each year and supplements this where more detailed information is required, by other statistics compiled by the statistical section of this Department.

A comparison of the Registrar General's and the Medical Officer's classification of Causes of Death was incorporated in Appendix Table VII in the Report for 1963. Since 1964 however, Tables VII and VIII have been based entirely on the Registrar General's figures.

Relative Frequency of the Causes of Death.—A comparison is made in the following table of the commonest causes or groups of causes

of death which were together responsible for 86 per cent. and over of all deaths in 1967 and 1966 :—

	1967		1966	
	Number	Per cent. of all Causes	Number	Per cent. of all Causes
Heart Disease	3,612	31·46	3,850	30·95
Malignant Neoplasms ...	2,546	22·17	2,487	19·99
Vascular Lesions	1,791	15·60	1,797	14·44
Bronchitis	610	5·31	808	6·49
Violence	535	4·66	594	4·77
Pneumonia	420	3·66	652	5·24
Congenital Malformations and Diseases of Early Infancy	351	3·06	433	3·48
Pulmonary Tuberculosis ...	101	0·88	95	0·76
	9,966	86·80	10,716	86·12

With the exception of Pneumonia, and Violence, the relative frequency of the eight main causes remains unchanged from 1966. As a result of the decrease in the deaths from Pneumonia this cause is now preceded by Violent Causes in the above table.

An analysis of the provisional figures of the causes of death for the whole of Scotland shows the first three causes as above but followed by Violence, Bronchitis, Pneumonia, Congenital Malformations, etc., and Pulmonary Tuberculosis in that order. Together these eight causes account for 85·5 per cent. of the total deaths compared with the City figure of 86·8. Bronchitis and Pneumonia accounted for a higher proportion of the City deaths, 5·31 and 3·66 respectively as against 3·78 and 3·26 for the country as a whole. Pulmonary Tuberculosis was not among the first eight causes of death in Scotland in 1967 but it is included here for comparison with the City figure ; it accounted for only 0·37 per cent. of all the Scottish deaths compared with 0·88 for Glasgow. In the two major groups, Heart Disease and Vascular Lesions, the proportions were lower for the City ; for Scotland the respective figures were 33·92 and 16·47. The proportion of City deaths from Malignant Disease 22·17, was higher than that for Scotland, 20·35. The proportion of Scottish deaths from Violent Causes remained unchanged at 4·62, not very different from the City figure of 4·66. Congenital Malformations and Diseases of Early Infancy accounted for 2·71 of all Scottish deaths compared with 3·06 of the City total.

CAUSES OF DEATH

The following table is a summary of the causes of death as shown in the Registrar General's provisional return for each year (see Appendix Table VII) arranged in the principal groups according to the international Classification adopted in 1950. The rates for each year have been calculated on the *mid-year* population.

SUMMARY OF DEATH RATES PER MILLION FROM PRINCIPAL CAUSES

	1967	1966	1965
General Diseases—			
(*a*) Infective and Parasitic Diseases	34	32	22
(*b*) Tuberculosis—			
(1) Respiratory	105	97	140
(2) Non-Respiratory	9	13	8
(*c*) Malignant (Cancer, etc.)	2,651	2,538	2,617
Diseases of the Nervous System (including Mental Disorders)	1,994	1,998	2,176
Diseases of the Circulatory System	4,187	4,377	4,275
Diseases of Respiratory System (including Influenza)	1,141	1,629	1,449
Diseases of Digestive System	374	389	358
Congenital Defects and Diseases of Early Infancy	365	443	447
Violence	557	606	654
All Other Causes	537	575	605
	11,954	12,697	12,751

Infective and Parasitic Disease.—Thirty-three deaths were allotted to this group in 1967, one more than in 1966. More than half of these (18) were in the subgroup " Other Infective and Parasitic Disease ", three fewer than in the previous year. The Registrar General in his Annual Return groups typhoid fever, scarlet fever, streptococcal sore throat, diphtheria and acute infectious encephalitis with a variety of other infections, such as infective hepatitis, under this one heading. Scrutiny of the Department's own records (allotting nineteen deaths to this miscellaneous group) showed only one death from any of these causes, a 73 year old woman whose death was attributed to infective hepatitis. Also included in this subgroup was the death from psittacosis of a 13 year old boy.

There was one death from dysentery (a 33 year old woman) and three from measles (a 4 year old boy and two girls aged 1 and 5 years). Eight deaths (all but one, males) were due to meningococcal meningitis. Five of this number were infants, two were under 5 years and one was a 40 year old man. Whooping cough caused the death of three females, one a year old, the other two under 6 months.

Tuberculosis.—In 1967, the Registrar General allotted 101 deaths to Pulmonary Tuberculosis, six more than in 1966. The rate (calculated on the mid-year population) was 105 per million compared with 97 in 1966, the lowest rate so far recorded. The chart on page 216 (based throughout on the Registrar General's figures) compares the death rates from pulmonary tuberculosis for Glasgow and Scotland from 1936 onwards.

Although the male deaths were the same in number (71) as in 1966 they formed a smaller proportion of the total deaths, 70 per cent. as against 75. All were over 25 years of age, 29 of them over 65 years. Of the 30 female deaths two were in the age group 15 to 24 and ten between 45 and 54 years. Only five were over 65 years.

The following table compares the mortality for each sex and major age group based on the Registrar General's figures and the respective Census populations of 1951, 1961 and 1966.

PULMONARY TUBERCULOSIS

RATES PER THOUSAND POPULATION IN EACH AGE GROUP

	-15	-25	-35	-45	-55	-65	65+	All Ages
MALES—								
1950-52	0·10	0·49	0·75	0·91	1·29	1·86	1·26	0·77
1960-62	—	—	0·07	0·26	0·41	0·82	1·26	0·28
1965-67	—	—	0·03	0·11	0·23	0·52	0·86	0·17
FEMALES—								
1950-52	0·12	1·02	1·07	0·65	0·33	0·30	0·19	0·52
1960-62	—	—	0·15	0·17	0·12	0·14	0·13	0·09
1965-67	—	—	0·03	0·12	0·14	0·08	0·12	0·06

There were nine deaths from non-pulmonary tuberculosis, four fewer than in 1966. Of the four male deaths one was an infant of 2 months and the other three adults of 44 years and over. One of the five female deaths was a twelve year old girl, and the other four adults of 45 years and over. The young girl died from tubercular meningitis, as did also a 44 year old man. Abdominal tuberculosis accounted for one death, a 47 year old woman. A variety of tubercular conditions accounted for the remainder.

Diseases of the Nervous System.—The 1,915 deaths in this group in 1967 is a reduction of 43 from the 1966 total. Vascular Lesions, which ranks third in the list of major causes of death, accounted for 1,791 deaths (93·5 per cent. of the deaths in this group) compared with 1,797 (91·8 per cent.) in the previous year. Seven deaths were allocated to non-meningococcal meningitis, five fewer than in 1966. The miscellaneous subgroup "Other diseases of the nervous system" accounted for 117 deaths as against 149 in 1966.

Diseases of the Circulatory System.—This, the major group of causes of death, accounted in 1967 for 4,022 deaths, 35·0 per cent. of the deaths from all causes, a larger proportion than in 1966 (34·5). In 1966 deaths in this group totalled 4,289. Of these 4,022 deaths, 78·0 per cent. were due to Arterio-sclerotic and degenerative heart disease, which in 1967 accounted for 3,139 deaths, 219 fewer than

in 1966. The Registrar General in his Annual Return now distinguishes Degenerative heart disease from Arterio-sclerotic heart disease and includes coronary disease in the latter, allotting 2,500 deaths to this heading in 1967.

An analysis of the records of this Department shows that 3,078 deaths attributed to Arterio-sclerotic and degenerative heart disease, 2,430 were allotted to Coronary Thrombosis. This is equivalent to 78·9 per cent., a larger proportion than in 1966, 75·4 per cent.

Mortality from coronary disease is consistently higher in men than in women, as the following table (compiled in this Department) shows :—

		Males	Females	Total
1957	...	1,151	717	1,868
1958	...	1,235	690	1,925
1959	...	1,238	723	1,961
1960	...	1,313	803	2,116
1961	...	1,392	883	2,275
1962	...	1,472	918	2,390
1963	...	1,505	935	2,440
1964	...	1,600	974	2,574
1965	...	1,545	1,049	2,594
1966	...	1,531	1,000	2,531
1967	...	1,453	977	2,430

The age distribution of these 2,430 deaths shows a marked sex disparity :—

		-35	-45	-55	-65	-75	75+	All Ages
Males	...	9	54	179	475	433	303	1,453
Females	...	1	11	51	177	329	408	977

Deaths from coronary disease at ages under 55 formed a smaller proportion (16·6 per cent.) of all male deaths from this cause than in 1966 (17·9). In females the proportion was 6·4 as against 5·81 in 1966.

In addition there were three deaths from angina pectoris (two male and one female). All three were between 45 and 65 years of age.

The Registrar General attributed 153 deaths to chronic rheumatic heart disease, as against 149 in 1966. Deaths among females greatly outnumbered the male deaths, 108 and 45 respectively. Two were children, a girl under 5 years and a boy under 15 years. There were 20 deaths at ages over 75 years. In 1967, the heaviest mortality was at ages 45 to 64 years. There were two deaths from rheumatic fever. One hundred and forty-two deaths were allotted to Hypertensive Heart Disease (183 in 1966) and 92 to " Other Hypertensive Disease "

(84 in 1966). " Other Diseases of the Heart" accounted for 178 deaths (160 in 1966) and " Other Circulatory Disease " for 316 (353 in 1966).

Diseases of the Respiratory System.—There was a marked decrease in deaths from respiratory disease in 1967, 1,096 compared with 1,596 in 1966. The rate which had been 1,629 in 1966, fell sharply in 1967 to 1,141. The decrease was mainly in pneumonia which accounted for 420 deaths in 1967 as against 652 in 1966. The rate was 437 per million, as against 665 in 1966. Six hundred and ten deaths were attributed to bronchitis, 198 fewer than in the previous year. This is equivalent to 55·6 per cent. of all the deaths in the group, a much higher proportion than in 1966 (50·6). A detailed review of the age, sex and seasonal distribution of the deaths from bronchitis and pneumonia will be found in the Infectious Disease Section, at page 211 of this Report. Only six deaths were attributable to influenza, 66 fewer than in 1966. A variety of causes in " Other Respiratory Diseases " accounted for 60 deaths, 4 less than in the previous year.

Diseases of the Digestive System.—There was a decrease too in the deaths from digestive disease, 359 as against 381 in 1966 and the death rate fell from 389 in 1966 to 374. The major single cause in this group, ulcer of the stomach and duodenum, accounted for 77 deaths compared with 94 in 1966 and 76 in 1965. The rate fell sharply from 96 in 1966 to 80 in 1967. Deaths from intestinal obstruction and hernia (71) were the same in number as in 1966. Cirrhosis of the liver was responsible for 63 deaths, an increase of 9. " Other Diseases of the Liver " accounted for 33 deaths (one less than in 1966) and " Other Digestive Diseases " for 28 (17 less). The 11 deaths from appendicitis, in 1967, were three less than in 1966. The Registrar General, in his Annual Return combines " Gastritis and Duodenitis " with " Diarrhoea" (except of the new-born) under the heading " Gastritis, Duodenitis, Enteritis and Colitis (except diarrhoea of the new-born) " and allotted 76 deaths to this subgroup in 1967. Information is not yet available as to the allocation of these deaths to the individual causes under this heading but in his Annual Report for 1966 the Registrar General classified the 68 deaths in that year as follows :—21 to " Gastro-enteritis (four weeks to two years) " ; 9 to " Gastroenteritis (2 years and over) " ; and 38 to " Chronic Enteritis and Ulcerative Colitis ".

Of the 76 deaths in 1967, 17 (8 male and 9 female) were under one year of age, 5 (3 male and 2 female) were under 5 years, one female under 10 years and the remainder over 25 years.

Congenital Defects and Diseases of Early Infancy.—With the exception of deaths from congenital malformations, all the deaths

attributed to this group occur at ages under 1 year and these are discussed in the appropriate section of Maternity and Child Welfare. A large proportion of the deaths from congenital malformation also occur before 1 year of age (in 1967, 92 of the 130 deaths were in this age group) but the mortality is not confined to this age group and the deaths, though relatively small in number, are widely distributed throughout all the age groups, the over 65's not excepted. The physical handicap of a congenital defect does not apparently curtail the normal lifespan—a fact of some importance in the provision of welfare services for those severely incapacitated by a congenital defect.

The distribution of the deaths from congenital malformations in 1967 is compared with 1951, 1961 and subsequent years as follows :—

		-1	-5	-15	-45	-65	65+	All Ages
MALES—								
1951	...	70	7	3	2	1	1	84
1961	...	73	8	7	5	4	3	100
1962	...	79	8	5	11	1	1	105
1963	...	67	10	3	2	4	—	86
1964	...	48	5	1	6	2	1	63
1965	...	57	8	3	6	4	—	78
1966	...	53	5	1	3	2	1	65
1967	...	50	6	5	9	2	1	73
FEMALES—								
1951	...	55	2	3	3	6	1	70
1961	...	74	5	6	2	4	1	92
1962	...	70	9	7	5	6	—	97
1963	...	65	5	3	3	2	—	78
1964	...	52	6	1	3	1	1	64
1965	...	49	7	4	3	5	—	68
1966	...	52	2	1	6	4	—	65
1967	...	42	5	3	2	5	—	57

The Registrar General's provisional return for 1967 gives the sex and age distribution of these 130 deaths in three main groups as follows :—

		-1	-5	-15	-45	-65	65+	Total
Congenital Malformations of the nervous system and sense Organs ...	M.	6	2	3	2	—	—	13
	F.	16	1	—	1	2	—	20
of the Circulatory System	M.	18	3	1	3	1	—	26
	F.	15	2	3	1	1	—	22
Other forms	M.	26	1	1	4	1	1	34
	F.	11	2	—	—	2	—	15
		92	11	8	11	7	1	130

Malignant Disease.—This major cause of death illustrates very clearly the difficulty in classification discussed in the Annual Report for 1964. It was there pointed out that where a cause of death is

stated to be a neoplasm, cyst or tumour without further definition, such additional information as to whether the tumour was malignant or benign is all too often not provided and can be obtained only from the certifier and consequently there is always a difference between the figures in those two groups—the Registrar General showing more malignant tumours and fewer of an undetermined nature than the Medical Officer of Health. This is clearly shown in the following table which compares the deaths in the years 1965, 1966 and 1967 from Malignant and Benign Neoplasms as shown respectively by the Registrar General and this Department. :—

	1967		1966		1965	
	R.G.	M.O.H.	R.G.	M.O.H.	R.G.	M.O.H.
Malignant Neoplasms ...	2,546	2,482	2,487	2,398	2,620	2,522
Benign and Unspecified Neoplasms	28	78	25	80	21	60
	2,574	2,560	2,512	2,478	2,641	2,582

A comparison of the death rates per million for Malignant Disease for certain years from 1951 onwards, as computed on the Registrar General's figures and on those of the Medical Officer of Health, is as follows :—

	R.G.	M.O.H.
1951	2,074	2,002
1961	2,289	2,219
1962	2,401	2,332
1963	2,415	2,366
1964	2,464	2,377
1965	2,617	2,520
1966	2,538	2,447
1967	2,651	2,584

The following table (based on this Department's own figures) which relates the deaths from cancer for each sex and in each group shows the higher proportion of deaths from cancer among males and the tendency of this proportion to increase, while that for females has remained relatively stationary.

DEATHS FROM CANCER AS A PERCENTAGE OF DEATHS FROM ALL CAUSES FOR EACH SEX AND IN EACH AGE GROUP

	−15	−25	−35	−45	−55	−65	−75	75+	All Ages
MALES—									
1930/32 ...	0·17	1·83	2·78	6·80	12·79	17·95	15·38	8·12	8·73
1950/52 ...	1·38	6·93	12·76	16·76	22·07	22·24	18·34	11·96	16·10
1960/62 ...	1·67	10·88	14·65	19·94	25·22	27·11	21·28	13·62	19·34
1967 ...	2·26	10·14	13·95	18·54	26·51	30·84	28·42	17·45	23·78
FEMALES—									
1930/32 ...	0·12	0·65	3·91	11·76	21·41	21·69	15·31	8·19	10·24
1950/52 ...	0·98	3·43	8·94	22·76	27·05	25·02	17·36	9·24	15·11
1960/62 ...	2·28	5·61	19·83	28·35	36·58	25·11	17·20	10·97	16·51
1967 ...	1·54	1·78	24·24	27·59	39·48	30·73	21·07	12·30	19·22

The sex ratio of the deaths from cancer is shown from 1941 onwards in the following table :—

RATIO : MALES TO 100 FEMALES

1941	...	103	1964	...	132
1951	...	113	1965	...	125
1961	...	131	1966	...	132
1962	...	132	1967	...	137
1963	...	145			

In 1967 this male preponderance was present in all the age groups except between 35 and 45 and 75 years and over. It was particularly noticeable in the age group 55 to 65 years in which there were 471 male to 256 female deaths. This male preponderance is shown in the following table (compiled from this Department's figures) :—

MALE DEATHS AS A RATIO OF 100 FEMALE DEATHS :

		−15	−25	−35	−45	−55	−65	−75	75+	All Ages
1930-32	...	114	271	60	66	76	102	111	68	92
1950-52	...	180	150	120	83	126	123	118	106	116
1960-62	...	96	350	96	104	115	193	140	90	132
1965	...	100	150	60	94	118	161	134	95	125
1966	...	143	88	229	86	106	192	143	91	132
1967	...	200	140	150	95	109	184	154	93	137

In the age period 45 to 55 there occurs in both sexes a sharp rise in the number of deaths from cancer. The table on page 44 shows the heaviest mortality in males to be between the ages of 55 and 75, and in the females at ages over 65 years. In 1967, 66·5 per cent. of all the male deaths occurred between the ages of 55 and 75 and 18·6 at ages 75 and over. In 1966 the respective ratios were 65·1 per cent. and 18·5 per cent. In females the proportion in the lower age group was 54·2 per cent., an increase on the previous year's figure (52·6). At ages over 75, however, the proportion was higher, 27·3 per cent. as against 26·9 per cent. in 1966.

The following table shows the age distribution as a percentage of the total cancer deaths in each sex in 1967 (departmental figures).

1965	−15	−25	−35	−45	−55	−65	−75	75+	All Ages
Males ...	0·6	0·5	0·8	2·6	10·4	32·9	33·6	18·6	100·0
Females	0·4	0·5	0·8	3·8	13·1	24·4	29·8	27·2	100·0

Apart from a slight recession in 1954, 1957 and 1959, male mortality has increased steadily since 1951. Of the 2,546 deaths attributed by the Registrar General, 1,470 were males, 42 more than in 1966. Female deaths totalled 1,076, an increase of 17.

The Registrar General's provisional return classifies these deaths in three main groups only—malignant neoplasms of the respiratory system, of the lymphatic and haematopoietic tissues, and " all other ". The deaths so allotted are shown as follows, compared with those for the two previous years :—

Malignant Neoplasms—		1967	1966	1965
of the respiratory system	M.	738	675	695
	F.	152	146	164
of the lymphatic and haematopoietic tissues	M.	62	54	63
	F.	64	66	49
All other forms	M.	670	699	709
	F.	860	847	940
All Forms ...	M.	1,470	1,428	1,467
	F.	1,076	1,059	1,153

These figures should be compared with the following which have been obtained from the analysis of cancer deaths carried out by the Statistical Section of this Department. Of the 1,434 male deaths attributed to cancer in 1967, 709 or 49·4 per cent. were attributed to cancer of the respiratory organs, the corresponding percentage of the female deaths being only 13·2 per cent. The trend of this form of cancer is clearly shown in the following table which compares the male and female deaths from cancer of the respiratory and the digestive organs over a period of some years :—

	Average					
	1932/41	1942/51	1952/61	1965	1966	1967
MALES—						
Respiratory Organs ...	96	244	518	659	627	709
Digestive Organs ...	491	554	483	457	431	425
FEMALES—						
Respiratory Organs ...	38	69	100	158	132	138
Digestive Organs ...	429	473	453	437	401	404

In 165 of the 425 male and 135 of the 404 female deaths from cancer of the digestive organs, the site of the disease was located in the stomach and small intestine. This is an increase of 7 on the 1966 figure of 180 male and 113 female deaths. The death from cancer of this site in 1967 are compared as follows, with the average for each of the three preceding ten-year periods :—

DEATHS FROM CANCER OF THE STOMACH AND INTESTINE

	Average					
	1932/41	1942/51	1952/61	1965	1966	1967
Males	190	219	201	190	180	165
Females	161	179	174	160	113	135

Deaths from cancer of the rectum showed a slight increase, 102 compared with 99 in 1966. The male deaths numbered 56 as against 46 female deaths. There were six fewer deaths from cancer of the liver and biliary passages, 48 as against 54 in 1966 and of these 21 were

female. The number of deaths from cancer of the pancreas were six fewer, 91 as against 97 in 1966 and of these 49 were males and 42 females. The subgroup "Other Digestive Organs" accounted for 217 deaths, 12 fewer than in 1966. Cancer of the large intestine, usually included in "Other Digestive Organs" is responsible for most of the deaths in this group.

Deaths from cancer of the buccal cavity and the pharynx were 47, nine more than in 1966. There were 32 male and 15 female deaths. Male deaths from cancer of this site have shown a marked decline since the 1930s.

DEATHS FROM CANCER OF THE BUCCAL CAVITY AND PHARYNX

	Average					
	1932/41	1942/51	1952/61	1965	1966	1967
Males	70	57	36	25	23	32
Females	11	13	15	10	15	15

Deaths from cancer of the breast, which, after cancer of the stomach, is the most common form of death from cancer in the female, were fewer by thirteen, 161 as against 174 in 1966. Of this number, only seven were under 45 years. Seventy-one were over 65. There were two male deaths from this form of cancer.

Deaths from cancer of the lymphatic and haematopoietic tissues in 1967 were seven more, 125 compared with 118 in 1966 and 115 in 1965. There were 61 male deaths and 64 female. Of this total of 125 eight were under 15 years of age.

Most of the deaths in this group are due to leukaemia, a form of cancer which has attracted some attention in recent years owing to the fact that a larger proportion of the cases than in other kinds of malignant disease occur in children. Since 1951, deaths from leukaemia have varied between 34 and 40 a year. In 1967 there were 51 deaths compared with 53 in 1966. Of these, 51 deaths (24 male and 27 female), three were under five years of age, two less than in 1966. The distribution throughout the age groups is shown as follows for 1967 and the six previous years :—

	−1	−2	−5	−20	−45	−55	−65	−75	75+	All Ages
1961 ...	—	1	5	3	4	1	13	8	9	44
1962 ...	1	1	—	4	7	1	6	8	5	33
1963 ...	—	1	3	6	3	8	7	10	11	49
1964 ...	—	—	4	2	7	6	12	12	7	50
1965 ...	—	1	2	3	4	8	9	11	10	48
1966 ...	—	1	4	6	10	6	6	12	8	53
1967 ...	—	—	3	4	8	2	14	12	8	51

Details of the age and sex distribution of cancer with respect to the site of this disease are given in the table on the next page. The totals of both sexes for certain earlier years are shown for comparison.

GLASGOW, 1967—DEATHS FROM CANCER IN THE DIFFERENT SITES AS GIVEN IN THE INTERNATIONAL LIST OF CAUSES OF DEATH.
(as compiled in this Department.)

SITE OF LESION	MALES									FEMALES									BOTH SEXES	Both Sexes		
																				All ages		
	−15	−25	−35	−45	−55	−65	−75	75+	Total	−15	−25	−35	−45	−55	−65	−75	75+	Total	1967	1966	1956	1946
Buccal Cavity and Pharynx	—	—	—	—	1	8	10	13	32	—	—	—	—	2	5	4	4	15	47	38	47	72
Digestive Organs and Peritoneum—																						
(*a*) Oesophagus ...	—	—	—	—	—	9	13	11	33	—	—	—	1	4	6	11	7	29	62	55	52	65
(*b*) Stomach and small Intestine including Duodenum	—	—	1	6	22	50	54	32	165	—	—	—	2	5	28	40	60	135	300	293	405	366
(*c*) Rectum	—	—	—	1	6	10	19	20	56	—	—	2	—	4	6	20	14	46	102	99	124	120
(*d*) Liver and Biliary Passage	—	—	—	—	3	11	9	4	27	—	—	—	—	1	3	7	10	21	48	54	56	67
(*e*) Pancreas	—	—	—	1	4	16	16	12	49	—	—	—	1	6	10	13	12	42	91	97	75	50
(*f*) Peritoneum ...	—	—	1	1	1	—	—	—	3	—	—	—	—	1	—	4	1	6	9	5	11	5
(*g*) Other Digestive Organs	—	—	2	—	6	24	34	26	92	—	—	—	1	9	19	36	60	125	217	229	244	326
Respiratory Organs ...	—	2	3	19	78	266	259	82	709	—	—	—	7	22	39	36	34	138	847	759	631	307
Uterus	—	—	—	—	—	—	—	—	—	—	—	3	1	17	19	30	6	76	76	81	99	110
Other Female Genital Organs	—	—	—	—	—	—	—	—	—	—	—	—	4	14	24	18	7	67	67	53	51	46
Breast	—	—	—	—	—	1	—	1	2	—	—	—	7	37	46	40	31	161	163	175	175	145
Male Genito-Urinary Organs	—	2	1	1	2	8	15	27	56	—	—	—	—	—	—	—	—	—	56	79	78	58
Skin	—	—	—	—	1	1	—	3	5	—	—	—	1	3	2	2	4	12	17	14	19	14
Lymphatic and Haemato-poietic Tissues ...	4	2	2	3	8	19	15	8	61	4	2	3	6	5	14	19	11	64	125	118	77	148
Other or Unspecified Organs	4	1	2	6	17	48	38	28	144	—	3	—	9	7	35	32	25	111	255	249	187	
Totals	8	7	12	38	149	471	482	267	1,434	4	5	8	40	137	256	312	286	1,048	2,482	2,398	2,331	1,899

Deaths from Violence.—In 1967 Violent Causes ranked fifth as a major cause of death in Glasgow, the Registrar General in his provisional return allotting 535 deaths to this group. This is another improvement on the two previous years' totals (594 in 1966 and 654 in 1965), and equivalent to 19·5 per cent. of all the Scottish deaths from Violent Causes, a smaller proportion than in the two previous years (20·2 and 22·2). The death-rate was 557 per million as against 606 in 1966.

The following table shows the sex and age distribution of the deaths allotted to this group by the Registrar General in 1951 and from 1961 to date :—

	Males						Females					
Year	-5	-15	-45	-65	65+	Total	-5	-15	-45	-65	65+	Total
1951	40	38	86	84	84	332	35	9	28	35	99	206
1961	26	26	121	123	83	379	22	10	21	38	114	205
1962	31	29	133	147	91	431	20	10	40	58	114	242
1963	41	32	132	142	83	430	28	4	49	58	116	255
1964	36	33	100	134	104	407	28	12	48	53	120	261
1965	40	24	131	131	99	425	14	12	38	50	115	229
1966	34	25	137	122	71	389	19	10	39	49	88	205
1967	26	25	126	91	76	344	22	11	24	38	96	191

The decrease was common to both sexes. Male deaths decreased from 389 in 1966 to 344 in 1967 and female deaths from 205 to 191. The male predominance which prevails in this group of causes of death was apparent in each age group under 65 years. Over 65 years female deaths totalled 96 compared with 76 male deaths.

A full analysis of the various causes of accidental death is provided by the Registrar General in his Annual Reports. The Report for 1967 will not, however, be published till later this year and the only information available therefore is that given in the Registrar's provisional return as follows, with those of 1966 and 1965 for comparison :—

Number of deaths from—	1967	1966	1965
Motor Vehicle Accidents	151	165	171
Other Road Vehicle Accidents ...	—	2	3
Accidents in the Home	163	193	255
Other Violence (BE 50)	149	146	133
Suicide and Self-inflicted Injury ...	72	88	92
	535	594	654

These figures may be compared with those supplied by the Statistical Section of this Department, an analysis of which according to sex, age and type of accident is shown on page 48. A discussion of the latter now follows.

In 1967, Inhalation and Ingestion of food accounted for 10 of the 23 accidental deaths under one year of age (43 per cent.) and accidental mechanical suffocation (i.e. by blankets, pillow or overlaying) for other 7 (30 per cent.). In the age group 1-5 years accidents involving motor vehicles accounted for 5 of the 24 deaths in this age group. Details are given elsewhere in this Report (in Section III—Maternity and Child Welfare, at pages 53 and 59) of the deaths of infants and toddlers as a result of accidents in the home. In addition, this same section contains analyses of all accident cases treated by the City hospitals and of burning and scalding accidents in children under 15 years of age.

Burning and scalding accidents in school children aged 5 to 10 years are also investigated by the School Health Visitors and a full report on these will be found in Section IV at page 103.

The usual marked disproportion between the male and female deaths in the age group 5 to 10 years was again apparent in 1967 when all but six of the 19 deaths were male. Six of the male deaths were due to motor vehicle accidents, one to drowning and two to a fall. There was was one death due to a therapeutic misadventure and three from other and unspecified accidents.

Motor vehicle accidents accounted for three of the six female deaths in this age group, one was the victim of assault, one died from burns and in the other the nature of the accident was not specified.

At ages over 65 years female deaths preponderate. In 1967 there were 72 male deaths and 95 female. This is equivalent to 21 per cent. of the male deaths and 51 per cent. of the female deaths from Violent Causes. The respective figures for 1966 were 18 per cent. and 42 per cent.

An analysis of the deaths *at ages* 65 *years and over* shows the following distribution of common causes of deaths from violence compared with the 68 male and 86 female deaths in 1966 :—

PERCENTAGE OF TOTAL DEATHS FROM VIOLENT CAUSES AT AGES OVER 65 YEARS

	Males		Females	
	1967	1966	1967	1966
Falls	25·0	39·7	48·4	43·0
Road Accidents	25·0	13·2	12·6	19·8
Poisoning (Gas and Drugs)	8·3	10·4	9·5	11·6
Drowning	4·2	8·8	2·1	—
Burns	8·3	10·3	5·3	14·0
Suicide	1·4	2·9	—	1·2
Other Violence (including Homicide) ...	11·1	2·9	6·3	1·2
Unspecified	16·7	11·8	15·8	9·2
	100·0	100·0	100·0	100·0

In many cases only the nature of the injury is given in the death certificate and no information is available regarding the cause of the accident. Fracture of the femur for instance, particularly in an elderly woman, is nearly always the result of a fall, and in 1966 and 1967, deaths resulting from an injury of this nature, without information as to its cause, have been allotted to falls, so reducing the number of such deaths formerly included under the heading " unspecified " in the above table.

Falls are by far the most common type of accident in persons over 65 years—especially so among women. In 1967, 18 male and 46 female deaths were attributed to a fall compared with 27 male and 37 female in 1966.

There were fewer deaths from burning accidents in this age group in 1967, 11 as against 19 in 1966, the male deaths being only one more than the female.

Deaths from accidental poisoning by coal gas, or carbon monoxide were one less than in 1966, the ten deaths being equally divided between the sexes. Accidental poisoning by drugs accounted for five deaths (one male and four female).

The number of deaths, which for lack of sufficient information, could not be assigned to any one type of accident, was 27 (12 male and 15 female).

Home Accidents.—The Registrar General now classifies certain deaths as home accidents and in his 1967 Return shows 163 deaths at all ages in this category. This figure may be compared with those of the previous years from 1963 to date, as follows :—

	1963	1964	1965	1966	1967
Males ...	134	134	142	105	81
Females ...	147	132	113	88	82
Total ...	281	266	255	193	163

This total of 163 is the equivalent of 30·5 per cent. of all the deaths from Violent Causes, lower than the Scottish rate of 32·4 per cent.

The proportion of all female deaths from Violent Causes due to an accident in the home was 42·9 compared with only 23·5 in males. The rates for Scotland were 49·3 and 21·4 per cent. respectively.

Seventy-seven (47·2 per cent.) of the deaths from home accidents were at ages 65 years and over, the proportion being much higher in the females—61·0 per cent. as against 33·3 per cent. in the males.

Road Accidents.—Road traffic which is always a hazard for old people was responsible in 1967 (according to the Registrar General) for 47 deaths (24 male and 23 female) of persons aged 65 and over. That is to say only 25 per cent. of all the male deaths from road accidents were aged 65 years and over, compared with 43 per cent. of the female deaths.

Sex and Age Distribution of Deaths from Violent Causes 1967, Compared with the Totals for 1966 and 1965

Long Code Number			−1	−5	−15	−45	−65	65+	Total All Ages 1967	1966	1965
802	Railway and other Train accident	M.	—	—	—	1	—	1	2	6	8
		F.	—	—	—	—	—	—	—	1	—
825	Motor Vehicle Accident ...	M.	—	2	13	26	10	18	69	79	81
		F.	—	3	6	5	6	12	32	48	36
858/866	Water and other Transport (including Air) Accident	M.	—	—	—	1	—	—	1	2	—
		F.	—	—	—	—	—	—	—	1	—
888	Accidental Poisoning by Drugs	M.	—	—	—	4	9	1	14	25	34
		F.	—	1	—	6	12	4	23	37	22
890/895	Accidental Poisoning by Gases and Vapours	M.	—	—	—	11	2	5	18	31	64
		F.	—	—	—	2	2	5	9	9	36
904	Accidental Falls	M.	1	4	2	7	11	18	43	49	34
		F.	—	—	—	1	3	46	50	44	56
910/914 919	Other Accidents (Falling objects, cutting or piercing instruments, machinery, eletric current and Firearm)	M.	—	—	—	10	4	1	15	8	8
		F.	—	1	—	—	—	—	1	—	1
916/917	Burns and Scalds	M.	—	4	—	4	5	6	19	25	26
		F.	2	1	1	—	4	5	13	26	18
921/923	Inhalation and Ingestion of food etc.	M.	6	2	—	2	2	1	13	13	24
		F.	4	2	—	1	1	3	11	9	14
924/925	Accidental Mechanical Suffocation	M.	6	—	—	1	1	—	8	8	9
			1	—	—	—	—	—	1	3	1
926	Lack of care of Infants under 1 year	M.	—	—	—	—	—	—	—	4	—
		F.	1	—	—	—	—	—	1	—	—
929	Accidental Drowning ...	M.	—	1	5	8	13	3	30	41	27
		F.	—	1	—	1	1	2	5	6	3
933	Hunger, Thirst and Exposure	M.	—	—	—	—	2	—	2	2	1
		F.	—	—	—	1	—	1	2	—	1
920-2-4-6	Other and unspecified Accidents	M.	—	1	5	33	22	12	73	71	85
		F.	—	1	2	2	5	15	25	17	33
950/958	Therapeutic Misadventure ...	M.	—	—	1	—	—	2	3	—	—
		F.	—	—	—	1	1	—	2	—	2
956/960 /965	Late effects of Violent Causes	M.	—	—	—	—	—	—	—	1	1
		F.	—	—	—	—	—	—	—	1	1
970/979	Suicide	M.	—	—	—	4	6	1	11	9	7
		F.	—	—	—	—	—	—	—	1	6
980/985	Homicide and Operations of War	M.	—	—	—	11	1	3	15	11	17
		F.	2	—	1	3	2	2	10	3	5
940	Complications due to Non-Therapeutic Medical and Surgical Procedures	M.	—	—	—	—	—	—	—	1	—
		F.	—	—	—	—	—	—	—	—	—
	Totals	M.	13	14	26	123	88	72	336	—	—
		F.	10	10	10	23	37	95	185	—	—
	Grand Totals 1967		23	24	36	146	125	167	521	—	—
	1966		24	30	33	180	171	154	—	592	—
	1965		31	25	36	166	183	220	—	—	661

SECTION III

MATERNITY AND CHILD WELFARE

During 1967, the infant mortality rate showed a considerable fall to 24·5, the lowest ever recorded in Glasgow. The reduction from 30 in 1966 is encouraging but the Glasgow rate still compares unfavourably with many other areas, mainly due to adverse social and environmental factors.

The number of live births during 1967 was 19,332 and of still-births 361, giving a total of 19,693 births. The number of infant deaths was 474, showing a decrease from 1966 when there were 598 deaths. Of the 474 deaths, 263 occurred under 1 week, 181 of these being premature.

Prevention of rickets has again been given attention, with emphasis on children at special risk of developing this disease. Medical officers, health visitors and dietitians have co-operated to improve the nutritional standards of families by education, both individual and group. The number of cases of rickets reported during the year from the Royal Hospital for Sick Children was 8 but this does not reflect the considerable extent of vitamin D deficiency which has been shown to be present in many young Glasgow children.

Routine Guthrie testing of babies for phenylketonuria has been continued during the year by domiciliary midwives, district nurses and health visitors. In addition the health visitors have carried out the repeat tests on known cases at the request of the consultant in charge of these at the Royal Hospital for Sick Children.

During the year, medical staff have again been given the opportunity of post-graduate training in Child Psychiatry, Mental Deficiency and Developmental Paediatrics. One member of staff attended the six-weeks refresher course in London. Several of the child welfare medical officers have now had this training and have been able to use the skill and experience gained there to offer a highly specialised service in child welfare. Many babies being placed for adoption are now being referred to child welfare medical officers to have the necessary medical examination carried out.

The screening of young children for possible handicap and the investigation and care of the handicapped child now forms a large part of child welfare. An increasing number of children are being referred to the special assessment and development clinics at Glenfarg

Street and Balvicar Centre. The special nurseries at the latter and at Broomhill have proved the value of early detection of handicap and early provision of training. Unfortunately, accommodation in these nurseries is limited and is now proving inadequate to meet the need.

In March, 1967, screening for cervical cancer was begun. The special report on this shows that encouraging progress has been made in the establishment of well-women clinics.

Towards the end of the year, the first health visitor to be attached to a general practitioner group took up her new duties. Initially this is taking the form of liaison rather than complete attachment. It is hoped to extend this in the near future, as there is a considerable demand for and interest in this method of general practitioner and health visitor co-operation.

Maternal Deaths

In attendance at the antenatal clinics were 2,352 patients whose pregnancy (excluding abortions) terminated in 1967. There were no deaths among these in 1967. Six deaths were registered in the City as a whole and the rate was 0·30 per 1,000 (live and still) births compared with 0·15 in 1966.

The following table, based on figures supplied by the Registrar General, compares the rates from each cause for the *whole City* with those of previous years.

Statement showing Maternal Deaths and Rates per 1,000 Births in Glasgow and Scotland in the Years 1963-67

	Deaths					Rate per 1,000 (live and still) Births				
	1963	1964	1965	1966	1967	1963	1964	1965	1966	1967
Accidents of Pregnancy	3	2	4	1	1	0·13	0·09	0·19	0·05	0·05
Puerperal Haemorrhage	2	1	1	—	1	0·08	0·04	0·05	—	0·05
Puerperal Septicaemia, including Post-abortive Sepsis	3	1	2	1	—	0·13	0·04	0·09	0·05	—
Toxaemia of Pregnancy, Albuminuria, Convulsions	—	1	5	1	1	—	0·04	0·23	0·05	0·05
Other Puerperal Diseases	2	2	2	—	3	0·08	0·09	0·09	—	0·15
Totals— Glasgow ...	10	7	14	3	6	0·43	0·30	0·65	0·15	0·30
Scotland ...	39	24	38	24	22	0·38	0·22	0·37	0·24	0·22

Infant Mortality

A further decrease in the number of births in 1967 was accompanied by a decrease in the number of infant deaths, 474 compared with 598 in 1966, and the mortality rate fell from 30 per 1,000 births to 24·5. This is a resumption of the trend which has been evident since 1958 and the rate for 1967 is the lowest so far recorded for the City.

The decrease was most apparent in the male infants whose total, 269, was 65 fewer than in 1966 and whose mortality rate was reduced from 32·7 per 1,000 births to 26·8.

There were 205 deaths of female infants, 59 fewer than in 1966 and the mortality rate, 22·0 compared with 27·6 in 1966.

Since 1930 the trend of infant mortality in Glasgow has been as follows :—

1930-34	102	1955-59	35
1935-39	93	1960-64	31
1940-44	95	1965	28
1945-49	64	1966	30
1950-54	37	1967	24·5

Infant Mortality in Wards.—Twenty-seven wards of the City had lower mortality rates than in 1966 and in one ward, Dennistoun, the rate remained unchanged at 20. Ten wards had rates higher than that of the City as a whole, among them Calton (54 as against 27 in 1966), Govan (47 as against 28), Anderston (40 as against 19) and Park (39 as against 21). Provan and Maryhill, which in 1966 had rates of 32 and 49 respectively, had the same rate of 33 in 1967. Five wards had the same rate as that of the City (24). The lowest rate (8) was that of Whiteinch ward. Other low rates were Hutchesontown (10), Craigton (12) and the three wards Partick West, Yoker and Langside which all had the same rate of 14.

Males—	Rate per 1,000 Births					1967	
Causes of Death	1962	1963	1964	1965	1966	M.O.H.	R.G.
I. Congenital Malformations ...	6·7	5·6	4·1	5·2	4·6	4·4	5·0
II. Diseases of Early Infancy	20·0	17·4	17·9	15·2	17·4	13·2	12·7
III. Diseases of Respiratory System	5·1	6·8	5·3	4·9	5·7	5·3	5·4
IV. Diseases of Digestive System	1·4	1·8	1·6	1·0	0·9	1·4	1·1
V. Diseases of Nervous System	1·1	0·9	1·1	0·7	0·5	0·3	0·2
VI. Tuberculosis	—	—	—	—	—	0·1	0·1
VII. Infectious Diseases	0·3	0·2	0·2	0·1	0·5	0·4	0·7
VIII to XI. All other causes ...	2·7	2·7	2·9	2·9	3·1	1·8	1·5
All causes	37·3	35·4	33·1	30·0	32·7	26·8	26·7

FEMALES—	Rate per 1,000 Births					1967	
Causes of Death	1962	1963	1964	1965	1966	M.O.H.	R.G.
I. Congenital Malformations ...	5·8	5·9	5·2	4·5	4·4	4·2	4·5
II. Diseases of Early Infancy	12·4	12·6	10·2	13·3	13·6	10·1	10·1
III. Diseases of Respiratory System	4·8	4·4	3·6	4·4	4·8	3·8	3·5
IV. Diseases of Digestive System	1·0	2·3	1·8	1·1	1·4	1·3	1·3
V. Diseases of Nervous System	0·7	0·5	0·7	0·6	0·3	0·5	0·4
VI. Tuberculosis	—	0·1	—	—	—	—	—
VII. Infectious Diseases	—	0·1	0·3	0·2	0·1	0·3	0·6
VIII to XI. All other causes ...	2·4	2·3	2·1	2·0	3·0	1·8	1·7
All causes	27·1	28·2	23·9	26·1	27·6	22·0	22·1
Ratio—Males to 100 Females ...	137	129	148	121	126	131	—

As these tables show the reduction was almost wholly confined to the group Diseases of Early Infancy which, together with Congenital Malformations, comprise the largest group of causes of death in children under one year of age. In 1967 these two groups were together responsible for 309 deaths (176 males and 133 females), a reduction of 88 from the previous year. This total is equivalent to 61 per cent. of all the infant deaths. The 44 male deaths from congenital malformations were only 3 fewer than in 1966, as were also the female infant deaths (39 as against 42 in 1966). Of the 132 male deaths from Diseases of Early Infancy (178 in 1966), 53 were allotted to atelectasis, a reduction of 24 from the previous year. Thirty-five of the 94 female deaths were due to this cause, compared with 53 in 1966. Injury at Birth accounted for 28 male and 21 female deaths as against 36 and 23 respectively in 1966 and Premature Birth for 26 male and 16 female deaths (32 and 34 respectively in 1966).

Respiratory Disease, the next major cause of death in children under one year of age, accounted for 88 deaths, 16 fewer than in 1966. The rate was 4·55 compared with 5·3 in 1966 and 4·6 in 1965. Of this total, 28 male and 21 female deaths were due to pneumonia and 10 male and 6 female to bronchitis. Fifteen male and 6 female deaths were attributed to one or other of the various forms of respiratory disease grouped under the heading " Other Respiratory Diseases."

There was a slight increase in deaths from digestive disease, 26 compared with 22 in 1966. The increase was confined to the males (14 as against 9 in 1966). Diarrhoea and enteritis (excluding diarrhoea of the newborn) accounted for 8 male and 8 female deaths : the remaining 10 (6 male and 4 female) being due to other digestive diseases.

Diseases of the nervous system accounted for exactly the same number of deaths (8) as in 1966.

There was one death from tuberculosis (a male infant of 2 months), the first since 1963.

Infectious disease was the cause of death of 7 infants, one more than in 1966. Five were due to meningococcal infection (four males, two aged four months, one one month and one seven months, and a 6-month-old female). Two female infants aged two and five months died from whooping cough. In addition six deaths were allotted to the group " Other Infective and Parasitic Disease."

Violence (mostly accidental) is the third major cause of death of children in this age group. In 1967 twenty-three deaths were assigned to this cause, only one less than in 1966. Of this number 13 were male and all but five were under six months of age. Accidental asphyxia was responsible for the death of 12 male and 5 female infants, 10 of these resulting from the inhalation of vomit or regurgitation of food. Four were accidently " smothered " and other three suffocated. Of the other six deaths, one male infant died from injuries due to a fall, two from burns, one from inattention at birth and two were assaulted.

Neonatal Mortality.—There were 302 deaths in this age group in 1967 compared with 375 in 1966 and the rate (per 1,000 live births) fell from 18·97 in 1966 to 15·62. This is the lowest rate yet recorded for the City but is still above the rate for Scotland as a whole which, at 13·8, is the lowest Scottish rate so far recorded.

The decrease was greater among the male infants, among whom there were 169 deaths compared with 220 in 1966. The male rate therefore fell sharply from 21·56 in that year to 16·87. Female deaths were 22 fewer, 133 as against 155 and the rate also was reduced, from 16·21 in 1966 to 14·27.

The following table is based on the departmental figures, no other information being at present available. The rate per 1,000 births for each sex and for each of the four chief causes of death in this age group, from 1963 onwards, are as follows :—

		1963	1964	1965	1966	1967
Premature Birth	M.	3·16	4·32	4·11	3·14	2·59
	F.	3·02	3·14	3·45	3·45	1·72
Atelectasis	M.	6·42	6·66	5·51	7·54	5·29
	F.	4·30	3·32	4·94	5·33	3·65
Injury at Birth	M.	3·94	3·89	3·17	3·53	2·79
	F.	2·56	2·03	2·37	2·40	2·25
Congenital Malformations ...	M.	3·25	3·11	3·27	2·94	3·39
	F.	3·57	3·23	2·66	2·41	3·54

These infant deaths were analysed in more detail and the results for 1967 were as follows :—

ANALYSIS OF INFANT AND NEONATAL DEATHS, 1967

The total number of deaths of Glasgow children was 474.

Number of Males ...	268
Number of Females	206
Total ...	474

The following tables show :—

(1) The age at death :—

Under 1 week	...	263	2 months	...	28	7 months	...	10
1-2 weeks	...	17	3 months	...	37	8 months	...	2
2-3 weeks	...	12	4 months	...	21	9 months	...	8
3-4 weeks	...	10	5 months	...	15	10 months	...	3
1 month	...	37	6 months	...	9	11 months	...	2
			Total	...	474			

(2) The age of the mother :—

14 years	...	—	25-29 years	...	132
15 years	...	—	30-34 years	...	72
16 years	...	1	35-39 years	...	41
17 years	...	6	40-44 years	...	13
18 years	...	13	45 years	...	2
19 years	...	29	46 years	...	—
20-24 years	...	147	Not stated	...	18
		Total ...	474		

(3) The cause of death :—

	Male	Female	Total
Congenital Malformations ...	44	39	83
Birth injury	28	21	49
Atelectasis	53	35	88
Pneumonia of New Born ...	10	6	16
Diarrhoea of New Born ...	5	2	7
Haemolytic Disease of New Born	5	5	10
Congenital Debility	1	3	4
Premature Birth	26	16	42
Other Diseases of Early Infancy	4	6	10
Disease of Respiratory System	53	35	88
Disease of Digestive System ...	14	12	26
Disease of Nervous System ...	3	5	8
Other Forms T.B.	1	—	1
Infectious Disease	4	3	7
Accidental Asphyxia	12	5	17
Other Violence	1	5	6
All Other Causes	5	7	12
Total ...	269	205	474

The number of neonatal deaths in 1967 was 302. Two hundred and sixty-three occurred in the first week of life. Of this number 181 were premature.

Attendance at birth in these cases was as follows :—

Institution	...	271
Home ...	...	23
Not stated	...	8
		302

The antenatal care was as follows :—

General Practitioner	...	...	67
Corporation Antenatal Clinic		...	32
Hospital Antenatal Clinic		...	157
No Antenatal Care	...	...	15
Not Stated	...	...	31
Total		...	302

The main causes of death in the first week were as follows :—

	Institution	Domiciliary	Not stated	Total
Congenital Malformations ...	42	8	—	50
Birth Injury	45	2	1	48
Atelectasis	82	4	—	86
Pneumonia	10	1	—	11
Haemolytic Disease of New Born	7	2	—	9
Congenital Debility	1	—	—	1
Prematurity	38	2	1	41
Accidental Asphyxia	1	—	1	2
Other causes	10	—	5	15
Total ...	236	19	8	263

Illegitimate Mortality

From 1st January, 1965, legitimacy ceased to be stated on the returns received from the local registrars and the information available to the Department is provided by the Registrar General.

In 1967 it appears that 44 of the 474 infant deaths were illegitimate.

The number of illegitimate births in 1967 was 1,853, one hundred and four more than in 1966 and the illegitimate mortality rate therefore was 23·74. In 1966 the rate was 30·87.

Among the 17,479 legitimate births there were 430 deaths, representing a rate of 24·60 as against 30·19 in 1966.

Premature Births

During 1967 the incidence of prematurity showed a continuing decrease from previous years.

Of the 361 stillbirths, 205 were premature (57 per cent.). Of the 19,332 live births, 1,475 were premature (7·6 per cent.) and 85 of these died within 24 hours of birth.

A special analysis of prematurity has been made, the following table showing the figures for 1967 :—

PREMATURE LIVE BIRTHS

Weight at Birth	Born in Hospital				Born at home or in a private maternity home								PREMATURE STILLBIRTHS		
					Nursed entirely at home or in a private maternity home				Transferred to hospital on or before 28th day						
		Died				Died				Died			Born		
	Total Births	Within 24 hours of Birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of Birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home	In a private maternity home
2 lb. 3 oz. of less (1)	44	21	20	—	7	7	—	—	1	—	1	—	35	3	1
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (2)	91	24	19	—	11	3	3	—	2	—	1	—	48	4	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (3)	250	13	29	3	27	2	—	—	7	—	—	—	58	4	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (4)	280	5	3	1	35	—	1	1	8	—	—	—	20	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (5)	617	8	14	5	92	2	—	—	3	—	—	—	29	3	—
Total	1,282	71	85	9	172	14	4	1	21	—	2	—	190	14	1

(1) = 1,000 g. or less. (2) = 1,001—1,500 g. (3) = 1,501—2,000 g. (4) = 2,001—2,250 g. (5) = 2,251—2,500 g.

Stillbirths

The number of stillbirths registered in the City in 1967 was 414 but after correction for usual residence this figure was reduced to 361, 36 fewer than in 1966. The rate per 1,000 live and stillbirths was 18·3 compared with 19·7 in 1966 and 20·3 in 1965. The steady fall in the rate in recent years is shown in the table on page 58.

The rate for Scotland, which in 1966 (16·2) had been the lowest recorded till then, was further reduced in 1967 to 15·8.

Stillbirths in Wards.—Seventeen wards had rates higher than that for the City as a whole, while the rates of other nineteen were lower. No stillbirths were recorded in the remaining ward, Kelvinside. Calton had the highest rate (34), followed by Springburn (30), Gorbals (29) and 28 in both Yoker and Hutchesontown. The lowest rate was that of Parkhead (3). Other low rates were those of Ruchill (4), Whiteinch (5) and Langside (7). The ward distribution of stillbirths and the ward rates for 1966 and 1967 are shown in Appendix Table IX.

Stillbirths, 1967

In 1967 the total number of stillbirths occurring to mothers resident in Glasgow was 361.

Males	185
Females	176
Total of cases ...	361
Information incomplete ...	5
Number fully analysed ...	356

Ante-Natal Supervision

General Practitioner ...	77
Corporation Clinic ...	40
Hospital Clinic	189
None	12
Not stated	38
Total	356

Position in Family

1st	82
2nd	51
3rd	63
4th	28
5th	38
6th	22
7th	14
8th	11
9th	6
10th	4
11th	8
Not stated ...	29
Total ...	356

Age of Mother

15 years ...	—
16 years ...	1
17 years ...	7
18 years ...	8
19 years ...	15
20-24 years ...	86
25-29 years ...	98
30-34 years ...	62
35-39 years ...	56
40-45 years ...	21
Not stated ...	2
Total ...	356

Attendance at Birth—

Hospital	332
Nursing Home	3
General Practitioner	9
General Practitioner and Midwife	2
General Practitioner and District Nurse ...	2
Midwife	4
No one in attendance	3
Not stated	1
Total	356

Cause of Death	Institution	Domiciliary	Total
Congenital Abnormality	70	6	76
Antepartum Haemorrhage	33	1	34
Rh. Factor	24	—	24
Conditions associated with cord ...	25	—	25
Conditions associated with Placenta ...	24	1	25
Abnormality of Placenta and cord ...	41	4	45
Toxaemia of Pregnancy	1	—	1
Birth Injury	4	2	6
Difficult Labour	13	2	15
Maceration	8	—	8
Other causes	79	5	84
Unspecified cause	13	—	13
Total	335	21	356

The following table shows the trend in the stillbirth and infant mortality rates in the past seventeen years and indicates the relative importance of the perinatal rate with the rate in later infancy :—

	Infant Mortality Rate per 1,000 live Births	Still-Births Rate per 1,000 total Births	Neo-natal Mortality Rate per 1,000 live Births	Perinatal Mortality Rate per 1,000 Total Births	Mortality 1-12 Months Rate per 1,000 live Births
1951	46	28·1	25·9	47·9	20·0
1952	41	27·4	24·1	45·8	16·7
1953	36	26·5	22·2	44·3	13·5
1954	35	29·4	21·5	47·1	13·6
1955	36	26·8	22·7	45·6	13·6
1956	33	25·6	20·8	43·0	12·1
1957	34·5	26·1	23·0	44·0	11·5
1958	35·1	25·5	23·2	45·0	12·0
1959	35·4	26·4	23·9	45·5	11·5
1960	32·2	24·2	21·4	41·8	10·8
1961	30·8	23·3	20·6	41·0	10·2
1962	32·4	22·2	21·1	39·3	11·3
1963	31·9	21·3	19·2	37·6	12·7
1964	28·6	19·5	18·4	35·7	10·3
1965	28·1	20·3	17·8	35·7	10·3
1966	30·2	19·7	19·0	36·2	11·3
1967	24·5	18·3	15·6	31·7	8·9

Neonatal mortality refers here to deaths under 1 month.

The Glasgow birth rate, infant mortality and stillbirth rate, etc., are compared in the following table with those of Scotland, England and Wales and certain Scottish cities in 1967.

	(1) Birthrate per 1,000 of Population	(2) Stillbirth Rate per 1,000 Live and Stillbirths	(3) Neo-Natal Mortality Per 1,000 Live Births	(4) Perinatal Mortality* Per 1,000 Live and Stillbirths	(5) Infant Mortality per 1,000 Live Births
Scotland	18·6	16	14	27·5	21
Glasgow	20·1	18	16	32	25
Edinburgh	16·5	15	15	27	21
Aberdeen	15·3	8	16	23	23
Dundee	18·0	11	11	19	19
England and Wales	17·2	15	12·5	25	18
Birmingham ...	19·1	16	14	28	20
Manchester	18·3	20	14	32·5	23
Liverpool	17·8	17	15	30	22
Leeds	16·9	16·5	15	29	22

* Perinatal mortality rate—the number of stillbirths and deaths under one week per 1,000 live and stillbirths.

Mortality among Toddlers

There was a noticeable reduction in the deaths in this age group (one to five years) in 1967, the total, 67, being the lowest yet recorded in the City. This compares with 80 in 1966 and 84 in 1965. Male deaths still preponderate, 39 as against 48 in 1966. The 28 female deaths were four fewer.

Accidents are by far the chief cause of death in toddlers, accounting in 1967 for 24 deaths, six fewer than in 1966. This total is equivalent to 35·8 per cent. of all deaths in this age group compared with 37·5 per cent. in 1966 and 29·9 in 1965. Of these twenty-four deaths, 14 were males and 10 females. The deaths were due to a variety of accidents as follows :—

Motor vehicle accidents accounted for the deaths of two boys (aged three and four years) and three girls (two aged two years, the other three years). Four boys (one aged two, two aged three and one four years) died as a result of falls and two children (2 and 4 years) were drowned. One year-old boy died from scalding by a cup of tea, another from burns, and a family of three (aged two, three and four years) died in a fire in their home.

A one-year-old girl died from salicyclate poisoning and a four-year-old girl was electrocuted ; two boys (ages one and three years) and two girls (ages one and two years) died following inhalation, etc., of food. In the remaining two deaths, a boy and girl, both aged four years, no information was available as to the nature of the accident.

Respiratory disease, a common cause of death in toddlers, accounted for eleven deaths in 1967, half the number recorded in 1966. Of this number five male and one female were due to pneumonia, one male to bronchitis, and four (two male and two female) to " other respiratory disease." There were no deaths from influenza or tuberculosis. There were only three deaths from leukaemia, two less than in 1966. The deaths allotted to this group during the past eleven years are as shown :—

1957-1961 ...	55	1965	7
1962	7	1966	5
1963	9	1967	3
1964	6		

There were five deaths from infectious disease, three more than in 1966. A one-year-old girl died from whooping cough, two boys, aged two and three years, from meningococcal meningitis, and a boy of four years and a one-year-old girl from measles.

Congenital malformations were the cause of four male and three female deaths, one more than in 1966.

There were five deaths in the group " Gastritis, Duodenitis, Enteritis and Colitis " (three boys and two girls).

The following table compares the infant mortality with that of toddlers and shows the progressive reduction in both since 1900 :—

Year	Infant Mortality Rate per 1,000 Births	Deaths 1-5 Years : Actual Number	Rate per 1,000 Population at Ages 1-5 Years
1900	153	2,754	39·2
1911	139	1,862	26·7
1921	106	1,494	19·2
1931	105	1,341	17·2
1941	111	635	8·3
1951	46	171	2·1
1952	41	140	1·8
1953	36	118	1·5
1954	35	92	1·2
1955	36	99	1·3
1956	33	85	1·1
1957	34·5	100	1·2
1958	35·1	86	1·03
1959	35·4	117	1·38
1960	32·2	103	1·19
1961	30·8	91	1·04
1962	32·4	99	1·13
1963	31·9	101	1·14
1964	28·7	74	0·83
1965	28·1	84	0·95
1966	30·2	80	0·93
1967	24·5	67	0·81

Home Accidents 1967

During 1967 detailed information about all home accidents has been supplied by the general hospitals in Glasgow with the exception of the Royal Infirmary which submitted total figures but confined the analysis of these figures to age and sex of the victim.

The total number of accidents reported from the Royal Infirmary was 1634—772 males and 862 females.

The total number from other hospitals was 6,374. Of this number 1,071 cases came from outwith Glasgow.

The results of a detailed analysis of the 5,303 Glasgow cases are as follows :—

1. *According to sex—*

Male ...	2,372	
Female ...	2,930	
Not stated ...	1	
	5,303	

2. *According to age and sex—*

Age in Years	Male	Female	Total
-1	81	58	139
1	260	179	439
2	232	170	402
3	144	99	243
4	102	74	176
5	73	56	129
6	37	37	74
7	39	49	88
8	37	26	63
9	22	22	44
10-14	137	153	290
15-24	290	353	643
25-34	278	327	605
35-44	215	268	483
45-54	168	301	469
55-64	123	306	429
65	12	29	41
66	15	22	37
67	7	22	29
68	7	17	24
69	5	15	20
70	5	26	31
71	4	24	28
72	6	17	23
73	11	26	37
74	4	17	21
75	4	19	23
76 +	38	200	238
Not stated	16	18	34
Total ...	2,372	2,930	5,302

3. *According to nature of accident and sex—*

	Male	Female	Total
Falls	941	1,336	2,277
Suffocation	—	—	—
Gas Poisoning ...	1	3	4
Poisoning	172	161	333
Burns	147	203	350
Others	1,111	1,227	2,338
	2,372	2,930	5,302

4. *Accidents in those over 60 years of age.*

Male	161	
Female	562	
Total	723	or 13·6 per cent. of total accidents.

In this age group accidents due to falls were as undernoted :—

Male	104	
Female	425	
Total	529	or 73·2 per cent. of all accidents in this age group.

The number of accidents due to poisoning (excluding children under 5 years) was 95, 34 males and 61 females.

Most of the cases involved overdosage of sedative drugs.

Analysis of causes of accidents in children under 5 years of age (excluding burns and scalds) is shown below.

	—1	—2	—3	—4	—5	Total
Falls	81	208	167	98	81	635
Foreign bodies (swallowed or inserted in orifices)	10	34	42	24	19	129
Poisoning	10	62	95	50	21	238
Laceration	1	35	34	22	10	102
Hand or finger jammed, e.g. in door or window	4	29	22	8	11	74
Suffocation	—	—	—	—	—	—
Gas Poisoning	—	—	—	—	—	—
Electrocution	—	—	—	—	—	—
Dog bite	—	3	2	1	3	9
Others	33	68	40	40	31	212
Total	139	439	402	243	176	1,399

Accidents in children under 5 years constituted 26·4 per cent. of the total number of accidents.

Burns and Scalds.—In 1967 various hospitals again notified to the Health Department burning and scalding accidents involving children under the age of fifteen years. Health Visitors visited the homes where such accidents had occurred in order to obtain details of the accident and to give advice about prevention.

The total number of burning and scalding accidents notified was 1,340. The accidents involving children over 5 years form the subject of a report by the School Health Service. The following report deals with such accidents in children under 5 years. There was a large number of accidents where no details could be obtained because the families concerned had left the City, and a few cases were wrongly notified, but information was collected about burns and scalds involving 743 children not yet of school age and this is analysed below.

	Male	Female	Total
Number of burns ...	188	131	319
Number of scalds ...	259	165	424
	447	296	743

Age in Years	Burns			Scalds		
	Male	Female	Total	Male	Female	Total
—1	31	19	50	40	26	66
—2	77	36	113	142	86	228
—3	35	39	74	45	21	66
—4	23	23	46	16	25	41
—5	22	12	34	15	5	20
Age not stated	—	2	2	1	2	3
Total ...	188	131	319	259	165	424

Hospital admission was necessary for 83 children involved in these accidents. There was permanent disability or scarring in 44 cases. One little boy, who had been left alone in a room, set fire to his clothing while playing with matches and died as a result of the burns he received.

Analysis of burning accidents gave the following main causes :—

Inadequate fire guard	57
Unguarded coal fire	73
Contact with hot iron	25
Contact with hot metal, e.g. cooker or heating stove ...	20
Unguarded electric or gas fire	39
Faulty electrical equipment	6
Chemicals	6
Lighted paper	6
Cigarette	2
Matches	5
Bonfire in garden or back green	6
Fireworks	3
Blow out of gas oven	1

The most frequent cause of burning accidents was the unguarded or the inadequately guarded fire. Every source of heat whether coal fire, electric or gas fire, heating stove or radiator should be securely protected by a strong guard firmly fixed in position. An adequate guard should enclose all heated parts of the fireplace and should not need to be displaced while refuelling. It is not enough to rely on the dress guards which are fixtures of electric and gas fires. One infant of fourteen months managed to push aside such a protective device on a gas fire and as a result of the burns he received had to have two fingers on his right hand amputated. Electric irons left to cool on the floor also caused several burning accidents. Many scalds were caused by leaving tea pots, cups, bowls or basins containing hot liquids within easy reach of young children. It is dangerous to place cups containing hot fluid on the arms of chairs, on low tables or on the floor. It is also ill advised to have young children on one's knee during meals or while one is holding a hot drink. Several scalds were caused by failing to put cold water into the bath before adding hot water. The dangling flex of an electric kettle was another danger.

Once more the descriptions of these burning accidents illustrated that adults in charge of young children must exercise constant foresight and vigilance to make the home a real place of safety.

CHILD WELFARE SCHEME

Child Welfare Centres.—There are now 43 antenatal, 28 Postnatal, 17 Consultative, 105 Child Welfare and 2 Ultra-violet Ray treatment sessions each week. In addition 4 Child Welfare Clinics are held weekly at the Royal Maternity and Women's Hospital.

Infant Consultations

There was a decrease of 25 in the number of sessions, 5,268 in 1967 compared with 5,293 in 1966.

The total number of primary attendances of all children was 14,803 and subsequent attendances 146,471 compared with the corresponding figure of 14,572 and 155,055 in 1966.

The following table gives the attendances at each consultation centre during 1967 with the corresponding total figures for the previous year :—

Attendances at Infant Consultations, 1967

	No. of Consultations held	Children born 1967 No. of Attendances Prim.	Sub.	Children born 1966 No. of Attendances Prim.	Sub.	Children born other years No. of Attendances Prim.	Sub.	1967—Total No. of Attendances Prim.	Sub.	1966—Total No. of Attendances Prim.	Sub.
Central—											
Anderston ...	149	330	1,434	85	1,550	17	498	432	3,482	451	4,369
Partick	150	540	2,394	112	2,240	25	419	677	5,053	654	4,867
Blawarthill ...	205	511	3,088	69	2,799	9	1,585	589	7,472	606	8,204
Netherton ...	102	164	751	27	841	3	262	194	1,854	257	2,722
Drumchapel ...	253	427	2,511	114	2,928	40	1,492	581	6,931	568	7,149
North—											
Provan	262	493	2,390	133	2,306	36	667	662	5,363	711	5,856
Springburn ...	149	523	2,290	101	2,136	1	425	625	4,851	533	5,195
Denmark Street	149	251	1,285	63	953	16	257	330	2,495	409	2,598
Milton	103	163	727	27	680	3	280	193	1,687	194	1,813
Cowcaddens ...	253	431	2,924	94	2,721	25	772	550	6,417	603	6,543
Maryhill	206	657	2,601	110	2,621	6	797	773	6,019	752	6,815
East—											
Redan Street ...	355	902	4,555	203	4,408	123	1,759	1,228	10,722	1,131	12,645
Shettleston ...	303	663	3,122	107	2,785	32	866	802	6,773	772	6,908
Mobile—Carntyne	205	403	2,006	116	2,150	33	910	552	5,066	547	5,451
Rogerfield ...	200	191	1,352	47	1,313	13	745	251	3,410	323	3,815
Garthamlock ...	52	126	471	47	552	12	170	185	1,193	169	1,616
Easterhouse ...	155	292	1,403	67	1,366	25	626	384	3,395	346	4,226
South-East—											
Gorbals	200	628	2,618	165	2,620	61	1,063	854	6,301	668	5,191
Pollokshaws ...	103	186	961	49	1,123	15	401	250	2,485	226	2,317
Balvicar Street ...	253	629	4,975	116	4,386	12	1,205	757	10,566	713	10,102
Oatlands	98	167	1,379	34	1,371	17	429	218	3,179	236	3,318
Mount Florida ...	201	448	2,960	68	2,800	1	692	517	6,452	539	6,156
Arnprior Quadrant	149	328	2,202	70	2,142	42	984	440	5,328	400	5,259
Barlia Drive ...	154	288	1,845	110	2,252	65	998	463	5,095	538	5,295
South-West—											
Pollok	201	427	2,795	115	3,015	51	1,204	593	7,014	505	6,926
Weir Street ...	103	194	972	53	989	12	281	259	2,242	277	2,753
Govan	149	350	1,838	61	1,763	26	291	437	3,892	443	4,498
Elderpark ...	201	538	2,770	85	2,527	1	656	624	5,953	624	6,567
Penilee	103	135	932	23	1,245	—	566	158	2,743	175	2,812
Berryknowes ...	102	196	1,606	23	1,210	6	222	225	3,308	202	3,069
	5,268	11,581	63,157	2,494	61,792	728	21,522	14,803	146,471	14,572	155,055
		74,738		64,286		22,250		161,274		169,627	

Antenatal Consultations.—Sessions at antenatal clinics numbered 2,409 compared with 2,449 for the preceding year. The total attendances were 28,852 compared with 33,918 in 1966. Primary attendances were

3,341 or 611 less than the previous year (1966), and subsequent attendances numbered 25,511, a decrease of 4,455. Consultations and attendances at each of the centres are shown in the following table :—

ATTENDANCES AT ANTENATAL CLINICS, 1967

	No. of Clinic Sessions	Number of Attendances			Hospital Cases
		Primary	Subsequent	Total	
Richard Street ...	51	38	285	323	5
Partick	98	153	959	1,112	9
Blawarthill ...	51	42	465	507	6
Netherton	52	23	210	233	2
Drumchapel ...	98	122	889	1,011	7
Provan	64	54	370	424	2
Springburn ...	94	147	665	812	2
Denmark Street ...	52	52	328	380	9
Milton	46	15	82	97	—
Cowcaddens ...	102	151	1,117	1,268	37
Maryhill	103	178	1,314	1,492	3
Orr Street ...	200	317	2,178	2,495	1
Shettleston ...	52	111	859	970	1
Mobile—Carntyne	51	13	133	146	—
Garthamlock ...	—	—	—	—	—
Easterhouse ...	51	37	305	342	—
Rogerfield	52	46	329	375	—
Gorbals	154	337	2,030	2,367	—
Pollokshaws ...	51	68	417	485	—
Balvicar Street ...	103	183	1,381	1,564	—
Oatlands	52	44	431	475	—
Mount Florida ...	103	84	818	902	—
Arnprior Quadrant	52	76	561	637	—
Barlia Drive ...	51	80	593	673	—
Pollok	150	233	1,569	1,802	6
Govan	200	253	2,633	2,886	—
Elderpark	182	336	3,128	3,464	3
Penilee	46	68	648	716	—
Berryknowes ...	48	80	814	894	—
	2,409	3,341	25,511	28,852	93

ATTENDANCES AT POSTNATAL AND CONSULTATIVE CLINICS, 1967

	No. of Consultations		Primary		Subsequent		Total	
	Post-natal	Consult-ative	Post-natal	Consult-ative	Post-natal	Consult-ative	Post-natal	Consult-ative
Richard Street ...	51	—	16	—	4	—	20	—
Partick	48	50	44	123	18	124	62	247
Blawarthill	51	27	13	22	2	75	15	97
Netherton	52	—	10	—	—	—	10	—
Drumchapel ...	48	45	43	96	23	63	66	158
Provan	50	17	15	27	2	5	17	32
Springburn	50	14	8	19	—	5	8	24
Denmark Street ...	52	1	4	2	—	—	4	2
Milton	46	—	6	—	—	—	6	—
Cowcaddens ...	51	46	93	190	50	304	143	494
Maryhill	49	47	74	157	12	128	86	285
Orr Street	50	44	36	126	27	81	63	207
Shettleston	51	10	34	22	2	8	36	30
Mobile—Carntyne ...	51	—	22	—	22	—	44	—
Garthamlock ...	—	—	—	—	—	—	—	—
Easterhouse ...	51	—	20	—	1	—	21	—
Rogerfield	52	—	10	—	1	—	11	—
Gorbals	50	51	76	345	14	214	90	559
Pollokshaws ...	51	—	18	—	2	—	20	—
Balvicar	49	39	104	159	6	2	110	161
Oatlands	52	—	13	—	8	—	21	—
Mount Florida ...	49	43	63	152	—	39	63	191
Arnprior Quadrant	52	—	61	—	3	—	64	—
Barlia Drive ...	51	34	19	77	4	50	23	127
Pollok	50	51	67	249	4	451	70	700
Govan	50	51	58	228	19	274	77	502
Elderpark	49	52	86	480	27	147	113	627
Penilee	46	—	37	—	10	—	47	—
Berryknowes ...	48	—	36	—	1	—	37	—
	1,400	622	1,086	2,474	262	1,969	1,348	4,443

MOTHERCRAFT CLASSES

Training in mothercraft and preparation for labour form a very important part of antenatal care. Tuition is given either during antenatal sessions or at a class held specially for this at the various clinics. Two health visitors are full-time mothercraft teachers who

hold classes at certain of the clinics, the teaching in the others being undertaken by the health visitors of these clinics. The course covers simple instruction in physiology of pregnancy and labour, preparation for confinement, preparation of layette, infant feeding, bathing and general care, and instruction in psychoprophylaxis.

The classes are open to any expectant mother and are not limited to those in attendance at the antenatal clinics. General practitioners are encouraged to send along any expectant mothers under their care who may wish to benefit from the teaching provided at the clinic.

" Health of Mother and Child."—A new edition of this book became available in the autumn of 1966.

ULTRA-VIOLET RAY CLINIC

It is desirable to continue the arrangements for light treatment of certain children.

RECORD OF ATTENDANCES AND CONSULTATIONS DURING 1967

	Number of Clinics held	Children —1 year Number of Attendances		Children + 1 year Number of Attendances		Mothers Number of Attendances		Total Number of Attendances	
		Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.
Provan ...	99	2	—	53	838	—	—	55	838

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

The dental treatment done for pre-school children in recent years has steadily increased. The 961 attendances for 1967 represents a 12·5 per cent. increase over the previous year ; fillings showed a 6·2 per cent. increase ; extractions a 42·5 per cent. increase and administrations of general anaesthetics a 27·9 per cent. increase.

The statistics for expectant and nursing mothers show an overall improvement—dentures increasing 16 per cent., extractions decreasing 38 per cent. and fillings increasing by 55 per cent. In spite of this large increase in time-consuming conservative work, the total number of sessions spent on mothers actually decreased. This was accomplished by greater efforts on the part of our dental officers, including a 28 per cent. increase in the number of patients seen per session.

Summary of Clinical Attendances and Treatments (Maternity and Child Welfare)

Total attendances, 1,823; first attendances, 584; fillings, 593; extractions, 1,034; administrations of general anaesthetics, 126; other operations, 997; dentures, 155; relines, 11.

CERVICAL CYTOLOGY

During the year, screening for cervical cancer was begun and well-women clinics were opened in several of the Maternity and Child Welfare centres in March, 1967. This followed prolonged discussion with gynaecologists and pathologists from the various hospitals as well as with general practitioners. Initially applications for testing were invited from married women from 20 to 60 years but this was extended very soon after to unmarried women also.

During 1967, the number of women examined at these clinics was 4,586. By the end of the year, 11 centres were in use, some on a weekly basis, others fortnightly. It is gratifying to note that there has been a very good response in some outlying areas where the local clinic has been used.

Cervical smears were also taken from patients attending the local authority clinics as follows :—

Antenatal	...	...	491
Postnatal	...	...	890

In response to applications from industrial and business firms, special sessions were arranged for some, including the BBC staff.

An interesting group for whom special arrangements were made were deaf and dumb patients. In response to a request from their welfare officer, an explanatory talk by the Principal Medical Officer for Maternity and Child Welfare was followed by a considerable number of applications for testing.

Further expansion of the service will depend on the availability of hospital laboratory resources and of suitably qualified medical staff in the clinics.

DAY NURSERIES AS AT END OF 1967

	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 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.
"Bedford Street," 42 Bedford Street, C.5	No	10	30	11	33	9	25	14	20
"Bridgeton," 106 Orr Street, S.E.	Yes	20	30	22	30	16	24	56	149
"Broompark," 7 Broompark Circus, E.1	Yes	30	30	27	28	19	25	9	12
"Clutha Street," 36 Clutha Street, S.W.1	Yes	20	30	21	33	15	25	35	40
"Cowcaddens," 91 Dunblane Street, C.4	Yes	15	30	15	30	12	26	38	68
"Craigielea," 2 Craigpark, E.1	Yes	20	30	21	31	17	27	32	20
"Crail Street," 60 Crail Street, E.1	Yes	20	30	18	32	12	27	13	66
"Elderpark," Arklet Road, S.W.1	No	10	30	10	34	9	26	13	25
"Hamiltonhill," 101 Ellesmere Street, N.1	Yes	10	25	12	26	9	29	27	51
"Holmlea," 77 Holmlea Road, S.4	Yes	20	30	21	31	20	25	32	43
"Kingston," 132 Weir Street, C.5	No	8	32	6	39	5	34	10	15
"Onslow Drive," 6 Onslow Drive, E.1	Yes	20	40	18	38	14	31	8	35
"Pollokshaws," 11 Greenbank Street, S.3	Yes	25	25	21	29	16	27	28	24
"Quarrybrae," Pharonhill Street, E.1	Yes	21	—	19	5	14	3	16	—
22 Sandy Road, W.1	Yes	15	25	15	25	11	24	25	41
1 Sandyford Place, C.3 ...	Yes	30	20	27	26	20	22	41	55
1107 Gt. Western Road, W.2	Yes	10	25	8	22	5	19	16	32
Total		304	462	292	492	223	419	413	696

Total attendances numbered 165,451 compared with 163,036 attendances in 1966.

Each nursery is visited routinely every fortnight by a medical officer of the Child Welfare staff and any emergency visits are dealt with by medical staff from the Central Office.

Training of Nursery Students

The scheme of training undertaken by the Health and Welfare Department (in conjunction with Nursery Schools and Further Education Departments) for suitable applicants between 15 and 25 years of age, continues to be very popular. Many girls living in outlying districts apply for residential vacancies, but only a limited number can be accommodated as the Nursery Nurses' Hostel, which accommodates 12 girls, is always full to capacity.

During 1967 there were 150 girls in various stages of the two years' training course for the Nursery Nurses' Certificate. Fifty-eight students sat the Scottish Nursery Nurses' examination and 54 were successful, 4 with distinction and 5 with merit.

THE "AT RISK" REGISTER

This register continued to be maintained. Children who have experienced unfavourable conditions in the antenatal, perinatal or postnatal period are notified, as they are considered to be at greater risk of developing a handicapping condition than other children. The purpose of the register is to stimulate health visitors and medical officers to maintain close surveillance over these children. In addition to the central register, duplicates of cases notified are kept in the local clinics.

All children born prior to 1964 have now been removed from the register.

The figures for the years 1964-1967 as at 31st December, 1967, are as follows :—

	1964	1965	1966	1967	Total
Number left on register ...	13	58	333	3,678	4,082
Transfers outwith City ...	—	61	201	133	395
No trace	—	55	273	6	334
Deaths	—	—	16	14	30
Handicap	15	31	38	—	84

DEATHS

Thirty children on the register died during 1967. In only 4 cases was the cause of death attributable to the risk notified :—

Cardiac failure	1
Cerebral haemorrhage, pyloric stenosis and prematurity	1
Megaloblastic Anaemia	1
Patent ductus arteriosis	1

HANDICAPS

Children born and considered "At Risk" in 1964—

Mental Defects—	
*Mongol	1
Simple retardation	5
Retardation and nystagmus	1
Retardation and other eye defect	1
Physical Defects—	
Cerebral palsy	1
Deaf	1
*Congenital dislocation both hips and paraplegia ...	1
*Cardiac	1
Coeliac disease	1
Cystic fibrosis	1
Rickets	1
Total	15

Of the above defects, 3, indicated by asterisks, had been present when the child was put on the "At Risk" register.

Children born and considered " At Risk " in 1965—

Mental Defects—

Simple retardation	12
Retardation and squint	1
*Epilepsy	2

Physical Defects—

Cerebral palsy	2
*Hydrocephalus	2
*Abnormality of skull	1
**Cardiac	3
**Deformity of hand	2
*Kidney abnormality	2
Ptosis	1
Anaemia	1
Nystagmus	1
*Congenital spherocytosis	1
Total	31

Of the above defects, 9, indicated by asterisks, had been present when the child was put on the " At Risk " register.

Children born and considered " At Risk " in 1966—

Mental Defects—

Simple retardation	3
*Retardation and hydrocephalus	2
*Spina bifida and hydrocephalus and paraplegia	1
*Spina bifida and hydrocephalus and paralysis left leg	1
Retardation and right arm monoplegia	1
*Oxycephaly	1
Cerebral palsy	4
**Mongol	2
*Mongol and talipes	1

Physical Defects—

Paraplegia	1
Blind (R) eye	1
**Talipes	3
Cretinism	3
****Cardiac	7
Addison's disease	1
Pilonidal sinus	1
*Hypospadias and coeliac disease	1
*Cleft palate	1
*Hirschsprung's disease	1
*Congenital dislocation of hip	1
Left hemiplegia	1
Total	38

Of the above defects, 17, indicated by asterisks, were present when the child was put on the " At Risk " register.

Children born and considered "At Risk" in 1967

Three thousand, eight hundred and thirty-one children were notified. This number is smaller than in 1966, reflecting the lower birth rate. The numbers in the various risk categories are tabulated below :—

		Babies "At Risk" for 1 Reason	Babies "At Risk" for 2 Reasons	Babies "At Risk" for 3 Reasons	Babies "At Risk" for 4 Reasons	Babies "At Risk" for 5 Reasons
Genetic—	Family history of deafness, blindness, epilepsy, C.N.S. defect	45	41	11	3	1
Prenatal—	Rubella or other virus infection in first 16 weeks of pregnancy	6	7	2	—	—
	Blood incompatibilities	91	43	36	11	3
	Hyperemesis	12	9	9	3	—
	Threatened abortion	130	102	43	18	3
	Severe illness necessitating chemotherapy or major surgery in early months of pregnancy	8	5	4	1	1
	Thyrotoxicosis	6	7	3	2	1
	Diabetes	6	8	2	1	3
	Toxaemia of pregnancy	38	301	92	30	6
	Multiple pregnancy	89	141	47	21	5
	Other complications of pregnancy, e.g., pyelitis	188	213	84	32	4
Prenatal—	Prolonged or difficult labour	819	604	178	47	4
	Prematurity	391	245	108	41	13
	Post-maturity	47	91	50	16	1
	Anoxia	194	369	170	53	12
	Prolonged poor sucking, feeble respiration	36	100	78	23	10
Postnatal—	Neonatal jaundice	27	42	47	16	5
	Convulsions	15	13	16	3	1
	Cerebral palsy	—	3	—	—	—
	Otitis media	—	—	1	—	—
	Presence of other congenital abnormalities, particularly those involving eyes, heart or central nervous system	43	47	19	7	2
	Meningitis or encephalitis	2	3	5	—	—
	Miscellaneous	9	—	—	—	—
	Number of Risks	2,202	2,394	1,005	328	75
	Number of Babies	2,202	1,197	335	82	15
	Total					3,831

The 9 children in the miscellaneous group were as follows :—

Conditions in Mother—	
Rubella contact	6
Thyroid deficiency	1
Rheumatic fever	1
Conditions in Baby—	
Severe anaemia and respiratory infection	1

These children born in 1967 will be reviewed during 1968.

HANDICAP REGISTER

The names and addresses of children with disabilities which are likely to require special medical, social or educational provisions are kept in a central register. The initial notification of handicap is usually made by the health visitor but the ultimate responsibility for notification to the register rests with the clinic medical officer. In 1967 there were 345 children notified. Of this number, 110 had been on the " At Risk " register. Since notification, 9 children have died and 19 have left Glasgow. Age of notification was as follows :—

Age at Notification—	
—7 days	2
8—28 days	29
29 days—1 yr.	105
—2 yrs.	86
—3 yrs.	61
—4 yrs.	42
—5 yrs.	20
	345

The types of disability notified are listed below.

Sensory—		
Blind	1	
Visual defect	7	
Deaf	10	
Neuro-psychiatric—		
Simple mental retardation	69	mental defect 122
Mongolism	24	
Microcephaly	6	
Hydrocephalus	10	
Phenylketonuria	3	
Cretinism	8	
Gargoylism	2	
Convulsions	21	
Speech defects	3	
Spina bifida and/or meningocele ...	19	
Cerebral palsy	30	

Orthopaedic—

Absence of part of limbs	1
Amputation of limb or part of limb	3
Deformity of one or more limbs ...	4
Talipes	10
Paralysis of limbs	3
Muscular dystrophy	1
Scoliosis of spine	2
Congenital dislocation of hip	9
Achondroplasia	1
Osteogenesis imperfecta	1
Depression of sternum	1

Non-Orthopaedic—

Heart defect, congenital or acquired ...	41
Lactose intolerance	1
Coeliac disease	5
Fibrocystic disease of pancreas ...	11
Hare lip and/or cleft palate	18
Asthma	1
Congenital absence of abdominal muscles	1
Cystic hygroma	1
Oesophageal atresia	1
Hirschsprung's disease	1
Defects of genito-urinary system ...	8
Blood disorders	5
Pierre-Robins syndrome	1
Abnormality of external auditory meatus	1

The age at which handicaps are notified to the register varies with the type of defect present. Of the mental handicaps, mongolism tends to be reported soon as it is easily recognised at an early age. Likewise, obvious physical defects which are present at birth, such as spina bifida or hare lip are notified early. Mental retardation on the other hand may not be recognised until later when the child's slow progress attracts attention.

Sometimes children are wrongly thought to be handicapped or respond so well to treatment that their subsequent progress is normal and their names can be removed from the register. In 1967 one child who was thought to have a lactose intolerance in early infancy subsequently made excellent progress on ordinary diet and her name was taken off the register.

REPORT ON THE ASSESSMENT AND ADVISORY CENTRE, GLENFARG STREET, N.W.

One hundred and thirty-six sessions were held at the Centre in 1967. Eighty children were referred to the Centre in 1967. Children are seen by appointment. The initial appointment is made by the health visitor. The health visitor thus has some information about social background and family attitudes before the child visits the Centre.

Children were referred from the following sources :—

Hospital Paediatricians	10
Family Doctors	3
Child Welfare Medical Officers	61
Transfer from Balvicar Centre	2
Audiology Unit	2
Medical Social Worker	1
Children's Department	1

In addition to cases seen at the Centre, two children were seen at Stobhill Hospital.

Diagnosis of Cases—

Normal	5
General developmental delay	2
Developmental speech disorder	7
Speech delay due to slight partial hearing loss	1
Retarded (Non-specific) { Severe 7, Moderate 10, Slight 10 }	27
Retardation due to meningitis in infancy ...	1
Retardation due to Rh. immunisation ...	1
Mongol	8
Mongol with congenital cataract	1
Mongol with congenital heart condition ...	1
Minimal cerebral damage { Normal intelligence 1, Slightly retarded 1 } ...	2
Cerebral damage { Moderately retarded 1, Severely retarded 2 } ...	3
Cerebral diplegia { Moderately retarded 1, Severely retarded 1 } ...	2
Athetoid cerebral palsy, slightly retarded ...	1
Hemiplegia, moderately retarded	2
Microcephalus { Severely retarded 1, Slightly retarded 1 } ...	2
Hydrocephalus { Normal intelligence 1, Severely retarded 1 } ...	2
Behaviour disorder (? due to social deprivation)	1
Post-rubella syndrome with deafness and congenital heart lesion	1
Bilateral deafness	1
Phenylketonuria { Severe retardation 1, Mild retardation 1 } ...	2
History of subdural haematoma (No handicap detected)	1
Hypotonia (Normal intelligence)	1
Gargoylism with deafness and moderate retardation	1
Blind (probably Normal intelligence)	1
Cretin (Dull/Normal intelligence)	1
Family history of cretinism (No evidence of thyroid deficiency) (Slightly retarded) ...	1
Faecal and urinary incontinence (aetiology as yet unknown)	1

Children classed as normal were referred for a number of reasons, e.g., prior to adoption or suspected retardation.

The two children were classed as developmental delay rather than retarded as both had a history of frequent illness and hospitalisation in infancy and it is likely that the slight developmental lag may be overcome.

Children with delayed or imperfect speech development are classified as developmental speech disorder if no underlying cause such as impaired hearing or mental retardation is found.

All handicap children are reassessed regularly and counselling of parents continues to be an important part of the work of the clinic. Clinic visits are supplemented by home visits made by the health visitors attached to the clinic. A number of families belonging to the "subcultural group" with more than one retarded child require close supervision and much social help.

Cases which present difficulty in diagnosis can be seen by Professor Hutchison at the Centre. Owing to increasing commitments, Dr. Schaffer, Lecturer in Psychology, Strathclyde University, has been unable to attend the Centre. Miss Kerr, Educational Psychologist, has now been seconded to work in the Centre and holds one session a month there.

From the Centre in 1967 there were 3 new admissions to day nurseries, 8 new admissions to Broomhill Special Nursery and 1 new admission to nursery school. The Association for the Mentally Handicapped provides valuable relief for parents by admitting children to the Day Centre at Laurieston House and also residential care at Stewart Home, Cove.

As children approach school age they are seen by a Senior Medical Officer of the School Health Service at the Centre. The probable school placing of the child is discussed and an explanation of the type of training or education given.

Selected handicapped children from Eglinton, a Children's Department Home, who have been fostered attend the Centre for supervision.

Several parents' meetings are held during the winter months. These usually consist of a short talk or film. This is followed by informal discussion. This is valuable as parents can often express their feelings and anxieties in a group and sometimes parents can help one another with their problems.

THE BALVICAR CENTRE (CHILD DEVELOPMENT)

The third year of work at the Centre has now been completed. Eighty-five new cases were referred during the year from the following sources :—

Age / Source	−6/12 M.	−6/12 F.	6/12-1 M.	6/12-1 F.	1-2 M.	1-2 F.	2-3 M.	2-3 F.	3-4 M.	3-4 F.	4-5 M.	4-5 F.	Total
Child Welfare Medical Officers	1	—	3	3	5	8	15	5	14	3	5	2	64
General Practitioners	—	—	1	—	—	1	1	—	2	1	1	2	9
Education Health Service	—	—	—	—	—	—	—	—	1	—	—	2	3
Hospitals	—	—	—	—	—	—	2	1	1	1	—	1	6
Children's Department	1	—	—	—	—	—	—	—	—	—	—	1	2
R.S.S.P.C.C.	—	—	—	—	—	—	—	—	—	—	1	—	1
Total ...	2	—	4	3	5	9	18	6	18	5	7	8	85

Analysis of Age, Sex and Social Class

Social Class	−6/12 M.	−6/12 F.	6/12-1 M.	6/12-1 F.	1-2 M.	1-2 F.	2-3 M.	2-3 F.	3-4 M.	3-4 F.	4-5 M.	4-5 F.	Total
I ...	—	—	—	—	—	—	—	—	1	—	—	—	1
II ...	—	—	1	1	1	1	1	—	—	1	1	1	8
III ...	—	—	2	—	—	4	9	—	3	2	1	3	24
IV ...	—	—	1	2	2	1	4	2	6	1	2	2	23
V ...	2	—	—	—	2	3	4	4	8	1	3	2	29
Total ...	2	—	4	3	5	9	18	6	18	5	7	8	85

Diagnoses—

Cerebral palsy	5
Spina bifida/Hydrocephalus	5
Minimal Cerebral Dysfunction (including Aphasia, Dysphagia, Hyperkinesis)	11
Epilepsy	1
Mental retardation	34
Down's syndrome (mongolism)	9
Blindness	2
Partially sighted	1
Autism, psychoses	2
Achondroplasia	1
Congenital heart disease	3
Visual defects	15
Talipes	2
Physical defect (other than main handicap, e.g., Anaemia, Malnutrition)	6
Emotional and behaviour disturbances	16
Adverse environmental conditions	4
No handicap detected	4

All cases continue to be screened for hearing and vision and psychological testing, irrespective of the reason for referral.

Consultants.—In addition to this routine screening, consultant advice is thoroughly appreciated. Parents comment that they see the same consultant at each visit and have opportunity to ask questions.

No. of Visits to Consultants (at Balvicar Centre)—

	Male	Female	Total
Paediatrician	23	12	35
Orthopaedic Surgeon	30	16	46
Neurologist	20	10	30
Ophthalmologist	40	28	68
Otologist	8	6	14
Dentist	8	3	11
Psychiatrist	2	—	2
Psychologist	47	23	70
Griffiths assessments carried out by Medical Officer at Centre	25	18	43
Audiologist	52	23	75
	255	139	394

	Male	Female	Total
No. of children advised to wear glasses ...	4	4	8
No. of children referred to Ophthalmological Department of Western Infirmary	7	9	16
No. of children referred for physiotherapy ...	8	4	12
No. of children referred for speech therapy ...	3	1	4

Play Therapy.—Play Therapy provides a practical help and parents are very willing to bring the children. Twenty-nine new cases (45 in 1966) were admitted to groups and the total number of attendances was 453 (476 in 1966). It will be noted that this is less than the previous year, but staff shortage of Health Visitors caused a reduction in these groups for some months.

Health Visitors.—The Centre has now three part-time Health Visitors attached to it. The support and guidance offered by them is readily accepted by the parents. These Health Visitors also keep the district Health Visitors informed on progress and treatment.

Special Day Nursery.—The Special Day Nursery is proving of great value, especially for children who require stimulation towards a higher level in social attainments. Over the year 17 children were admitted and 16 were discharged.

Analysis of Dismissals.—Sixty-four children were discharged from our records during the year, as follows :—

	Male	Female	Total
Ordinary School	6	4	10
Special School	2	4	6
Occupational Centre	7	3	10
Permanent residential care ...	2	2	4
Unfit for education or training	3	2	5
Nursery Class—Kelbourne School	4	4	8
Nursery Class—Parkhouse School	1	1	2
Removed outwith area	9	2	11
Problem resolved	1	5	6
Refused to return to Centre ...	—	1	1
Assessment re adoption ...	1	—	1
	36	28	64

Teaching and Research.—Once again the Medical Officer and staff have been called upon to give instruction in Developmental Paediatrics to students :—

(1) Post-graduate Courses of Glasgow University in Mental Deficiency and Diploma in Public Health ;

(2) Mental Health Course of Strathclyde University ;

(3) Glasgow Training School for Health Visitors ;

(4) Mobile Unit of Scottish Council for the Care of Spastics ;

(5) Student Nurses from Child Psychiatry Unit of Royal Hospital for Sick Children ;

as well as other individual students who are engaged on projects concerned with handicapped children.

Also, a contact was made with Professor Kenedi of the Department of Biological Engineering, Strathclyde University. This was to promote the improvement of metal calipers, with emphasis on the aesthetic and psychological aspects as well as efficiency. Talks and experiments are in progess with Mr. Guest, the Orthopaedic Surgeon to the Centre. It is hoped that the outcome of this will benefit those little handicapped children who, in order to walk, must permanently wear a weight bearing apparatus.

Parents' Meetings.—Staff shortage again made it necessary to reduce the number of these Parents' Meetings. Nevertheless, the increasing attendances at the meetings held indicate the importance parents attach to this form of help. At a discussion held on one of these occasions, parents clearly preferred that the Child Development Centre be located away from hospital. The main reason given was that the

clinical environment disturbed the children and that the Centre's orientation to play and relaxed atmosphere was more congenial. There seemed to be a widespread feeling that since the aim of the hospital is to cure, there was a consequent lack of interest in the incurable and that a separate establishment which accepted the handicapped children as individuals was more satisfying.

Community Interest.—Once again all invitations to the staff to speak to professional and lay audiences have been accepted. Films and slides and tape recordings have been made to illustrate the work.

The Centre has also been mentioned in articles in *the Scottish Educational Journal, the Scotsman* and the correspondence column of *the British Medical Journal.*

As a result, considerable interest has been aroused in the Centre's activities and many useful gifts donated. Several hundreds of soft toys, the result of a competition for East Renfrewshire Girl Guides, were handed over before Christmas, enabling every child attending the Centre to have one or more toys.

Voluntary Workers.—A small number of ladies, mostly recruited from voluntary societies at which staff members have spoken, help with play therapy, transport and other general duties. They contribute much to the work of the Centre and also spread knowledge of its work in the community.

Visitors.—The past year has brought many visitors to the Centre, including :—

Medical Officers from the Public Health Service in Lanarkshire and Kilmarnock and Cape Town, South Africa.

Lecturers in Social Science from Glasgow University engaged on research projects.

Representatives from the National Bureau of Co-operation in Child Care and the Family Service Unit.

Conclusions.—It has been a busy year and the effectiveness of complete diagnoses and specialist care at the earliest age has again been demonstrated. Serious gaps, however, in the community's care of the handicapped child have emerged. There is need for—

(1) the provision of pre-school supervision of the spinabifida/hydrocephalic child, with normal I.Q., who requires nursery care involving toilet facilities ;

(2) the early diagnosis and referral of the blind and partially sighted child and the constant support and guidance to parents in order to prevent irrevocable maladjustment ;

(3) further research into language development problems ;

(4) greater provision of Day Care Centres for the grossly handicapped child ;

(5) short post-graduate courses in Developmental Paediatrics for Medical Officers in the Public Health Service and also for interested General Practitioners.

During the year the liaison with the Education Health Service has been increased. Conferences regarding placement of children in the educational stream are held regularly and each child receives individual consideration. Links with the Children's Department are also strengthening and relevant matters concerning adoption and fostering of children are now receiving attention.

SOCIAL PAEDIATRIC RESEARCH GROUP

Staff.—During the second year of its life the Group experienced several staff changes. Dr. Alwyn Smith was succeeded by Dr. I. D. Gerald Richards, M.D., D.P.H., as Senior Lecturer in charge of the Group ; Miss Mary Nicholson, S.R.N., replaced Miss Esther Granick as computer programmer upon her return to the U.S.A.

Research Projects

1. *Development of a computerized record-linkage system for child health records*

The record-linkage system has been established and analyses are being made of all births in 1967 and of perinatal deaths in that year.

The Health Visitor Infant Welfare Record has been reconstructed in a form suitable for use as a punching document to be introduced in January, 1968.

2. *Sub-clinical rickets*

This investigation is complete and the results have been submitted for publication. A total of 703 children were examined and no cases of florid rickets were discovered. One third of the first sample investigated (202 children) were estimated to be receiving less than 100 international units of vitamin D daily from all sources except sunshine. A poor dietary intake was most prevalent in the higher birth ranks and in social classes II and III (non-manual).

The mean serum alkaline phosphatase level was 20 King-Armstrong units per 100 ml. (S.D.B. units) and 11 per cent. had levels of 25 K.A. units per 100 ml. or above. No reason, either dietary or clinical, was found which would account for these high levels.

Bone changes were observed in the worst X-rays of about 9 per cent. of children. The appearances were of two kinds—loss of metaphyseal definition of the radius and ulna and broadened bands of increased density replacing the sharp metaphyseal lines (Richards, Sweet and Arneil, 1968). These changes disappeared gradually with vitamin D therapy and there was some correlation with a raised alkaline phosphatase level. Surprisingly, there was no apparent relationship between bone changes or alkaline phosphatase level and the estimated dietary intake of vitamin D. The children with X-ray changes in their wrists tended to be above average in height and these bony appearances may be due to a relative insufficiency of vitamin D during a phase of rapid growth.

3. *An investigation of the determinants of maternity care utilization*

A statistical analysis of all births in 1967 is being made, relating the place of confinement and outcome of pregnancy to maternal age, parity, social circumstances, type of ante-natal care used, whether booked or not and the stage of pregnancy at which ante-natal care commenced. The domiciliary enquiry into a random sample of births to Glasgow residents has been completed ; 393 mothers were interviewed by Miss Muriel Donald and their obstetric records are being examined to supplement the information given by the mothers. General practitioners also are being invited to comment on the maternity services and their own role in determining the place of confinement.

4. *Studies in child development*

The Children's Research Fund has provided a three-year grant to enable the Group to undertake studies in child development A large sample of children at 9 and 13 months will be examined to determine the range of development at those ages. A smaller sample of children will be followed from birth to 13 months, being examined at frequent intervals. The influence of obstetric and other factors on child development will be studied and the investigation will provide valuable information on the rates of development in young children.

5. *Congenital malformations*

There is evidence of a high incidence of congenital defects of the central nervous system among infants born in Glasgow and the Group has been studying the incidence of these defects occurring among

children born in 1967. The sources of ascertainment include still-birth and infant death records, handicapped registers and hospital diagnostic indices.

In these researches the Group has received most valuable help from the Health Department's medical, health visiting, dietetic and clerical staff, from the Corporation's computer department and from the staff of the Royal Hospital for Sick Children and other hospitals in Glasgow. Generous financial support of these projects has been provided by the Scottish Hospital Endowments Research Trust, the Nuffield Provincial Hospitals Trust and the Children's Research Fund.

Colloquia.—During the year, the following meetings were arranged with the intention of encouraging discussion between paediatricians, Health Department staff and others interested in community health.

"A child welfare symposium held in Bristol"—Dr. Frances Hamilton.

"Dietary Investigations"—Mrs. Elaine Taylor.

"A Visit to Paediatric Centres in Hungary"—Professor J. H. Hutchison.

"Current Aspects of Maternal and Child Care"—Dr. Margaret Barron.

"Maternity Services Research"—Dr. I. D. G. Richards and Miss Muriel Donald.

"The Geography of Deaths in Scotland"—Professor Melvyn Howe, University of Strathclyde.

Other Activities.—Members of the Group have lectured to outside bodies and have acted in an advisory capacity for other research projects, including studies of amblyopia, sudden death in infancy and the incidence of phenylketonuria.

Visitors.—The following overseas visitors visited the Group during 1967.

Mr. S. A. Fellingham, Pretoria, South Africa.

Dr. A. R. Samadi, Kabul, Afghanistan.

Dr. K. S. Tsien, Taipei, Formosa.

Professor H. C. Birch, New York, U.S.A.

Dr. S. A. Richardson, New York, U.S.A.

Professor H. C. Miller, Kansas City, U.S.A.

Publications.—Members of the Group contributed to the following publications :

Richards, I. D. G. and Roberts, C. J. " The At Risk Infant ". *Lancet* (1967).

Richards, I. D. G. " Rickets in Britain ". *Nursing Mirror* (in press).

Richards, I. D. G., Hamilton, F. M. W., Taylor, E. C., Sweet, E. M., Bremner, E. and Price, H. " A Search for Subclinical Rickets in Glasgow Children ". *Scottish Medical Journal* (in press).

RESIDENTIAL HOMES AND NURSERIES

Short Stay Nurseries

There are two Short Stay Nurseries, one at Glenrosa, 47 Maxwell Drive, and the other at 9 Winton Drive. These Nurseries care for children under five years whose mothers are in hospital. The maximum duration of stay is one month.

During 1967 there were 310 admissions to Glenrosa and 391 to Winton Drive. The overall number of admissions was decreased by seventeen in 1967, but the service is still in constant demand.

Carnbooth House

There were 179 admissions to this Home in 1967. Four children were tuberculosis contacts and were admitted for B.C.G. vaccination. These children remained in the Home for six weeks before and six weeks after B.C.G. vaccination.

There is always a considerable waiting list for admission to this Home. By reducing the period of convalescence in some cases turnover and the number of admissions were increased. The increase was not as great as anticipated due to a period of quarantine in the first quarter of the year.

Most of the children came from a poor social environment and in many cases there was a poor standard of maternal care.

The children benefit considerably from good diet, regular routine and also outdoor play in the spacious grounds of the Home.

Scotstoun Home.

The number of admissions to this Home in 1967 was 93. The Home is still situated in the rather cramped premises of the upper flat of 1107 Great Western Road. However, the children do show improvement as a result of nursing care, good diet and regular routine.

Millbrae Home

The total number of children admitted in 1967 was 79. Fifteen neonates were admitted from hospital for segregation following B.C.G. vaccination. Nine children under the age of two years were tuberculosis contacts. These latter children remained in the Home for six weeks before and six weeks after B.C.G. vaccination. The remaining 55 children were referred for a period of convalescence either by Child Welfare Medical Officers or medical social workers.

Many of the babies admitted came from City hospitals. They do not require further hospital investigation but do need a period of good nursing care before they are fit to return home. The majority of these babies have been admitted to hospital because of failure to thrive due to maternal neglect and incompetence.

The physical and psychological improvement in the infants is rapid and marked and reflects credit on the standard of nursing care provided in the Home.

Children's Department Homes

The medical care of children in Eversley, Lochgarry and Castlemilk continues to be undertaken by local general practitioners.

Quarterly visits were paid to the above homes in addition to Blairvadach, Corrybeg and Lochaber for administrative purposes.

Eglinton Home has a high proportion of mentally handicapped children. There are also a number of babies with an adverse perinatal or neonatal history who require a period of observation before a decision about their future is reached. For these reasons a medical officer of the Child Welfare Staff with experience of handicapped children and developmental assessment looks after this Home. In addition to providing a general practitioner service for each child the medical care includes general supervision of the home with regard to general hygiene and control and prevention of infection.

NURSERIES AND CHILD MINDER'S REGULATIONS ACT, 1948

The above Act, which came into operation in August, 1948 provides for the registration of certain premises and of persons who, for reward, receive and look after children in their homes or elsewhere.

Thirteen applications were received throughout the year for the registration of premises used for nurseries, playgroups etc. After

inspection registration was granted in each case. In addition an application received at the end of 1966 was also granted and all were added to the central register.

Seven nurseries closed down leaving at the end of December, 1967, a total of 37 registered nurseries providing accommodation for 747 children under school age, an increase of 130 on last year's total.

All the premises were visited throughout the year and each was found to conform to the required standards.

HEALTH VISITING SERVICE

The number of staff at the end of the year was 217. Of this number, 139 were assigned to Child Welfare, 22 to Tuberculosis and two to Venereal Disease duties. There is an administrative staff of three and four tutors.

During the year, 25 Health Visitors left for the following reasons :

Two retired, two died, seven went to other posts, seven left because of home reasons, four moved out of Glasgow, one left to take the Social Science Course, one transferred to Education Health Service and one became a lecturer in the Barmulloch College.

Many time-consuming surveys are carried out by the Health Visitors. Visiting is quite difficult because of the " floating " population. One baby had eight addresses before it was six weeks old.

The survey by Dr. Schaffer of Strathclyde University, to determine what can be done to keep young children from going into care was completed during the year and the results are eagerly awaited by the Health Visitors who helped in this project.

Mental Health After-Care is still being carried out by the Health Visitors who were privileged to get this special training and it has been found that patients do not now return so often to the Psychiatric Hospitals but can live a more normal life at home. Two " clubs " are held weekly at Orr Street and Springburn Centres for these patients, and it has been a very successful year. Credit should be given to the Health Visitors who give of their time so willingly.

Accidents in the home, especially burns and scalds of young children still take up some of the Health Visitors' time. This they feel is a waste of their skills as there is still the hard core of mothers who know all the answers but still have no fireguards !

The demand for speakers at Women's Guilds, Youth Clubs and Red Cross still continues.

HEALTH AND TUBERCULOSIS VISITING

The following table shows the number of home visits and cases attended by the Health Visiting staff in 1967 :

Number of Home Visits and Cases

Visited by Health Visitors, i.e., Certificated Health Visitors and others doing health visiting work	Number of cases	Number of visits
1. Expectant Mothers	1,215	2,318
2. Children born in 1967	19,588	75,738
3. Children born in 1966	17,949	61,213
4. Children born 1962-65	57,015	97,331
5. School children	12,375	13,413
6. (*a*) Persons aged 65 and over	126	502
(*b*) Persons included above who were visited at the special request of a general practitioner or hospital	5	7
7. (*a*) Mental Health : care and after-care	1,297	7,361
(*b*) Persons included above who were visited at the special request of a general practitioner or hospital	1,297	7,361
8. (*a*) Other hospital after-care	165	506
(*b*) Persons included above who were visited at the special request of a general practitioner or hospital	46	489
9. Tuberculous households	8,856	27,032
10. Other infectious diseases	268	593
11. Other	1,326	1,533
Total	121,528	295,397

HEALTH VISITOR TRAINING SCHOOL

The 1966/67 Course of Training commenced on Monday, 5th September, 1966, with a total of 28 students. Of this number, 12 were assisted by the City of Glasgow Corporation and 15 by the other local Health Authorities throughout Scotland. One student who was accepted for training as an independent student received an Education Grant from Glasgow Education Authority.

The pattern of training was similar to that followed the previous year with some modifications and extensions of syllabus content to meet the needs of students. The syllabus which is laid down by the Council for the Training of Health Visitors allows for permissive interpretation and flexibility within a framework which it is hoped will prepare students to work in any geographical area.

Ten fieldwork instructors, who are specially selected health visitors with additional training, were again responsible for practical instruction of the students, and worked in close liaison with the tutorial staff to

ensure that students derived the maximum benefit from the Course. Other members of the health visiting staff working in the Tuberculosis and School Health services also participated in the practical training of students as did personnel in other sections of the Health and Welfare Department. The co-operation of Local Authorities outwith Glasgow, the Society of Social Services and personnel of Woodilee Hospital was invaluable in providing experience for the students in other areas of work relevant to health visitor training.

The allocation of four families to students for follow-up during the Course is an important aspect, as this provides opportunity for them to learn the skills of family visiting and deepen their understanding of " the family " in society. These family studies, together with a project, relating to the work of the Health Visitor are used as a basis for the oral examination. The projects are a useful learning device and encourage the student to carry out research regarding a particular field of work which will be of value to her in the future.

The Training School staff was again responsible for the organisation and administration of the Internal Qualifying examination which was held in May and June. The Moderators' Meeting of the Examination Board met in April, 1967, and was attended by the Internal and External Examiners and Tutors to the Course. One of the Assistant Professional Advisors from the Council for the Training of Health Visitors attended as an observer. The Internal Examiners who were responsible for marking examination scripts included lecturers from the University of Glasgow, the University of Strathclyde, Jordanhill College of Education and from the Department itself. Miss D. J. Lamont, Director of Advanced Nursing Education, Aberdeen, and Dr. T. Y. Bennie County Medical Officer of Renfrewshire, acted as External Examiners.

All students were successful in the Examination ; two passed with distinction. In accordance with Council regulations, all students had to complete a further period, approximately three months, of Practical Work Placement under supervision which extended the duration of the Course to 51 weeks. For this period, students assisted by Glasgow, were placed within the City and those sponsored by other Local Authorities returned to their own areas. Each student was allocated a small case load to enable her to consolidate training and thereby get a greater appreciation of the demands of the work. Experienced health visitors carried out the supervision of the students and their help was much appreciated as was the co-operation of Superintendent Health Visitors and County Nursing Officers. Award of the Certificate of the Council could only be made if students completed this period and received a satisfactory report.

All students were awarded the Certificate of the Council for the Training of Health Visitors. The presentation of prizes and Training School Certificates was made by Miss J. Armstrong, former Principal Tutor to the Course, in the banqueting hall of the City Chambers. The function was presided over by the Medical Officer of Health, Dr. A. Miller.

PUBLIC HEALTH TRAINING OF STUDENT NURSES

The three-week programme of Public Health Training for Student Nurses has continued at 3 Lancaster Crescent. As before, the administration and organisation of the courses was carried out by the staff of the Health Visitor Training School. Members of the Health and Welfare Department participated in the theoretical and practical work and appreciation was expressed by the student nurses for the efforts of individuals in making this secondment interesting and stimulating.

Owing to limited accommodation in the premises at Lancaster Crescent and the numbers of nurses requiring the training, as recommended by the General Nursing Council for Scotland, 14 courses were arranged in 1967 as compared with 13 in 1966. Some difficulty was thus experienced in giving all the nurses comparable experience in each branch of Public Health work, mainly due to school holidays at certain times of the year. Every effort was made to fill this gap by appropriate theoretical and discussion sessions at the School.

Although the Public Health Secondment is designed to widen the basis of general nurse training, many enquiries have been received by the Health Visitor Training School, seeking information on Health Visitor Training, implying a possible source of recruitment to the Health Visitor Service.

Throughout the year 416 student nurses completed the training as compared with 399 in 1966.

DOMICILIARY MIDWIFERY SERVICE

In 1967 the number of registered midwives practising in the City was 99. Of these 69 were full-time domiciliary midwives in the service of the Corporation and 4 part-time ; included in this number are the Chief Supervisor and nine Assistant Supervisors. The introduction of part-time midwives has been most successful. The 4 now employed are fully trained and qualified and have carried out their duties in an excellent manner. Of the remainder 14 were Queen's Nurses engaged in full-time midwifery and other 12 midwives were variously employed—11 in association with maternity homes and 1 in private practice.

The Corporation midwifery service has, since its inception in 1940, been very popular with Glasgow mothers and many of them, having experienced the advantages of this service during their first confinement, now readily book a Corporation midwife for their second and subsequent pregnancies. Far too many women, however, delay booking a midwife for the approaching confinement until well into the seventh or eighth month. In 1967, of the 3,654 applications, 467 were not made till the seventh and 308 till the eighth month of pregnancy. No less than 91 applications were made as late as the ninth month. This militates against the mother receiving adequate antenatal care and sufficient mothercraft teaching from the midwives.

During the year the municipal midwives attended 1,966 cases, paying 21,740 antenatal visits and 33,172 during the puerperium, while the Queen's Nurses attended 341 cases, to whom they paid 11,030 visits.

A supervisor is always on duty, day and night, to deal with emergency calls and/or arrange for admission to hospital. The close co-operation which exists between the hospitals and district staff is invaluable in an emergency and is very much appreciated. In addition, a considerable part of the work of the supervisors is the general supervision of midwives under the Midwives (Scotland) Act, 1951, and the inspection of the patients' homes with regard to their suitability for a confinement. All midwives are encouraged to report cases where the house is only a single apartment or overcrowded, so that arrangements may be made for the confinement to take place in a hospital. Where necessary the aid of the Department's disinfecting staff is invoked to have the houses sprayed or disinfected and washing done prior to the confinement taking place—a much appreciated service.

Maternity outfits are available on application for women who are to have a home confinement and 3,315 of these, costing 15s. each, were issued free of charge in 1967.

The introduction of these sterilised dressings has been of the greatest benefit to both patient and midwife, not least as a practical demonstration of the value of personal hygiene.

Gas and Air Analgesia and Trilene can now be administered by midwives to those patients certified by their doctors as requiring it. Only midwives duly certified by the Central Midwives' Board as being properly qualified to administer such analgesics are permitted to do so.

The domiciliary staff also undertake the training of pupil midwives from the maternity units of the following hospitals :—Stobhill, Southern General, Glasgow Royal Maternity Hospital, Queen Mother's Hospital,

Eastern District, Robroyston and Redlands. The scheme provides that there is always a domiciliary midwife at each confinement. For this training 56 of the midwives are approved by the Central Midwives' Board. During the year 347 pupils from the above hospitals attended 1,575 confinements and made 12,996 pueperium and 5,790 antenatal visits. Training of pupil midwives is also carried out by the District Nursing Association and reference to this will be found in the Home Nursing Section of this Report.

Post-graduate courses for midwives are held each year in one or other of the larger cities and seven midwives are authorised to attend.

The following table shows the work carried out by the midwives during 1967.

Number of births classified to show nature of attendance at birth :—

	Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947.				
	Doctor present at actual confine-ment	Doctor present at any time during Labour	Doctor not present at any time	Midwife alone (no doctor engaged)	Total
(*a*) Midwives employed by the Authority	972	290	629	75	1,966
(*b*) Midwives employed by voluntary organisations	118	199	24	—	341
(*c*) Total	1,090	489	653	75	2,307

Fees to doctors attending emergency cases amounted to £19 2s. 6d.

OPHTHALMIA NEONATORUM

The number of cases of ophthalmia neonatorum notified during 1967 was 18.

The cases were classified as follows :—

Gonococcal ophthalmia	...	6
Purulent conjunctivitis	...	6
Simple conjunctivitis ...	...	6

Age at onset was as follows :—

-12 hours	...	...	...	1
-4 days	...	...	...	3
-8 days	...	...	...	4
+8 days	...	...	...	10

Attendance at birth was as follows :—

General Practitioners	4
Institutional	14
District Nurses	—
Midwives	—

Bacteriological examination was carried out in 17 cases with the following results :—

Gonococci	6
Staph.aureus	3
Diptheroids	1
No organism found	7

In ten cases it was not stated whether a swab had been taken before notification and in one no case swab was taken.

Eight cases were admitted to Ruchill and two to Belvidere.

There were three notifications fewer than in 1966 and the number of gonococcal ophthalmias was reduced by eight.

PUERPERAL FEVER AND PUERPERAL PYREXIA

During 1967, 67 cases of puerperal pyrexia were notified, compared with 111 in the preceding year. For the period January to the end of April, 41 cases of puerperal fever were notified, the majority relating to abortions. Since May, 1967, abortions have been treated in various hospitals and have no longer been admitted to Robroyston Hospital. It appears that prior to this, notification was made to facilitate admission and this no longer applies.

WELFARE FOODS, 1967

Detailed Account of the Year's Working

The Distribution of Welfare Foods was taken over from the Ministry of Food on 28th June, 1954.

Under the Ministry of Food there were 25 distribution centres in Glasgow. There are now 35 centres. The additional centres are necessary to cover the outlying housing schemes.

The documents of entitlement to Welfare Foods are issued to beneficiaries by the Ministry of Social Security on application.

The welfare price of National Dried Milk was increased from 10½d. to 2s. 4d. per tin in 1957, and since then there has been a continuing drop in demand. The increase in price is not the only reason for the decline in issues, other contributing factors being (1) babies now being given solid foods at a much earlier age and (2) parents buying the more attractively packed proprietary baby food.

National Dried Milk may be purchased at a price of 4s. per tin if no valid token is available. The average weekly issues of such milk in 1967 were 248 as compared with 262 in 1966 and 330 in 1965.

From 1st June, 1961, the following price increases for vitamin products came into effect :—

Orange Juice...	...	1s. 6d. per bottle, previously 5d.
Cod Liver Oil	...	1s. per bottle, previously free.
Vitamin Tablets	...	6d. per packet, previously free.

Tokens are no longer required for vitamin products (other than free issues) and no proof of identity is required of beneficiaries. This last increase brought about a further very considerable reduction in the demand for vitamin products throughout the country and the decrease in Glasgow was on a par with the rest of Britain. However, the last two years have shown a slight increase of vitamin products sold to beneficiaries in Glasgow.

VITAMIN PRODUCTS

Percentage Uptake of Potential

	1967	1966	1965	1964	1963	1962	1961
Orange Juice ...	6·8%	6·4%	6·2%	5·8%	4·9%	3·6%	9·5%
Cod Liver Oil ...	3·7%	3·7%	4·3%	4·9%	3·9%	3·2%	5·7%
A and D Tablets	10·0%	9·7%	9·2%	9·4%	7·9%	5·9%	11·6%

No reasonably accurate figure of uptake of potential can be given in regard to National Dried Milk because milk tokens can be used for either Liquid or Dried Milk.

SECTION IV

SCHOOL HEALTH SERVICE

GENERAL INTRODUCTION

A new clinic was opened at Ashtree Road, Pollokshaws, on 7th November, 1966, and the clinic at Harriet Street was closed. As well as having provision for the usual consulting and treatment rooms, the new building has an Orthopaedic Department and a Speech Therapy Clinic.

After 54 years of providing convalescent care to children in need of nursing, *Biggart Memorial Home at Prestwick* closed down in July, 1966. In order to provide for this type of child we have been given the use of beds at Lenzie Home since 23rd November, 1966. The Home also contains a Hospital School.

Routine Medical Inspection and other Inspections—The number of entrants increased but this was offset by fewer in the other age groups. Examination of non-routine and " at risk " cases fell by about 3,200 and 1,200 respectively but much of this is accounted for by staff time being taken up by inspections for holidays abroad and for camps. The numbers of inspections for this purpose have risen by 3,200 as have also the inspections for children going to residential school, the number here having increased by 750.

The findings from Routine Medical Inspection have not changed significantly. The number of children with no recorded defect remains much the same. Fewer children were reported to be suffering from uncorrected visual defect but more cases of infected tonsils and adenoids, both for observation and for operation, were recorded. With regard to treatment there is no waiting-list for operation on tonsils and adenoids South of the river, Mearnskirk Hospital adequately covering the area and dealing with most of the cases where large and infected tonsils and adenoids are a concomitant of deafness. The Ear, Nose and Throat Hospital similarly covers its own immediate area but in the North and East of the City the waiting-list scarcely moves.

More ear conditions were treated, largely wax in the ear and otorrhoea, and response to treatment was such that fewer attendances at the clinics were required. The number of examinations carried out by ear, nose and throat specialists visiting school clinics was increased.

The numbers of children refracted for *visual defect* increased by 12 per cent., the average number seen per session having increased to 9·9 compared with 7·7 last year. The *supply of spectacles* also rose by 12 per cent. Regular use continues to be made of the Keystone Vision Tester which is in turn sited in each school with a nurse testing the vision of all the pupils. About 55 per cent. of those refracted in the Keystone group had glasses prescribed, but there are large numbers in the group who fail to attend for further examination.

Skin diseases attending the clinic increased slightly, the increase being largely due to scabies and single visit cases, usually minor school accidents.

Inspections of heads by the cleanliness nurses rose by 7,000. Supervision of cleanliness in children continues to be an important feature. The scheme of placing Hygiene Units in certain schools began in January, 1941, following the experience of evacuation at the beginning of World War II. At that time units were placed in six schools, now units function in thirty-two schools. The success of the scheme depends very much on the interest of the Senior Woman Assistant in the school and the time she is able to devote to supervising and encouraging the hygiene attendant.

Regular visits of the doctor/health visitor team to the *Nursery Schools* continued. The effort to make nursery school education available to a greater number of children by having half-day sessions in some of the nursery schools necessitated an increase in the number of visits paid.

The Diphtheria/Tetanus and Poliomyelitis Campaigns were operated concurrently, so enabling the Campaign to be carried out in the early autumn, causing less interruption in the teachers' work. It also enabled the scheme to be completed before winter infections brought about a fall in attendance with the difficulty then of completing the course satisfactorily. One consent form was used for both procedures. Boost doses of Tetanus Toxoid were given to all those who had had their first course of Tetanus Immunisation last year.

The B.C.G. Campaign proceeded for young people in secondary schools. Out of 14,333 receiving the Mantoux Test, 3,445 were positive. B.C.G. vaccination was given to 10,879. The Mass Radiography Department X-rayed 2,739 of those who were Mantoux Positive and two pupils (0·7 per 1,000) had active Pulmonary Tuberculosis. Of those who were Mantoux Positive in the previous year 2,300 were re-X-rayed and three (1·3 per 1,000 of all examined) were discovered

to have active Pulmonary Tuberculosis. Under the Teachers' Sick Pay Regulations 2,405 teachers were X-rayed and of these 82 were recalled but only one case of active Pulmonary Tuberculosis was discovered.

The Scheme of Health Education begun in 1960 as a means of teaching health within the classroom continued throughout the year with the help of school health visitors, medical staff and locum medical personnel employed for this purpose. Frequent requests came from head teachers for courses to be run in their schools and at times with pressure of other work and staff shortage it was difficult to meet the many requests. At 30th June, 1967, 48 secondary and 31 primary schools were included in the scheme, also 11 colleges of further education and two approved schools.

A student health service is supplied to further education colleges with the school medical officer and the school health visitor visiting fortnightly. They supply health coverage as well as carrying out a programme of discussion group teaching and provide advice with, on occasion, support in the problems of life on which these young people seek help.

The service in hospital scheme is one where young people of both sexes of 14-15 years may on a pattern of day release visit a hospital to which the school has been paired. They give a service in whatever aspect the matron considers they can benefit in experience and understanding of both adults and children in the adversity of illness. The scheme covers most of the hospitals within and around the City and is very popular with the young people, many of whom make such good relations with the ward sister that they give up other pleasures on a school holiday to return to their allotted service in hospital.

School Clinic—Its place in keeping a child at school. The Clinic serves as a place of referral, investigation and treatment of those children who are found, at Routine School Medical Inspection, to have some defect or disease. Treatment is arranged with the minimum possible disturbance of the child's education, as can be seen in the following cases.

Scabies, with its rising incidence, responds effectively to the three-day course of treatment provided. Cases, excluded during this time, return quickly to school, in contrast to the often prolonged absence noted when treatment is carried out at home. Reinfection rate is reduced by encouraging the treatment of mothers and siblings.

Impetigo, likewise, responds well to daily treatment. Lesions are covered, thus avoiding the need for exclusion from school and reducing the risk of local spread.

Minor skin injuries, if referred promptly, heal quickly. Many do not reach the general practitioner's busy surgery until infection is well established. Healing is then delayed and treatment may involve absence from school.

Not all cases requiring attention are short term. Children with chronic chest conditions such as bronchitis and asthma benefit from regular breathing exercises. This, often combined with artificial light treatment reduces the severity and frequency of attacks, thus minimising loss of school time.

Many children attend for artificial light treatment alone. In this group are those with recurrent coughs and colds, poor appetite, general debility or recent prolonged illness. Included here are an increasing number of Pakistani children who, with diets low in Vitamin D and poor skin absorption of sunlight, are at an increased risk of developing rickets.

Many other children attend the general medical inspection clinic. The range of treatment here is wide and varies from referral of a child for specialist opinion to the simple administration of Vitamins.

In all cases the aim of the clinic is to maintain the child's health at the highest possible level so that he can derive the greatest benefit from the educational facilities available to him.

As is customary, contributions to this report have been made by several members of the staff of the School Health Service and the Chief Dental Officer, and in addition we all are indebted, not only for their contribution, but also for their help and encouragement, to Dr. Rogen, Consultant Cardiologist, Mr. Guest, Consultant Orthopaedic Surgeon, Mr. J. McKenzie, Educational Psychologist and Mr. Tinto, Adviser in Physical Education.

NOTES ON HEALTH EDUCATION

Health Education as a subject accepted into the curriculum of every school is a goal for the future. Dr. Marion Hay records the following note :—

I have been attached to various schools in the past five years, ranging from classes for senior mentally handicapped and the modified

stream of junior secondary pupils through all ages in senior secondary schools to young people in a further education college. I have a little experience of health education of five-year-olds but none of the primary school age range.

The most stimulating experience I find is to be had in the college, for there the pupils enter more freely into discussion. Pupils in school tend still to be "there to be talked at"—perhaps the new methods being employed in "primary teaching" now will result in much more articulate teenagers in a few years' time.

Where time is pressing, for example, in the college and senior secondary school and especially in the academic streams of IV, V and VI years, I have evolved a "cram course" of four lectures.

1. Introductory Lecture—

Health

good bad

Mental Physical

bad good good bad

The Disciplines of Life

1. Food—diet, content, amount, compulsion
   and Drink—content, amount, compulsion.
2. Covering—clothes—outdoor—amount, type.
   indoor
   bed
   houses
3. Cleanliness—inner, outer
   food covering air.
4. Rest—sleep, leisure.
5. Exercise—work, play.
6. Security, love, affection, family life.

Frequently before the lecture I invite the class to write a few words on their ideas of Health Education. After the lecture or at the beginning of Lecture 2, I ask for written questions on what subjects they would care to have discussed.

2. For Basic Anatomy and Physiology :—

With the help of large anatomy charts I outline the five systems and their component parts—where they are and how they work.

Usually there is a member of the class who demonstrates adolescent kyphosis either sitting, standing or walking and on a "no names no pack drill" agreement the lesson can be made more practical.

3. Question Time.

Having pruned the questions down, this session can be made interesting and instructive, with the young people taking an increasing part in the discussion.

4. Film Session.

The selection of films must be done carefully. It depends on the age, intelligence and maturity of the class which films are shown and how much is learned from them. I find it better to give a resumé of the film and draw attention to the parts which have caused comment or question in previous classes.

The sense of "belonging" that gradually grows and the involvement with the life of the community, be it school or college, is most rewarding. I feel that I at any rate have benefited by being made to think round and about the questions that concern and puzzle our teenage population, an exercise which, I hope, makes me better fitted to continue this work.

ORTHOPAEDIC AND POSTURAL DEFECTS

The hospital work outlined below constitutes only a very small part of the orthopaedic work of the School Health Service. The main part of the work is done in visits to the five school orthopaedic clinics. Children entering school with any orthopaedic condition are referred for supervision. Where this is being carried out at hospital no action is needed, but in many cases attendance at hospital has lapsed and supervision is then continued through the Orthopaedic Service. The early recognition and treatment of disability, before it becomes excessive, is a valuable feature of the service.

Children admitted to hospital are referred back to the clinics for supervision. This liaison means that children can be discharged much earlier than would normally be possible, less school time is lost and continuous supervision and treatment is maintained.

The work with spastic children and children with spina bifida continues. It should be realised that the Spastic School (Kelbourne) deals only with a small minority (approximately 10 per cent.) of all the spastic children in Glasgow. The others are supervised at the school

clinics ; some are treated there and others are seen every few months and advice on handling given to parents. One of the greatest needs in Glasgow for the mentally handicapped spastic is the provision of more day care centres.

During the year 93 children were admitted to Mearnskirk. Fifteen of these were admitted for investigation or physical treatment. The diagnosis of these 93 cases was as follows :—

Foot deformities, 43 (congenital 6, spastic 14, acquired 8, polio 15).

Other conditions due to poliomyelitis 11 ; torticollis 1 ; muscular dystrophy 10 ; cerebral palsy 12 ; knock-knees 4 ; scoliosis 2 ; fractures 1 ; spina bifida 3 ; miscellaneous 6.

Operative treatment was given as undernoted :—

Manipulations (including tenotomy of plantar fascia) 19 ; elongation of tendo achilles 14 ; stabilisation of feet 6 ; arthrodesis of other joints 3 ; tendon transplants 10 ; tenotomy for torticollis 1 ; adductor tenotomy 4 ; stapling of epiphyses 3 ; removal of staples (after correction of shortening) 8 ; osteotomy for knock-knees 3 ; miscellaneous 9 ; total operations 80.

The average stay in hospital was 33 days.

The number on the waiting list at 1st January, 1968 was 18.

REMAND HOMES

Larchgrove Remand Home for boys and Beechwood Remand Home for girls are under the medical supervision of the School Health Service. Every Child is examined within twenty-four hours of admission. There is a lot of comparatively minor illness in Larchgrove mainly due to persistent overcrowding, but a new extension is being built which should help to alleviate this.

In the course of 1967 a total of 2,752 boys were examined in Larchgrove. 362 were treated in the Home for minor illness and 25 were referred to hospital for treatment, of whom five were detained.

There is much less incidence of illness in Beechwood although its accommodation is often severely strained.

HEALTH VISITING AND NURSING SERVICE

The number of health visitors (with Superintendent) at the end of the year was 48 and the number of nurses without Health Visitor's Certificate was 35.

Health Visitors made 13,221 domiciliary visits—5,305 visits to schools for routine inspection; 477 visits to nursery schools and occupational centres; 9,740 attendances at clinics; 266 attendances at child guidance clinics; 750 attendances at schools for health teaching.

Nurses made 9,423 attendances at clinics; 2,296 attendances at handicapped schools for general nursing duties; 2,755 attendances at schools for cleanliness inspection; 648 attendances at schools for Keystone Vision Testing.

Seventeen health visitors continued domiciliary visiting for the child guidance clinics in their own area, thus maintaining the liaison between school, home and clinic, advising and giving supportive help to families in need. They attend case conferences at the child guidance clinics and make their contribution to the work of the clinic. Owing to shortage of health visitors we have been unable to increase the amount of time given to this work.

All burns and scalds accidents in school children reported from hospital are visited by health visitors. The pattern of these accidents remains fairly consistent. (Analysis on opposite page).

Health Education in schools continues to expand and 25 health visitors gave part of their time to this in schools within their own area and at which they attend regularly for routine medical inspection.

Extra-mural activities—classes in Child Care were given for girls entering for the Duke of Edinburgh Awards. The number who participated this year for Bronze, Silver and Gold Awards was around 1,000.

A number of requests from woman's guilds, Girls' Brigades and other organisations for speakers and examiners were received and health visitors gave willing help to these groups.

ACCIDENTS TO SCHOOL CHILDREN

SURVEY OF BURNS AND SCALDING ACCIDENTS, 1st JANUARY—31st DECEMBER, 1967, AS CONDUCTED BY HEALTH VISITORS OF THE SCHOOL HEALTH SERVICE.

TABLE 1.

NUMBER OF ACCIDENTS.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Burns—				
Outdoor	47	1	46	14
Indoor	23	15	10	11
Scalds—				
Outdoor	3	1	1	—
Indoor	40	53	30	49

TABLE 2.

COMMON TYPE OF BURNING ACCIDENTS.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Fireworks and bonfires	44	—	32	10
Fires (open or electric)	12	7	1	2
Clothing catching fire	1	—	1	—
Faulty plugs or appliances	1	1	—	1
Others, e.g., petrol, tar, etc. ...	10	2	20	9
Iron	2	5	—	—
Sunburn	—	1	—	3
School accident (Laboratory) ...	—	—	2	—

TABLE 3.

RESIDUAL DISABILITIES.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Burns	—	—	—	—
Scalds	—	—	—	—

Table 4.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Deaths	—	—	—	—

Table 5

By Social Class

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Burns—				
No father	6	1	4	—
Professional	2	1	—	—
Clerical	3	1	7	1
Skilled	25	6	16	11
Semi-skilled	16	5	14	1
Labourer	18	2	15	12
Scalds—				
No father	1	—	4	7
Professional	1	—	—	1
Clerical	4	1	2	2
Skilled	12	19	8	13
Semi-skilled	10	15	10	9
Labourer	15	19	7	17

Table 6

Accident Proneness

Children who have had previous accidents within last 2 years.

5-10 years		10-15 years	
Boys	Girls	Boys	Girls
3	8	9	5

Table 7

Period of Year Accident Occurred

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
January	6	10	3	4
February	6	5	2	3
March	8	6	6	6
April	9	8	7	6
May	5	9	4	6
June	9	5	8	6
July	6	6	10	10
August	16	10	5	9
September	14	2	11	6
October	13	3	5	5
November	15	2	20	11
December	6	4	6	2

TABLE 8

HOUSING OF PARENT OR GUARDIAN

(HOME ACCIDENTS ONLY)

Rooms	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
1	3	4	1	4
2	10	15	7	10
3	23	25	14	17
4	17	21	15	23
5	8	2	3	6
6+	2	1	—	—
Unable to locate	15	10	13	5
No information available	1	5	3	1

AUDIOMETRIC SURVEY

The work of the Audiometric Survey Unit continues to expand. With the greater knowledge available about assessment of children with hearing and speech defects, more investigation is called for involving at times many disciplines. The School Health Service personnel undertaking, promoting, and co-ordinating such investigations, have an important part to play.

The medical staff require to be kept informed of the latest thinking in the hearing of young children and one member was fortunate in being able to participate in the Developmental Paediatric Course for Medical Officers in London. This offered excellent material in all aspects of childhood development and in the period devoted to speech and hearing much of value was put forward about the deaf child, the language disordered child, and the child with multiple handicaps including deafness. A report of this up-to-date material was given to all school medical officers on the Staff and a hand-out prepared for reference.

The health visitors have furthered the importance of hearing investigations by visiting the homes of children who fail the routine sweep test for hearing and do not keep follow-up medical appointments. Children on attendance who fail for review are also visited and in both groups the factors involved are investigated. Sometimes this is apathy, and personal explanation and approach is of great value. Student health visitors have been shown the working of the Unit and its programme.

The audiometricians have heavy case loads and they also assist other areas on request, Pop-up toy audiometry in the young child has been very useful and successful. The senior audiometrician departed to an overseas appointment and was hopeful of planning a programme similar to the Glasgow pattern. The new senior audiometrician has been attached to the team of the School Health Service Consultant Neurologist in a sleep audiometry investigation, and this should be a useful adjunct in the over-all assessment of children with language disorders.

The numbers referred to the Consultant Otologist continue to rise, as do the number of review cases—these include children with hearing aids in ordinary schools. The hearing impaired placed in the deaf schools are seen *in situ* by the Otologist annually, or more often if so requested. The well established link between the School Health Service and the Hospital Consultant is of great importance in this work and it is interesting to note how the team approach has been stressed in the Report of the Working Party set up by the Scottish Education Department—" Ascertainment of Children with Hearing Defects."

Non-routine cases referred in from all sources continue to increase—children with speech defects, retardates, and the multiply handicapped. The ultimate placing of this latter group can give rise to much thought but horizontal translation of a child from one point to another dependent on progress rating is facilitated in Glasgow by the choice of educational units geared to different disabilities.

An interesting feature noted in visits to the deaf schools is the apparent increase of behaviour and maladjustment problems in all age groups, but particularly in the adolescents. It may be that this age group is " pressworthy " at present. Another factor is that knowledge of the need for investigation due to more being known of these difficulties inspires their being brought to notice. Neurological opinion, psychological and psychiatric advice has been requested in some instances. It is becoming clear that the causation of the deafness may well be a feature in the over-all appraisal of such cases, indeed aetiology may be the critical feature. Much more requires to be done in this field.

The children in the Aphasia Class for long-term assessment continue to offer difficult and complex diagnostic problems. Some are shown to have severe hearing loss with learning difficulties. This class fulfils a need in the child population for children with communication difficulties.

The headmasters and staffs of all the Glasgow schools continue to show interest and support the work of the Unit. The Child Guidance Service works well with the team as do the speech therapists. The Speech Reading Unit has a close attachment to the Unit and this is a very valuable feature. The Audiology Unit at the Balvicar Centre is visited monthly and this supports continuation of coverage of the hearing impaired child from the pre-school age into the school setting. General practitioners are kept informed as to progress of children attending the Unit. The assistance offered by Special Schools Department of the Education Authority is much appreciated.

It has been an interesting and very busy year for the Audiometric Survey Unit and in concluding the report an expression of thanks is offered to all those who made the functioning possible.

PHYSICAL EDUCATION, 1966/67

Staffing shortages continue to frustrate our attempts to preserve continuity in the teaching of the subject and to ensure progress along the lines which have been followed throughout the last fifty years. Physical Education, in common with other subjects, is finding increasing difficulty in enlisting staff, a fact which imposes a greater demand on the time of Physical Education Staff especially when the subject is expanding in so many different directions. Many teachers continue to devote much of their time in a voluntary capacity to all kinds of outdoor activities and one attractive feature of this aspect of Physical Education is that an increasing number of teachers, other than teachers of Physical Education, are becoming involved in a multiplicity of activities such as fencing, ski-ing, canoeing, sailing, orienteering, all of which, in varying degree, are being offered to pupils in Secondary Schools.

In the Primary Schools the shortage of specialist staff has prevented any form of assistance except in the direction of games and swimming where considerable progress has been made. Many more Primary Schools are now taking part in netball, soccer and swimming and many more Primary School teachers have been attending the courses organised by the Supervisory staff.

The past year has been marked by an increase in the number of schools, playing fields, swimming pools and games halls—all of which form excellent additions to existing facilities. A major addition to our athletic facilities was the provision at Scotstoun Playing Field of the first eight-lane track in the West of Scotland with Rub-Kor approaches for high jumps and long jumps and other modern equipment.

The peak of the schools athletic season was attained at this ground in July of last year when teams of schoolboys and schoolgirls from England, Ireland, Wales and Scotland competed for the first time in Glasgow.

During the last few years one incentive to joining the ranks of teachers in Glasgow has been the number of courses and demonstrations which have been organised throughout the year in the City for all members of staff particularly those in Secondary Schools. Lecture demonstrations on Golf, Fishing and Trampolining took place in the games halls before audiences of 500 pupils and staff and courses ran from 4.30 p.m. to 6 p.m. in conjunction with these and other outdoor activities and have been well attended by teachers of all subjects including Physical Education.

The Education Committee has continued to keep in the forefront of educational thought and practice by subsidising the interest in out of school activities where the efforts of Head Teachers, staffs and pupils have shown practical beginnings.

CHILD GUIDANCE SERVICE

The first significant observation is that in the year ending June, 1967, the serious loss of psychological staff which was a feature of the previous session has not continued, and with fairly stable staffing conditions it has been possible to make some progress towards the various objectives outlined in last year's report. It is worth mentioning possibly that five of the present staff have completed the postgraduate Diploma Course in Educational Psychology while three are in the process of completing it. Then a start was made towards the establishment provision of two full-time Social Workers, approved fifteen years ago—a clear step forward in the strengthening of clinic facilities.

The number of children brought to our notice was 5,845, a fractional decrease on the previous total, but attendances totalled 40,644 and school visits 5,711 thus restoring the upward trend of earlier sessions. The home visits figure of 1,700, rather less than in recent years, is explained by certain local withdrawals of the Health Visitors, whose valuable work in the clinic team is appreciated throughout the Service, particularly in those areas where the visiting sister is able to maintain uninterrupted contacts over a whole session. At this point, I would refer to a feature of the Statistical Analysis expanded in more detail in the Report to the Director of Education. This analysis arrives at an interesting deduction regarding the increased number of attendances,

the longer waiting lists, the higher number of current cases, and the smaller number of discharges. What the figures seem to indicate is that rather fewer children were seen in the clinics for rather more sessions than in the previous year, and there were somewhat fewer short-term cases that could be discharged quickly.

The familiar pattern of case types sent to us continues very much as in most past years, with behaviour disorders, learning difficulties and personality disturbances in that order of numerical frequency. We select the following totals against the more significantly recurring symptoms under treatment—bearing in mind that as individual cases, each child may vary in his need, from the simplest upset of development or handling to the most complex instances of serious personality disturbances : enuresis and encopresis 618 ; psychosomatic illness 343 ; temper and unruliness 353 ; shyness, inhibitions and avoidance reactions 288 ; sleeping and feeding difficulties 209 ; aggression, violence and defiance of authority 486 ; theft 347 ; weepiness and dependence 180.

Sources of referrals totals continue along familiar lines with slight variations from year to year. This time, we report in absolute numbers an increase in referrals from schools, Health and Welfare Department and Children's Department, and a slight decline in referrals from Special Schools Section, School Health Service, and from parents. None of these trends is significant and the figures were : 60 per cent. from schools, 21 per cent. from medical agencies including School Health Service or psychiatric departments, 11 per cent. from Special Schools Section, 5 per cent. from parents and the remaining 3 per cent. from a variety of social agencies.

Reference was made last year to the place of the psychologist in ascertainment procedures for special educational placement. The completion of the M.H.2 Form is now a daily commitment in all clinics ; and in addition to the total involvement of one colleague in a wide range of examination procedures for physically handicapped children, another shares her duties on a regular basis at the Balvicar Centre with the continuous assessment process there.

In January, 1967, an experimental unit for dyslexic children was started in Knightswood Clinic. Six children attend daily in the forenoons returning to their own school for the afternoons. While it is early yet to measure the success of this venture, the gain observed to date is distinctly encouraging. A more detailed description of this area of the Service is found in our Annual Report, where is also gratefully acknowledged the valuable help of the Consultant Neurologist, presented through the School Health Service.

During the summer holidays, a final screening and interviewing of the first admissions to our Day Centre at Fairfield will be made before it opens early in the new session. Already the Senior Psychologist as Head Teacher designate has visited similar units in Edinburgh, Manchester and London to find out at first-hand current developments and problems in this field.

I regret, however, that we shall have to wait till next year before reporting the re-opening of Nerston as our own Residential Centre for the maladjusted. In the meantime, as detailed last year, Glasgow continues to use suitable residential placements anywhere in Scotland or farther afield as the case dictates, and in competition with other counties, and the generosity of the Corporation is acknowledged in meeting the costs of such placements.

While the above paragraphs sketch briefly the main activities of the Child Guidance Service, it is worth noting now the establishment of a more effective research orientation than has hitherto been possible. Staff time is essentially limited in this sector, but a short statement of the projects undertaken during the year may serve to highlight the trend in this direction.

> An investigation into the effectiveness of the Glasgow Picture Intelligence Test as a screening device for mentally handicapped children (to be completed).
>
> The establishment of local norms for Cattell's High School Personality Questionnaire on a stratified sample of fifteen-year-old Glasgow boys (completed).
>
> An interim report on the use of i.t.a. in a Glasgow Primary School (completed and published).
>
> Pilot study of the effectiveness of the Paget Systematic Signs in the development of language among profoundly deaf children (to be completed).

The extension of the tutorial groups envisaged last year is being steadily realised, and there is now no area of the City unserved at least on a part-time basis with such facilities. Also, the disturbed child identified as school phobia, school refusal, or school suspension is finding attendance at such groups a valuable link in his rehabilitation for school re-entry under the daily management of the local psychologist.

Once again we acknowledge with gratitude the co-operation and help of many disciplines in the fulfilment of our duties in this field; in particular each officer of the School Health Service and associated Specialists for their frequent sessions; also Dr. Stone, Dr. Wardrop and their colleagues.

SPECIAL CARDIAC CASES

There is little to add following the full report of last year. The falling incidence of rheumatic heart disease in Glasgow School Children is still apparent. A further interesting feature is that fewer cases of congenital heart disease are being diagnosed for the first time at School Cardiac Clinics because the family doctors are now so aware of the surgical possibilities that children with murmurs or symptoms are referred at an earlier age and very often before school age to Cardiac Clinics elsewhere, for example at the Royal Hospital for Sick Children.

DENTAL INSPECTION AND TREATMENT

In common with this year's School Health Service medical reports, the appended dental tables now refer to a school year and not to a calendar year as previously. This change provides a suitable opportunity to review the progress of the Dental Section over the past four years.

General Policy

Prior to 1963, the policy was to restrict the type of treatment which could be done by the majority of dental officers. This meant that much of the treatment which is considered normal in general dental practice was only provided in two central clinics, e.g. denture work, orthodontics, general anaesthetics, treatment for expectant and nursing mothers, etc. This system had four major disadvantages :—

(1) It involved patients in a great deal of travelling, and in the case of school children, in unnecessary loss of valuable educational time.

(2) In many cases it denied the dental officer the satisfaction of completing the whole of a patient's treatment.

(3) The work tended to be monotonous—a factor which at the present time might well inhibit new staff joining our Service.

(4) It made it more difficult for dental officers to assess the present and future condition of the mouth as a whole, instead of tooth by tooth.

The policy was, therefore, changed to encourage all dental officers to undertake every form of treatment normally carried out in general practice and thus provide our patients with a properly comprehensive and also more efficient service.

The size of the dental staff also caused great concern as it was far too small to fulfil its responsibilities under the relevant Act of Parliament. The policy from this aspect had, therefore, to be one of expansion and increased productivity.

Progress Report

Establishment—The establishment of dental officers has been increased in stages, from a total of eighteen in 1963 to the present twenty-seven.

In addition, there are now five dental auxiliaries and an increased supporting staff.

Accommodation—Dental surgeries have been increased to twenty-eight and will be further increased within the next few months, when two new surgeries will be opened in Acorn Street. The two specially built mobile units, initiated during the present year, are proving very satisfactory and are providing a much needed service in our large housing schemes.

Courses—In order to carry out the revised policy all our dental officers attended a specially arranged refresher course to bring them up to date with the latest techniques. They have also been assisted in this matter by being given leave of absence to attend scientific meetings and conferences.

Equipment—All dental surgeries have had their major items of equipment renewed during the past thirteen years. Although some difficulty is now being experienced in obtaining replacement parts for the older items, the Service must be one of the best equipped in the country. Airotors have been fitted as standard and, to increase the speed and efficiency of sterilisation (at no extra cost), only dry heat sterilisers have been fitted in recent years. The increase in orthodontics and more advanced dentistry had made additional X-ray facilities essential. An extra machine was, therefore, purchased last year and delivery of two further machines is awaited at present.

General Anaesthetics—Four or five sessions are now held each week in various clinics, instead of one a week in a central clinic as previously.

Denture Work—This is now done in all clinics, the work being posted to one of our two dental laboratories for processing.

Orthodontics—The number of dental officers doing orthodontics has now been increased from two to seven. The service will be further extended to every dental officer in 1969, by which time we shall have the benefit of an itinerant orthodontic adviser, in addition to our present orthodontic specialist.

Dental Auxiliaries—The five auxiliaries have proved to be a very happy and satisfactory addition to our Service. They have shown

themselves to be equally efficient in both surgery work and in the dental health field. As extra accommodation allows, we hope to gradually increase our number of auxiliaries up to the agreed establishment of twelve.

Dental Health Education—Over the past four years talks have been given to over 250,000 children. These have been supported by large campaigns and "follow-up" smaller ones. As part of last year's programme 18,000 five-year-old children were supplied with dental health packs containing, amongst other things, a toothbrush and tooth paste. This was backed by talks and encouragement from both teaching staff and our own dental auxiliaries.

Unfortunately dental health education can only be made effective by prolonged and repeated efforts, and it may well take many more years before any noticeable reduction in dental decay will be apparent. Our work in this sphere is, however, well worth while and it will, I am sure, eventually be rewarded by an increasing degree of success.

Some indication of the effectiveness so far can be obtained by examining the number of children who accept treatment after a routine dental inspection. If our propaganda is being successful, the increased appreciation of the importance of dental care will be reflected in a higher acceptance rate and this increase should be proportional to the amount of dental health education and vary according to how recently this has been given. During the past four years we have concentrated mainly on five-year-olds. The following are the increased acceptance rates when the 1967 figures are compared with the prehealth education year of 1963. Five-year-olds, who received talks in 1967, showed a fourteen per cent. increase ; six, seven and eight-year olds, who received talks in earlier years, eleven per cent. increase ; ten and eleven-year olds, who have not received instruction since 1964, only showed a two per cent. increase.

Results

We are now able to offer a more complete and a better service and to provide this where it is required.

Our improved efficiency is shown by comparing our present figures with those for the school year ending June, 1964. Productivity per treatment session, including Maternity and Child Welfare work, shows an over-all increase of 17·2 per cent. (normal points basis). Fillings, which occupy a major part of clinical time, have increased by 20·6 per cent. per session ; attendances per session have increased

by 14·6 per cent. and items of more advanced dentistry last year number 149 which is an increase of 263 per cent. over the figure for 1965.

These figures emphasise the excellent co-operation of the dental staff in implementing a rather difficult change in general policy, and in making increased efforts to improve the efficiency of our Service. However, even with our recent increase in establishment and taking our auxiliaries into account we still have only the equivalent of one dental officer to 5,200 children, which is nearly double the Scottish average of 1 to 3,000. The improvements made during the past four years can, therefore, only be regarded as a beginning, much still remains to be done in the years ahead.

GENERAL STATISTICS

Area of City in acres	39,725
Population of the area	960,527
School Population	172,914
Density of Population per acre	27

Number of Schools—

(*a*) Primary	210
(*b*) Secondary	68
(*c*) Schools for Handicapped Children	25
(*d*) Occupational Centres	11
(*e*) Approved Schools	2
(*f*) Residential Schools	13
(*g*) Nursery Schools	48
(*h*) Hospital Schools	8
(*i*) Agricultural Schools	1
(*j*) Gardening Schools	1
Total Schools Under Education Authority	387
(*k*) Schools in receipt of Grant and under Medical Inspection	10
	397

SANITARY CONDITION OF SCHOOLS

During the session 211 visits were paid to 200 schools for the purpose of general inspection. In the same period, 84 visits were made to 75 kitchens and dining halls where meals for school children were prepared and served.

ORGANISATION AND ADMINISTRATION

SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT

INSPECTION

Routine medical inspection in ordinary schools was given to entrants—infants and those born in 1953, and 1950; doctor/health visitor team tested, for vision only, those born in 1957. In addition, routine medical inspection was carried out in schools and classes for handicapped children.

Other arrangements were broadly similar to those in the previous year.

* The statistics given on the following pages are those of the school year ending July, 1967.

TREATMENT.

A list of the school clinics and services given were as follows :—

CLINIC	Skin, Eye, Ear and other minor diseases	Refraction	Dental	Special Skin	Ultra-violet ray	Orthopaedic	Scabies Baths
80/90 Kinfauns Drive, W.5	1	1	2	—	—	1	—
18 Plean Street, W.4	1	—	1	—	—	—	—
4 Sandy Road, W.1	1	1	1	—	—	—	—
130 William Street, C.3	1	—	1	1	—	—	—
91 Denmark Street, N.2	1	1	2	—	—	—	—
Hyde Park School, N.1	1	1	1	—	—	—	—
15 Glenbarr Street, N.1	1	1	4	—	1	1	1
60 Avenuepark Street, N.W.	1	1	1	—	—	1	—
40 Grovepark Street, N.W.	1	1	1	—	—	—	—
2 Lochdochart Road, E.4	1	—	—	—	—	—	—
5 Craiglockhart Street, E.3	1	—	—	—	—	—	—
74 Wellhouse Crescent, E.3	1	1	—	—	—	—	—
155 Crail Street, E.1	1	1	2	—	—	—	—
23 Acorn Street, S.E.	1	1	—	—	—	—	—
10 Redan Street, S.E.	—	—	1	—	—	—	—
22 Arnprior Quadrant, S.5	1	1	—	—	—	—	—
Ashtree Road S.3	1	1	—	—	—	1	—
Calder Street School, S.2	—	—	1	—	—	—	—
26 Florence Street, C.5	1	1	2	—	1	1	1
Netherplace Road, S.W.3	1	1	1	—	—	—	—
74 Berryknowes Road, S.W.2	1	—	—	—	—	—	—
Fairfield School, S.W.1	—	—	1	—	—	—	—
St. Anthony's School, S.W.1	1	—	—	—	—	—	—
29 Govan Road, S.W.1	1	1	1	—	—	—	—

A new clinic at Ashtree Road, Pollokshaws, was opened on 7.11.66 and the Harriet Street Clinic was discontinued from the same date.

Other treatment facilities provided were as before.

Co-ordination with other Departments of the Authority

During six weeks in July and August, 1967, arrangements were again made for children suffering from otorrhoea, epilepsy, enuresis, ped. cap. and other conditions to spend a holiday in Seafield Residential School, Ardrossan. The numbers accommodated were : from 3rd to 14th July, 27 boys and 27 girls ; from 18th to 28th July, 56 boys and 3 girls ; from 31st July to 11th August, 55 girls.

MEDICAL EXAMINATION OF SCHOOL MEALS STAFF

	Numbers Summoned	Attended	Numbers found Fit	Unfit	Number Deferred
New cases—					
Full-time	1,110	775	717	39	19
Part-time	814	626	598	16	12
Old cases—					
Routine examinations	408	309	309	—	—
	2,332	1,710	1,624	55	31

CO-OPERATION WITH OTHER OUTSIDE AGENCIES

By arrangement with Glasgow University, 23 D.P.H. students visited a number of schools and school clinics. Also, by arrangement with Professor Hutchison of the Royal Hospital for Sick Children, 28 D.C.H. students visited several nursery schools and school clinics.

School clinics referred to hospital 408 cases (238 boys and 170 girls), the ailments from which they suffered being as follows :—

	Boys	Girls
Skin—		
Wounds, etc. (minor injuries)	109	72
Fractures	23	19
Other skin conditions	38	32
General	42	21
Eye	4	6
Ear, Nose and Throat	22	20
	238	170

The use of Biggart Hospital Home, Prestwick, for children was discontinued at the end of June, 1966, and converted into a Home for the Aged thereafter. Glasgow Convalescent Home, Lenzie, replaced Biggart and commenced to admit children on 23rd November, 1966. During the period ending 31st July, 1967, 230 children were summoned to school clinics for preliminary medical examination and, of the 158 who attended, 155 were considered suitable for admission to the Home.

During June, July and August, 45 children were summoned to school clinics for preliminary medical examination prior to going on holidays organised by the W.V.S. Forty children attended and were passed "fit."

MEDICAL TREATMENT

(A) MINOR AILMENTS

Throughout the treatment tables, "single visit cases" includes those treated and disposed of at first visit, cases not for treatment and cases without apparent disease.

(1) CUTS, BRUISES, SPRAINS, MINOR INJURIES, ETC.

Details of new cases—	Boys	Girls	Totals
Cuts, bruises, sprains, etc. ...	2,518	1,614	4,132
Burns and scalds	210	149	359
	2,728	1,763	4,491

The attendances are included with those for skin conditions (page 119).

(2*a*) DISEASES OF THE EAR.

EXAMINED ONLY.	Boys	Girls	Totals
Recommended operation for tonsils and/or adenoids ...	49	43	92
Other operations recommended	2	4	6
Referred to hospital	—	1	1
Single visit cases	173	143	316
Totals	224	191	415

TREATMENT AT CLINICS.

Details of new cases—	Boys	Girls	Totals
Chronic suppurative inflammation (Otorrhoea)—Single ...	115	81	196
Double ...	3	8	11
Results of above diseases ...	8	2	10
Retracted membrane	5	9	14
Chronic aural catarrh	36	28	64
Ceruminous collection (wax)	72	64	136
Nasal catarrh	30	23	53
Laryngituis	3	5	8
Polypus	2	1	3
Other diseases	95	94	189
	369	315	684
Cases from previous session ...	458	390	848
Totals	827	705	1532
Clinic attendances of above cases	8,164	5,649	13,813

Examinations by Specialists

Cases to the number of 2,165 (1,240 boys and 925 girls) were summoned to school clinics for examination by aurists. Of that total 606 (357 boys and 249 girls) failed to attend, the remainder being dealt with as under :—

At school clinics—	Boys	Girls	Totals
Recommended operation for tonsils and/or adenoids ...	98	90	188
Other operations recommended	1	—	1
Referred to hospital	88	56	144
For X-ray	61	50	111
For audiogram	65	59	124
For hearing aid	2	2	4
Other recommendations and treatments	568	419	987
Totals	883	676	1,559

Audiometric Ear Cases

Cases attending ear clinics were referred for audiogram and for examination by the specialist or medical officers attached to ear clinics, with the following results :—

Summoned 107 (62 boys and 45 girls); attended 78 (46 boys and 32 girls); Recommendations included audiogram 67; front seat 11; lip-reading 5; hearing aid 2; tonsil/adenoid operation 4.

X-ray Examinations

Cases which included some children from the audiometric surveys were X-rayed in Stobhill Hospital and at Florence Street Chest Clinic on the recommendation of the specialists, with the results as shown. A few were X-rayed for more than one condition.

	Positive		Negative		Totals		
	Boys	Girls	Boys	Girls	Boys	Girls	Totals
Sinuses	26	19	14	14	40	33	73
Mastoids	2	1	—	1	2	2	4
Mastoids and sinuses ...	1	2	1	1	2	3	5
Others	—	—	—	2	—	2	2
Total examinations ...	29	22	15	18	44	40	84

(2*b*) Defective Hearing

During the year ended 31st July, 1967, the work done in connection with cases of defective hearing was as follows :—

Classification.—Pupils to the number of 643 were summoned with a view to grading as regards special education and, of that total, 420 (246 boys and 174 girls) attended, 10 being graded for deaf classes and 12 for partly deaf classes. The specialist also made the following recommendations : audiogram, 246; hearing aid, 31; clinic treatment, 16; front seat in class, 31; lip reading, 16; tonsil/adenoid operations, 33; other recommendations, 32.

Hearing Aids.—42 children (27 boys and 15 girls) had hearing aids recommended and supplied. Proprietary aids were recommended by the specialist for 2 boys and 6 girls.

Audiograms.—1,317 (749 boys and 568 girls) were tested by audiogram at Florence Street Audiometric Clinic.

(3) Diseases of the Eye, excluding Defective Vision

	Boys	Girls	Totals
Details of new cases—			
Blepharitis	273	203	476
Hordeolum (stye)	100	136	236
Conjunctivitis, catarrhal ...	90	60	150
Conjunctivitis, muco-purulent	14	4	18
Ophthalmia, strumous (includes phlyctenular conjunctivitis and keratitis)	3	3	6
Keratitis (interstitial) ...	—	—	—
Corneal ulcers	4	1	5
Corneal opacities	—	—	—
Dacryocystitis	—	—	—
Epiphora	1	—	1
Injuries	43	20	63
Other diseases	32	43	75
Single visit cases	159	148	307
	719	618	1,337
Cases from previous session ...	23	17	40
Totals	742	635	1,377
Clinic attendances at above cases	4,254	3,903	8,157

(4*a*) Diseases of Skin, excluding Ringworm and Favus

	Boys	Girls	Totals
Scabies	246	230	476
Pediculosis capitis	35	43	78
Impetigo contagiosa	663	396	1,059
Ped. cap. and imp. cont. ...	30	44	74
Ecthyma	32	19	51
Dermatitis seborrhoeica ...	63	47	110
Eczema	73	67	140
Alopecia areata	10	5	15
Psoriasis	13	13	26
Herpes zoster (shingles) ...	31	31	62
Lupus	5	2	7
Ulcers and abscesses	811	526	1,337
Urticaria	162	208	370
Warts	534	662	1,196
Other skin diseases	223	258	481
Single visit cases	1,532	1,336	2,868
	4,463	3,887	8,350
Cases from previous session ...	280	273	553
Totals	4,743	4,160	8,903
Clinic attendances of above and ringworm cases	62,094	52,117	114,211

Special Cleansing Clinics—

New cases, 873; attendances, 2,265.

(4*b*) Special Skin Clinic

	Boys	Girls	Totals
New cases	15	10	25
Attendances	122	155	277

(4*c*) Bath Treatment of Scabies

	Boys	Girls	Totals
Cases receiving baths	467	465	932
Baths given	1,692	1,820	3,512

(B) DEFECTIVE VISION

(*a*) Cases dealt with at Refraction Clinics.

	Boys	Girls	Totals
Subjected to refraction—			
Spectacles prescribed	3,076	2,750	5,826*
Spectacles not prescribed—			
For further treatment			3,151
No treatment required			804
			9,781
Not subjected to refraction—			
For further treatment			470
No treatment required			229
Postponed			346
			1,045
Total number dealt with at refraction clinics ...			10,826
Number of clinics held			1,083
Average number of children per clinic			9·9
Average number subjected to refraction at each clinic			9·03

At school clinics, 44 new occlusion cases were put on treatment while an additional 497 children were kept under observation. The number of children referred to hospital for further treatment was 292 and a further 543 were put off treatment.

At the end of the school session approximately 11,036 children were awaiting refraction, distributed as follows :—

New cases, 58 ; " failed to attend " 9,625 ; retests, 1,353.

*Classification of refraction of errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	M.xA.		
928	2,317	1,208	514	768	91	5,826

(*b*) Provision of Spectacles

New cases were supplied with spectacles under the scheme to the total of 5,198. The nickel type was provided in 1,974 instances free of charge and the cellulose acetate in 3,219 on payment by each parent of a contribution towards the cost. In addition, 5 children, who were allergic to nickel, were supplied free of charge with the cellulose acetate type.

Replacements and repairs totalled 1,090, the details being as follows :—new lenses, 159 ; replaced lenses, 492 ; frames, sides, etc., 439 (nickel 139, cellulose acetate 300). A contribution towards the cost of replacement or repair was made by the parent in 271 instances. Three children allergic to nickel had the cellulose acetate type repaired free of charge. Another 26 had minor repairs done to the cellulose acetate type without the necessity of charging the parent.

(*c*) Keystone Vision Cases dealt with at Refraction Clinics.

Included in the figures in (*a*) on previous page are 1,487 cases which emanated from the testing of children's vision in schools by the Keystone apparatus. Of the 1,487, 1,393 were subjected to refraction, *776 (402 boys and 374 girls) of these having spectacles prescribed, whilst 443 were referred for further treatment and 154 were considered as not requiring treatment. The remainder, 114, were not subjected to refraction and were noted " for further treatment " (53), " no treatment required " (29) and " postponed " (32).

*Classification of refraction errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	M.xA.		
183	303	143	37	96	14	776

At the end of the school year, 1,621 children were awaiting refraction, in the categories shown :—

New cases, 372 ; " failed to attend," 1,249.

(C) EAR, NOSE AND THROAT OPERATIVE TREATMENT

(i) Tonsils/Adenoids Operations Performed

The table below shows the number of operations for removal of tonsils and/or adenoids performed in the several hospitals during 1966-67 :—

	Boys	Girls	Totals
Mearnskirk Hospital	210	205	415
Ear, Nose and Throat Hospital	64	34	98
	274	239	513
Clinic (including hospital) attendances			1,291

Other forms of treatment were also given to children receiving tonsils and adenoids operations, and a few patients were detained in hospital for more than the normal period before or after operation for medical reasons.

All children were instructed to report to the school clinic two weeks after discharge from hospital for post-operative examination.

The numbers on the waiting list at 31st July, 1967 (including a number recommended for other forms of treatment before operation) totalled 392 (222 boys and 170 girls).

(ii) Other Ear, Nose and Throat Operations

In addition to those treated for tonsils and/or adenoids, children to the number of 52 were admitted to Mearnskirk Hospital during the year for operative and other treatment of various ear, nose and throat conditions. Some of the patients were treated for more than one defect.

(D) ORTHOPAEDIC AND POSTURAL DEFECTS

The following are the statistics relating to the treatment of deformities at the five centres :—

	Boys	Girls	Totals
Number of children examined by School Medical Officers ...	456	384	840
Orthopaedic Surgeon	729	609	1,338
Number of attendances of "old cases" reporting for observation	964	774	1,738

The staff of physiotherapists carried out treatment for the following cases :—

Details of new cases put on treatment at clinics—	Boys	Girls	Totals
Deformities of spine (kyphosis, lordosis, scoliosis)	101	109	210
Paralysis, infantile and other	27	24	51
Flat-foot and other deformities of the foot	179	176	355
Wry-neck (torticollis) ...	—	2	2
Deformities of chest	90	47	137
Knock-knees	38	37	75
Others	7	2	9
	442	397	839
Cases from previous session ...	176	130	306
Totals	618	527	1,145

Discharged from orthopaedic clinic—	Boys	Girls	Totals
Fit	302	292	594
For hospital treatment ...	4	4	8
Transferred to other clinic or treated by appliances ...	20	13	33
For other reasons (leaving school, improved, etc.) ...	153	148	301
Totals	479	457	936
Number still on treatment ...	174	149	323
Number of attendances made by children for treatment ...	7,657	6,814	14,471

Deformities Treated in Spastic Unit

Treatment provided in the various departments was as follows :—

	No. of cases treated			No. of treatments		
	Boys	Girls	Total	Boys	Girls	Total
Physiotherapy ...	39	14	53	4,751	1,788	6,539
Occupational Therapy	32	12	44	2,146	603	2,749

Of the six children discharged during the year, one girl had attained school leaving age, one boy was excluded, one boy was transferred to normal school, three were referred to schools for the physically handicapped. One girl emigrated.

Admissions during the session were ten boys and six girls.

(E) OTHER DISEASES

(*a*) Cases dealt with at the Regular Clinics for "General" Diseases

Details of new cases—	Boys	Girls	Totals
Bronchitis and bronchial catarrh	396	315	711
Anaemia and/or debility ...	770	759	1,529
Rickets	7	4	11
Tubercular conditions—			
Pulmonary (including contacts)	—	—	—
Non-pulmonary	5	5	10
Paralysis	2	4	6
Heart disease	16	13	29
Chorea	6	3	9
Enlarged tonsils and/or adenoids	38	38	76
Adenitis	19	8	27
Rheumatism	6	11	17
Enuresis	397	375	772
Malnutrition	1	1	2
Epilepsy	7	8	15
Digestive disorders	48	58	106
Infectious diseases	5	13	18
Mental deficiency	3	—	3
Nervous disorders	47	41	88
Others	200	204	404
Single visit cases	2,035	2,017	4,052
	4,008	3,877	7,885
Clinic attendances of above cases	9,516	8,957	18,473

(*b*) Supply of Medicines

Details of new cases seen elsewhere than at "general" clinics—	Boys	Girls	Totals
Sent from school inspection for immediate supply	119	118	237
Sent from skin, eye and ear clinics	1,594	1,410	3,004
Additional attendances at "general" clinics for medicine	3,700	3,449	7,149
Totals	5,413	4,977	10,390

(*c*) Artificial Light Treatment

Details of new cases—	Boys	Girls	Totals
Anaemia and/or debility ...	112	134	246
Nervous disorders	1	1	2
Enlarged glands	1	1	2
Chronic bronchitis	78	46	124
Rheumatism	5	5	10
Skin conditions	12	8	20
Catarrh	2	2	4
Other diseases	3	2	5
Totals	214	199	413
Clinic attendances of above cases	3,354	3,491	6,845

(*d*) Cases seen at Cardiac Clinics

The Heart Specialist from Stobhill Hospital again attended school clinics for the purpose of examining school children specially referred by school medical officers and recommending any necessary treatment. During the session, 433 children (244 boys and 189 girls) were summoned, of whom 107 (66 boys and 41 girls) failed to attend. The remainder reported as follows :—

New cases		Re-examinations		Totals	
Boys	Girls	Boys	Girls	Boys	Girls
89	60	89	88	178	148

The Specialist referred 7 children (2 boys and 5 girls) for further investigation at the Cardiology Clinic or for admission to Stobhill Hospital, where some were operated on for the treatment of certain forms of congenital heart disease. In addition, 2 girls were referred to the E.N. & T. Specialist.

Electro-cardiographs were carried out at the school clinics for 93 boys and 70 girls.

During the year the children interviewed at special clinics and assessed as regards capability for suitable employment were as shown below :—

December, 1966, 3 ; March, 1967, 6 ; June, 1967, 1.

Since the commencement of the scheme in June, 1950, 468 children in all had been seen.

(*e*) Cases seen at Neurology Clinics

Dr. I. Draper, Neurology Specialist from the Western Infirmary, attended school clinics for the purpose of examining children specially referred by school medical officers and recommending any necessary treatment.

During the session 114 children (85 boys and 29 girls) were summoned, of whom 21 boys and 5 girls failed to attend. The remainder were reported as follows :—

	Boys	Girls
Not to return	29	7
To be reviewed again later	35	17
Recommendations—		
For E.E.G.	16	11
For I.Q. testing	2	—
To attend special school	1	—
For X-ray of skull	1	—
For audiometry	—	1
For change of medicine	2	2
For speech therapy	2	—
For admission to Killearn Hospital ...	1	—

(F) TREATMENT AT SPECIAL SCHOOLS

The total treatments given by nurses were as follows :—

	Boys	Girls	Totals
Ear conditions	2,377	2,705	5,082
External eye defects	1,281	1,511	2,792
Skin diseases	24,032	17,062	41,094
Uncleanliness (nits, vermin, etc.)	11,670	18,557	30,227
Medicines issued	22,073	17,463	39,536

SPECIAL SCHOOLS AND CLASSES AND RESIDENTIAL SCHOOLS

(*a*) HANDICAPPED CHILDREN

Educational provision was made as follows in schools for handicapped children under the management of the Corporation :—

(1) *Mentally handicapped*—20 day schools, 1 residential school and 11 occupational centres.

(2) *Physically handicapped*—10 day schools, 8 hospital schools and a scheme of home tuition. (One day school made provision for spastic children and aphasic children between the ages of 3 and 16 years). In addition, a group of young children with disabilities caused by thalidomide had been continued at one of our special schools.

(3) *Defective vision*—1 day/boarding school for blind children and 1 day school for the partially sighted. The former serves the whole of Scotland and Northern Ireland and accommodates Roman Catholic children. (Protestant blind children attend the Royal Blind School, Edinburgh).

(4) *Defective hearing*—1 day school and 1 day/boarding school for the partially hearing and 2 day/boarding schools for the deaf. In addition, teachers from the Speech Reading Unit visit ordinary schools to give speech-reading instruction and auditory training to pupils not sufficiently deaf to require education by deaf methods. (Two teachers are also allocated to the Audiology Unit administered by Health and Welfare Department (Maternity and Child Welfare Section) where the hearing of young children under school age is investigated.)

The age range for spastic children, blind children and those suffering from defective hearing is 3 to 16 years.

At 30th June, 1967, the number of children receiving special educational treatment in special schools administered by the Corporation was as follows :—

Physically handicapped children, 253 (including 46 in school for spastics, 4 in the thalidomide group and 12 aphasic children) ; children with hearing defects, 221 ; children with defects of vision, 79 ; mentally handicapped (educable) children, 3,022 ; mentally handicapped (trainable) children, 439; total, 4,014.

Hospital Schools

The following is a list of the hospital schools with the number of pupils receiving tuition at 30th June, 1967 :—

Drumchapel Home (37) ; Lenzie Home (20) ; Mearnskirk Hospital (30) ; Victoria Auxiliary Infirmary, Philipshill (21) ; Royal Hospital for Sick Children (69) ; Stobhill Hospital together with annexe at the Royal Infirmary (Burns Unit) (61) ; Woodlands Day Centre (21) ; and Strathblane Home (22).

Ascertainment of Mental Handicap.

During 1966-67, 561 children (331 boys and 230 girls) were examined by the medical officers for the first time as regards classification of mental handicap. Other details are :—

(i) Number of boys/girls suspected of mental handicap and referred for examination under Section 63 (2) of the Education (Scotland) Act, 1962. Boys, 431 ; Girls, 288. Total, 719.

(ii) Number of boys/girls ascertained as mentally handicapped and transferred to special schools or classes. Boys, 285 ; Girls, 226. Total, 511.

(iii) Number of boys/girls ascertained as mentally handicapped and transferred to junior occupational centres. Boys, 43 ; Girls, 21. Total, 64.

(iv) Number of boys/girls ascertained as mentally handicapped for whom no special educational facilities are available. On waiting lists for Eastmuir and Howford Schools. Boys, 16 ; Girls, 12. Total, 28.

(v) Number of boys/girls who were the subject of a report under Section 65 of the Education (Scotland) Act, 1962. Boys, 19 ; Girls, 15. Total, 34.

Home Tuition Scheme

At 30th June, 1967, the number of children participating in the scheme was 29 and the main causes of incapacity were :—

Spina bifida, 3 ; operations to feet (resulting from road accidents), 3 ; heart conditions, 2 ; bowel and bladder defects, 3 ; miscellaneous, 18.

In addition to the foregoing provision, Glasgow children in need of specialised care and attention were accommodated and educated at the following Centres not under the management of the Corporation :—

Coltness House, Wishaw—4 severely physically handicapped children.

Craigerne School, Peebles—2 maladjusted pupils (primary age).

Harmeny House School, Balerno, Midlothian—1 maladjusted pupil (primary age).

Lendrick Muir School, Rumbling Bridge, Perthshire—5 maladjusted pupils (secondary age).

The Mary Hare Grammar School, Newbury, Berks.—2 Roman Catholic deaf girls taking courses leading to the Certificate of Education.

Trefoil School, Hermiston—1 physically handicapped boy requiring residential education.

Eastpark Homes, Glasgow and Largs—52 severely physically handicapped children requiring long-term nursing care.

Corseford School, Johnstone—4 spastic children requiring residential education.

Castlecraig School, Peebles—1 physically handicapped pupil requiring residential education.

Stanmore House, Lanark—10 mentally handicapped spastic children requiring residential training.

Carsemeadow School at the Colony for Epileptics, Bridge of Weir—13 children suffering from serious epilepsy.

The Royal Blind School, Edinburgh—27 Protestant blind children.

De La Salle School, Northern Ireland—1 mentally handicapped maladjusted boy.

The Royal Scottish National Hospital, Larbert—26 mentally handicapped boys.

St. Joseph's Private Hospital, Rosewell, Edinburgh—3 mentally handicapped Roman Catholic children.

St. Charles' Private Hospital, Carstairs—16 Roman Catholic mentally handicapped children.

Merchiston House Hospital, Johnstone—3 mentally handicapped pupils.

Waverley Park Hospital, Kirkintilloch—24 mentally handicapped girls.

Birkwood Hospital, Lesmahagow—3 Protestant mentally handicapped children.

Caldwell House Hospital, Uplawmoor—16 mentally handicapped children.

(*b*) RESIDENTIAL SCHOOLS

The Centres outwith the City are listed below along with the accommodation available for pupils. Periods of residence varied according to the needs of the individual child and averaged four weeks for the normal child, four to six weeks for convalescents and two weeks for nursery children.

(i) NORMAL

Achnamara, Lochgilphead ...	48 Protestant boys and girls (Secondary 1st year).
Dalguise, near Dunkeld ...	48 Roman Catholic boys and girls (Primary V, VI and VII).
Galloway, Wigtown	112 Protestant boys and girls (Primary V, VI and VII).

(ii) CONVALESCENT

Agnes Patrick/Stevenson, Ascog	58 Roman Catholic boys and girls (8-15 years).
Caol Ruadh, Colintraive ...	36 Protestant boys (8-15 years).
Castle Toward, by Dunoon ...	100 Protestant boys and girls (8-15 years).
Craig, Kilmarnock	56 Roman Catholic boys (5-12 years).
Hillfoot, Bearsden	45 Protestant mentally handicapped children (7-13 years).
Lumsden, Maybole	29 Roman Catholic girls (5-12 years).
Seafield, Ardrossan	68 Protestant boys (5-12 years).
South Park, Ascog	28 Protestant girls (5-15 years).
Fornethy, near Alyth	74 Protestant girls (8-12 years).

(iii) NURSERY

Southannan, Fairlie	36 Protestant and Roman Catholic boys and girls (2-5 years).

ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN

(*a*) ADMINISTRATION AND NUMBER OF MEALS

On 31st May, 1967, there were 122 kitchens preparing meals for school children. In addition, one kitchen supplied Kosher meals to

Jewish children. On an average day in June, 1967 (Monday, 12th June), the total number of dinners served was 81,216 of which 23,853 were supplied free.

Dinners only were supplied to pupils of ordinary schools and schools for handicapped children. In nursery schools dinners and teas were served, while a Health and Welfare day nursery received breakfasts, dinners and teas.

The meals were served in 407 dining rooms, 380 of which were on school premises, the remainder being in church and other halls.

The number of dinners prepared in kitchens during the year ended 31st May, 1967, was 17,914,043 compared with 17,435,499 in 1966 and 17,825,562 in 1965.

(*b*) FOOTWEAR AND CLOTHING

During the year 1st June, 1966, to 31st May, 1967, 2,920 children were provided with footwear and clothing as compared with 3,042 during the previous twelve months. The National Assistance Board continued to accept responsibility for the clothing requirements of children of their dependants.

(*c*) MILK SUPPLIED TO SCHOOL CHILDREN

All milk supplied to schools under the Milk in Schools Scheme was Tuberculin Tested (Pasteurised).

The total number of milk rations during the year ended 31st July, 1967, was 34,978,334. The most recent census figures showed that 94·6 per cent. of the children present in school on a particular day in January, 1967, were taking school milk compared with 96·4 per cent. in January, 1966.

Food Inspectors of the Health and Welfare Department took 234 samples of milk for examination and of that number, 19 failed to pass the coliform test. The average composition of samples was satisfactory at 3·67 per cent. milk fat and 8·83 per cent. non-fatty solids. Of 67 samples supplied for biological examination as to the presence of tubercle, all were found to be negative.

TABLE I—TOTAL NUMBER OF CHILDREN EXAMINED AT :

(A) (*a*) *Systematic Examinations*, i.e., the main groups recommended for the session and (*b*) *Other Systematic Examinations*, i.e., children missed at recommended age groups or otherwise outwith these groups.

Group	Boys	Girls	Totals
(*a*) Entrants	9,127	8,801	17,928
13 year-olds	7,274	7,242	14,516
16 year-olds	1,452	1,273	2,725
	17,853	17,316	35,169
(*b*) Others	565	439	1,004
Totals	18,418	17,755	36,173

In addition to these numbers of children, the following were examined in the course of Systematic Inspection of the pupils at Special Schools and Classes :—

Group	Boys	Girls	Totals
Physically handicapped children ...	83	74	147
Mentally handicapped children ...	281	243	524
Totals	364	307	671

(B) *Other Examinations* :—

Group	
(i) IN SCHOOLS	
Systematic Inspection of Nursery School Children	1,982
Other Examinations in Nursery Schools (including abnormals)	2,918
1957 age-group (Visual Acuity only)—(by doctor/health visitor team)	10,994
Special Cases (in respect of particular defects) ...	27,104
Re-inspections by Medical Officers	15,879
Leaving Interviews	6,866
Examinations regarding Mental Defect	2,105
Discharges in Special Schools and Classes	55
Audiometric Surveys (by audiometricians) ...	24,659
Keystone Vision Screening (by nurses)	22,732
Totals	115,294

(ii) MAINLY AT CLINICS

Applicants for Licences under the Corporation Bye-laws for the Employment of Children	288
Adult Employees of the Corporation	1,759
Children as to fitness for School Journeys abroad, Educational Excursions, Camps, etc.	18,790
Children as to fitness for admission to Residential Schools	7,407
Pre-vocational Students	1,095
Other Special Cases	11
Examinations in Remand Homes	3,093
Totals	32,443

(iii) CLEANLINESS AND SPECIAL EXAMINATIONS

Cleanliness Inspections—(by school nurses) ...	186,884

TABLE IIa—SYSTEMATIC EXAMINATION OF CHILDREN IN ORDINARY SCHOOLS

NUMBERS AND PERCENTAGES OF CHILDREN SUFFERING FROM DEFECTS

An individual child may appear in several sections but only once in any section, i.e., only the child's major defect in any section is recorded—any minor defects in the same section are ignored in this table. "Sections" are indicated by the horizontal lines across the columns, and the section totals give the numbers of individual children having at least one defect in that section.

Age Groups	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
Number examined	9,127	8,801	7,274	7,242	1,452	1,273	18,418	17,755	36,173
Nature of defects found									
1. CLOTHING UNSATISFACTORY — Insufficient	2 (0·02)	2 (0·02)	5 (0·1)	—	—	—	8 (0·04)	2 (0·01)	10 (0·03)
1. CLOTHING UNSATISFACTORY — Ragged	—	2 (0·02)	2 (0·02)	—	—	—	3 (0·01)	2 (0·01)	5 (0·01)
1. CLOTHING UNSATISFACTORY — Dirty	10 (0·1)	8 (0·1)	10 (0·1)	15 (0·2)	—	—	21 (0·1)	26 (0·1)	47 (0·1)
Totals	12 (0·1)	12 (0·1)	17 (0·2)	15 (0·2)	—	—	32 (0·2)	30 (0·2)	62 (0·2)
2. FOOTGEAR UNSATISFACTORY — Unsatisfactory	9 (0·1)	7 (0·1)	9 (0·1)	4 (0·1)	—	—	20 (0·1)	12 (0·1)	32 (0·1)
2. FOOTGEAR UNSATISFACTORY — None	1 (0·01)	—	—	—	—	—	1 (0·01)	—	1 (0·003)
Totals	10 (0·1)	7 (0·1)	9 (0·1)	4 (0·1)	—	—	21 (0·1)	12 (0·1)	33 (0·1)
3. UNCLEANLINESS — Dirty	1 (0·01)	—	—	1 (0·01)	1 (0·1)	—	2 (0·01)	1 (0·01)	3 (0·01)
(a) *Head* — Nits	263 (2·9)	714 (8·1)	290 (4·0)	713 (9·8)	—	1 (0·1)	567 (3·1)	1,472 (8·3)	2,039 (5·6)
(a) *Head* — Verminous	18 (0·2)	17 (0·2)	8 (0·1)	13 (0·2)	—	—	29 (0·2)	31 (0·2)	60 (0·2)
(b) Body — Dirty	7 (0·1)	5 (0·1)	14 (0·2)	9 (0·1)	—	—	23 (0·1)	17 (0·1)	40 (0·1)
(b) Body — Verminous	4 (0·04)	1 (0·01)	1 (0·01)	—	—	—	5 (0·02)	2 (0·01)	7 (0·02)
Totals	293 (3·2)	737 (8·4)	313 (4·3)	736 (10·2)	1 (0·1)	1 (0·1)	626 (3·4)	1,523 (8·6)	2,149 (5·9)

4. SKIN	(a) *Head*	Ringworm ...	2 (*0·02*)	1 (*0·01*)	—	—	—	—	2 (*0·01*)	1 (*0·01*)	3 (*0·01*)
		Impetigo ...	17 (*0·2*)	12 (*0·1*)	3 (*0·04*)	4 (*0·1*)	—	—	21 (*0·1*)	16 (*0·1*)	37 (*0·1*)
		Injuries ...	9 (*0·1*)	7 (*0·1*)	1 (*0·01*)	—	—	—	10 (*0·1*)	7 (*0·04*)	17 (*0·1*)
		Others ...	50 (*0·5*)	35 (*0·4*)	43 (*0·6*)	93 (*1·3*)	43 (*3·0*)	18 (*1·4*)	138 (*0·7*)	149 (*0·8*)	287 (*0·8*)
	(b) *Body*	Ringworm ...	—	1 (*0·01*)	1 (*0·01*)	—	—	—	1 (*0·01*)	1 (*0·01*)	2 (*0·01*)
		Impetigo ...	6 (*0·1*)	6 (*0·1*)	1 (*0·01*)	2 (*0·03*)	—	—	8 (*0·04*)	9 (*0·1*)	17 (*0·1*)
		Scabies ...	18 (*0·2*)	12 (*0·1*)	10 (*0·1*)	2 (*0·03*)	—	—	31 (*0·2*)	18 (*0·1*)	49 (*0·1*)
		Injuries ...	17 (*0·2*)	11 (*0·1*)	12 (*0·2*)	6 (*0·1*)	1 (*0·1*)	—	30 (*0·2*)	19 (*0·1*)	49 (*0·1*)
		Others ...	299 (*3·3*)	207 (*2·4*)	205 (*2·8*)	238 (*3·3*)	82 (*5·6*)	68 (*5·3*)	608 (*3·3*)	527 (*3·0*)	1,135 (*3·1*)
		Totals	418 (*4·6*)	292 (*3·3*)	276 (*3·8*)	345 (*4·8*)	126 (*8·7*)	86 (*6·8*)	849 (*4·6*)	747 (*4·2*)	1,596 (*4·4*)
5. NUTRITION		Slightly defective	142 (*1·6*)	215 (*2·4*)	108 (*1·5*)	60 (*0·8*)	—	2 (*0·2*)	262 (*1·4*)	284 (*1·6*)	546 (*1·5*)
		Bad	1 (*0·01*)	2 (*0·02*)	2 (*0·02*)	1 (*0·01*)	1 (*0·1*)	—	5 (*0·02*)	3 (*0·02*)	8 (*0·02*)
		Totals	143 (*1·6*)	217 (*2·5*)	110 (*1·5*)	61 (*0·8*)	1 (*0·1*)	2 (*0·2*)	267 (*1·4*)	287 (*1·6*)	554 (*1·5*)
6. MOUTH AND TEETH UNHEALTHY			80 (*0·9*)	51 (*0·6*)	39 (*0·5*)	46 (*0·6*)	9 (*0·6*)	5 (*0·4*)	131 (*0·7*)	104 (*0·6*)	235 (*0·6*)

TABLE IIa—*Continued*

Age Groups	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
7. NASO PHARYNX									
(*a*) *Nose*									
Obstruction—for observation	61	46	14	9	1	—	76	56	132
	(0·7)	(0·5)	(0·2)	(0·1)	(0·1)		(0·4)	(0·3)	(0·4)
Obstruction for operation ...	20	17	5	5	1	1	27	23	50
	(0·2)	(0·2)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)
Catarrh	89	67	25	16	7	3	123	90	213
	(1·0)	(0·8)	(0·3)	(0·2)	(0·5)	(0·2)	(0·7)	(0·5)	(0·6)
Other conditions	21	13	13	14	1	5	37	32	69
	(0·2)	(0·1)	(0·2)	(0·2)	(0·1)	(0·4)	(0·2)	(0·2)	(0·2)
(*b*) *Throat*									
Tonsils—for observation ...	655	624	76	114	5	1	751	758	1,509
	(7·2)	(7·1)	(1·0)	(1·6)	(0·3)	(0·1)	(4·1)	(4·3)	(4·2)
Tonsils—for operation ...	185	156	12	19	—	1	201	180	381
	(2·0)	(1·8)	(0·2)	(0·3)		(0·1)	(1·1)	(1·0)	(1·1)
Other conditions	12	16	5	5	1	1	19	22	41
	(0·1)	(0·2)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)
(*c*) *Glands*									
For observation	156	156	30	12	1	—	192	171	363
	(1·7)	(1·8)	(0·4)	(0·2)	(0·1)		(1·0)	(1·0)	(1·0)
For operation	—	4	1	—	—	1	1	5	6
		(0·04)	(0·01)			(0·1)	(0·01)	(0·03)	(0·02)
Totals	1,199	1,099	181	194	17	13	1,427	1,337	2,764
	(13·1)	(12·5)	(2·5)	(2·7)	(1·2)	(1·0)	(7·7)	(7·5)	(7·6)
8. EYES									
(*a*) *External Diseases*									
Blepharitis	89	71	84	79	8	2	186	160	346
	(1·0)	(0·8)	(1·2)	(1·1)	(0·6)	(0·2)	(1·0)	(0·9)	(1·0)
Conjunctivitis	2	2	2	5	—	—	4	7	11
	(0·02)	(0·02)	(0·02)	(0·1)			(0·02)	(0·04)	(0·03)
Corneal opacities	—	—	3	1	1	—	5	1	6
			(0·04)	(0·01)	(0·1)		(0·02)	(0·01)	(0·01)
Strabismus	317	287	71	84	9	6	406	382	788
	(3·5)	(3·3)	(1·0)	(1·2)	(0·6)	(0·5)	(2·2)	(2·2)	(2·2)
Other diseases	21	22	14	16	1	1	37	40	77
	(0·2)	(0·2)	(0·2)	(0·2)	(0·1)	(0·1)	(0·2)	(0·2)	(0·2)
Totals	429	382	174	185	19	9	638	590	1,228
	(4·7)	(4·3)	(2·4)	(2·6)	(1·3)	(0·7)	(3·5)	(3·3)	(3·4)

Eyes									
(*b*) *Visual acuity (Snellen)**									
Fair, 6/9 or 6/12	355 (*3·9*)	377 (*4·3*)	556 (*7·6*)	590 (*8·1*)	119 (*8·2*)	121 (*9·5*)	1,066 (*5·8*)	1,118 (*6·3*)	2,184 (*6·1*)
Bad, 6/18 or worse	22 (*0·2*)	22 (*0·3*)	182 (*2·5*)	232 (*3·2*)	45 (*3·1*)	27 (*2·1*)	262 (*1·4*)	292 (*1·7*)	554 (*1·5*)
Totals	377 (*4·2*)	399 (*4·6*)	736 (*10·1*)	822 (*11·4*)	164 (*11·3*)	148 (*11·6*)	1,328 (*7·3*)	1,410 (*8·0*)	2,738 (*7·6*)
Recommended for Refraction	153 (*1·7*)	151 (*1·7*)	254 (*3·5*)	247 (*3·4*)	40 (*2·8*)	26 (*2·0*)	466 (*2·5*)	437 (*2·5*)	903 (*2·5*)
Recommended for Re-test ...	25 (*0·3*)	29 (*0·3*)	63 (*0·9*)	74 (*1·0*)	15 (*1·0*)	13 (*1·0*)	106 (*0·6*)	118 (*0·7*)	224 (*0·6*)
Totals	178 (*2·0*)	180 (*2·0*)	317 (*4·4*)	321 (*4·4*)	55 (*3·8*)	39 (*3·1*)	572 (*3·1*)	555 (*3·1*)	1,127 (*3·1*)
(*c*) *Colour vision abnormality*	52 (*0·6*)	5 (*0·1*)	228 (*3·1*)	3 (*0·04*)	40 (*2·7*)	1 (*0·1*)	381 (*2·1*)	12 (*0·1*)	393 (*1·1*)
9. **Ears**									
(*a*) *Diseases*									
Otorrhoea	43 (*0·5*)	35 (*0·4*)	36 (*0·5*)	39 (*0·5*)	2 (*0·1*)	—	83 (*0·5*)	78 (*0·4*)	161 (*0·4*)
Other diseases	31 (*0·3*)	34 (*0·4*)	7 (*0·1*)	16 (*0·2*)	1 (*0·1*)	3 (*0·2*)	41 (*0·2*)	54 (*0·3*)	95 (*0·3*)
(*b*) *Defective hearing*									
Grade I—For ordinary class	56 (*0·6*)	43 (*0·5*)	23 (*0·3*)	13 (*0·2*)	1 (*0·1*)	6 (*0·5*)	82 (*0·4*)	64 (*0·4*)	146 (*0·4*)
„ IIa—for front seat ...	5 (*0·1*)	15 (*0·2*)	10 (*0·1*)	8 (*0·1*)	—	1 (*0·1*)	17 (*0·1*)	25 (*0·1*)	42 (*0·1*)
„ IIb—For class for semi-deaf	—	—	1 (*0·01*)	2 (*0·03*)	—	—	1 (*0·01*)	2 (*0·01*)	3 (*0·01*)
„ III—For Deaf class ...	—	—	—	—	—	—	—	—	—
Totals	135 (*1·5*)	127 (*1·4*)	77 (*1·1*)	78 (*1·1*)	4 (*0·3*)	10 (*0·8*)	224 (*1·2*)	223 (*1·3*)	447 (*1·2*)

* The record of defective vision applies to the better eye, and is *with spectacles if worn at examination.*

TABLE IIa—*Continued*

Age Groups	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
10. SPEECH									
Defective articulation ...	254	128	11	4	—	—	267	134	401
	(2·8)	(1·5)	(0·2)	(0·1)			(1·4)	(0·8)	(1·1)
Stammering	9	4	20	—	7	—	38	4	42
	(0·1)	(0·04)	(0·3)		(0·5)		(0·2)	(0·02)	(0·1)
Totals	263	132	31	4	7	—	305	138	443
	(2·9)	(1·5)	(0·4)	(0·1)	(0·5)		(1·7)	(0·8)	(1·2)
11. MENTAL AND NERVOUS CONDITION									
Backward	7	7	1	1	—	—	8	9	17
	(0·1)	(0·1)	(0·01)	(0·01)			(0·04)	(0·1)	(0·1)
Dull	2	5	3	—	—	—	5	5	10
	(0·02)	(0·1)	(0·04)				(0·02)	(0·03)	(0·03)
Mentally handicapped (educable)	—	2	—	—	—	—	—	2	2
		(0·02)						(0·01)	(0·01)
„ „ (ineducable)	—	—	1	—	—	—	1	—	1
			(0·01)				(0·01)		(0·003)
Highly nervous	20	42	25	15	1	1	49	58	107
	(0·2)	(0·5)	(0·3)	(0·2)	(0·1)	(0·1)	(0·3)	(0·3)	(0·3)
Difficult in behaviour ...	7	16	1	—	—	—	9	16	25
	(0·1)	(0·2)	(0·01)				(0·04)	(0·1)	(0·1)
Epilepsy (Mild)	11	19	11	10	—	2	22	31	53
	(0·1)	(0·2)	(0·2)			(0·2)	(0·1)	(0·2)	(0·1)
„ (Severe)	1	—	1	—	—	—	2	—	2
	(0·01)		(0·01)				(0·01)		(0·01)
Totals	48	91	43	26	1	3	96	121	217
	(0·5)	(1·0)	(0·6)	(0·4)	(0·1)	(0·2)	(0·5)	(0·7)	(0·6)
12. CIRCULATORY SYSTEM									
(*a*) *Organic Heart Disease*									
Congenital	32	31	13	18	2	—	48	49	97
	(0·4)	(0·4)	(0·2)	(0·2)	(0·1)		(0·3)	(0·3)	(0·3)
Acquired	1	3	13	8	1	1	15	12	27
	(0·01)	(0·03)	(0·2)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)
(*b*) *Functional Conditions* ...	226	202	48	53	12	18	293	283	576
	(2·5)	(2·3)	(0·7)	(0·7)	(0·8)	(1·4)	(1·6)	(1·6)	(1·6)
Totals	259	236	74	79	15	19	356	344	700

13. Lungs								
Chronic Bronchitis	24 (0·3)	12 (0·1)	9 (0·1)	7 (0·1)	1 (0·1)	—	34 (0·2)	19 (0·1)	53 (0·1)
Suspected Tuberculosis ...	1 (0·01)	5 (0·1)	7 (0·1)	8 (0·1)	1 (0·1)	—	11 (0·1)	13 (0·1)	24 (0·1)
Catarrh	318 (3·5)	273 (3·1)	76 (1·0)	53 (0·7)	7 (0·5)	6 (0·5)	411 (2·2)	338 (1·9)	749 (2·1)
Other diseases	37 (0·4)	28 (0·3)	17 (0·2)	20 (0·3)	1 (0·1)	3 (0·2)	55 (0·3)	55 (0·3)	110 (0·3)
Totals	380 (4·2)	318 (3·6)	109 (1·5)	88 (1·2)	10 (0·7)	9 (0·7)	511 (2·8)	425 (2·4)	936 (2·6)
14. Deformities								
(*a*) Congenital	84 (0·9)	57 (0·6)	47 (0·6)	38 (0·5)	3 (0·2)	5 (0·4)	142 (0·8)	103 (0·6)	245 (0·7)
(*b*) Acquired									
Infantile Paralysis	6 (0·1)	4 (0·04)	10 (0·1)	5 (0·1)	—	1 (0·1)	16 (0·1)	10 (0·1)	26 (0·1)
Probable Rickets	8 (0·1)	10 (0·1)	6 (0·1)	1 (0·01)	1 (0·1)	1 (0·1)	16 (0·1)	12 (0·1)	28 (0·1)
Cerebral Palsy	1 (0·01)	3 (0·03)	1 (0·01)	2 (0·03)	—	1 (0·1)	2 (0·01)	6 (0·03)	8 (0·02)
Other causes	230 (2·5)	170 (1·9)	187 (2·6)	190 (2·6)	43 (3·0)	29 (2·3)	480 (2·6)	399 (2·2)	879 (2·4)
Totals	329 (3·6)	244 (2·8)	251 (3·5)	236 (3·3)	47 (3·2)	37 (2·9)	656 (3·6)	530 (3·0)	1,186 (3·3)
15. Infectious Diseases	2 (0·02)	3 (0·03)	—	—	—	—	2 (0·01)	3 (0·02)	5 (0·01)
16. Asthma	62 (0·7)	26 (0·3)	54 (0·7)	16 (0·2)	7 (0·5)	4 (0·3)	131 (0·7)	50 (0·3)	181 (0·5)
17. Diabetes	1 (0·01)	1 (0·01)	5 (0·1)	3 (0·04)	1 (0·1)	3 (0·2)	7 (0·03)	7 (0·04)	14 (0·04)
18. Other Diseases or Defects ...	407 (4·5)	416 (4·7)	212 (2·9)	308 (4·2)	32 (2·2)	52 (4·1)	675 (3·7)	805 (4·5)	1,480 (4·1)

TABLE IIb—ADDITIONAL INFORMATION REGARDING RESULTS OF SYSTEMATIC EXAMINATIONS.

Except in respect of the dual information regarding children who wore glasses, no child appears more than once in each section. "Sections" are indicated by horizontal lines across the columns.

Age Groups	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
Parents present at examination	8,411 (92·2)	8,013 (91·0)	772 (10·6)	1,038 (14·3)	18 (1·2)	23 (1·8)	9,469 (51·4)	9,282 (52·3)	18,751 (51·8)
Children notified to parent as requiring treatment :—									
(a) Defects of clothing and/or cleanliness and trivial caries of the temporary teeth — Verbally	812 (8·9)	893 (10·1)	134 (1·8)	138 (1·9)	8 (0·6)	10 (0·8)	979 (5·3)	1,063 (6·0)	2,042 (5·6)
(a) Defects of clothing and/or cleanliness and trivial caries of the temporary teeth — By printed notice.	173 (1·9)	212 (2·4)	144 (2·0)	281 (3·9)	6 (0·4)	3 (0·2)	336 (1·8)	516 (2·9)	852 (2·4)
(b) Other defects — Verbally	1,469 (16·1)	1,305 (14·8)	600 (8·2)	606 (8·4)	82 (5·6)	75 (5·9)	2,205 (12·0)	2,029 (11·4)	4,234 (11·7)
(b) Other defects — By printed notice.	1,034 (11·3)	982 (11·2)	664 (9·1)	720 (9·9)	130 (9·0)	98 (7·7)	1,886 (10·2)	1,872 (10·5)	3,758 (10·8)
Children noted for re-inspection :—									
(a) Defects of clothing, etc. (as above)	875 (9·6)	1,000 (11·4)	301 (4·1)	432 (6·0)	18 (1·2)	15 (1·2)	1,234 (6·7)	1,489 (8·4)	2,723 (7·5)
(b) Other defects	2,629 (28·8)	2,369 (26·9)	1,340 (18·4)	1,509 (20·8)	267 (18·4)	227 (17·8)	4,365 (23·7)	4,227 (23·8)	8,592 (23·8)
Children excluded from attendance at school	14 (0·2)	16 (0·2)	5 (0·1)	5 (0·1)	—	—	20 (0·1)	21 (0·1)	41 (0·1)
Children "free from defects" in terms of Table III :—									
(a) No recorded defect	3,695 (40·5)	3,572 (40·6)	4,962 (68·2)	4,557 (62·9)	1,032 (71·1)	922 (72·4)	9,986 (54·2)	9,244 (52·1)	19,230 (53·2)
(b) Defects of clothing only	8 (0·1)	16 (0·2)	19 (0·3)	10 (0·1)	2 (0·1)	—	31 (0·2)	29 (0·2)	60 (0·2)
(c) Defects of cleanliness only	104 (1·1)	264 (3·0)	212 (2·9)	508 (7·0)	—	—	321 (1·7)	794 (4·5)	1,115 (3·1)
(d) Minor dental defect with or without clothing and/or cleanliness defect(s)	1,676 (18·4)	1,691 (19·2)	97 (1·3)	73 (1·0)	9 (0·6)	3 (0·2)	1,848 (10·0)	1,824 (10·3)	3,672 (10·2)

		(64·1)	(62·7)	(81·8)	(83·8)	(89·9)	(95·0)	(73·4)	(74·8)	(74·1)
	One to four decayed	2,659	2,608	1,251	1,117	135	58	4,193	3,897	8,090
		(29·1)	(29·6)	(17·2)	(15·4)	(9·3)	(4·6)	(22·8)	(21·9)	(22·4)
	Five or more decayed	614	496	72	59	11	6	705	574	1,279
		(6·7)	(5·6)	(1·0)	(0·8)	(0·8)	(0·5)	(3·8)	(3·2)	(3·5)
Visual acuity Snellen :—										
Children who wore glasses at examination	With glasses—									
	Good, 6/6 ...	211	198	598	756	328	307	1,173	1,285	2,458
		(2·3)	(2·3)	(8·2)	(10·4)	(22·6)	(24·1)	(6·4)	(7·3)	(6·8)
	Fair, 6/9, 6/12	23	36	146	172	60	62	235	277	512
		(0·3)	(0·4)	(2·0)	(2·4)	(4·1)	(4·9)	(1·3)	(1·6)	(1·4)
	Bad, 6/18, etc.	2	3	24	48	12	10	39	62	101
		(0·02)	(0·03)	(0·3)	(0·7)	(0·8)	(0·8)	(0·2)	(0·4)	(0·3)
	Without glasses									
	Good, 6/6 ...	177	165	199	280	85	84	473	540	1,013
		(2·0)	(1·9)	(2·7)	(3·9)	(5·9)	(6·6)	(2·6)	(3·1)	(2·8)
	Fair, 6/9, 6/12	47	62	193	194	68	72	316	335	651
		(0·5)	(0·7)	(2·7)	(2·7)	(4·7)	(5·7)	(1·7)	(1·9)	(1·8)
	Bad, 6/18, etc.	12	10	376	502	247	223	658	749	1,407
		(0·1)	(0·1)	(5·2)	(6·9)	(17·0)	(17·5)	(3·6)	(4·2)	(3·9)
Children not wearing glasses at examination	Good, 6/6 ...	8,434	8,084	5,937	5,664	960	818	15,810	14,940	30,750
		(93·5)	(93·1)	(81·6)	(78·2)	(66·1)	(64·3)	(86·3)	(84·7)	(85·5)
	Fair, 6/9, 6/12	332	341	410	418	59	59	831	841	1,672
		(3·7)	(3·9)	(5·6)	(5·8)	(4·1)	(4·6)	(4·5)	(4·8)	(4·7)
	Bad, 6/18, etc.	20	19	158	184	33	17	223	230	453
		(0·2)	(0·2)	(2·2)	(2·5)	(2·3)	(1·3)	(1·2)	(1·3)	(1·3)
Total numbers tested		9,022	8,681	7,273	7,242	1,452	1,273	18,311	17,635	35,946
Diphtheria Immunisation	Partial	313	262	41	28	1	—	359	292	651
		(3·4)	(3·0)	(0·6)	(0·4)	(0·1)		(1·9)	(1·6)	(1·8)
	Completed ...	6,557	6,668	6,961	6,978	1,426	1,256	15,405	15,250	30,655
		(71·8)	(75·8)	(95·7)	(96·4)	(98·2)	(98·7)	(83·6)	(85·9)	(84·7)
	Not immunised	2,257	1,871	272	236	25	17	2,654	2,213	4,867
		(24·7)	(21·3)	(3·7)	(3·3)	(1·7)	(1·3)	(14·4)	(12·5)	(13·5)
Smallpox Vaccination	Successful vaccination ...	4,855	4,833	4,067	4,033	1,074	975	10,381	10,122	20,503
		(53·2)	(54·9)	(55·9)	(55·7)	(74·0)	(76·6)	(56·4)	(57·0)	(56·7)
	Successful re-vaccination	13	9	6	9	1	1	21	21	42
		(0·1)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)
	Unsuccessful or no vaccination	4,259	3,959	3,201	3,200	377	297	8,016	7,612	15,628
		(46·7)	(45·0)	(44·0)	(44·2)	(26·0)	(23·3)	(43·5)	(42·9)	(43·2)

TABLE IIC—AVERAGE MEASUREMENTS OF SCHOOL CHILDREN DURING YEAR 1966-67

	5-years-old				13-year-olds			
	Boys		Girls		Boys		Girls	
Number examined	8,552		8,226		6,162		6,089	
Average age (in months) beyond year of Age	4·43		5·08		5·97		5·12	
Actual Average Measurements	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.
	42·64	42·49	42·54	41·56	60·14	97·67	60·10	102·22
Adjusted Average Measurements (to 5 yrs. 4 mths. and 13 yrs. 5 mths.)	42·58	42·39	42·38	41·30	59·96	96·88	60·08	102·11

	16-year-old Pupils	
	Boys	Girls
Number examined	1,159	1,002
Average age (in months) beyond year of age	6·07	6·32
Height (in inches)	67·76	63·55
Weight (in pounds	136·19	122·86

TABLE IID—VISUAL ACUITY OF CHILDREN BORN IN 1959

Results of Eyesight (Snellen) Test

		No. and percentage				
		1967			1966	1965
		Boys	Girls	Totals	Totals	Totals
Children who wore glasses at examination	With glasses—					
	Good, 6/6	284	284	568	532	433
		(4·9)	(5·4)	(5·1)	(5·4)	(5·4)
	Fair, 6/9, 6/12	111	142	253	257	249
		(1·9)	(2·7)	(2·4)	(2·6)	(3·1)
	Bad, 6/18, etc.	16	37	53	61	75
		(0·3)	(0·7)	(0·5)	(0·6)	(0·9)
Children not wearing glasses at examination	Without glasses—					
	Good, 6/6	116	148	264	213	219
		(2·0)	(2·8)	(2·4)	(2·1)	(2·7)
	Fair, 6/9, 6/12	139	144	283	299	256
		(2·4)	(2·8)	(2·6)	(3·0)	(3·2)
	Bad, 6/18, etc.	156	171	327	338	283
		(2·7)	(3·3)	(3·0)	(3·4)	(3·5)
	Good, 6/6	4,726	4,167	8,887	7,987	6,424
		(82·1)	(79·5)	(80·8)	(80·6)	(80·3)
	Fair, 6/9, 6/12	439	458	897	818	599
		(7·6)	(8·7)	(8·2)	(8·3)	(7·5)
	Bad, 6/18, etc.	183	153	336	258	221
		(3·2)	(2·9)	(3·0)	(2·6)	(2·8)
	Totals	5,759	5,235	10,994	9,913	8,001

Summary of findings (taking the better eye and with spectacles if worn at examination) :—

	No. and percentage				
	1967			1966	1965
	Boys	Girls	Totals	Totals	Totals
Good, 6/6	5,010	4,445	9,455	8,519	6,857
	(*87·0*)	(*84·9*)	(*85·9*)	(*85·9*)	(*85·7*)
Fair, 6/9, 6/12	550	600	1,150	1,075	848
	(*9·7*)	(*11·5*)	(*10·5*)	(*10·5*)	(*10·6*)
Bad, 6/18, etc.	199	190	389	319	296
	(*3·5*)	(*3·8*)	(*3·5*)	(*3·3*)	(*3·7*)
Totals	5,759	5,235	10,994	9,913	8,001

Of those with defective eyesight, 933 (464 boys and 469 girls) were recommended for refraction or retest.

Keystone Vision Screening

During the year children of all ages in forty-five schools (39 primary, 4 secondary and 2 special) were tested for vision by means of the Keystone Screening Apparatus with the following results :—

No. tested	Found Satisfactory	Failed in Test	With Colour Defect
22,732	18,261	4,217 (including 3,128 referred for refraction)	254 (172 boys and 82 girls)

TABLE III—SYSTEMATIC MEDICAL EXAMINATION OF
ACCORDING TO REMEDIABILITY OF THE MAJOR

CLASSIFICATION	NO. OF CHILDREN EACH GROUP (AND		
	Entrants		
	Boys	Girls	Total
I. Children free from defects	5,483 (60·1)	5,543 (63·0)	11,026 (61·5)
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; or	177 (1·9)	188 (2·1)	365 (2·0)
(b) Oral Sepsis	92 (1·0)	59 (0·7)	151 (0·8)
(c) Both (a) and (b)	2 (0·02)	1 (0·01)	3 (0·02)
Totals	271 (3·0)	248 (2·8)	519 (2·9)
III. Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks ...	1,651 (18·1)	1,551 (17·6)	3,202 (17·9)
IV. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in II or III, distinguishing cases—			
(a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible	1,176 (12·9)	1,052 (12·0)	2,228 (12·4)
(b) Where improvement only is considered possible, *e.g.*, without complete restoration of function	537 (5·9)	393 (4·5)	930 (5·2)
Totals	1,713 (18·8)	1,445 (16·4)	3,158 (17·6)
V. Children suffering from defects from which improvement is not considered possible	9 (0·1)	14 (0·2)	23 (0·1)
Total numbers of children examined ...	9,127	8,801	17,928

• Includes 1,004 children

CHILDREN IN ORDINARY SCHOOLS. CLASSIFICATION DEFECTS FOUND IN THE INDIVIDUAL CHILD

EXAMINED IN PERCENTAGES).						NO. OF CHILDREN EXAMINED (AND PERCENTAGES).		
13-year-olds			16-year-olds			*All ages Totals		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
5,290 (72·7)	5,148 (71·1)	10,438 (71·9)	1,043 (71·8)	925 (72·7)	1,968 (72·2)	12,186 (66·2)	11,891 (67·0)	24,077 (66·6)
396 (5·4) 47 (0·6) 1 (0·01)	438 (6·0) 42 (0·6) 2 (0·03)	834 (5·7) 89 (0·6) 3 (0·02)	92 (6·3) 9 (0·6) — —	82 (6·4) 6 (0·5) — —	174 (6·4) 15 (0·5) — —	690 (3·7) 151 (0·8) 3 (0·01)	724 (4·1) 109 (0·6) 3 (0·02)	1,414 (3·9) 260 (0·7) 6 (0·01)
444 (6·1)	482 (6·7)	926 (6·4)	101 (7·0)	88 (6·9)	189 (6·9)	844 (4·6)	836 (4·7)	1,680 (4·6)
725 (10·0)	791 (10·9)	1,516 (10·4)	172 (11·8)	118 (9·3)	290 (10·6)	2,621 (14·2)	2,526 (14·2)	5,147 (14·2)
424 (5·8)	489 (6·8)	913 (6·3)	80 (5·5)	82 (6·5)	162 (5·9)	1,740 (9·4)	1,680 (9·5)	3,420 (9·5)
379 (5·2)	320 (4·4)	699 (4·8)	56 (3·9)	56 (4·4)	112 (4·1)	1,006 (5·5)	792 (4·5)	1,798 (5·0)
803 (11·0)	809 (11·2)	1,612 (11·1)	136 (9·4)	138 (10·8)	274 (10·1)	2,746 (14·9)	2,472 (13·9)	5,218 (14·4)
12 (0·2)	12 (0·2)	24 (0·2)	— —	4 (0·3)	4 (0·1)	21 (0·1)	30 (0·2)	51 (0·1)
7,274	7,242	14,516	1,452	1,273	2,725	18,418	17,755	36,173

outwith normal Age Groups.

Appendix IIIA—INSPECTION OF SPECIAL CASES ("NON-ROUTINE" AND "AT RISK")

Defects found in Children presented for Medical Inspection as "Non-Routines."—27,104 children were presented for "non-routine" inspection (generally on account of defect observed or suspected by teachers); 24,686 of these were pupils in ordinary schools and 2,418 in special schools.

Some of these children were found on examination to have more than one defect. The individual results were: nits minor, 1,743; nits major and/or vermin, 740; skin condition, 2,309; eye conditions (including defective vision), 6,150; ear, nose and throat defects, 2,567; "general" defects, 7,754; defective teeth, 2,244; no apparent disease, 959; and other causes, 2,638.

Re-Inspection of "Cases at Risk."—The total number of re-inspections was 15,879. Of these, 4,596 were found to be receiving treatment at the school clinics, 4,218 were being treated elsewhere, 4,047 did not require treatment, and 3,008 had not had the necessary treatment provided.

(Details of "non-routine" and "at risk" cases examined in Nursery Schools are given on page 151).

Appendix IIIB.—OTHER SPECIAL INSPECTIONS.

The following table includes children seen during the Routine Medical Inspection period at schools.

Holiday Camps, Educational Excursions and Holidays at Home and Abroad (Spring and Summer, 1967)

	Boys Final or only Inspection		Girls Final or only Inspection	
	Number	and per cent.	Number	and per cent.
Fit ...	8,796	(88·8)	7,814	(87·9)
*Fit ? ...	1,021	(10·3)	978	(11·0)
Unfit ...	86	(0·9)	95	(1·1)
Totals	9,903		8,887	

* Doubtful fitness.

Appendix IIIC.—CLEANLINESS INSPECTION IN SCHOOLS BY NURSES

The results of inspection by Cleanliness Inspectresses are as follows :—

	Boys	Girls
First Inspections—		
Examined	63,791	60,852
Infested	1,143	1,985
Infected	2,480	5,750
Re-inspections—		
Examined	26,916	35,325
Infested	1,124	2,174
Infected	4,316	10,215

In 783 instances, formal notices to cleanse children within 24 hours were issued, mainly by Cleanliness Inspectresses and Senior Woman Assistants.

On re-inspection 181 were found to have been cleansed at home by the parents and 88 to have been compulsorily disinfested at school or clinic.

Under Section 61 of the Education (Scotland) Act, 1962, 32 parents were convicted during the course of the year, in each case a fine of £1 being imposed.

Appendix IIID.—CLEANLINESS SUPERVISION BY SENIOR WOMAN ASSISTANTS (ASSISTED BY WELFARE ATTENDANTS) AT SELECTED SCHOOLS

The following table gives the percentages of children in the 32 selected schools found to be " clean and well-cared for in every respect " at two general inspections during the Session.

	First Inspection		Second Inspection	
	Boys	Girls	Boys	Girls
Six original schools (January, 1941)	84·5	74·9	86·7	73·6
All thirty-two selected schools ...	85·0	73·9	86·0	73·9

In the *six original schools* the girls at first inspection were improved compared with last year.

For *all selected schools* improved percentages were recorded for boys at both inspections.

The total numbers seen were :—

At first inspection —15,400 (7,343 boys and 8,057 girls).
At second inspection —15,820 (7,615 boys and 8,205 girls).

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

Disability	(*a*) At Special schools or classes	(*b*) At no school or institution	(*c*) At hospital or other institution	Totals
1. *Blind*	†41	—	—	41
2. *Partially Sighted* ...	58	—	—	58
3. *Deaf—Grade IIB* ...	‡87	—	—	87
Grade III ...	52	—	—	52
4. *Defective Speech*—				
(*a*) Defects of articulation requiring special educational measures ...	2	—	—	2
(*b*) Stammering requiring special educational measures	—	—	—	—
5. *Mentally Handicapped*— (Children between 5 and 16 years)—				
(*a*) Educable (I.Q. approx. 50-70) ...	3,022	—	91	3,113
(*b*) Ineducable (I.Q. generally less than 50)	439	114	89	642
6. *Epilepsy*—				
(*a*) Mild and occasional (*b*) Severe (suitable for care in a residential school)	32	—	13	45
7. *Physically Handicapped*— (Children between 6 and 16 years)—				
(*a*) Non-pulmonary tuberculosis (excluding cervical glands)	3	—	—	3
(*b*) General orthopaedic conditions	167	*6	—	173
(*c*) Organic heart disease	22	*2	—	24
(*d*) Other causes of ill-health	126	*21	62	209

† Includes Royal Blind School.

‡ Includes Mary Hare Grammar School.

* Home Tuition Cases.

8. *Multiple Defects* (included in the figures on the previous page)—
Children between 5 and 16 years of age :—
(*a*) *Mentally handicapped* and physically handicapped as listed :—

	At Special Schools (Educable)	Occupational Centres (Ineducable but trainable)	At home or in day care (Ineducable)	At hospital or other Institution (Ineducable)
(i) blind	8	2	6	6
(ii) partially sighted ...	7	15	7	4
(iii) deaf	7	1	2	—
(iv) partially deaf ...	29	27	1	1
(v) defective speech (severe)	14	35	29	8
(vi) epilepsy	78	38	14	16
(vii) non-pulmonary tuberculosis (excluding cervical glands)	2	—	—	—
(viii) post polio	8	2	—	—
(ix) cerebral palsy ...	20	28	26	17
(x) other orthopaedic defects	10	16	—	—
(xi) organic heart disease	18	28	1	1
(xii) chronic bronchitis ...	2	12	1	—
(xiii) anaemia and debility	4	9	—	1
(xiv) mongolism	1	141	5	6
(xv) muscular dystrophy ...	4	—	2	—
(xvi) other causes of ill-health	67	78	4	—
Totals ...	279	432	98	60

(*b*) *Physically handicapped only*—
at special schools 35

Table V—DENTAL INSPECTION AND TREATMENT
(*Year ended July*, 1967)

General Statistics :—

Age in Years	Number Inspected	With Dental Defects	Offered Treatment	Accepting Treatment	Number Treated	Number Made Dentally Fit	Emergency Cases Treated
5	5,925	4,611	4,440	1,942	1,430	548	383
6	6,777	5,442	5,238	2,440	1,908	960	428
7	6,555	5,356	5,138	2,236	2,027	1,100	429
8	6,386	5,216	5,007	2,059	2,042	1,168	419
9	6,422	5,076	4,822	1,921	2,013	1,312	474
10	6,078	4,583	4,327	1,579	1,789	1,228	469
11	5,504	3,965	3,713	1,304	1,551	1,104	382
12	1,781	1,323	1,212	368	998	835	312
13	36	24	24	23	578	504	298
14	117	81	67	75	454	454	272
15	81	44	43	42	156	170	100
16	11	7	6	6	56	65	12
17 and over ...	—	—	—	—	20	22	6
Totals ...	45,673	35,728	34,037	13,995	15,022	9,470	3,984

Number of attendances for treatment : 5-17 years, 63,062.

DETAILS OF TREATMENT (*School Children only*)

Fillings—permanent teeth	27,372
deciduous teeth	8,260
Extractions—permanent teeth	3,676
deciduous teeth	13,843
Administrations of general anaesthetic ...	1,441
Other operations—permanent teeth ...	18,571
deciduous teeth	6,019
Dentures—partial	182
full	6
Repairs to dentures	32
Radiographs	546

Special Treatment—

31 crowns, 40 gold inlays, 65 root treatments, 10 pulpotomies.

ORTHODONTIC TREATMENT

Cases continued from previous year, 305; new cases, 203; completed cases, 138; discontinued cases, 14; cases continuing at end of year, 356; attendances for treatment, 4,648.

Diagnostic examinations, 361; number of removable appliances fitted, 853; repairs to appliances, 52.

Maternity and Child Welfare treatment is detailed elsewhere in the appropriate section of Report.

TABLE VI—SUMMARY OF MEDICAL INSPECTION AND TREATMENT STATISTICS (*of which details are given throughout Report*)

A. INSPECTION

Type	Cases
Systematic Examinations—	
Ordinary Schools	36,173
Special Schools	671
Other Examinations in Schools	115,294
Other examinations mainly in Clinics ...	32,443
Cleanliness Examinations	186,884
Dental Inspections	45,673
Total	417,138

B. TREATMENT

Disease or Defect	Cases	Attendances
(*a*) MINOR AILMENTS—		
Ear—		
Examined only	415	13,813
Clinic Treatment	1,532	
Aurists' Examinations	1,559	1,559
Aurists' Classifications	420	420
Audiometric Survey	1,280	1,288
Audiometric Ear Cases	78	78
	5,284	17,158
Eye	1,377	8,157

Disease or Defect	Cases	Attendances
Skin—		
Cuts, minor injuries, etc.	4,491	114,211
Clinic Treatment	8,903	
Cleansing Clinics	873	2,265
Specialists' Cases	25	Included under "clinic treatment" above
Scabies Baths	932	3,512
	15,224	119,988
(*b*) Defective Vision—		
Clinic Treatment	10,480	10,826
Spectacles supplied	5,198	6,288
	15,678	17,114
(*c*) Ear, Nose and Throat—		
Tonsils and Adenoids Operations	513	1,291
	513	1,291
(*d*) Orthopaedic—		
Examined only	1,339	1,339
Treated by Exercises	1,145	14,471
Treated in Spastic Unit	53	6,539
	2,537	22,349
(*e*) Other Diseases—		
General	7,885	18,473
Supply of Medicines	3,241	10,390
Artificial Light	413	6,845
Cardiac Cases	149	326
Neurological Cases	88	88
	11,776	36,122
(*f*) Dental—		
Ordinary (School Cases)	19,006	63,062
Orthodontic	203	4,648
	19,209	67,710
(*g*) Remand Home	406	406
(*h*) Defective Speech	2,283	30,869
(*i*) Occupational Therapy	44	2,749
Totals	74,328	323,913

Appendix VII—NURSERY SCHOOLS AND DAY NURSERIES

At the end of July, 1967, the Education Department was responsible for the administration of 50 Nursery Schools and Classes having places for 3,401 children and of Southannan Residential Nursery School, Fairlie and Dunclutha Nursery School, Kirn, where 36 and 13 children respectively were accommodated. On the same date, the Health and Welfare Department had under its management 19 Day Nurseries, including two special day nurseries for handicapped children, with approximately 830 places. There are, in addition, 18 places for children over five years of age who are ineducable and who are attending Broomhill Centre.

During the year ended 31st July, 1967, children in the nursery schools to the number of 1,982 (964 boys and 1,018 girls) were subjected to " routine inspections." Two thousand, eight hundred and nine were medically examined at the request of teachers and 109 were re-inspected. The results of these examinations are detailed below.

Routine Inspection

(i) Numbers and Percentages of Children Suffering from Defects (see Table IIA for full details of headings).

Nature of defects found	Boys	Girls	Totals
Unsatisfactory clothing	1	1	2 (0·1%)
Uncleanliness of Head (nits)	1	15	16 (0·8%)
Skin conditions of head or body	33	36	69 (3·5%)
Defective nutrition	12	6	18 (0·9%)
Mouth and teeth unhealthy	4	1	5 (0·3%)
Naso-pharyngeal conditions	165	95	260 (13·1%)
Eye diseases (including strabismus)	30	32	62 (3·1%)
Defective vision (for refraction)	3	6	9 (0·4%)
Ear disease (including defective hearing)	4	3	7 (0·3%)
Defective speech	21	9	30 (11·5%)
Mental and nervous conditions	3	4	7 (0·3%)
Defects of circulatory system	29	29	58 (2·9%)
Pulmonary conditions	44	37	81 (4·1%)
Deformities	66	29	95 (4·8%)
Other diseases or defects	23	19	42 (2·1%)

(ii) Classification of Children according to Remediability of Major Defects Found in the Individual Child (see Table III for full details of headings).

Classification	Boys	Girls	Totals
Free from defects	601	727	1,328 (67·0%)
Defects of vision or oral sepsis	7	6	13 (0·7%)
Temporary ailments	191	183	374 (18·9%)
" Curable " defects	97	73	170 (8·6%)
" Improvable " defects	66	29	95 (4·8%)
Defects " not improvable "	2	—	2 (0·1%)
Totals	964	1,018	1,982 (100·0%)

(iii) Additional Information

Parents were notified of defects found in 422 instances, 94 (4·7 per cent.) of these being due to clothing, cleanliness, or minor dental defects, 328 (16·5 per cent.) being in respect of other defects. School Medical Officers also noted 103 cases (5·2 per cent.) for re-inspection as a result of defects observed in clothing or cleanliness, or for minor dental defects, and 394 children (19·9 per cent.) having other defects. "Sound teeth" was recorded in 1,494 cases (75·4 per cent.), 1,628 pupils (82·1 per cent.) were recorded as having had complete diphtheria immunisation and 1,091 (55·0 per cent.) as having been successfully vaccinated or re-vaccinated against smallpox.

Inspection of Non-routine Cases

Children to the number of 2,809 were presented for inspection on account of defects observed or suspected by teachers. The individual results were as follows :—

Head infestation, 2 ; skin conditions, 169 ; eye conditions, 609 ; ear, nose and throat defects, 375 ; "general" defects, 1,167 ; defective teeth, 125 ; no apparent disease, 49 ; and other causes, 313.

Re-Inspection of "At Risk" Cases

109 pupils were re-inspected during the Session.

Appendix VIII—PREVENTION OF TUBERCULOSIS

Teachers' Sick Pay Regulations.

During the year ended 31st July, 1967, teachers to the number of 2,405 (1,233 males and 1,172 females), were X-rayed.

The numbers recalled for large film (including report from Chest Physicians) were 47 men and 35 women, the diagnosis being as shown :—

	Males	Females
Active Pulmonary Tuberculosis	—	1
Inactive Pulmonary Tuberculosis (including calcified or fibrotic conditions)	19	17
Inactive Pulmonary Tuberculosis (pleural thickening)	1	—
Cardiac Hypertrophy	—	1
Bronchiectasis	—	1
Bone defects	2	—
Fibrosis following Mastectomy and Radiation ...	—	1
Auricular Fibrillation	1	—
No Apparent Defect	24	14
Totals	47	35

During the same year, 95 nursery assistants and 16 occupational centre assistants were X-rayed.

B.C.G. Vaccination Campaign, 1966

Total Schools visited ...	110
Total forms issued	15,655
Parental consents granted	15,133
Total absent	800
Total number tested ...	14,333

MANTOUX RESULTS

	Boys	Girls	Total
Positive ...	1,762	1,683	3,445
Negative ...	5,526	5,362	10,888

VACCINATIONS

5,521	5,358	10,879

Mass Radiography

Details of children X-rayed by the Mass Radiography Service of Elmbank Street are given in the following tables.

Table A shows the numbers of school children found to be Mantoux positive during the year who were X-rayed for the first time. Table B gives details of the pupils who were Mantoux positive in the previous year and were re-X-rayed during the period reviewed.

Dr. T. J. R. Miller, Medical Director of the Mass Radiography Service reports as follows :—

1,433 boys and 1,306 girls, a total of 2,739 pupils with a moderately positive reaction to the Mantoux Test, were X-rayed for the first time. One boy and one girl, an incidence of 0·7 per thousand of this group had active pulmonary tuberculosis (Table A).

1,244 boys and 1,056 girls, in all 2,300 pupils Mantoux positive a year earlier, were re-X-rayed. Three boys, an incidence of 2·4 per thousand in males or of 1·3 per thousand in all children re-X-rayed, had active lesions (Table B).

Of 516 pupils (262 boys and 254 girls) X-rayed but not Mantoux tested, one boy with a primary tuberculous infection was placed under observation, and one boy with a congenital heart abnormality was referred to his own doctor. One girl with a pneumonic condition was observed at the area chest clinic.

Inactive lesions were noted in 1 (0·3 per 1,000) of the primary examination group and in 7 (3·0 per 1,000) of the pupils attending for re-examination and the only previously known case of pulmonary tuberculosis occurred in the latter group.

TABLE A—MANTOUX REACTORS FOR YEAR ENDING 31st JULY, 1967

ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY SERVICE

	No action after investigation		Referred to own doctor		Out-patient treatment		Observation		Sent to hospital		Total Number Examined (and rate per thousand)		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
PULMONARY TUBERCULOSIS—													
Active	—	—	—	—	—	—	—	—	1	1	1 (0·7)	1 (0·7)	2 (0·7)
Healed primary	14	12	—	1	—	—	1	—	—	—	15 (10·4)	13 (9·9)	28 (10·2)
Inactive	—	—	—	—	—	—	—	1	—	—	—	1 (0·7)	1 (0·3)
Known cases	—	—	—	—	—	—	—	—	—	—	—	—	—
OTHER PULMONARY ABNORMALITIES—													
Bacterial and virus infections of lungs	—	—	—	—	1	—	—	1	—	—	1 (0·7)	1 (0·7)	2 (0·7)
Enlarged mediastinal and bronchial glands	—	—	—	—	—	—	—	—	1	—	1 (0·7)	—	1 (0·3)
Pulmonary fibrosis	—	—	—	—	—	—	1	—	—	—	1 (0·7)	—	1 (0·3)
Congenital heart abnormality ...	—	—	1	—	—	—	—	—	—	—	1 (0·7)	—	1 (0·3)
Acquired heart abnormality ...	—	1	1	—	—	—	—	—	—	—	1 (0·7)	1 (0·7)	2 (0·7)
No apparent defect	—	—	—	—	—	—	1	2	—	—	1 (0·7)	2 (1·5)	3 (1·0)
Totals	14	13	2	1	1	—	3	4	2	1	22 (15·3)	19 (14·5)	41 (14·9)

Numbers examined : 1,433 boys and 1,306 girls—Total, 2,739.

TABLE B—RE-X-RAYED MANTOUX REACTORS X-RAYED A YEAR PREVIOUSLY

ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY SERVICE

YEAR ENDING 31st JULY, 1967

	No action after investigation		Referred to own doctor		Out-patient treatment		Observation		Sent to hospital		Total Number Examined (and rate per thousand)		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
PULMONARY TUBERCULOSIS—													
Active	—	—	—	—	1	—	—	—	2	—	3 (2·4)	—	3 (1·3)
Healed primary	20	12	—	—	—	—	1	—	—	—	21 (16·8)	12 (11·3)	33 (14·3)
Inactive	1	1	—	—	—	1	2	2	—	—	3 (2·4)	4 (3·7)	7 (3·0)
Known cases	—	—	—	—	—	—	—	1	—	—	—	1 (0·9)	1 (0·4)
OTHER PULMONARY ABNORMALITIES—													
Bacterial and virus infections of lungs	—	—	—	—	1	—	1	—	—	—	2 (1·6)	—	2 (0·8)
Pulmonary fibrosis	—	—	—	—	—	—	1	—	—	—	1 (0·8)	—	1 (0·4)
Totals	21	13	—	—	2	1	5	3	2	—	30 (24·1)	17 (16·0)	47 (20·4)

Numbers re-examined : 1,244 boys and 1,056 girls—total, 2,300.

Appendix IX—MEDICAL SUPERVISION OF REMAND HOMES

During the year ended 31st July, 1967, 1,538 boys were admitted to Larchgrove Home and 295 girls to Beechwood Home. Medical examinations were 2,564 boys and 529 girls and those found to be suffering from various ailments were, on the advice of the visiting School Medical Officer, disposed of as follows :—

360 boys were treated in the Home, 2 at clinic ; 1 was X-rayed and 4 were removed to hospital. 35 girls were treated in the Home and 4 at clinic.

Appendix X—IMMUNISATION CAMPAIGNS IN SCHOOLS

(i) Diphtheria and Tetanus—

Injections given by School Medical Officers :—

Diptheria and Tetanus			Tetanus only			
First	Second	Re-inforcing	First	Second	Re-inforcing	Total Doses
6,562	5,994	10,366	41	53	1,072	24,088

(ii) Poliomyelitis—

Oral doses administered by School Nurses to children at primary schools :—

First	Second	Third	Re-inforcing	Total Doses
2,242	1,826	1,691	15,360	21,119

Appendix XI—SPEECH THERAPY

(i) CASES OF SPEECH DEFECT TREATED IN SCHOOLS AND CLASSES FOR THE PHYSICALLY HANDICAPPED DURING THE YEAR ENDED, 31st JULY, 1967

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		Discharged										Current Cases	
								Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stutter	1	1	—	15	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Multiple Dyslalia	2	15	6	259	116	1	—	5	1	2	2	—	—	—	—	2	—	5	3
Simple Dyslalia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Idioglossia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delayed Speech	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cleft Palate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysphonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysphasia	—	2	—	46	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Dysarthria	—	7	—	159	—	—	—	—	—	—	—	—	—	—	—	1	—	6	—
Dyseneia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	3	25	6	479	116	1	—	5	1	2	2	—	—	—	—	4	—	13	3

Home Visits—18; School Visits—51.

(ii) CASES OF SPEECH DEFECT TREATED IN SCHOOLS AND CLASSES FOR THE MENTALLY HANDICAPPED DURING THE YEAR ENDED 31st JULY, 1967

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		Discharged										Current Cases	
								Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stutter	9	33	23	695	204	—	—	2	2	2	1	—	1	—	—	8	8	21	11
Multiple Dyslalia	8	147	66	2,090	1,011	5	1	18	13	9	4	—	1	5	1	41	14	69	32
Simple Dyslalia	7	23	13	284	121	—	—	6	7	5	—	—	—	1	—	4	1	7	5
Idioglossia	—	—	1	—	9	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Delayed Speech	5	14	8	179	148	1	—	1	—	—	1	—	—	—	—	2	1	10	6
Cleft Palate	—	8	1	152	42	—	—	—	—	—	—	—	—	—	—	2	1	6	—
Dysphonia	—	5	1	110	28	—	—	—	—	—	—	—	—	—	—	—	—	5	1
Dysphasia	—	7	1	211	41	—	—	—	—	—	—	—	—	—	—	2	—	5	1
Dysarthria	—	10	2	201	72	—	—	—	1	—	—	—	—	—	—	3	—	7	2
Dyseneia	1	—	1	—	18	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Totals	30	247	117	3,922	1,694	6	1	27	23	16	6	—	2	6	1	62	26	130	59

Home Visits—70; School Visits—497.

(iii) CASES OF SPEECH DEFECT (PUPILS IN ORDINARY SCHOOLS) TREATED DURING THE YEAR ENDED 31st JULY, 1967

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		Discharges										Current Cases	
								Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stutter	60	168	37	2,275	485	16	4	27	8	19	4	3	—	7	2	12	2	84	17
Multiple Dyslalia	75	519	187	6,778	2,622	49	6	136	53	51	16	11	3	28	11	24	20	220	78
Simple Dyslalia	81	87	40	1,320	623	14	2	52	26	9	5	2	—	7	6	3	1	—	—
Idioglossia	—	1	—	8	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Delayed Speech	20	30	12	581	347	2	—	13	4	5	1	1	—	—	4	9	3	—	—
Cleft Palate	3	8	12	124	89	—	2	—	1	2	2	1	—	—	1	1	—	4	6
Dysphonia	9	12	8	195	133	2	—	3	2	1	2	—	—	2	—	1	1	3	3
Dysphasia	3	3	2	92	61	—	—	—	—	—	—	—	—	—	—	—	—	3	2
Dysarthria	4	—	1	—	35	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Dyseneia	—	8	3	124	42	—	—	2	—	2	—	—	—	—	—	1	—	3	3
Totals	255	836	302	11,497	4,437	83	14	233	94	89	30	18	3	44	24	52	27	317	110

Home Visits—430; School Visits—970.

(iv) CASES OF SPEECH DEFECT (PRE-SCHOOL CHILDREN) TREATED AT ALL CLINICS DURING YEAR ENDED 31st JULY, 1967

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		Discharged										Current Cases	
								Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stutter	26	14	2	112	10	3	—	3	—	2	2	—	—	1	—	—	—	5	—
Multiple Dyslalia	39	60	37	578	376	8	3	11	8	4	2	—	—	7	4	9	4	21	16
Simple Dyslalia	15	4	—	61	—	—	—	3	—	—	—	—	—	1	—	—	—	—	—
Idioglossia	—	1	—	4	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Delayed Speech	21	68	35	884	445	5	3	7	8	5	1	—	—	4	1	9	3	38	19
Cleft Palate	1	—	4	—	34	—	—	—	1	—	—	—	—	—	—	—	1	—	2
Dysphonia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysphasia	—	2	1	51	25	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Dysarthria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dyseneia	—	1	1	10	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Totals	103	150	80	1,700	892	17	7	24	17	11	5	—	—	13	5	20	8	65	38

Home Visits—66.

(v) CASES OF SPEECH DEFECT TREATED IN KELBOURNE SCHOOL (DELAYED SPEECH GROUP—APHASIC) DURING THE YEAR ENDED 31st JULY, 1967

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		Discharged										Current Cases	
								Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stutter	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Multiple Dyslalia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Simple Dyslalia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Idioglossia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delayed Speech	—	5	3	367	350	—	—	1	—	—	—	—	—	—	—	2	1	2	2
Cleft Palate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysphonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysphasia	—	12	7	1,238	578	—	—	—	—	—	—	—	—	—	—	6	5	6	2
Dysarthria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dyseneia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	—	17	10	1,605	928	—	—	1	—	—	—	—	—	—	—	8	6	8	4

(vi) CASES OF SPEECH DEFECT (SPASTIC GROUP) TREATED AT KELBOURNE SCHOOL DURING YEAR ENDED 31st JULY, 1967

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		Discharged										Current Cases	
								Satisfactory		Improved		Unsatisfactory		Failed Co-operate		Transferred			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stutter	—	1	—	12	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Multiple Dyslalia	—	3	3	43	25	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Simple Dyslalia	—	1	—	9	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Idioglossia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delayed Speech	—	4	—	66	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—
Cleft Palate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysphonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysphasia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysarthria	1	12	1	575	52	—	—	—	—	—	—	—	—	—	—	1	—	11	1
Dyseneia	—	1	—	38	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Totals	1	22	4	743	77	1	—	—	—	—	—	—	—	—	—	1	—	20	4

APPENDIX XI—SPEECH THERAPY—*Continued*

(vii) CASES OF SPEECH DEFECT TREATED AT THE SCHOOL FOR THE DEAF DURING YEAR ENDED 31st JULY, 1967

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		Discharged										Current Cases	
								Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Dyseneia	—	44	31	1,416	1,383	—	—	—	—	9	6	—	—	—	—	—	—	35	25

Appendix XII—AUDIOMETRIC SURVEYS.

A summary of the work done in connection with Survey No. XVIII throughout the year is as follows :—

SURVEY No. XVIII (CHILDREN BORN IN 1960).

	Routine	Non-Routine	Total
Number of schools visited	—	—	209
Number " sweep " tested in schools ...	15,775	50	15,825
Number failed in " sweep " test	745	18	763
Number examined by School Medical Officer	Routine + Non-routine		572
Number recommended for Threshold test by School Medical Officer	Routine + Non-routine		572
Number Threshold tested	339	2	341
Number awaiting Threshold test (including 23 for tonsil/adenoid operation) ...	Routine + Non-routine		128
Number awaiting treatment before having Threshold test	Routine + Non-routine		18
Number did not attend for Threshold test	Routine + Non-routine		85
Number attended for retest	20	—	20
Number awaiting retest (including 2 for tonsil/adenoid operation)	Routine + Non-routine		134
Number awaiting result of Threshold test	Routine + Non-routine		14
Number graded	181	3	184
Number awaiting grading	13	—	13

The results of the 184 children graded were :—

	Routine	Non-routine	Total
Referred to Consultant	22	—	22
Graded—1	35	—	35
Graded—Normal	124	3	127
	181	3	184

Most of the remainder were at the end of the year awaiting testing, re-testing, clinic treatment or grading.

The Consultant Aurist classified 27 cases from the various surveys as follows :—

	Boys	Girls	Totals
Normal	6	15	21
Grade I ...	3	2	5
Grade II ...	—	—	—
Grade IIA ...	1	—	1

Survey No. XVIIIA (Children Born in 1957).

A summary of the work done, in connection with Survey No. XVIIIA throughout the year is as follows :—

	Routine	Non-routine	Total
Number of schools visited	—	—	27
Number " sweep " tested in schools ...	8,817	17	8,834
Number failed in " sweep " test ...	393	4	397
Number examined by School Medical Officer	Routine + Non-routine		152
Number recommended for Threshold test by School Medical Officer	Routine + Non-routine		152
Number Threshold tested	38	2	40
Number awaiting Threshold test (including 4 for tonsil/adenoid operation) ...	Routine + Non-routine		90
Number awaiting treatment before having Threshold test	Routine + Non-routine		13
Number did not attend for Threshold Test	Routine + Non-routine		9
Number attended for retest	4	—	4
Number awaiting retest	Routine + Non-routine		13
Number awaiting result of Threshold test	Routine + Non-routine		1
Number graded	16	1	17
Number awaiting grading	4	—	4

The results of the 17 children graded were :—

	Routine	Non-routine	Total
Referred to Consultant	4	—	4
Graded—1	5	—	5
Graded—Normal	7	1	8
	16	1	17

Brought forward from Session 1966 were children from previous Surveys, some of whom were dealt with as follows :—

	Routine	Non-routine	Total
Referred to Consultant	50	2	52
Graded—1	73	1	74
Graded—Normal	219	4	223
	342	7	349

Medical Examinations

	First Examination		Re-examination		Total
	Boys	Girls	Boys	Girls	
Summonses	723	661	519	481	2,384
Attendances	398	359	273	258	1,288
Examinations	393	357	273	257	1,280
Recommendations					
Audiogram	332	293	225	217	1,067
Clinic treatment and Audiogram	54	63	23	26	166
Speech therapy	2	2	3	—	7
Front seat in class	17	15	16	18	66
Lip-reading	1	—	5	—	6
Tonsil/adenoid operation ...	36	24	22	23	105
Hearing aids	—	—	2	2	4
Other recommendations ...	1	1	4	—	6

Risk Group

274 (144 boys and 130 girls) were summoned for examination and 123 (65 boys and 58 girls) attended. Audiogram test was recommended in 107 instances and other recommendations in 23.

Twin Register

158 (74 boys and 84 girls) were summoned and 80 (37 boys and 43 girls) attended. Recommendations included 71 for audiogram, 7 for clinic treatment and 5 for other forms of treatment.

Disposal

In the course of the Session a number of cases were passed to the Education Department (Special Schools Section) for disposal in respect of their educational needs, most of them having been graded according to the degree of hearing loss. These cases are listed in the following table under the various Audiometric Surveys.

	Risk Group	Survey Number X	XI	XII	XIII	XIV	XV	XVI	XVII	XVIII	Total
Reason for Disposal—											
Graded according to degree of hearing loss	22	1	4	2	8	15	22	63	85	1	223
Failed to attend (old cases)	16	10	9	11	6	27	32	60	25	—	419

RISK GROUP (WITHIN SURVEY)

45 children were graded as follows :—

	Survey Number XVIIIA		XVIII		XVII		XVI		XV		XIV	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Referred to Specialist	—	—	2	2	—	—	—	—	—	—	—	—
Classified—Grade I ...	—	—	2	—	1	2	—	—	—	—	—	—
Classified—Normal ...	1	3	4	6	1	3	1	1	—	—	1	—

Appendix XIII—Mortality of School Children

Deaths during Year ended 31st July, 1967, of Children Aged 5-15 years

Cause of Death	5-10 years		10-15 years		All Ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Totals
Violence—							
Motor vehicle accidents ...	5	1	4	1	9	2	11
Other violent causes	6	4	6	3	12	7	19
Infectious Diseases—							
Tubercular meningitis ...	—	1	—	1	—	2	2
Meningococcal septicaemia ...	1	—	—	—	1	—	1
Measles	1	1	—	—	1	1	2
Mumps, encephalitis	—	—	1	—	1	—	1
Viral encephalitis	—	1	—	—	—	1	1
Malignant neoplasms	6	1	2	—	8	1	9
Benign and unspecified neoplasms	—	1	—	—	—	1	1
Diabetes mellitus	1	—	—	—	1	—	1
Epilepsy	1	1	—	—	1	1	2
Diseases of Nervous System—							
Cerebral haemorrhage ...	—	1	—	—	—	1	1
Intracranial haemorrhage ...	—	—	1	—	1	—	1
Pneumonia	1	1	—	—	1	1	2
Congenital malformations ...	1	1	2	—	3	1	4
Nephritis and nephrosis ...	1	—	1	—	2	—	2
Digestive Diseases—							
Peritonitis, septicaemia ...	—	1	—	—	—	1	1
Appendicitis, peritonitis ...	1	—	—	1	1	1	2
Fibrocystic disease of pancreas	—	1	–	—	—	1	1
All Other Causes—							
Chronic pyelonephritis ...	—	1	—	-	—	1	1
Asthma	—	—	1	1	1	1	2
Shock, internal haemorrhage	—	1	—	—	—	1	1
Muscular dystrophy	—	—	—	1	—	1	1
Totals	25	18	18	8	43	26	69

Appendix XIV—Social Group and Medical Remediability Class

By analysing the information obtained at systematic medical inspection it is possible to show the comparative health conditions of children belonging to each of the so-called Social Groups. In the following table, therefore, the occupations of the parents have been arranged in five groups and related to the medical remediability classifications of Table III.

Numbers and Percentages of Children in Ordinary Schools Placed in Various Medical ("Remediability") Classes arranged according to Social Group of Parent.

Social Group of Parent	1 Professional		2 Clerical		3 Skilled		4 Semi-skilled		5 Labouring		Totals	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Children free from defects (other than clothing, cleanliness or minor dental defects)	546	69·3	3,317	69·6	8,809	68·4	6,730	66·3	4,675	61·6	24,077	66·6
II. Children suffering only from slightly defective vision and/or oral sepsis	41	5·2	229	4·8	547	4·2	481	4·7	382	5·0	1,680	4·6
III. Children suffering from temporary defects (other than in II) ...	83	10·5	596	12·5	1,753	13·6	1,424	14·0	1,291	17·0	5,147	14·2
IV. Children suffering from curable or improvable defects	116	14·7	618	13·0	1,755	13·6	1,499	14·8	1,230	16·2	5,218	14·4
V. Children suffering from defects not considered improvable	2	0·3	6	0·1	17	0·1	12	0·1	14	0·2	51	0·1
Total Numbers of Children Examined	788	100·0	4,766	100·0	12,881	100·0	10,146	100·0	7,592	100·0	36,173	100·0

Perusal of the statistics in the table reveals the following :—

(1) The percentage of children free from defects (Class I) was greatest for Social Group 2 (Clerical) and diminished progressively for each of the remaining groups.

(2) Percentages in Classes III and IV increased fairly consistently from Social Groups 1 to 5, Class II less so.

SECTION V

HEALTH EDUCATION

The health education section has now been established for four years. During this period there has been increased activity in the form of public campaigns covering dental health, immunisation, poisonous drugs, burns and scalds, care with medicine, mass screening and a cervical cytology service; training films and slides for talks to the public have been made; four evaluation surveys have been undertaken. On the information side there has been increased press and television coverage. Eight papers by the Health Education Officer have either been published in national journals or accepted for publication. The circulation to clinics of educational display units on public health topics has now commenced and it is anticipated that all clinics will be provided with a unit at regular intervals.

CAMPAIGNS

Burns and Scalds

A Home Safety Month was organised during March, 1967, in co-operation with the Glasgow Home Safety Committee. In view of the fact that since 1963 there has been an annual average of 1,000 accidents in the under fives age group involving burns and scalds, it was felt that the need to draw the attention of parents to this danger was urgent.

The campaign stressed the necessity of providing fireguards in homes where there were young children. During this period a city firm made no charge for fitting British Standard Specification fireguards wherever there was a need.

The opening ceremony was performed by the Lord Provost who was deeply concerned with the number of young children involved in such accidents. The press gave wide publicity and one featured the specially designed poster.

Ten thousand posters were distributed throughout the City and displayed in the premises of commercial, industrial and Government organisations, whose co-operation helped in the presentation of the campaign theme.

Painted murals displayed in George Square illustrating the home accident situations in which young children can be involved were seen by thousands of citizens.

An exhibition devised by Lewis's Ltd. was on display in their store and drew attention to potential hazards in the home.

A painting competition was arranged, in co-operation with the Director of Education, for children in primary schools who were invited to make pictures on the subject of home safety with special reference to burns and scalds.

Prizes were presented by the Convener of the Health and Welfare Committee. A selection of the entries was exhibited in the City Chambers.

At the Annual General Meeting of the Glasgow Home Safety Committee slides of the winning entries were shown.

Cervical Cytology

A campaign to promote the cytology services commenced in April. Though the screening service commenced towards the end of last year, the campaign was needed to inform women in the twenty to sixty age group that cervical smear test services were available at the Corporation's clinics.

A Press conference was held in the City Chambers by the Convener of the Health and Welfare Committee and the Medical Officer of Health, who gave medical reasons for the test, and circulated notes on "Questions and Answers every Woman will ask about the Test to Prevent Cancer". To support the Press reports a poster was designed and exhibited on premises throughout the City. Numerous requests for smear tests were received as a result of the publicity.

Towards autumn when the number of applications for tests began to decrease, it became apparent that if women are to take advantage of the screening service, they must be informed of its existence. Continuous promotion to all sections of the community is, therefore, necessary and plans for a further drive early in 1968 were prepared.

EDUCATIONAL DISPLAYS

The number of displays to clinics increased during the year and dealt with burns and scalds, chip pan fires, budgeting, hire purchase, hygiene, immunisation. Future suggestions include infant feeding, "good neighbours", play and speech. It is anticipated that all clinics will have a display unit on a health topic which will be changed at regular intervals.

TRAINING AND EDUCATIONAL FILMS

Proposals were made for two short training films, one on " Preparation for the New Arrival " and the other on the importance of encouraging creative play in young children. Filming will be done at Orr Street Clinic and in the home of a mother who volunteered to co-operate in the project.

ARTICLES

An article on the Glasgow Burns and Scalds Campaign appeared in the *Home Safety Journal*, and another four, accepted for publication in the *Health Education Journal*, dealt with " Aspects of Health Education " in which reference was made to Glasgow's health projects.

CO-OPERATION WITH WESTERN REGIONAL HOSPITAL BOARD'S MASS RADIOGRAPHY UNIT

In co-operation with the Deputy Director of this Unit the Health Education Officer worked on a pilot educational project for men over forty who are overweight. The scheme, which also involved the Department's Dieticians, necessitated the production of diet sheets, shoppers' lists, and suggestions for sensible eating by those found to be overweight.

Advice was given on weight control through balanced diet, planned weight reduction, avoidance of fattening foods, non-fattening foods, exercise, and reduction of smoking habits.

It is significant that education in diet was one of the recommendations in the report on the Department's " Men over Forty-Five " survey in 1965, which found that eleven per cent. of Glasgow men who presented themselves for examination were overweight.

Increased demand has been experienced for health education services, not only from within the Department, but from youth organisations and women's groups. A student from Ceylon, sponsored by The Ministry of Overseas Development on the Diploma in Health Education Course at London University, attended the Department for instruction in Health Education techniques.

SECTION VI

HOME HELP SERVICE

This service has been greatly appreciated by those who have had the benefit of it and in consequence is now widely known and in great demand. Applications for help under the "General" and "Extended" schemes increased in 1967. Despite the increase in staff from 368 in 1948 to 1,901 in 1967, the number is still inadequate to satisfy demand.

Of the 1,901 domestic helps employed, 305 were on a whole-time and 1,596 on a part-time basis. Included in this total were 27 helps engaged on Tuberculosis cases. The heavy demand from the elderly chronic sick continues and most of the part-time workers had two cases for two hours each and most of the full-time helps had three cases per day. The following table shows the category and number of cases assisted in the past six years :—

	1962	1963	1964	1965	1966	1967
Maternity ...	2,126	1,988	1,961	1,709	1,331	1,144
General etc.	5,963	6,713	6,647	7,089	6,999	7,158
Tuberculosis	117	127	121	102	85	78
Totals ...	8,206	8,828	8,729	8,900	8,415	8,380

The charge to individual patients for Home Help Service varies according to means. The maximum charge increased to 39s. per day for full-time help, 19s. 6s. per half day and 9s. 9d. for two hours. The minimum charge remained at 4s. per day for full-time and 2s. per day for part-time help. The two hours' help given on Sundays is charged at weekday rates but the Corporation Night-sitter and Evening Services are without charge to the patient.

Old age pensioners with no other source of income may receive assistance in the payment for Home Help Service from the Ministry of Social Security.

Maternity and Child Welfare Scheme

Maternity cases are given priority. There was again a reduction in the total number helped in 1967. The period of help offered initially is two weeks although many finish after one week. The number of cases assisted in this section in 1967 was 1,144 of which 822 were confinements.

Child Welfare cases may have help for several months if a medical certificate is received with the application for an extension. Five families of motherless children were cared for in 1967, one of them having had help since 1963.

Of the total 1,144 cases assisted, 631 had full-time and 513 part-time help. The maximum charge was paid by 127 and the minimum rate by 340 cases.

General Scheme

These cases make the heaviest demand on the service, a large proportion of them being cases of prolonged illness or incapacity who would otherwise have to go into hospital. The service is not designed to provide permanent assistance but to give the family concerned time to make their own arrangements for securing assistance. The number of such cases assisted in 1967 was 3,935, a large percentage receiving only two hours' help per day : 45 received full-time help and 3,890, part-time help. The maximum charge was paid by 577 cases and the minimum by 2,325. Six families of motherless children were also cared for under the General Scheme. The children in these families were all of school age. One family has been helped since 1960.

Extended Scheme

In a large number of instances there is no family or near relative to care for the applicant who is so incapacitated by illness or infirmity as to require assistance for a more prolonged period than that permitted by the General Scheme. A special " Extended " scheme was devised in 1947, to help 12 cases which, having exhausted the maximum eight-week period allowed by the General Scheme, still required assistance. Under this scheme the charge is halved, the minimum remaining at 2s. per day. The number of such cases has steadily increased and in 1967, 977 new cases were added to those already receiving this help. In all, 3,108 cases were assisted in 1967, and were given two to four hours' daily help according to need. Of this total, 17 paid the maximum charge of 9s. 9d. while 2,777 paid the minimum.

Disseminated Sclerosis Scheme

Owing to the peculiarly crippling nature of their disability, a similar long-term system of assistance is provided for certain cases of Disseminated Sclerosis, most of them being allowed four hours' help daily. Twenty-nine new cases came under care in 1967 and the number assisted was 115. Five paid the maximum charge : the minimum was paid by 81 persons.

TUBERCULOSIS CASES

There were 27 new cases in 1967, bringing the total number of such cases helped in 1967 to 78. All of those patients had part-time help. Two paid the maximum charge while 56 paid the minimum.

NIGHT-SITTER AND SUNDAY, ETC., SERVICE

A night-sitter service for cancer patients reaching the terminal stage of their illness, came into operation on 1st November, 1962. This service was initiated at the request of the Marie Curie Memorial Foundation and is partly financed from the Foundation's funds. During 1967, 26 cases were assisted in this way.

The night-sitters are in attendance from 10 p.m. until 8 a.m. from Monday to Friday inclusive. If no relatives are available to help during the week-ends, the night-sitter attends on all seven nights. Her duties are to keep the patient clean and comfortable, give nourishment as required and allow any members of the family who are working by day to have an undisturbed night. This service is much appreciated.

A similar night service is provided by the Health and Welfare Department for other patients whose illness has reached the terminal stage. There was, however, small demand for this in 1967 and only three patients received such care.

A Sunday service was given to 196 cases, one less than last year's total.

There was also a slight decrease in the number of cases helped in the evenings of whom there were 64 in 1967.

The following table shows the illnesses or other condition in respect of which applications for domestic help under the General Scheme were made in 1967 :—

Illness	*Under 40 yrs.*	40-64 *yrs.*	65 *yrs. and over*	*Total.*
1. Accident	6	49	250	305
2. Blindness	1	10	40	51
3. Cancer	3	52	69	124
4. Cardiac Disease	9	82	391	482
5. Circulatory Disease	—	44	274	318
6. Debility	—	7	392	399
7. Diabetes	—	13	46	59
8. Digestive Disorder	—	15	64	79
9. Hemiplegia, Paraplegia, Paralysis	3	42	77	122
10. Intracranial Vascular Lesion ...	—	81	258	339
11. Kidney and Bladder Disease ...	1	14	50	65
12. Nervous Disorder	9	60	83	152
13. Post Operative	24	159	189	372
14. Respiratory Disease	10	66	287	363
15. Rheumatism	4	74	320	398
16. Senility	—	—	69	69
17. Other Causes	12	60	166	238
Totals	82	828	3,025	3,935

SECTION VII

HOME NURSING SERVICE, ETC.

The distribution of the staff of the Glasgow District Nursing Association as at 31st December, 1967, is shown as follows :—

Home Nursing Staff

	1967
Senior Superintendent of Home Nursing	1
Superintendent/Tutor	1
Superintendent of Homes	3
Assistant Superintendents	5
	10
Queen's Nurses on General Work	93
Queen's Nurses on Midwifery Work	14
State Registered Nurses in Training for the Queen's Roll ...	1
State Registered Nurses on full-time Nursing	14
State Enrolled Nurses on full-time Nursing	15
State Registered Nurses on part-time Nursing	29
	176

In 1967 there were 73 entrants and 62 resignations.

Record of Work for the Year ended 31st December, 1967

The greater part of the work is concentrated in the new housing estates.

In the "over 65 years" the number of visits paid shows an increase.

The liaison with the Geriatric Hospitals continues. Nine nurses are engaged in this work. They are able to integrate the services available in the community, statutory and voluntary, to aid patients discharged from hospital.

The number of Pulmonary Tuberculosis patients treated during the year shows a decrease of 50 from 1966.

Pulmonary Tuberculosis

	1963	1964	1965	1966	1967
Patients ...	352	305	278	284	234
Visits ...	16,548	16,252	14,921	13,454	11,781

Midwifery

The number of confinements attended continues to fall sharply since hospital beds are more readily available.

1962	1963	1964	1965	1966	1967
1,507	1,204	1,028	727	549	344

Nursing Appliances

The number of appliances issued on loan during the year was 3,629, being an increase of 343 on the previous year. Some of the items issued to patients remain in use over long periods.

District Training

Forty-three students entered for the Queen's Roll examination and all were successful.

Midwifery Training

Pupils are accepted from the Glasgow Royal Maternity Hospital and Cresswell Maternity Hospital, Dumfries, for extern training under the supervision of Approved Midwifery Teachers. Twenty pupils from Cresswell delivered 88, and 54 pupils from Glasgow Royal Maternity Hospital, 220 patients. In addition, 15 cases were taken by pupils from Glasgow Hospitals.

Refresher Courses and Conferences

Conference on Changing Concepts of Community Care, Aberdeen, 7th and 8th April, was attended by the Senior Superintendent, Centre Superintendent and an Assistant Superintendent.

Q.I.D.N. National Study Day and Conference, Edinburgh, 6th May, was attended by the Administrators.

Q.I.D.N. Scottish Conference, Edinburgh, 20th May, was attended by all the Superintendents.

Rehabilitation Course, Glasgow, 5th-9th June.—Lectures, practical instruction and visits of observation, were attended by Administrators and thirty Queen's Nurses.

Course on Management, Strathclyde University, 26th-30th June, was attended by the Senior Superintendent, Superintendent/Tutor, three Superintendents and two Assistant Superintendents.

Family Planning Conference, Hamilton, 18th October, under the auspices of Lanarkshire County Council, was attended by the Senior Superintendent.

Refresher Courses for Midwives.—Three District Nurse Midwives attended the Course in Edinburgh, 28th October to 4th November. Four attended the Course, 18th-25th November.

Record of Work for Year ended 31st December, 1967

Cases on books at 1st January, 1967 ...	2,547	
Number of new cases added	7,292	
Number of cases dismissed	7,095	
Number of cases remaining at 31st December, 1967	2,744	
Dismissed—	*General.*	*Midwifery*
Convalescent	3,565	436
Hospital	1,869	
Died	993	
Removed	232	
Total number of visits paid by Nursing Staff ...	295,806	
Number of Teaching Rounds paid with Students by Adminstrative Staff		324
Number of Inspections of Nurses		100

Analysis of all Cases Attended during 1967.

Bronchitis	326	
Pneumonia	88	
Cardiac	530	
Arthritis	334	
Hemiplegia	710	
Senility	726	
Carcinoma	648	
Diabetes	209	
Puerperal Pyrexia	7	
Infectious Diseases	2	
Gynaecological	122	
Other Medical	4,089	
		7,791
Operations	—	
Post Operation Surgical...	638	
Other Surgical	662	
		1,300
Pulmonary Tuberculosis	234	
Non-pulmonary	60	
Surgical	10	
		304
Midwifery	444	
		444

Sub Analysis of Cases

Injections

Insulin	185	
Penicillin	639	
Streptomycin—T.B.	287	
Streptomycin—Others	34	
Anaemia Group	1,757	
Diuretics	161	
Other Injections	477	
		3,540

Patients 65 years and over

Males	1,470	
Females	4,079	
		5,549

NURSES (SCOTLAND) ACT

Nursing Agencies

No new applications were received during the year.

One agency did not wish to renew its licence and was removed from the register accordingly.

Satisfactory reports were made on the three existing agencies which apply for renewal annually and licences were granted in each case.

The number of licensed agencies at 31st December, 1967, was three, one less than in 1966.

NURSING HOMES REGISTRATION (SCOTLAND) ACT, 1938

No new application for registration under the above Act was received during the year. There was one change of ownership necessitating re-registration and one application made in 1966 was granted during 1967. One home closed down owing to illness of the owner.

Two homes re-applied for exemption from registration and this was approved in each case.

The number of nursing homes on the register at December, 1967, was as follows :—

Registered	...	20
Exempted	...	2
		22

SECTION VIII

INFECTIOUS DISEASE

The decline in the overall incidence of infectious disease continued during 1967, the total cases registered being little more than half the number recorded as recently as 1963.

The decrease is mainly due to the sharp fall in the incidence of measles which was the lowest since 1960. The peak incidence of measles normally alternates with that of whooping cough and vice versa. In 1967 this large decrease in measles was only slightly offset by the small increase in the incidence of whooping cough.

The incidence of acute primary pneumonia was by far the lowest for the past ten years and influenza was almost completely absent.

Pulmonary tuberculosis reached its lowest level yet; compared with the average number of cases in the five years 1960-64 the 1967 figure was only a fifth of that total. Cases of non-pulmonary tuberculosis too were fewer, the total for the first time being less than 100.

Scarlet fever which reached its lowest recorded level in 1966 became more prevalent again, with a total incidence very similar to that of 1965.

Only seven notifications of diphtheria were received compared with 28 in 1966, but this year again the diagnosis was not confirmed and the city has remained free of the disease for still another year.

There was a further decrease in the incidence of cerebrospinal fever, the lowest ever recorded in the City.

Three cases of poliomyelitis were notified but in only one instance was the diagnosis confirmed. This was an immigrant child who had already contracted the disease before her arrival in this country. There was, however, an increase in the incidence of virus meningitis.

Dysentery was still further reduced in incidence from the previous year and there was less gastro-enteritis. Food poisoning, however, was more prevalent than in the two previous years.

The figures for chickenpox show a sharp rise from the 1966 total but as was pointed out in the Report for last year there is reason to believe that the sharp reduction in the number of cases was attributable to incomplete or incorrect reporting. The figures for these two years are not therefore comparable.

Puerperal pyrexia and puerperal fever notifications were noticeably fewer, the latter especially so. This reduction, however, is entirely due to certain administrative changes in the hospital service with regard to the admission of women notified as cases of puerperal fever (usually following an abortion)? which came into effect in May.

The incidence of "infective hepatitis" is increasing. One death was attributed to this cause in 1967 (a 73 year old woman).

*" This is an acute infectious disease with fever, anorexia, nausea, malaise and abdominal discomfort, followed by jaundice (Synonyms—Epidemic Hepatitis, Epidemic Jaundice, Catarrhal Jaundice)". As it is not a notifiable disease the actual incidence in Glasgow may be greater than appears from the figures given in the following table :—

Number of Cases reported

1955	95	1962	57
1956	96	1963	64
1957	80	1964	218
1958	90	1965	135
1959	117	1966	149
1960	274	1967	185
1961	152		

* (Extract from "The Control of Communicable Diseases", American Public Health Association, 10th Edition, 1965).

Cases of the following diseases, transmissible from animals to man, were also reported in 1967, Anthrax, Weil's Disease and Brucellosis.

In addition there was one case of Psittacosis. This is a "virus disease of parrots, budgerigars, finches and pigeons, which is transmitted to man by handling infected birds and inhaling infected dust". This case had a fatal termination.

One infection which does not appear in the statistical tables but maintains a high level of incidence in the City is scabies. This disease has shown sufficiently marked increase in 1967 as to merit mention here. It is pointed out that a continuing increase will require some revision of present policy with regard to this disease.

Hospital Admissions

Admissions to hospital during the year totalled 5,157 compared with 6,298 in 1966. This total includes 1,375 removed to hospital and ultimately diagnosed as other non-infectious disease. Pneumonia and dysentery continued to make the heaviest demand on hospital accommodation. In 1967, cases of pneumonia treated in hospital formed 39 per cent. of all infectious disease cases admitted as against 43 per cent. in 1966. Fewer cases of this disease were admitted to hospital in 1967, but the proportion (87 per cent.) showed little change. Fifty-two per cent. of all dysentery cases were treated in hospital compared with 47 per cent. in 1966. This is equivalent to 22·6 per cent. of all cases of infectious disease admitted during the year. In 1966 this proportion was 18·2 per cent.

Details of notifiable and non-notifiable diseases are given in Appendix Table XIII. Table XIV illustrates the seasonal prevalence of these in 1967 and the admissions, dismissals and deaths in the infectious disease hospitals are shown in Appendix B.

Glasgow : Infectious Disease—Case Rates per Million

1947—1967

	Year.																				
	1947	1948	1949	1950	1951	*1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
A—Notifiable—																					
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever and Paratyphoid B	33	14	9	16	48	20	17	27	45	18	21	8	9	21	28	10	16	51	41	7	6
Continued and Undefined Fever	5	7	7	3	6	4	7	4	2	19	21	21	28	19	26	27	20	20	23	18	20
Puerperal Fever	284	229	176	140	212	191	187	164	109	74	95	76	90	116	162	152	210	133	138	113	43
Puerperal Pyrexia	131	112	105	103	96	97	116	135	98	79	143	175	201	139	128	121	72	42	65	113	70
Smallpox	—	—	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	3,270	3,584	2,138	1,742	2,102	2,497	1,766	1,251	1,116	924	908	908	872	613	396	266	266	347	240	179	259
Diphtheria and Membranous Croup	460	262	141	79	123	79	46	11	2	1	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	434	440	281	259	207	218	203	196	183	199	108	95	91	72	62	51	50	37	29	27	32
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever	121	89	93	105	116	93	114	83	89	62	53	68	73	49	65	56	49	43	38	29	23
Ophthalmia Neonatorum ...	280	241	121	160	171	131	92	70	47	43	35	65	76	32	24	23	36	25	16	21	19
Trachoma	1	4	—	5	2	3	5	—	1	—	1	5	2	4	—	3	5	2	2	3	2
Acute Encephalitis Lethargica	4	5	4	1	2	4	2	2	2	3	—	1	—	—	1	—	—	—	—	—	—
Acute Polio-Encephalitis ...	17	1	2	5	1	—	1	—	3	1	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	272	5	26	260	50	32	46	36	228	50	26	119	8	1	10	47	—	—	—	—	1
Acute Primary Pneumonia ...	4,947	4,331	4,126	3,244	3,403	4,848	3,617	3,056	4,238	4,170	5,096	4,309	4,209	3,536	3,572	3,312	3,603	2,182	2,119	2,281	1,779
Acute Influenzal Pneumonia	81	32	70	38	115	114	139	30	67	49	419	43	71	30	67	15	32	10	5	23	3
Whooping Cough	5,002	1,562	3,620	4,938	6,673	1,297	6,095	3,065	1,266	3,435	2,726	1,041	2,176	3,538	782	260	2,619	737	459	894	1,093
Malaria	29	26	13	8	13	27	22	15	10	7	15	7	6	8	3	4	3	2	4	4	6
Dysentery	254	1,080	1,285	2,176	1,422	2,111	2,514	5,783	5,874	4,316	3,665	3,170	4,474	4,362	3,110	3,169	2,599	2,537	2,102	1,819	1,699
Infective Jaundice (Weil's Disease)	4	2	7	3	1	2	2	—	1	5	1	—	1	—	—	2	—	1	1	—	—
Anthrax	1	—	1	4	2	—	2	1	—	1	—	—	1	—	—	—	—	—	2	1	1
Pulmonary Tuberculosis ...	2,535	2,545	2,595	2,244	2,025	2,084	2,187	2,039	2,027	1,887	3,672	1,258	1,091	1,032	970	887	839	799	720	647	594
Other Forms of Tuberculosis	469	342	358	339	326	277	272	223	258	180	161	157	113	103	130	112	113	133	104	104	91
Leprosy	—	—	—	2	—	—	—	1	2	2	1	2	2	—	—	—	1	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	294	334	231	299	372	527	387	334	266	464	212	163	330
B.—Not Notifiable—																					
Measles	3,878	7,457	3,698	6,272	3,934	6,326	4,505	5,325	3,546	4,292	5,317	724	10,739	556	5,878	1,978	2,231	2,275	1,331	2,041	668
German Measles	1,032	201	249	3,027	588	242	1,602	298	357	643	356	329	155	312	884	64	85	241	35	26	28
Chickenpox	5,091	6,305	3,394	6,426	7,390	5,476	6,785	6,881	4,185	5,503	4,057	5,072	3,086	8,493	3,020	3,406	2,088	3,188	2,429	1,014	1,416
Gastro enteritis	—	—	—	—	—	—	—	—	—	—	228	289	436	456	351	392	437	461	402	400	277
Others—Mumps, Pemphigus Neonatorum, etc.	111	55	44	41	83	57	135	91	85	43	133	169	165	378	219	72	158	243	154	181	222
Totals	28,746	28,931	22,562	31,656	29,111	26,230	30,479	28,878	24,135	26,340	27,489	18,411	30,547	24,397	20,275	14,763	15,798	13,973	10,671	10,108	8,682

Whooping Cough became notifiable as from 1st January, 1950
Leprosy ,, ,, ,, 1951
Food Poisoning ,, ,, 1st July, 1956
Anthrax ,, ,, 1st October, 1960

* The rates for the years 1952 to 1960 inclusive have been revised following readjustment of the intercensal populations (1951-1961).

IMMUNISATION CENTRE

This centre at 20 Cochrane Street provides intending travellers from the West of Scotland with immunisation against yellow fever and certain other infectious diseases likely to be met with in a foreign country.

During 1967, 2,924 travellers were inoculated against yellow fever. In 1966 the figure was 2,774. In addition, 1,286 inoculations were given against smallpox, cholera, tetanus, typhus and enteric group.

As in previous years, as a matter of convenience where crews of ships were concerned, rather than have a large crew attend at the clinic, the immunisations were carried out on board ship. This accounted for 114 of the yellow fever inoculations, 65 of those given for cholera and three vaccinations against smallpox.

SMALLPOX AND VACCINATION

There has been no case of smallpox in Glasgow since 1950. Compulsory vaccination or declaration of conscientious objection ceased with the inception of the National Health Service (Scotland) Act on 5th July, 1948. Notification of vaccination is now made by medical practitioners, and in 1967, 3,369 notifications of primary vaccination were received and 3,245 of revaccinations. In addition 3,598 primary vaccinations were carried out at the Child Welfare clinics and six at day nurseries. In all 6,973 primary vaccinations were done during the year as compared with 6,544 in 1966 and 5,786 in 1965.

The following table shows the age distribution of those vaccinated for the first time in each of the years from 1957 to date :—

Year of Vaccination	Age Group				Not Stated	All Ages	Revaccinations
	—1	—5	—10	10 & Over			
1967	110	5,624	278	959	2	6,973	3,245†
1966	130	5,331	277	806	—	6,544	1,586
1965	161	5,064	158	403	—	5,286	937
1964	236	3,732	171	381	—	4,520	956
1963*	382	1,394	161	541	3	2,481	2,710
1962	5,283	7,362	2,185	3,982	15	18,827	17,932
1961	5,644	3,520	60	495	4	9,823	3,249
1960	5,908	3,287	163	497	7	9,862	3,417
1959	6,454	3,648	155	458	6	10,721	3,202
1958	5,754	3,965	147	325	3	10,194	3,240
1957	5,290	3,562	246	935	—	10,033	4,991

* The sharp decrease in primary vaccinations in 1963 was a result of the introduction of a new immunisation timetable to which reference is made on page 177 of the Report for that year.

† This increase followed administrative changes in the arrangements for payment to medical practitioners of vaccination and immunisation fees which were introduced on 1st April.

The figures for 1962 and 1963 are not comparable with those of the preceding years. An outbreak of smallpox in England and Wales in the early part of 1962 resulted in a large number of persons requesting vaccination for the first time. Some 18,000 were revaccinated with a resultant falling off in 1963.

The 1962 outbreak is a timely reminder of the ease with which this disease may still be introduced into this country and the rapidity of its spread when it does. The necessity for constant vigilance remains, especially in a city such as this, which is not only a port of call for ships from all parts of the world but is adjacent to two air terminals.

In spite of the large number of persons coming forward for vaccination early in 1962, the vaccinal state of the population in its more vulnerable age groups is still too low.

During 1966 a smallpox outbreak abroad led to stricter enforcement of the regulations for persons travelling to the Continent.

In the eighteen years from 1950 to 1967, the total number of primary vaccinations carried out was 157,992. The age distribution of this total (excluding 191 whose age was not stated) may be expressed as follows :—

In 1967, of the city's population aged :—

Under 5 years,	18,963 or 18·6 per cent.	have been vaccinated in the course of the eighteen years, 1950-1967.
10 years,	50,185 or 45·5 per cent.	
15 years,	46,528 or 45·6 per cent.	
Over 15 years,	42,125 or 6·5 per cent.	

Between 1960 and 1967 the proportion of children under one year of age vaccinated at the Child Welfare clinics was as follows :—

	No.	Percentage of Births.
1960	5,516	23·9
1961	5,439	23·8
1962	3,571	15·2
1963	42	0·2
1964	36	0·2
1965	53	0·5
1966	47	0·2
1967	45	0·2

The sudden decrease in 1963 and 1964 was the result of changes in the immunisation procedure which took effect in 1963.

LEPROSY

Under the Public Health (Infectious Diseases) (Scotland) Amendment Regulations of 1951, this disease became compulsorily notifiable from 1st September, 1951.

Leprosy is a disease of rare occurrence in this country and such cases as have been found in Glasgow were foreign seamen or students from tropical countries where this disease is prevalent. In the twenty years prior to notification only five cases came to the notice of this Department.

There was no case of this disease in 1967.

Since 1951 the incidence of the disease has been as follows :—

1951-1953	Nil
1954-1956	5
1957	1
1958	2
1959	2
1960-1962	Nil
1963	1
1964-1967	Nil

MALARIA

This disease, like smallpox and leprosy, usually occurs in seamen or servicemen, returning to the city from abroad, or in foreign visitors. During 1967, there were six cases, all but one being males. Only one was under 25 years, three were under 35 years and two under 65. There were no deaths. Incidence in recent years was as follows :—

1956-60	45
1961	3
1962	4
1963	3
1964	2
1965	4
1966	4
1967	6

TYPHOID

Three cases were registered this year.

A schoolboy, aged 11 years, living in the South-Eastern Division of the City, sickened with a pyrexial illness on 16.1.67. A blood culture

examination revealed the presence of Salmonella typhi and he was admitted to an infectious diseases hospital on 27.1.67. The patient's teenage sister had been visited by her boy friend, a soldier home on leave from service abroad. It was not ascertained whether he had been keeping well nor were specimens obtained from him as he had returned to his regiment before the case had come to our notice. There were no other cases in the household.

A 19 year old Indian woman in the Central Division of the City, married and 12 weeks pregnant, was admitted to hospital on 25th May with psychiatric symptoms. She had been on holiday in India and ten days after her return, on 4th April, had developed a dry cough, abdominal colic and diarrhoea. Despite treatment she became severely ill and confused and was removed to a general hospital. There a Salmonella typhi. was found in her stool and she was transferred to an infectious diseases hospital. Initially she remained very ill and confused but thereafter her progress was uneventful and six stool cultures were reported negative after her course of treatment.

A Pakistani boy aged 15 years, living in the Central Division of the City, arrived from Karachi on 28.9.67 and was admitted to an infectious diseases hospital on 30.9.67; he was discharged on 26.10.67 but was re-admitted on 30.10.67 as he still felt unwell. The diagnosis was Typhoid fever.

PARATYPHOID

The number of infections registered this year was three in comparison with six last year.

In the South-Eastern Division of the City a 47-year-old man sickened on 4.3.67 and was admitted on 13.3.67 to an infectious diseases hospital as a case of clinical dysentery ; a faecal specimen revealed the presence of Salmonella paratyphi B. No other cases were found in the household.

In the South-Western Division a female aged 61 years sickened on 22.5.67 and was admitted to an infectious diseases hospital on 26.5.67 with a diagnosis of clinical dysentery. A faecal specimen revealed the presence of Salmonella paratyphi B. No other cases were found. The suspected source of infection was a duck's egg which had been obtained from a farm in Renfrewshire. Investigations at this farm proved negative and no further eggs of the same batch were available for testing.

In the South-Eastern Division a female, aged 22 years, was admitted to an infectious diseases hospital on 13.9.67 as a case of pyrexia of unknown origin. On 17.9.67 a faecal specimen revealed the presence of Salmonella paratyphi B. This patient had been employed as a chambermaid in an Edinburgh hotel for some months. On 2.9.67 she had come to Glasgow to attend her brother's wedding ; the reception took place at the bride's home, the meal consisting of steak pie which was prepared by the bride's mother. The patient returned to Edinburgh next day and felt ill on 7.9.67 ; she was still unwell on 9.9.67 when the hotel management called in a local doctor. On 10.9.67 her mother brought her home to Glasgow and next day called in the family doctor. On 13.9.67 she was removed to hospital as a case of pyrexia of unknown origin. There were no other cases ; the suspected source of infection was the steak pie.

There were no deaths from Typhoid or Paratyphoid in 1967.

CHRONIC CARRIERS

There are still 12 city carriers. The list is as follows :—

TYPHOID—

JW, Ward 5, *Eastern Division*—Is a chronic faecal carrier of Salmonella typhi, phage type C.1. He lives with his wife and son.

In June and July, 1967, JW's three grandchildren at Coatbridge, aged 10, 6 and 2 years, were admitted to an infectious diseases hospital in Lanarkshire and were found to be suffering from Typhoid. The phage type of the infecting organism was C.1, the same as that carried by their grandfather and there is little doubt that he was the source of infection. It is likely that one child who took ill earlier than the others infected the other two. JW and his wife state that they never go to Coatbridge but the relatives in Coatbridge visit JW's home every second or third Saturday. They have only a cup of tea and a sandwich in the house and JW has no hand in the preparation. However, it is not difficult to imagine routes by which the infection could have been conveyed. For example, though JW has his own towel, it is possible that his wife used his towel and carried the infection on her hands to the food she was preparing for her guests.

EG, Ward 20, *Central Division*—Classed as a faecal carrier, born 1901, she has refused to submit specimens since 1933. As her original illness had dated back merely to 1932, it is not certain that she is a chronic carrier.

MI, Ward 35, *South-Eastern Division*—An immigrant, born 1912, who carries phage type O in his faeces, he was last tested in 1961, when he proved positive. His house is now occupied only by himself, his wife and their three sons. The other immigrants, formerly his housemates, have now found homes of their own.

PARATYPHOID—

MG, Ward 5, *Eastern Division*—This chronic faecal carrier of Salmonella paratyphi B, phage type 1, is now living in a two-apartment house with three of her children and the external water-closet is common to three houses, one of which is at present empty.

JL, Ward 17, *Northern Division*—This man, born 1887, was visited in 1967 but refused to submit specimens.

ES, Ward 15, *Northern Division*—She is the faecal carrier, born 1889, of phage type 1, whose first positive specimen had been a colostomy sample. She still resides in the same excellent house with only one contact, her daughter, born, 1915. The latter, who was inoculated with T.A.B. earlier in 1962, also submitted a pair of specimens which were both negative. The mother's faeces specimen is still positive for Salmonella paratyphi B; urine is negative.

SM, Ward 13, *Central Division*—This Paratyphoid carrier, born 1918, went to stay in Midlothian in 1964. She returned to Glasgow in 1966. A recent faecal specimen still proved positive.

JE, Ward 5, *Eastern Division*—A faecal and urinary carrier since 1933, born 1890, she was last tested in 1961, when she was positive.

LM, Ward 23, *Central Division*—A faecal carrier, born 1892, he was last tested in 1939; still working in his shoemaker's business.

DM, Ward 24, *Central Division*—This woman, born 1894, a faecal carrier of phage type 1, was tested and found positive in 1965.

AL, Ward 27, *South-Western Division*—This woman, born 1902, a faecal carrier of phage type 3a, was found to have a positive faeces and negative urine in December, 1967.

JJ, Ward 35, *South-Eastern Division*—This woman, born 1904, a faecal carrier of phage types 1 and 2, was last tested and found positive in 1961.

The Enteric Carrier Ward in Leverndale Hospital was closed at the end of the year. There were only six typhoid and one paratyphoid carriers remaining in this ward (JC typhoid carrier having died this year). Only two had had a positive faeces within the past ten years and these two have had courses of ampicillin. All had only marginal Widal titres, including Vi titres, this year and all had had several long series of negative specimens. A further series of ten negative specimens was taken commencing the end on December, 1967, spread over a period of four weeks and all were found negative. It was, therefore, decided, after consultation with the Medical Officer of Health and the Director of the City Laboratory, that the patients should no longer be kept in isolation. Leverndale hope to disperse them into other areas outside Glasgow but have undertaken to inform us when any is transferred. In the meantime, they are being retained in the ordinary wards of Leverndale Hospital.

DYSENTERY

There were 1,632 registrations as compared with 1,782 in the previous year. Every ward in the city was again affected and as usual there were wide differences between the numbers registered in the various wards; for example, less than ten cases each from Camphill, Langside, Partick (East) and Exchange, while 141 cases were registered from Mile End, 115 from Dalmarnock, and 110 from Shettleston and Tollcross. There was a relatively high incidence in Calton, Provan, Govan and Ruchill. Every other ward was lightly affected with between ten and fifty-six cases each.

Seasonal incidence was as follows :—

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Home	384	291	326	475	1,476
Institutional	55	17	34	50	156

The fourth quarter was the worst.

More than half the non-institutional cases stayed at home, the number removed to hospital being 702 or 40·7 per cent.

The annual institutional figure for dysentery was 156. Nineteen institutions were concerned—six medical institutions, seven children's institutions and six miscellaneous residential institutions. In seven instances only a single case was notified. The largest contribution came from a children's institution where there were 74 cases distributed over the year.

The following table shows the age distribution of the notifications:—

	-1 Year	-5 Years	-15 Years	-55 Years	55+ Years	Total
Home	144	683	315	289	45	1,476
Institutional	4	89	42	13	8	156

There was one death, a Pakistani woman aged 33 years who was admitted to a general hospital on 9th August, 1967, suffering from hyperpyrexia, abdominal pain and vomiting but no bowel symptoms. Amoebic dysentery was suspected but all faeces specimens were constantly negative. A liver biopsy was carried out towards the end of August and the histology was consistent with an amoebic abscess. On 4th September she was transferred to another general hospital where she died the following day. Post-mortem permission was refused and therefore it is not known whether or not she was excreting amoebae from her bowel as these lesions could well have been healed by this stage. No amoebae were isolated from the liver but the histology appears definite. The death certificate stated :—

I (*a*) Amoebic Liver Abscess—1 month
(*b*) Lung Abscess and Empyema.

This patient had been in this country approximately three years. Her husband has been in this country for 18 years and works as a tailor. Their children aged 15, 14, 13 and 9 came to this country with their mother three years ago and a baby was born here two years ago. The husband was quite definite that the family have all been completely well and have not had at any time any bowel symptoms. Faeces were

examined for amoebae and found negative. Of course, only cysts and not living amoebae could be expected to be found in such specimens. The desirability of admitting the contacts to hospital with a view to intensive examination of faeces, possibly after purgatives or enemas, was discussed but it was decided that in the absence of a history of bowel symptoms this should not be done.

DIARRHOEA AND ENTERITIS

These infections are not yet notifiable and, as information regarding their prevalence was not readily available, comment has up to 1952 been limited to the mortality from this infection in children under two years of age. From 1953 onwards, all cases of diarrhoea and enteritis coming to the attention of the Department have been recorded.

The following table shows the age distribution of all cases so recorded since 1963, but is not a complete picture of the incidence of diarrhoeal infection in the City :—

Age Distribution

Age in Years ...	1967	1966	1965	1964	1963
—1	203	336	309	401	406
—2	23	25	38	40	24
—5	6	6	25	11	8
5 and over ...	34	25	30	18	12
	266	392	402	470	450

The seasonal distribution of cases in the past five years shows little variation :—

	1967	1966	1965	1964	1963
1st Quarter ...	39	53	114	91	97
2nd Quarter ...	55	97	91	132	100
3rd Quarter ...	67	129	99	141	141
4th Quarter ...	105	113	98	106	112
	266	392	402	470	450

In 1967, there were 26 deaths under 2 years of age against 18 in 1966. Enteritis and colitis (under two years of age) accounted for 9 male and 10 female deaths (all but three under one year of age) and diarrhoea of the newborn for the death of five males and two females.

There has been a steady decrease in infant mortality since 1963. In 1966 the rate for the first time was less than 1 per 1,000 (0·91), but in 1967 but it rose again to 1·34.

The decrease in the number of deaths and in the mortality rate since 1947 is shown in the following table which is based on figures compiled in this Department.

	Males		Females			—1 year per 1,000 Births
	—1 year	—2 years	—1 year	—2 years	Total	
1948	156	5	86	3	250	11
1949	100	13	57	6	176	7
1950	50	2	39	3	94	4
1957	7	—	16	—	23	1·0
1958	14	—	8	—	22	1·0
1959	26	1	16	—	43	1·85
1960	12	3	14	—	29	1·26
1963	12	2	20	—	34	1·41
1964	9	—	20	—	29	1·29
1965	8	1	12	1	22	1·05
1966	7	—	10	1	18	0·91
1967	13	1	10	2	26	1·34

Deaths from Enteritis and Colitis over two years of age numbered 49 as compared with 39 in 1966. Two were children between the ages of two and five years, and one was under 10 years. The other 46 were all over 25 years.

In the Registrar General's Return for 1967, Enteritis is one of a group of diseases " Gastritis, duodenitis, enteritis and colitis " of which only the combined total is given, and in different age groupings as follows :—

	Males	Females	Both Sexes
Under 4 weeks ...	—	—	—
4 weeks to 1 year ...	8	9	17
1 year to 5 years ...	3	2	5
and each quinquennia over 5 years ...	22	32	54
	33	43	76

Diarrhoea of the Newborn, which is not included in these figures is not shown separately but is merged with other causes in the group " Infections of the Newborn ".

FOOD POISONING.

The number of incidents of food poisoning notified to the Department during 1967 was 90 as compared with 87 last year and the number of cases has increased this year to 317 as compared with 211

last year. During the past three years the incidents and cases have been as follows :—

	Incidents			Cases		
	1965	1966	1967	1965	1966	1967
Community Outbreaks	6	4	9	60	67	204
Family Outbreaks ...	26	21	20	84	82	52
Sporadic	68	62	61	68	62	61
Total ...	100	87	90	212	211	317

The seasonal incidence as shown in the following table :—

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Community												
Outbreaks ...	—	—	2	—	1	—	1	1	—	1	1	2
Cases ...	—	—	63	—	59	—	38	3	—	27	9	5
Family												
Outbreaks ...	1	2	1	1	—	1	4	3	4	2	—	1
Cases ...	2	3	2	3	—	3	9	10	11	6	—	3
Sporadic Cases	2	3	2	5	1	4	5	10	3	10	5	11

There was a large community outbreak in the month of March affecting the University Women's Hostel. One hundred and sixty-four meals were served between 5.45 to 6.30 p.m. on 7.3.67. Subsequently 56 students and 2 members of the kitchen staff complained of sickness, diarrhoea and vomiting, some up to 12 hours, others 12-18 hours after the meal. All faecal specimens submitted were negative for Staphylococcus organisms, Salmonellae, dysentery and *Clostridium welchii*. Hand and nasal swabs were taken from the members of the kitchen staff ; 5 of these were positive but were not from persons who were concerned with the preparation of food. Eight samples of left-over foods were submitted for examination and from one of these (soup) a non-haemolytic *Clostridium welchii* Type A was isolated ; no other food poisoning pathogens were isolated from any of the other samples.

Another outbreak occurred in May when 59 children at a primary school complained of diarrhoea and abdominal pain 12-18 hours after eating the school dinner, at which the main course was cold brisket of beef (cooked on the previous day), potatoes and vegetables. *Clostridium welchii* type A was isolated from the remaining portions of the brisket (a profuse growth being obtained on direct culture) and from 37 stool specimens from the affected children.

In July 38 people (21 of whom resided within the City boundary) employed in a biscuit factory, suffered symptoms suggestive of food poisoning occurring over a four-day period. The results of examination

of specimens from 24 persons showed that 5 grew *Clostridium welchii*, food poisoning strain. Of the 5 people concerned, 3 had eaten mince round, one chicken salad and one buttered rolls and milk. There was no particular food which could be incriminated.

Another community outbreak occurred in October when 25 children and 2 members of the kitchen staff of a primary school experienced symptoms of food poisoning 3-5 hours after eating the school dinner. This school has its kitchen attached; 400 meals had been served that day and 50 meals were also sent to a nearby occupational centre. The faecal specimens from children and staff were all negative. The suspected foodstuff was corned beef but no pathogen was isolated. The specimen meal unfortunately had been disposed of. This point was fully discussed with the Medical Officer of Health, the Director of the City Laboratory and the Superintendent of the Schools Meals Service. It is the practice to have each kitchen preserve a sample of the meal in the refrigerator until 12 noon the following day. This is approximately 26 hours. Apparently the difficulty in retaining the sample longer is caused by the lack of refrigerated space. In those establishments which have a kitchen as well as a dining-room where cooking and serving are done in the same place, the sample is taken at the time of serving but unfortunately the majority of the dining-rooms have no adjacent kitchens and are not equipped with refrigerators so that in their case the sample meal is taken at the time of dispatch from the kitchen. It was agreed that head teachers and other people responsible for establishments should be reminded of the importance of reporting illnesses immediately.

The majority of family and sporadic cases were caused by Salmonellae infections; Salmonella typhi-murium was isolated in 17 cases and Salmonella reading in 16 cases.

TYPE OF ORGANISM

	Family Outbreaks		Community Outbreaks		Sporadic	Total
	Incidents	Cases	Incidents	Cases	Cases	Cases
Salmonellae ...	9	23	2	5	39	67
Staphylococcus—						
Aureus ...	—	—	—	—	1	1
Toxin ...	1	2	—	—	—	2
Clostridium welchii ...	—	—	3	155	—	155
Unknown ...	10	27	4	44	21	92
Total ...	20	52	9	204	61	317

Two uncommon strains of Salmonellae made their appearance in the City—Salmonella ealing and Salmonella reading.

SALMONELLA ORGANISMS

Salmonella—	
Unspecified	6
Group B, unidentified	2
Group D, unidentified	1
anatum	7
bredeney	9
dublin	2
ealing	1
enteritidis	3
infantis	1
panama	1
reading	16
typhi-murium	17
typhi-murium var. copenhagen ...	1
Total	67

No deaths were reported as a result of food poisoning during 1967.

In 1965 there were 93 cases whose aetiology remained unknown, in 1966 43 cases, but this year the number rose to 92.

SCARLET FEVER

The number of cases of scarlet fever registered in Glasgow during 1967 was 249, an increase over the numbers for the two previous years. Only 40 patients (16·1 per cent.) were treated in hospital.

The incidence of this disease during the last five years is set out below :—

	Total Cases	Treated in Fever Hospitals	Treated in Other Institutions	Treated at Home
1963 ...	274	91	—	183
1964 ...	353	95	2	256
1965 ...	240	52	3	185
1966 ...	175	35	1	139
1967 ...	249	38	2	209

Of the 249 patients, 98 (39·4 per cent.) were under the age of 5, though only 4 were under the age of 1 ; 137 (55·0 per cent.) were aged between 5 and 15 years ; and 14 (5·6 per cent.) were over 15.

The seasonal incidence is shown in Appendix Table XIV.

No cases occurred in the Anderston Ward (for the second year in succession) or in the Exchange Ward. The Cowcaddens and Partick

East Wards had one case each, and the Townhead, Park, Woodside and Kingston Wards had two cases each. The wards with the largest number of cases were Pollokshaws with 25 cases and Cathcart with 20 cases.

There have been no deaths from scarlet fever since 1956.

ERYSIPELAS

The decline in the incidence of this disease was checked in 1967 when there were 31 cases compared with 26 in 1966 and 29 in 1965. All but 12 were females.

The age distribution of the cases was as follows :—

—15 years ...	—	—45 years ...	5
—25 years ...	—	—65 years ...	11
—35 years ...	3	65 + years ...	12

There were no deaths in 1967.

The decline in mortality in recent years is as follows :—

	Deaths		Deaths
1930-39 (average) ...	46	1958-60	—
1940-45 do. ...	8	1961--64	1
1946-50 do. ...	6	1965	—
1951-56 do. ...	1	1966	1
1957	1	1967	—

PUERPERAL FEVER AND PYREXIA

As in previous years these conditions have been discussed in the section " Maternity and Child Welfare " (page 93). As a result of alterations in the International Classification of Causes of Deaths, deaths from these two infections no longer appear under separate headings in the " Short List " but are now included in the group " Complications of Pregnancy, Childbirth and Puerperium."

DIPHTHERIA

Apart from one fatal imported case in 1964, there have been no cases of diphtheria in Glasgow since 1956 and no deaths from this disease since 1954.

Immunisation.—The following table shows the number of children who completed a primary course of diphtheria immunisation in 1967.

The 1966 figures are shown for comparison.

Vaccine used	Under 5 years 1966	Under 5 years 1967	Over 5 years 1966	Over 5 years 1967
Diphtheria only ...	2	1	—	—
Diphtheria and Pertussis	4	2	—	2
Diphtheria and Tetanus	141	95	10,683	5,403
Pertussis, Diphtheria and Tetanus	12,533	12,633	208	192
	12,680	12,731	10,891	5,597

All ages ... 1966=23,571 1967=18,328

The numbers who received maintenance inoculations in these two years were as follows :—

	Under 5 years 1966	Under 5 years 1967	Over 5 years 1966	Over 5 years 1967
Diphtheria	—	4	5	1
Diphtheria and Pertussis	1	—	2	1
Diphtheria and Tetanus	215	130	20,545	17,960
Pertussis, Diphtheria and Tetanus	3,954	4,285	477	678
	4,170	4,419	21,029	18,640

All Ages ... 1966=25,199 1967=23,059

See also page 155 of the School Health Service section of this Report.

CEREBROSPINAL FEVER (MENINGOCOCCAL INFECTION)

There was another decrease in the incidence of this disease in 1967. Twenty-four cases were known to the department, the lowest number ever recorded in the City. This number was obtained after enquiry at all the City Hospitals and is probably the complete total for the City for the year. It is found that failure to notify formally is frequent.

The age incidence was :—

Under 1 year	1-5 years	5-15 years	Over 15 years
15	6	1	2

The cases were distributed throughout the City with no significantly high incidence in any area or at any time of the year.

Deaths from Meningococcal Infection.—Eight deaths were recorded. Meningococcal septicaemia associated with acute adrenal failure is the most serious form of the disease and 7 of the 11 cases died. Five of the deaths were under one year, one age three and one man of forty. All died soon after admission to hospital except for one infant who died suddenly at home.

The clinical presentation of the disease was :—

Meningococcal meningitis	...	13 cases
Meningococcal septicaemia	...	11 cases

The incidence and deaths from Meningococcal infection since 1951 is as follows :—

Year	Cases Registered	Deaths
Average 1951-55	107	13
Average 1956-60	65	8
Average 1961-65	52	6
1966	28	7
1967	24	8

Although there has been a continual fall in the incidence of Meningococcal infection the number of deaths remains significantly high and the disease is still a significant cause of death. The death rate is especially high in the septicaemic form. As the disease no longer occurs in epidemic form and is almost unknown in contacts of patients there is no possibility of reducing the incidence by Public Health measures.

POLIOMYELITIS

There was no indigenous case of poliomyelitis during the year 1967. This is the fifth consecutive year that the City has been free of the disease.

However, there was one imported case. A female child aged four years was admitted to hospital 10 days after coming from Pakistan suffering from pyrexia and pains in the left thigh.

Polio virus type I was isolated at the Virology Department and so confirmed the diagnosis. This child had not been previously immunised against poliomyelitis.

Poliomyelitis Vaccination

During the year 13,483 persons were given primary vaccination, all except for 3 being given oral vaccine, and 18,476 persons were given a reinforcing dose of oral vaccine.

Primary Poliomyelitis Vaccinations in 1967

Year of Birth	Age at 31.12.67	Number Vaccinated in 1967
1967	Under 1 year ...	3,857
1966	1 year	7,473
1965	2 years	344
1964	3 years	170
1963	4 years	111
1962 and earlier ...	5 years and over	1,528
		13,483

Estimated Number and Percentage of Children under Five Years Vaccinated at 31.12.67

Age	Number Vaccinated	Per cent. Vaccinated
0—	3,857	20·5
1—	11,318	60·2
2—	15,668	80·6
3—	16,267	79·3
4—	16,210	79·3

General practitioners gave 28·5 per cent. of the primary courses of vaccine and 10·7 per cent. of the reinforcing doses, while the Child Welfare Service gave 63·3 per cent. of primary courses and the School Health Service 88·8 per cent. of the reinforcing doses.

Source of Vaccination

	Primary Vaccination		Reinforcing Doses	
	Number	Per cent.	Number	Per cent.
Child Welfare Service	8,541	63·3	91	0·5
General Practitioners	3,836	28·5	1,986	10·7
School Health Service	1,106	8·2	16,399	88·8
	13,843	100·0	18,476	100·0

VIRUS MENINGITIS

(Lymphocytic or Aseptic Meningitis)

Virus meningitis is usually a mild disease recognised as a clinical meningitis. The condition is caused by a multiplicity of viruses, many of which are responsible for a transitory infection of the alimentary tract. A few of these viruses can attack the central nervous system and give rise to a degree of paralysis or paresis and indeed simulate the picture of poliomyelitis.

During the year 1967 there were 51 cases of virus meningitis occurring in the City. Cases domiciled outside the City, but treated in Glasgow hospitals are not included in this analysis.

This was an increase over last year when 29 cases occurred.

The identification of the viruses implicated in causing virus meningitis is set out according to age and sex of the case in the following table :—

Age Group	—1		—2		—5		—10		—15		—25		—35		—45		—60		Total		
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Mumps	—	—	1	—	—	2	5	—	—	1	—	—	—	—	—	—	—	—	6	3	9
Coxsackie A7 ...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
B3 ...	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	2
B6 ...	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	3	—	3
Echo 3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
14	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Measles	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Herpes Simplex	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Virology Negative	—	—	3	2	2	—	7	2	—	1	8	1	3	—	1	—	—	1	24	7	31
	3	—	4	2	4	3	13	2	3	2	8	1	4	—	1	—	—	1	40	11	51

Of the total of 51 cases there were 40 males and 11 female children and young persons were principally affected with 27 cases occurring between the ages of two and fifteen years. There was 1 case over forty-five years and 9 cases under two years of age.

The viruses of Mumps and Coxsackie accounted for most of the cases. Mumps with 9 cases continues to feature prominently. Various types of Coxsackie virus accounted for 6 cases.

The number of cases with the causative virus occurring annually is set out in the following table :—

Virus	1963	1964	1965	1966	1967
Mumps	19	34	9	6	9
Measles	—	—	—	—	1
Coxsackie Type A2	—	2	—	—	—
A7	12	3	—	—	1
A8	—	1	—	—	—
A9	3	9	3	—	—
A14 ...	2	—	—	—	—
B2	3	7	—	—	—
B3	—	2	2	—	2
B4	2	6	1	—	—
B5	3	1	13	—	—
B6	1	1	1	—	3
B1-6 ...	2	—	—	—	—
ECHO Type 1	—	—	1	1	—
2	—	—	—	—	—
3	—	—	—	—	2
4	28	4	—	—	—
5	—	1	—	—	—
6	1	—	2	3	—
7	1	4	—	—	—
8	—	1	—	—	—
9	—	50	1	—	—
10	—	—	—	—	—
11	6	4	—	—	—
14	1	2	—	—	1
25	—	3	—	—	—
27	—	—	1	—	—
30	—	—	—	1	—
Adenovirus	6	6	2	2	—
Herpes Simplex	—	8	—	1	1
Respiratory Syncytial ...	—	1	—	—	—
Unclassified	—	—	1	—	—
Unidentified	8	—	—	1	—
Virology Negative	130	—	32	14	31
Total ...	228	150	69	29	51

Cases of virus meningitis occurred regularly throughout the year with a peak incidence during the summer months May, June, July and August.

Seasonal Distribution

	Mumps	Echo Type 3	Echo Type 14	Coxsackie Type A7	Coxsackie Type B3	Coxsackie Type B6	Measles	Herpes Simplex	Virology Negative	Total
January ...	—	—	—	—	—	—	1	—	2	3
February ...	—	—	—	—	—	—	—	—	—	—
March ...	—	—	—	—	—	—	—	—	2	2
April ...	1	—	—	—	—	—	—	—	2	3
May	4	1	—	—	—	—	—	1	2	8
June ...	—	—	—	1	1	1	—	—	3	6
July	3	—	—	—	—	—	—	—	6	9
August ...	—	1	1	—	1	1	—	—	3	7
September ...	—	—	—	—	—	1	—	—	5	6
October ...	—	—	—	—	—	—	—	—	1	1
November ...	—	—	—	—	—	—	—	—	1	1
December ...	1	—	—	—	—	—	—	—	4	5

Cases of meningitis were scattered throughout the City, but without any significant distribution.

ENCEPHALITIS

Viral Encephalitis.—There have been only sporadic cases of this infection since the small outbreak which occurred in 1937.

There were no cases in 1967 and no deaths.

Post-Encephalitis Lethargica.—A group of cases, 19 in number, the remaining survivors of a Glasgow epidemic which affected 70 persons in all, has been under continuous supervision of Dr. Ashie Main since 1923. There was one death during the year. The following tables show the physical capacity of the remaining 18 cases in the Spring of 1968 :—

Physical Condition

	Males	Females	Total
Fit for housework	—	5	5
Fit for employment	4	—	4
Unfit but going about	3	2	5
Bedridden at home	—	—	—
Cases in General Hospital ...	2	—	2
Cases in Mental Hospital ...	—	—	—
Cases untraced	1	1	2
	10	8	18

These cases are classified as follows :—

		Spring 1967		Spring 1968	
Group I.	Recovery complete		3		3*
Group II.	Recovery incomplete :—				
	Class A. Mental Retardation...	1		1	
	Class B. Mental Instability ...	1		1	
	Class C. Nervous Instability ...	9	11	8	10
Group III.	Perversion of Conduct ...		—		—
Group IV.	Parkinsonians :—				
	Class A. Normal Mentality ...	2		3*	
	Class B. Abnormal Mentality	3	5	2	5
Group V.	Died		3		1
			22		19

* One not traced.

There has been more change in the present condition of these cases than in recent years, one case died, the classification of one was changed, two showed definite physical deterioration and in other two the deterioration has been both physical and mental. Details of these cases are as follows :—

A 59 year old woman, in Group IV, Class B (Parkinsonian 1957) admitted to hospital in December with a haemorrhage from an old duodenal ulcer died from peritonitis.

A 61 year old woman, in Group II, Class C (Nervous Instability) deteriorated after the sudden death of her husband two years ago and Parkinsonism is now definitely established. She had been accordingly reclassified to Group IV, Class A.

The physical condition of a 67 year old woman in Group IV, Class A (Parkinsonian 1924) deteriorated greatly during the year. She is now unfit for housework and goes out only occasionally, accompanied by someone.

There has been both physical and mental deterioration in other two cases, a 50 year old man in Group II, Class B, and another of 54 years, Group IV, Class B.

MEASLES

Measles is not notifiable in Scotland and cases are registered mainly on information received from Head Teachers and School Attendance Officers. There were 642 registered cases in 1967, a decrease of 1,358 from the previous year ; 118 cases were admitted to hospital. There were 3 deaths.

The recorded incidence of measles during the last five years was :—

Year	Registered Cases	Deaths	Fatality per cent.
1963	2,296	3	0·13
1964	2,317	3	0·13
1965	1,332	—	—
1966	2,000	3	0·15
1967	642	3	0·47

The quarterly percentage incidence of measles during 1967 and the previous two years was :—

PERCENTAGE OF YEAR'S TOTAL

	1965	1966	1967
1st Quarter	71	4	72
2nd Quarter	25	10	21
3rd Quarter	2	12	1
4th Quarter	2	74	6

The age and sex distribution in 1967 was :—

Age	Male	Female	Total
—1 ...	16	18	34
—5 ...	107	85	192
—15 ...	211	203	414
15 + ...	1	1	2

In 1968 it is proposed to introduce vaccination against measles by the use of live measles vaccine for all susceptible children up to and including the age of 15.

RUBELLA (GERMAN MEASLES)

Rubella is not notifiable and, as in Measles, cases are registered mainly on information from school sources. There were 27 cases registered in 1967, as compared with 25 in 1966 and 35 in 1965.

The age and sex distribution was :—

Age	Male	Female	Total
—1 ...	1	—	1
—5 ...	4	5	9
—15 ...	4	8	12
15 + ...	1	4	5

The importance of this condition is the possibility of foetal damage if the mother develops Rubella during the first three months of pregnancy.

WHOOPING COUGH

There was an increase in the incidence of whooping cough in 1967, 1,050 cases being notified compared with 876 cases in 1966. Of the 1967 cases, 13 per cent. were under one year of age and 35 per cent. between one and five years; 158 cases were admitted to hospital. There were 3 deaths, 2 under one year and 1 a year old. These are the first deaths since 1963 when there were 2 deaths.

The annual incidence of whooping cough since 1940 has been :—

	Cases	Deaths	Fatality per cent.
Average 1940-44	4,463	92	2·06
Average 1945-49	3,321	32	0·96
Average 1950-54	4,794	13	0·26
Average 1955-59	2,276	3	0·11
Average 1960-64	1,657	1	0·07
1965	459	—	—
1966	876	—	—
1967	1,050	3	0·28

CHICKENPOX

The number of cases of chickenpox brought to the notice of the Department in 1967 was 1,360, an increase of 367 on the previous year's total. This however, had been exceptionally low as the following table of the incidence since 1950 will show. There is reason to believe that the 1966 figure is the result of incomplete or incorrect reporting and is not therefore comparable with other years.

1950-54 (average)	7,154	1963	2,149
1955-59 (average)	5,109	1964	3,247
1960	8,989	1965	2,431
1961	3,180	1966	993
1962	3,558	1967	1,360

Cases are removed to hospital only in special circumstances, e.g., when occurring in institutions, children's homes, etc. During 1967, 71 cases were removed to hospital. The disease is probably much more prevalent than the bookings indicate, for it is mostly on information obtained from school attendance officers that cases are registered. The distribution thoughout the five divisions of the City was as follows :—

Central	110
Northern	331
Eastern	290
South-Eastern	444
South-Western	161
Institutions and Harbour ...	24
	1,360

The wards chiefly affected were Cathcart (141) and Pollokshaws (123) in the South-eastern Division and Maryhill (100) in the North. Provan Ward (Eastern Division) had 92 cases. Five wards had less than 10 cases each and one ward (Anderston) had none.

There was a steady increase in incidence from January onwards, reaching a peak in May (212 cases) and falling off thereafter to only 9 cases in August. The infection became prevalent again in October (138 cases) and November (204) but less so in December (165).

The only death, a one-year-old boy, was attributed to " Chickenpox Encephalitis."

PEMPHIGUS NEONATORUM

For the sixth year in succession no cases of this disease were reported. In 1961 there were 12 cases and as recently as 1959, 44.

RABIES

No case of rabies is known to have occurred, but the number of instances of persons being injured by dogs or other animals each year is considerable.

From information supplied by the Police Department, the number of persons injured by animals in 1967, 1966 and 1965 was as follows :—

	1967	1966	1965
Injured by Dogs	752	766	784
Injured by Horses	3	5	2
Injured by other Animals ...	—	2	1

TRACHOMA

Trachoma was made notifiable in Glasgow in 1914 under the provisions of the Infectious Diseases (Notification) Act, 1889, and in the table below is shown the number of cases notified and the number verified since 1961.

Year	Number of New Cases Notified	Definite Cases
1961	—	—
1962	3	3
1963	5	5
1964	2	2
1965	2	2
1966	3	3
1967	2	2

The 2 new cases were from the Indian Sub Continent.

During the year 5 cases were removed from the register on transfer to another area.

At the end of 1967 the total number of cases on the register was 50.

NUMBER OF CASES ON REGISTER

Year	Definite Cases	Total
1961	74	74
1962	67	67
1963	67	67
1964	64	64
1965	60	60
1966	53	53
1967	50	50

At the special clinic patients made a total of 410 attendances and the nurses carried out 125 home visits.

No home contacts developed the disease during the year. No patient required treatment in hospital.

ANTHRAX

There was one case during 1967. This was a lesion affecting the upper lip of a man employed as a raw wool blender. This individual had not been vaccinated previously against anthrax.

Since anthrax became notifiable in 1960, there has been one case in 1966 and two in 1965.

Samples of bone grist and bone meal from abroad have been positive for bacillus anthracis when examined at the ports of entry.

INFECTIONS DUE TO L. ICTERO-HAEMORRHAGIAE AND L. CANICOLA

Leptospira ictero-haemorrhagiae (*Weil's Disease*).—One case occurred during 1967.

The incidence of this disease since 1956 is shown as follows (Glasgow cases only) :—

1956	4	1962	2
1957	—	1963	—
1958	—	1964	1
1959	1	1965	1
1960	—	1966	—
1961	—	1967	1

The case was a boy aged 14 who was admitted to hospital on 3rd July with symptoms of vomiting, headache and feeling unwell for the previous three weeks. Prior to this he had been on a fishing expedition. On admission he was drowsy, disorientated and unco-operative, and investigation proved this to be a case of leptospirosis with meningitis who had serum agglutinins for *L. icterohaemorrhagiae* to a titre of 1/30,000 and *L.canicola* to a titre of 1/3,000. There were two dogs in this household.

Infection due to Leptospira Canicola.—There were no cases notified during 1967.

The incidence of *L.canicola* since 1956 is as follows :—

1956	—	1962	2
1957	—	1963	6
1958	3	1964	4
1959	1	1965	4
1960	2	1966	1
1961	1	1967	—

BRUCELLOSIS (UNDULANT FEVER)

There are many acute infectious diseases which are easily recognised, especially with modern diagnostic techniques, and respond quickly to treatment with modern antibiotic drugs, but the diagnosis of brucellosis is often difficult and the treatment first attempted is not always successful. A patient who has the misfortune to contract this disease, whether by contact with infected animals or by drinking unpasteurised milk, may be ill for several months, even if the infection does not become chronic and last for years.

Returns from bacteriological laboratories show that two recognised cases of brucellosis occurred in Glasgow during 1967. Both patients suffered several months' invalidity, in the first case because of the difficulty in diagnosis and in the second case because of the difficulty in treatment.

The first patient was a 26-year-old postman, whose illness began in November, 1966. He complained of loss of weight, loss of energy and night sweats, and on examination was found to have a generalised shotty lymphadenopathy. During February, 1967, he was admitted to hospital for investigation, but numerous tests, including an agglutination test for *Brucella abortus*, all gave negative results, and when he was discharged after nine days no diagnosis had been reached. He had a remission of symptoms from February to June, when he again complained of loss of weight, feverishness, sweating and headaches.

In July his serum was found to agglutinate *Br. abortus* at a titre of 1 : 1280 and he was re-admitted to hospital for fourteen days' treatment with streptomycin and tetracycline, the latter antibiotic being continued for three weeks after he went home. He made a very good recovery, gaining eleven pounds in weight in the seven weeks following his return home. His wife's serum was examined with negative result.

The patient was married seven weeks before his illness started, and after a brief honeymoon he set up home in Glasgow. The milk he drank at his Glasgow home, and in the English town where he spent his honeymoon, was pasteurised, but before his marriage he lived with his parents in Lanarkshire and there he drank unpasteurised milk produced on a local farm and sold to the public by a retailer. Samples of milk from this farm taken routinely in May and November, 1966, and several samples taken in July and August, 1967, after the patient's illness was reported, were all negative for *Br.abortus*, but the composition of the herd varied so much from week to week that these results are of little significance.

The second patient was an agricultural stockman, aged 42. He became ill in April, 1967, complaining of severe headache, malaise and left-sided chest pain. Because of his occupation brucellosis was at once suspected, and this diagnosis was confirmed serologically, the agglutination titre for *Br.abortus* being 1 : 640, rising a few weeks later to 1 : 2500. He was treated with oxytetracycline for six weeks without stopping work and his symptoms cleared up completely for a time, but in July they recurred and he was admitted to hospital. He was apyrexial, no abnormality was found on clinical examination, the agglutination titre for *Br.abortus* was 1 : 1280, and blood culture was negative. Though it was not entirely certain that his symptoms were due to brucellosis, it was thought wise, in order to avoid the risk of a chronic infection, to give him a ten-day course of streptomycin and a six-week course of tetracycline. He was in hospital for fifteen days and was unable to return to work for about two months afterwards.

A review of the incidence of brucellosis in Glasgow during the years 1952 to 1966, when a total of thirteen cases came to notice, appeared in " Public Health " in March, 1968.

PSITTACOSIS

There was one fatal case of psittacosis.

The patient was a boy of 13, who became ill about the end of August. His symptoms were cough with blood-stained sputum, nocturnal

dyspnoea, joint pains and cramp, and upper abdominal pain associated with nausea, vomiting and diarrhoea. On 30th September he was admitted to hospital where he was found to have some degree of congestive cardiac failure with moderate generalised cardiac enlargement and a small pericardial effusion. Despite treatment he made very poor progress and about four weeks after admission his condition deteriorated rapidly with marked signs of right ventricular failure and a large pleural effusion. He died on 6th November. Post-mortem examination confirmed the diagnosis of myocarditis.

During his illness serological examination had been carried out and had revealed the presence of antibody to the psittacosis group of viruses at a titre of 1 : 1024 on 3rd October, with lower titres on later dates.

It was considered that the patient had suffered from psittacosis affecting his lungs and myocardium and that his death was the result of congestive cardiac failure produced by the psittacosis.

The patient's aunt had two parrots, one of which later died, and a neighbour had a budgerigar, but unfortunately it was not found possible to arrange for the examination of the birds.

SCABIES

The number of cases of scabies has markedly increased during the year as is shown in the following table :—

Division	Number of Families			Number of Cases		
	1967	1966	1965	1967	1966	1965
Central	179	89	79	370	188	160
Northern	311	119	136	848	248	290
Eastern	216	169	109	462	396	297
South-Eastern ...	96	53	86	180	113	170
South-Western ...	122	54	50	250	103	85
	924	484	460	2,110	1,048	1,002

For many years no reception centre arrangements have existed in the City and cases have had to be treated within their own homes. The Regional Hospital Board has promised to make arrangements for the treatment of these cases at Dermatological Clinics throughout the City. However, if the present increase in numbers continues this policy may require revision and a treatment centre may need to be

established. Facilities do exist at Florence Street and Glenbarr Street Clinics for the bathing and treatment of school children.

SCHOOL CHILDREN TREATED IN CLINICS FOR SCABIES

	1967	1966	1965
Boys ...	279	180	135
Girls ...	290	166	135
Total ...	569	346	270

The figures given for school children treated at clinics are in addition to the divisional figures quoted.

INFLUENZA

There was no evidence of any significant outbreak of influenza in Glasgow during the year and the available figures suggest that influenza was almost completely absent.

As the disease is not notifiable an estimate of its incidence must be taken from the following sources :—

1. Isolation of virus or identification by significant rise in titre—from the weekly " Communicable Diseases Scotland " reports (Glasgow figures only).
2. New claims for sickness benefit made to the Ministry of Social Security.
3. Notified cases of Influenzal Pneumonia.
4. Deaths from Influenza.

ISOLATION OR IDENTIFICATION OF INFLUENZA VIRUS, 1967

INFLUENZA VIRUS

	Serology				Isolation				Total
	A	A2	B	C	A	A2	B	C	
1st Quarter ...	2	—	—	1					3
2nd Quarter ...	—	—	—	2					2
3rd Quarter ...	—	—	—	1	Nil				1
4th Quarter ...	—	—	—	—					—
Total ...	2	—	—	4	—	—	—	—	6

There were no identifications of para-influenza virus. This is the lowest total since the figures became available in their present form.

Weekly Returns of New Claims for Sickness Benefit

The total number of new claims for sickness benefit made in Glasgow each week during the year normally runs in the region of between five and seven thousand. The figure rose above eight thousand only during two weeks in January and in no week exceeded ten thousand. There was thus no evidence of any large rise in new claims for sickness benefit which could be considered as suggesting the presence of a significant outbreak of influenza.

Seasonal Distribution of notified cases of Influenzal Pneumonia, 1967

January	1
February	1
March to October ...	Nil
November ...	1
December	Nil
Total ...	3

These figures are, however, of no great significance as it is recognised that most cases of pneumonia due to influenza are never notified unless hospital admission is required.

Deaths from Influenza (Registrar General's Figures), 1967

The deaths numbered only 6, 2 between sixty-five and seventy-five and 4 between seventy-five and eighty-five. This is again an exceptionally low figure.

The available figures are not an accurate indication of the true incidence of the disease in the community but it can be seen that there was no significant amount of influenza present in Glasgow during 1967.

RESPIRATORY DISEASE OTHER THAN TUBERCULOSIS

During the year, 1,709 cases of pneumonia were notified and there were 420 deaths from pneumonia and 610 from bronchitis. These figures were the lowest for ten years and the notifications and deaths were particularly low in the first quarter of the year.

The corresponding figures for 1966 were 2,235 cases notified and 652 deaths from pneumonia and 808 deaths from bronchitis. Colder weather and a significant outbreak of influenza in the first quarter of 1966 were factors influencing the figures.

Some 87 per cent. of persons notified with primary pneumonia were treated in hospital in 1967.

The age and sex distribution of primary pneumonia and the numbers and percentages treated in hospital are given in Table A.

TABLE A

NOTIFICATIONS OF PRIMARY PNEUMONIA

AGE AND SEX DISTRIBUTION

AND

THE NUMBERS AND PERCENTAGES TREATED IN HOSPITAL

	Notifications				Treated in Hospital	
Age in Years	Male	Female	Both Sexes	Percentage of Total	Number	Percentage
Under 1 year ...	240	193	433	25·3	394	91·0
1-4	182	124	306	17·9	286	93·5
5-44	146	107	253	14·8	213	84·2
45-64	134	102	236	13·8	193	81·8
65 and over ...	211	270	481	28·2	398	82·7
All Ages ...	913	796	1,709	100·0	1,484	86·8

The death rate per million for respiratory diseases other than tuberculosis was 1,141.

Of the deaths from pneumonia 79 per cent. were over 45 years of age and 49 per cent. were males, and of the deaths from bronchitis 94 per cent. were over 45 years and 75 per cent. were males.

The age and sex distribution of the deaths from pneumonia and bronchitis are given in Table B.

TABLE B

DEATHS FROM PNEUMONIA AND BRONCHITIS, 1967
AGE AND SEX DISTRIBUTION

(*Percentages of Column Totals given in brackets*)
(Data from Registrar General's Annual Return)

	Pneumonia			Bronchitis		
Age in Years	Male	Female	Both Sexes	Male	Female	Both Sexes
Under 1 ...	43 (20·8)	25 (11·7)	68 (16·2)	11 (2·4)	7 (4·6)	18 (3·0)
1-4	7 (3·4)	4 (1·9)	11 (2·6)	1 (0·2)	— (—)	1 (0·2)
4-44	6 (2·9)	4 (1·9)	10 (2·4)	7 (1·5)	9 (5·9)	16 (2·6)
45-64	28 (13·5)	18 (8·4)	46 (10·9)	162 (35·4)	37 (24·4)	199 (32·6)
65 and over ...	123 (59·4)	162 (76·1)	285 (67·9)	277 (60·5)	99 (65·1)	376 (61·6)
All Ages ...	207(100·0)	213(100·0)	420(100·0)	458(100·0)	152(100·0)	610(100·0)

Deaths from pneumonia and bronchitis in the first quarter of the year were about 30 per cent. of the deaths from these causes during the year compared with over 40 per cent. in 1966.

The quarterly incidence of deaths, taken from the Registrar General's returns, is given in Table C.

TABLE C

QUARTERLY INCIDENCE OF *NOTIFICATIONS AND †DEATHS OF PRIMARY PNEUMONIA AND INFLUENZA AND OF DEATHS FROM BRONCHITIS

(* Departmental Data. † Registrar General's Quarterly Returns).

	Primary Pneumonia				Influenza		Bronchitis	
Period	Notifications	% of Total	Deaths	% of Total	Notifications	Deaths	Deaths	% of Total
1st Quarter	444	26·0	125	29·8	2	2	184	30·1
2nd Quarter	359	21·0	94	22·4	—	—	128	20·9
3rd Quarter	292	17·1	90	21·4	—	1	100	16·3
4th Quarter	614	35·9	111	26·4	1	4	200	32·7
	1,709	100·0	420	100·0	3	7	612	100·0

Table D gives the yearly incidence for the past ten years of deaths from pneumonia, bronchitis, influenza and "other respiratory diseases," excluding tuberculosis.

TABLE D

DEATHS FROM RESPIRATORY DISEASE OTHER THAN TUBERCULOSIS, 1958-1967

(REGISTRAR GENERAL'S ANNUAL RETURNS)

Year	Pneumonia (excluding Pneumonia of the newborn)	Bronchitis	Influenza	Other Respiratory Diseases	Totals
1958	600	856	35	92	1,583
1959	693	943	89	78	1,803
1960	513	708	23	78	1,322
1961	645	762	75	86	1,568
1962	519	810	25	75	1,429
1963	729	946	52	99	1,826
1964	428	808	16	83	1,335
1965	533	814	17	87	1,451
1966	652	808	72	64	1,596
1967	420	610	6	60	1,096

Table E gives the death rates for pneumonia and bronchitis per 100,000 of the estimated population, excluding institutional population, for the various public health divisions of the City. The figures are based on departmental data.

Table E

Deaths from Pneumonia and Bronchitis and Death Rate per 100,000 of the Estimated Population for the Public Health Divisions of the City

Division	Pneumonia Number	Pneumonia Per Cent.	Bronchitis Number	Bronchitis Per Cent.	Death Rate per 100,000 of Estimated Population: Pneumonia	Death Rate per 100,000 of Estimated Population: Bronchitis
Eastern	74	19·7	153	26·6	33·1	68·4
Northern	81	21·5	122	21·2	45·8	69·0
Central	72	19·2	109	18·9	37·5	56·8
South-Eastern ...	78	20·7	98	17·0	38·3	48·1
South-Western ...	71	18·9	94	16·3	49·9	66·1
	376*	100·0	576*	100·0	40·1	61·4

* Institutional deaths not included.

Table F gives the death rates from pneumonia and bronchitis for Glasgow and other cities in Scotland and England for the years 1964, 1965 and 1966. Rates for Glasgow compare not unfavourably with certain English cities.

Table F

Death Rates per 100,000 of the Population for Pneumonia and Bronchitis for Scotland, the Scottish and Certain English Cities

	Pneumonia Death Rate per 100,000			Bronchitis Death Rate per 100,000		
	1964	1965	1966	1964	1965	1966
*Scotland ...	33·4	39·4	49·8	51·2	54·8	55·4
*Aberdeen ...	28·1	42·3	41·4	50·8	42·3	59·4
*Dundee ...	40·5	49·6	69·7	53·4	71·2	65·3
*Edinburgh ...	42·0	50·8	62·9	58 3	60·1	63·3
*Glasgow ...	42·0	53·2	66·5	79·3	81·3	82·5
†Birmingham ...	72·1	72·7	67·1	72·3	74·4	60·0
†Liverpool ...	105·0	91·5	105·0	74·1	75·8	77·1
†Manchester ...	54·5	57·6	68·9	98·4	104·3	109·4
†Leeds	78·5	71·5	79·1	81·0	88·2	102·9
†Salford ...	70·5	78·2	87·0	117·1	118·7	138·5
†Oldham ...	71·0	98·7	134·7	109·2	101·4	176·4

These figures are based on data from—

* Registrar General's Annual Reports for Scotland.

† Registrar General (England and Wales) Statistical Reviews

TUBERCULOSIS

The General Trend of Tuberculosis

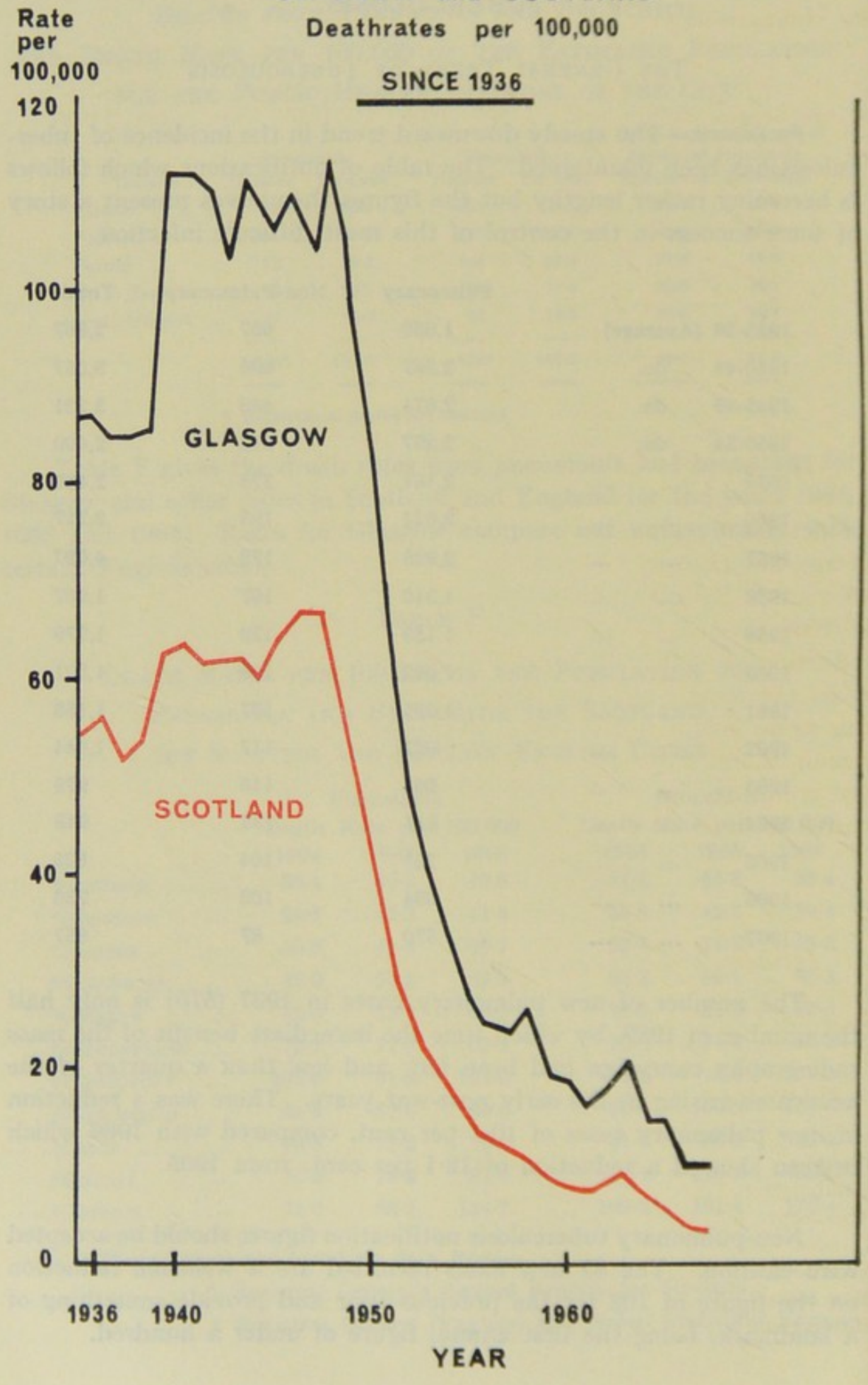
Incidence.—The steady downward trend in the incidence of tuberculosis has been maintained. The table of notifications which follows is becoming rather lengthy but the figures themselves present a story of some success in the control of this most difficult infection.

	Pulmonary	Non-Pulmonary	Total
1935-39 (Average)	1,650	657	2,307
1940-44 do.	2,367	690	3,057
1945-49 do.	2,674	468	3,231
1950-54 do.	2,297	312	2,609
1955	2,181	278	2,459
1956	2,024	193	2,217
1957	3,925	172	4,097
1958	1,340	167	1,507
1959	1,159	120	1,279
1960	1,092	109	1,201
1961	1,021	137	1,158
1962	927	117	1,044
1963	863	116	979
1964	814	135	949
1965	721	104	825
1966	634	102	736
1967	570	87	657

The number of new pulmonary cases in 1967 (570) is only half the number in 1959, by which time the immediate benefit of the mass radiography campaign had been felt, and less than a quarter of the new cases arising in the early post-war years. There was a reduction in new pulmonary cases of 10·1 per cent. compared with 1966 which in turn showed a reduction of 12·1 per cent. from 1965.

Non-pulmonary tuberculosis notification figures should be accepted with caution. The 87 new cases recorded are a welcome reduction on the figure of 102 for the previous year and provide something of a landmark, being the first annual figure of under a hundred.

PULMONARY TUBERCULOSIS
GLASGOW and SCOTLAND
Deathrates per 100,000



The following table shows the age and sex distribution of the cases notified in 1967, with the corresponding 1966 figures alongside for comparison :—

	Pulmonary				Non-Pulmonary			
	Males		Females		Males		Females	
Age Groups	1967	1966	1967	1966	1967	1966	1967	1966
— 5	3	8	3	7	1	1	1	—
—15	16	9	9	11	3	2	4	4
—25	43	48	36	39	12	12	6	13
—35	37	42	40	43	4	8	11	12
—45	46	60	28	41	3	6	12	13
—55	62	70	38	23	2	1	6	4
—65	103	104	19	22	2	3	7	10
+65	63	87	24	20	4	5	9	8
	373	428	197	206	31	38	56	64

The numbers in each age and sex group are now small enough to be subject to chance fluctuations. For example, there has been an increase in pulmonary tuberculosis in women between 45 and 55 years of age but there is a compensating decrease in the age group below 45 years. Nevertheless some general observations are justified. As in 1966 the males with 55 fewer cases have profited more from the reduction of incidence than the females with only 9 fewer. For some years the female incidence was less than half that of the males, but this is no longer so. In spite of this, men between 55 and 65 years remain the most heavily affected group. The fall in the 15 to 25 year age group, the group largely influenced by B.C.G. vaccination, which halted in 1966 has been resumed.

PULMONARY TUBERCULOSIS

Incidence.—The case rate per 100,000 in Glasgow is shown for certain years along with the comparable incidence in other large Scottish and English towns.

PULMONARY TUBERCULOSIS : GLASGOW AND OTHER LARGE TOWNS

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Glasgow	367	126	109	103	97	89	84	80	72	65	59
Edinburgh ...	90	148	59	55	56	47	48	37	39	40	36
Aberdeen	171	52	73	48	46	34	26	26	30	32	31
Dundee	148	252	135	57	71	63	67	49	50	35	25
Liverpool	133	104	215	58	54	59	53	37	34	33	33
Manchester ...	88	78	71	59	58	59	47	49	48	44	43
Birmingham ...	77	84	64	71	64	65	56	57	51	53	48

An authority on tuberculosis at a recent conference advanced the proposition that tuberculosis would be a rare disease when the incidence was 20 per 100,000. He assumed that in Western countries there was one doctor per thousand of the population and the above incidence would mean that each doctor on average would see a new case of tuberculosis once in five years. It will be seen that Glasgow has to reduce its incidence by two-thirds to reach this level. It will be noted that Dundee has practically reached this level, but the incidence has been fluctuating in Dundee which may happen with a smaller population. The incidence in Glasgow has been falling more steeply than in some English cities.

Mortality.—There were 101 deaths from pulmonary tuberculosis in 1967 compared with 95 in 1966. The corresponding death rates per 100,000 of population were 10 in 1967 and 9·7 in 1966. This fractional deterioration is not a great disappointment in that the 1966 rate was particularly low compared with previous years. It will be seen from the table below that not only in Glasgow but in other cities the death rate falls slowly. As in recent years, the heavy death rate is in males over middle age. Seventy-one of the 101 deaths were in males and of these 53 were in males over 55 years of age.

PULMONARY TUBERCULOSIS : GLASGOW AND OTHER LARGE TOWNS
DEATH RATES PER 100,000 — 1957-1967

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Glasgow	24	26	20	19	18	18	21	14	14	10	10
Edinburgh ...	7	6	4	5	3	3	3	2	3	2	1
Aberdeen	5	7	6	5	5	2	4	1	3	2	3
Dundee	9	10	7	5	6	3	7	4	2	2	3
Liverpool	16	14	14	11	11	10	7	5	6	6	6
Manchester ...	14	10	12	12	8	11	8	8	7	8	7
Birmingham ...	12	13	9	7	7	7	7	5	4	4	3

NON-PULMONARY AND DISSEMINATED TUBERCULOSIS

Incidence.—There were 87 cases of non-pulmonary tuberculosis in 1967 compared with 102 in 1966 and 104 in 1965. This is equivalent to a drop in the case rate from 10 to 9 per 100,000. Included in the 87 cases were 3 cases of tuberculous meningitis of which one was an infant. This is disturbing as this is the first infant case since 1961. Infants are more difficult to treat with this condition which is preventable by B.C.G. vaccination. The notifications of tuberculous meningitis have only exceeded ten cases in one year since 1959 and it is proposed to drop the table of notifications from the report.

Glasgow—Cases of Pulmonary Tuberculosis Notified and Deaths* in each Municipal Ward During 1967 and 1966

Ward No.	Pulmonary Cases Males 1967	Pulmonary Cases Males 1966	Pulmonary Cases Females 1967	Pulmonary Cases Females 1966	Deaths* Both Sexes 1967	Deaths* Both Sexes 1966
1 Shettleston and Tollcross	15	23	5	12	2	5
2 Parkhead	2	8	5	4	1	3
3 Dalmarnock	7	9	9	5	3	4
4 Calton	15	9	6	4	5	5
5 Mile-End	9	8	—	4	2	5
6 Dennistoun	4	11	4	2	—	1
7 Provan	15	22	15	17	4	8
8 Cowlairs	11	11	4	1	3	3
9 Springburn	9	11	5	5	2	4
10 Townhead	9	8	3	5	3	2
11 Exchange	7	9	2	2	1	—
12 Anderston	5	13	4	6	2	1
13 Park	10	15	6	4	1	1
14 Cowcaddens	3	2	1	3	1	3
15 Woodside	8	4	4	1	3	—
16 Ruchill	11	21	6	14	12	10
17 North Kelvin	7	5	5	4	4	4
18 Maryhill	15	8	—	4	6	2
19 Kelvinside	5	4	2	1	1	1
20 Partick (East)	7	12	7	7	2	—
21 Partick (West)	9	6	5	4	1	—
22 Whiteinch	4	4	2	1	1	—
23 Yoker	9	10	7	11	4	2
24 Knightswood	18	24	9	15	2	3
25 Hutchesontown	5	7	5	1	2	2
26 Gorbals	17	14	10	2	4	3
27 Kingston	7	8	4	3	2	—
28 Kinning Park	5	11	8	7	2	5
29 Govan	9	10	5	6	2	2
30 Fairfield	4	7	7	2	1	4
31 Craigton	14	6	6	3	3	5
32 Pollokshields	12	7	5	7	3	2
33 Camphill	9	9	5	1	1	4
34 Pollokshaws	17	22	10	8	2	4
35 Govanhill	7	8	5	—	4	2
36 Langside	10	8	3	9	3	1
37 Cathcart	17	18	7	19	4	4
Institutions	26	35	1	2	15	9
Harbour	—	1	—	—	—	—
Total for City ...	373	428	197	206	114	114

* M.O.H. figures.

A study of this table over the years will show how the number of cases and deaths can vary from year to year in smaller populations.

Mortality.—In 1967 there were 9 deaths from non-pulmonary tuberculosis compared with 13 in 1966. This means that the death rate is less than one per 100,000 of the population.

Intimation of Primary Tuberculosis.—Last year it was recorded that the intimations of primary tuberculosis in children increased from 6 in 1965 to 24 in 1966. There has been a further increase to 37 intimations in 1967, comprising 26 boys and 11 girls. Thirty-one of the 37 intimations occurred in one of the five Divisions. It can be stated with reasonable certainty that stricter criteria are being applied in this Division. With the advent of prophylactic treatment for children it is arguable that these stricter criteria are justified. The figure for primary intimations should be looked at alongside the child notifications. In 1967 there were 6 notifications of pulmonary tuberculosis in children under 5 years, which is considerably less than the figure of 15 for 1966.

B.C.G. VACCINATION

There was a welcome recovery in the number of vaccinations done. In 1967 the total was 26,476 as against 25,425 in 1966 which was a poor year. The drop in the number of contacts vaccinated continued from 598 in 1966 to 537 in 1967. The recovery was due to a moderate increase in the 13-year-old school vaccinations from 10,879 to 11,232 and to a large increase in infant vaccinations from 11,549 to 12,425. In 1966 there was a deficiency in infant vaccinations at some of the maternity units due ostensibly to shortage of staff. The only solution was to get the medical staff of the Department to make good the deficiency and this has been done. With a moderate incidence of primary infection still occurring in Glasgow and even a few cases of tuberculous meningitis it seems reasonable to continue infant B.C.G. vaccination. It might even be thought more necessary than diphtheria and poliomyelitis immunisation.

Schools Campaign.—Vaccination of 13-year-olds was done in 102 schools and the school staffs gave great assistance in making this a successful campaign. The number of consent forms issued to parents

was 15,735, which was 80 more than in 1966, and 15,269 consents were obtained, representing a 97 per cent. acceptance. This is well up to the usual high standard. To achieve this fewer home visits had to be paid by the Health Visitors. In 1966 they went to 618 homes but in 1967 only 351 missing consents had to be followed up and from these visits 211 further consents were obtained.

Tuberculin Testing.—It has been the practice to use a Mantoux Test with a dose of P.P.D. equal to 10 Tuberculin Units. This year it was decided to experiment a little by using the Heaf Test and also halving the dosage used in the Mantoux Test (i.e., P.P.D. with a 5 Tuberculin Unit dose). The Heaf Test was used for one week of the campaign. Some of the Health Visitors have used this test in the past for the tuberculin testing of younger children and as a refresher a demonstration was given and sets of the original Heaf Test instructions were issued. The half strength P.P.D. of 5 Tuberculin Units was used for the last week of the main campaign and for the later follow up of absentees.

In 51 schools tested at the beginning of the campaign with P.P.D. 10 Tuberculin Units, there were 2,017 positive results from 8,015 pupils. This gives a positive reactor rate of 25·2 per cent., which compares with a rate of 24·0 per cent. for the 1966 campaign. As was explained last year the increasing percentage of positives is expected because of the larger number of infant vaccinated children in the 13-year-old group.

Five large schools tested in the last week and the absentees give a total of 2,270 children tested with P.P.D. 5 Tuberculin Units. There were 499 positives equivalent to 22·0 per cent. As would be expected the halving of the strength of the P.P.D. has reduced the number of positives and the reduction is highly significant if statistically tested. The 5 Tuberculin Unit testing also gave a smaller proportion of large positive results. These are reactors with a positive result of 25 mm. diameter or more and are sent to the chest clinics for assessment. From 8,015 pupils tested with 10 Tuberculin Units, there were 98 large positives (1·22 per cent.) and from 2,270 tested with 5 Tuberculin Units there were 20 large positives (0·88 per cent.). Statistically this does not satisfy tests of significance with the numbers available.

In 5 large schools tested by the Heaf method, there were 1,131 pupils and 147 positive reactors equivalent to 13·0 per cent. Therefore

in our limited experience the Heaf Test gives fewer positive reactors and consequently a larger proportion of the children receive B.C.G. vaccination. Grade IV Heaf Tests were taken to be large positive reactors and there were very few of these.

It will be seen that the decision whether to give or withhold B.C.G. from a child depends in many cases on the type and strength of the tuberculin test used. The P.P.D. of 10 Tuberculin Units used in the past has resulted in a high percentage of positive reactors and fewer vaccinations. Heaf Test would have resulted in our experience in a much larger number of vaccinations. The P.P.D. of 5 Tuberculin Units would result in an intermediate estimate of those requiring B.C.G.

In fact, 14,519 tests were observed of which 11,255 were negative. All but 23 of these children were given vaccine, a total of 11,232.

Schools B.C.G. Campaign—1967

1. Public Response—Parental Consent to Vaccination

	Schools	Pupils	Consents	% Response
Public Schools ...	96	15,372	14,925	97·1
Private Schools ...	6	363	344	94·8
Total	102	15,735	15,269	97·0

2. Loss Due to Absence from School

	(1) Consents	No. Absent 1st Visit	% of (1)	No. Tested	No. Absent 2nd Visit	% of (1)	Total No. Absent	% of (1)	No. of Tests Read
Public Schools	14,925	549	3·7	14,376	193	1·3	742	5·0	14,183
Private Schools	344	8	2·3	336	—	—	8	2·3	336
Total	15,269	557	3·6	14,712	193	1·3	750	4·9	14,519

3. Results of Mantoux/Heaf Tests

	Tests	Positive	Per Cent.	Negative	Per Cent
Male—					
Public Schools ...	7,205	1,608	22·3	5,597	77·7
Private Schools ...	132	28	21·2	104	78·7
Total	7,337	1,636	22·3	5,701	77·7
Female—					
Public Schools ...	6,978	1,605	23·0	5,373	77·0
Private Schools ...	204	23	11·3	181	88·7
Total	7,182	1,628	22·7	5,554	77·3
All Results ...	14,519	3,264	22·5	11,255	77·5

4. B.C.G. Vaccination

	(1) Negative Reactors	Not Vaccinated	% of (1)	Vaccinated
MALE—				
Public Schools	5,597	14	0·3	5,583
Private Schools	104	—	—	104
Total	5,701	14	0·2	5,687
FEMALE—				
Public Schools	5,373	8	0·1	5,365
Private Schools	181	1	0·6	180
Total	5,554	9	0·2	5,545
Both Sexes	11,255	23	0·2	11,232

Routine Vaccination Scheme.—Slightly greater use was made of the preventoria for isolation of child contacts than in the previous year. Most of the declining number of child contacts attend the divisional clinics. This is still the most essential group to vaccinate and a great effort is made to achieve complete coverage.

The addition of 26,476 vaccinations in 1967 now brings the cumulative total of B.C.G. vaccinations in Glasgow to 345,842.

B.C.G. Vaccinations — Glasgow, 1950/67

Group	Centre	1950/62	1963	1964	1965	1966	1967	Total
Indoor Contacts	Moffat Street	889	6	—	—	—	—	895
	Carnbooth	560	5	2	3	—	3	573
	Millbrae	672	19	10	15	2	11	729
N.B. Infants	Millbrae	1,009	2	11	16	—	1	1,039
	Total	3,130	32	23	34	2	15	3,236
Outdoor Contacts	Health and Welfare Department	17,753	999	632	738	598	537	21,257
	R.H.S.C.	1,009	—	—	—	—	—	1,009
	Total	18,762	999	632	738	598	537	22,266
Nurses	Hospitals	2,159	89	71	119	121	83	2,642
	Langside College Trainees	163	14	16	45	30	29	297
	Logan and Johnston Trainees	194	30	23	33	47	2	329
	H.V. Trainees	18	—	—	—	—	—	18
	Total	2,534	133	110	197	198	114	3,286
Students	University	766	44	32	—	10	37	889
	Others	93	—	—	—	—	—	93
	Total	859	44	32	—	10	37	982
	Total Primary Groups ...	**25,285**	**1,208**	**797**	**969**	**808**	**703**	**29,770**

B.G.G. VACCINATIONS — GLASGOW, 1950/67—*Contd.*

Group	Centre	1950/62	1963	1964	1965	1966	1967	Total
N.B. Infants	Maternity Hospital ...	23,237	3,040	3,153	2,899	1,721	2,506	36,556
	Robroyston Hospital ...	13,875	1,677	1,149	1,769	1,819	1,833	22,122
	Stobhill Hospital ...	12,414	1,315	1,266	1,591	1,879	1,649	20,114
	Western District Hospital	8,370	1,278	1,289	828	—	—	11,765
	Southern General Hospital	4,023	723	685	474	275	613	6,793
	Eastern District Hospital	3,169	479	641	533	326	404	5,552
	Redlands Hospital ...	2,728	340	568	726	1,006	1,072	6,440
	Maternity Hospital Ross Annexe	8,159	1,838	1,553	1,531	1,691	1,645	16,417
	Belvidere Hospital ...	485	749	585	783	929	883	4,414
	Queen Mother's Hospital	—	—	1,424	1,660	1,903	1,820	6,80
	Total	76,460	11,439	12,313	12,794	11,549	12,425	136,980
Scholars	Schools	98,320	12,007	11,723	11,542	10,879	11,232	155,703
Others	Various	12,439	2,208	2,430	2,007	2,189	2,116	23,389
	Total	110,759	14,215	14,153	13,549	13,068	13,348	179,092
	Total Secondary Groups	**187,219**	**25,654**	**26,466**	**26,343**	**24,617**	**25,773**	**316,072**
	Total All Groups ...	**212,504**	**26,862**	**27,263**	**27,312**	**25,425**	**26,476**	**†345,842**

† Cumulative Total

X-RAY SECTION

The routine work of the Section continued as in previous years and a high standard of X-ray work has been maintained. The apparatus is becoming rather old and increased maintenance is required to keep it in good working order. Miss Lawrie who had been in the Section for several years left Glasgow following her marriage.

The number of miniature films taken increased by almost a thousand compared with 1966. Superannuation and Sick Pay candidates and school teachers were the categories which account for the increased volume of work.

The following table shows the recall rates :—

	Males	Females	Total
Miniatures	4,543	4,841	9,384
Recalls	183	173	356
Recall Rate	4·0%	2·6%	3·8%

The corresponding rates in 1966 were 5·3 per cent. (male), 3·4 per cent. (female) and 4·2 per cent. (total). It is always satisfactory to achieve a reduction in the recall rate.

The 9,384 miniature films taken in 1967 are classified below.

MINIATURE FILMS, 1967

	Males	Females	Total
1. Contacts, New	340	367	707
2. Contacts, Return	23	37	60
3. Superannuation	1,772	853	2,625
4. Sick Pay	406	980	1,386
5. School Children	—	1	1
6. Special Surveys	114	85	199
7. Nationalised Services ...	1	—	1
8. Entrants to Homes ...	49	95	144
9. Other Local Authorities	20	12	32
10. Miscellaneous	458	1,118	1,576
11. School Teachers	1,034	1,269	2,303
12. Transport	326	24	350
	4,543	4,841	9,384

The 532 full-size films consisted of 356 recalls and 176 primary full-size films. The corresponding figures for 1966 were 555 large films made up of 359 recalls and 196 primary.

The findings for 1967 are classified as follows :—

FULL-SIZE FILMS, 1967

Groups	Phthisis Active	Phthisis Inactive	Pleurisy	Root Lesions	Non-Pulm. Lesions	Neo-plasm	N.A.D.	Total
MALE—								
1. Contacts, New ...	2	4	3	6	1	1	4	21
2. Contacts, Return ...	—	—	—	—	—	—	1	1
3. Superannuation ...	9	30	6	5	8	—	27	85
4. Sick Pay	8	16	6	1	1	1	7	40
5. School Children ...	—	—	—	—	—	—	—	—
6. Special Surveys ...	1	3	—	—	—	—	—	4
7. Nationalised Services ,	—	1	1	—	—	—	—	2
8. Entrants to Homes	1	13	1	—	2	—	6	23
9. Other Local Authorities ...	—	—	—	—	—	—	—	—
10. Miscellaneous ...	2	10	4	4	4	—	57	81
11. School Teachers ...	1	6	5	—	2	—	12	26
12. Transport	1	6	—	—	1	—	4	12
	25	89	26	16	19	2	118	295
FEMALE—								
1. Contacts, New ...	1	6	1	5	4	—	13	30
2. Contacts, Return ...	—	—	—	—	1	—	—	1
3. Superannuation ...	6	17	3	—	4	—	12	42
4. Sick Pay	5	30	2	—	6	—	16	59
5. School Children ...	—	1	—	1	—	—	—	2
6. Special Surveys ...	—	—	1	—	—	—	1	2
7. Nationalised Services	—	1	—	—	—	—	1	2
8. Entrants to Homes	2	12	3	1	5	—	15	38
9. Other Local Authorities ...	—	—	—	—	—	—	—	—
10. Miscellaneous ...	3	14	2	—	2	—	13	34
11. School Teachers ...	5	5	1	2	3	—	11	27
12. Transport	—	—	—	—	—	—	—	—
	22	86	13	9	25	—	82	237

There were 47 patients in whom a diagnosis of active pulmonary tuberculosis was suggested compared with 60 in the previous year. Two males were suspected of having lung cancer as against one in 1966.

VENEREAL DISEASE

The increase in the number of new patients attending the Venereal Diseases Clinics in Glasgow, which has occurred annually since 1962, continued in 1967 when 5,875 were seen compared with 5,492 in 1966. There was a slight increase in the numbers of patients transferred in, 115 compared with 102 in 1966 and there was also a rise in the number of patients carried over from 1966, so that, in all 7,690 patients were dealt with during the year. With regard to the disposal of patients, while 2,740 were discharged, 2,789 defaulted during their surveillance before we could guarantee cure to those treated or freedom from infection to those who attended for reassurance only. It does not appear that the patients attending the clinics want to appreciate the dangers of promiscuous behaviour and still treat the matter too lightly despite our warnings and explanations. Five hundred and seventy-five were transferred out after initial treatment but we have no knowledge of whether they ever attended other clinics for further treatment or surveillance. We transfer out over four times the number of patients who attend on transfer, so judging from our own figures, 75 per cent. of those transferred out from a clinic default. 1,586 remained on the register at 31st December, a decrease of 114 compared with 1966. The figures for the admission and disposal of patients from 1962 to 1967 are set out in Table I which shows the various trends over the years.

Table II sets out the number of new patients by sex and diagnosis over the past six years. There was a greater increase in the number of new male patients ; 360 as compared with females, 23. The increase in the numbers suffering from syphilis is considerable in males but only moderate in females while for gonorrhoea the reverse holds good. The large increase in the number of females with gonorrhoea probably reflects the efficiency of our contact tracing especially as the rise in the number of males is so small. Nevertheless, there is no evidence that we are in control of the situation. There does not appear to be any correlation between the incidence of Gonorrhoea and Non-specific Urethritis in males, the local incidence of the latter rising with increasing acceleration. Other sexually transmitted diseases also showed increases in numbers but fewer patients attended who were found to be free from venereal conditions both in males and females.

Non-Specific Urethritis

A further increase in the numbers of patients attending with non-specific urethritis was noted. The cause or causes of this condition remain unknown save in a small minority of cases and to date all possible organisms, bacterial, mycoplasmal or viral, investigated have

ultimately been rejected. Of the 1,024 attending in 1967, 14 (1·4 per cent.) had Reiter's Syndrome. This is a similar proportion of cases as is found elsewhere in Britain.

Trichomonas Infections

During 1967, 28 male patients were found to be suffering from trichomonas infections, once again the majority being diagnosed as a result of routine culture being carried out on all cases of urethritis. Similarly, the rise in the number of female patients which has continued steadily since first reporting has now reached 483 patients in 1967, the majority being diagnosed by culture but a few more found in the cervical smears taken routinely for exfoliative cytology.

Other Venereal Infections

There has been a marked rise in the number of male patients treated for other venereal infections; 1,099 in 1967 compared with 926 in 1966. Once again no case of chancroid was found and two cases of lymphogranuloma venereum were treated. The rise in the number of female patients has been less dramatic; 144 during 1967 compared with 121 in 1966. During 1967, 110 men and nine women were treated for phtherius pubis infestation and 82 men and two women for scabies. These numbers continue to rise and are not found solely in people of poor hygiene living in insanitary conditions. A number of infections are acquired as a sexually transmitted disease outside this area.

Non-venereal Conditions

There has been a drop in the number of those found to be free from venereal or sexually transmitted diseases when seen at the clinics during 1967 as compared with the previous years, and it would appear that this trend is continuing. During 1967, 1,077 men and 403 women were found to be free from venereal disease when they either attended of their own accord for reassurance or were referred to eliminate venereal disease as a cause of their complaints.

For the first time in several years there was a drop in the numbers of babies referred to have serological tests for syphilis carried out prior to adoption, 192 males and 167 females.

The number of women on whom cervical exfoliative cytology was carried out continues to increase. Six hundred and thirty smears were taken from 569 women Abnormalities warranting further investigation were found in eleven of these but it is regrettable that although efforts were made by writing, visiting and through general practitioners on

certain occasions, the majority were either not found at their stated address, either having moved or given a false address in the first place, or, worse still, refused to attend the gynaecological clinic. This problem of non-co-operation will have to be solved if the time and efforts of the cytologists are not to be wasted. It may well be that we will have to adopt different follow-up policies in the future.

Syphilis

The types of syphilis diagnosed in new patients in 1962 to 1967 are set out in Table III. The rise in the number of male and female patients with contagious syphilis noted in 1966 has continued into 1967 to an even greater degree. Of the 46 male cases 24 were acquired locally, 8 by homosexuals, while of the 22 infections acquired elsewhere only 10 were imported by seamen while 12 were acquired by holiday-makers and tourists, these now becoming the more important source of imported syphilis. Of the 16 females one acquired her infection abroad and 15 locally, five being contacts of men already attending.

There was little change in the number of patients with late acquired syphilis referred to this Department, and while there was a drop in the number of congenital syphilis cases found, seven, as compared with 10 in 1966, there was one baby aged one month. This is the first infantile case that has been recorded for some years. The ante-natal care had been carried out in three countries and the mother was near to term on arrival in Scotland. The birth did not take place in Glasgow, but the diagnosis was made in the City, hence its appearance in this Report. It did not appear from the history that was obtained that the mother had serological tests for syphilis taken at any time. Both parents were examined and treated concurrently with their child.

Ante-natal Blood Tests

During 1967, there was a slight increase in the number of ante-natal serological tests for syphilis carried out in Glasgow; 24,910 compared with 22,577 in 1966 and once again all sera giving doubtful or positive results to the various non-specific tests were subjected to specific tests. The City Laboratory tested 6,397 sera from ante-natal clinics, nine (0·14 per cent.) giving positive results to the non-specific tests of which two were confirmed by specific tests. This Laboratory also tested 3,740 sera from ante-natal patients attending their general practitioners, eight (0·21 per cent.) giving positive non-specific results, non of which was confirmed by the specific tests. The other laboratories in Glasgow carried out tests on a further 14,773 sera from ante-natal patients 99 (0·67 per cent.) giving positive non-specific results, seven

of which were confirmed by specific tests. In all, nine (7·8 per cent.) of the 116 positives or doubtful non-specific results were confirmed, giving an over-all incidence of syphilis among these ante-natal patients of 0·036 per cent. This is a drop from 1966 (0·089 per cent.) and 1965 (0·058) per cent. Once again it is impossible to know the reasons for these fluctuations which are varying quite markedly from year to year in this area.

Gonorrhoea

During 1967, 11 cases of gonococcal ophthalmia neonatorum were referred to the Department of Venereal Diseases in Glasgow. The majority of these babies had been delivered in hospital and the mothers had shown full co-operation during the ante-natal care in all the cases. The comments made on this Report last year still hold good and one can see no prospect of any improvement in the future until there is a change in ante-natal care. All cases of vaginal discharge occurring during pregnancy warrant bacteriological investigation. Urethral and cervical swabs sent to the laboratories in Stuart's transport medium will enable the bacteriologist to diagnose gonorrhoea, trichomonas vaginalis infection and vaginal thrush.

Once again one child was referred with gonococcal vulvo-vaginitis.

The numbers of cases by age groups and sex of those with sexually transmitted gonorrhoea attending from 1962 to 1967 are set out in Table IV. The increase noted in male patients was at the extremes, that is to say, among the teenagers and men aged 45 years and over, while in females the increase was from the age of 20 to 24 and mainly in the 25 to 34 age group. The trend noted in 1966 has been maintained in 1967 and would indicate that a number of women are especially promiscuous. The figures in Table IV indicate the number of cases treated and as some patients attended on more than one occasion with infections of gonorrhoea the actual number of male patients was 967 who between them had 1,086 infections, while 355 women had 416 infections.

The Sensitivity of Gonorrhoea to the Antibiotics

Full sensitivity reports were received from the City Laboratory on 1,289 strains of N. Gonorrhoea during 1967. These reports included the sensitivity or resistance to Streptomycin, Sulphonamide, Kanamycin and Tetracycline as well as a quantatitive estimation of the sensitivity to Penicillin G. Penicillin remains the drug of choice in the treatment of gonorrhoea unless the patient has had a previous reaction

to it. 47·3 per cent. of strains were sensitive to 0·03 ug/ml. Pen. G. (50·0 per cent in 1966), but only 2·3 per cent. required a concentration of 0·3 ug. or more per ml. (9 per cent. in 1966). It would appear that there is little change in the sensitivity to Penicillin of strains treated in Glasgow and no evidence of the importation of resistant strains from elsewhere in the country. The in vitro resistance of the other antibacterial agents is set out in table V by quarters. 68·3 per cent. were sensitive to all the agents. 29·8 per cent. were resistant to Streptomycin which is higher than noted in the previous two years. Resistance to Sulphonamides remained low, 2·9 per cent. compared with 2·3 per cent. in 1966. Sensitivity tests to Kanamycin were carried out throughout the whole year ; 0·7 per cent. were resistant not to be compared with the 5·7 per cent. noted in 1966. The least resistance noted was that to Tetracycline ; 0·16 per cent. compared with 0·2 per cent. in 1966.

Attendance of Seamen at Venereal Diseases Clinics

The numbers of seamen attending the Glasgow clinics continues to rise ; 495 during 1967 compared with 467 in 1966, but once more the vast majority attended for reassurance only. The amount of contagious syphilis and gonorrhoea found in seamen as compared with the total males in Glasgow is set out in Table VI. Ten seamen attended with contagious syphilis, none acquired locally, and these infections accounted for only 22 per cent. of the male contagious syphilis. The fall in the number of seamen attending with gonorrhoea continued in 1967 ; 75 compared with 83 in 1966, and once more the incidence of gonorrhoea in seamen (15·2 per cent.) was lower than that for the total male patients (24·7 per cent.).

Contact Tracing

Of the 1,132 men with infectious venereal disease 18 attended as contacts, some of females already attending. Interrogation of the other 1,114 concerning their sexual contacts resulted in information that could be followed-up in 423 (36·1 per cent.) which reflects the increasing efficiency of the contact tracing. Fifty-one contacts were notified elsewhere. The outcome of contact tracing efforts is set out in Table VII and a note of the promiscuity of female patients found to be suffering from gonorrhoea is set out in Table VIII.

Of the 433 females with sexually acquired infectious disease 303 attended as contacts notified from the local male clinics or elsewhere. The diagnosis of contacts attending the Glasgow clinics during 1967 is set out in Table IX.

CASE HOLDING

During 1967 the number of promiscuous women attending the clinics remained high. This has already been noted with regard to the age groups of those with gonorrhoea and by the number of women attending with multiple contact notifications. Case holding was more difficult than in 1966 for this reason, but, in addition, as the number of sessions in female clinics increased so the contact tracers had less time to leave the clinic to carry out default work. 482 default visits were made in 1967 compared with 929 in 1966, with the result that fewer women with gonorrhoea and contagious syphilis returned after default than in previous years. Nevertheless, the average number of attendances for gonorrhoea by females rose to 6·1 (5·9 in 1966), and the improvement previously noted in male patients continued to 1967 ; 5·9 compared with 4·7 in 1966. The efforts made to persuade defaulters to re-attend in 1967 are set out in Table X

Once again there was a drop in the number of male and female default episodes among those suffering from gonorrhoea ; males 514 compared with 544 in 1966, females 509 compared with 612 in 1966, and again despite an increasing number of those at risk. This reflects the importance of the good management of patients by all the clinic staff.

In 1967 the incidence of false names and addresses given by patients defaulting after treatment for gonorrhoea was 95 (18·7 per cent.) for females, a drop from 22·7 per cent. in 1966, and 133 (25·9 per cent.) for males, a rise from 20·2 per cent. in 1966, which was the only year when males had a lower incidence than females.

TABLE I

ADMISSION AND DISPOSAL OF PATIENTS 1962-1967

	1962	1963	1964	1965	1966	1967
On register at 1st January ...	1,101	1,079	1,047	933	1,545	1,700
New patients	4,609	4,721	4,846	5,089	5,492	5,875
Other cases admitted	211	183	244	147	102	115
Total	5,921	5,983	6,137	6,169	7,139	7,690
Discharged	3,166	3,358	2,829	2,325	2,727	2,740
Defaulted	1,238	1,131	1,690	1,737	2,256	2,789
Transferred	438	447	685	562	456	575
On register at 31st December ...	1,079	1,047	933	1,545	1,700	1,586

Table II

New Patients by Diagnosis, 1962-1967

Sex	Year	Syphilis	Gonorrhoea	Non Specific Urethritis	Trichomonas Infection	Other Venereal Infections	Non Venereal Conditions	Total
Male	1962	42	1,199	598	0	367	1,499	3,705
	1963	42	1,211	635	0	354	1,508	3,750
	1964	49	1,200	640	1	351	1,534	3,775
	1965	50	1,045	751	29	706	1,215	3,796
	1966	49	1,062	807	23	926	1,163	4,030
	1967	71	1,091	1,024	28	1,099	1,077	4,390
Female	1962	18	215	—	119	72	480	904
	1963	16	213	—	165	60	517	971
	1964	26	269	—	184	65	527	1,071
	1965	32	282	—	341	66	572	1,293
	1966	25	336	—	410	121	570	1,462
	1967	33	422	—	483	144	403	1,485

Table III

Types of Syphilis in New Patients, 1962-1967

	Contagious		Late acquired		Congenital			
Year	M	F	M	F	Under 1 yr.	1-4 yrs.	5-14 yrs.	15 yrs. & over
1962	22	4	19	5	—	—	—	10
1963	19	4	22	9	—	—	1	3
1964	25	10	24	11	—	—	1	5
1965	6	5	39	15	—	1	—	11
1966	15	10	32	7	—	—	—	10
1967	46	16	32	11	1	—	—	6

Table IV

Sexually Acquired Gonorrhoea by Age Groups, 1962-1967

Sex	Year	Under 15	15-19	20-24	25-34	35-44	45 & over	Total
Male	1962	—	68	290	530	208	103	1,199
	1963	—	72	315	486	217	121	1,211
	1964	—	69	280	538	213	100	1,200
	1965	—	59	258	455	168	102	1,042
	1966	—	73	286	457	160	78	1,054
	1967	1	93	269	447	161	115	1,086
Female	1962	—	28	72	73	30	10	213
	1963	—	46	69	69	21	5	210
	1964	2	49	95	92	24	5	267
	1965	1	61	100	69	38	7	276
	1966	3	74	99	121	22	11	330
	1967	8	70	124	162	40	12	416

Table V

Quarterly in Vitro Resistance of Gonococci to Antibiotics

Antibiotic	1st Quarter No.	1st Quarter %	2nd Quarter No.	2nd Quarter %	3rd Quarter No.	3rd Quarter %	4th Quarter No.	4th Quarter %	Total No.	Total %
Streptomycin	70	25·9	103	31·3	86	22·5	114	37·1	383	29·8
Sulphonamides	7	2·6	3	0·9	4	1·0	23	7·5	37	2·9
Kanamycin	7	2·6	2	0·6	0	—	0	—	9	0·7
Tetracycline	2	0·7	0	—	0	—	0	—	2	0·16
No. of Strains examined	270	100·0	329	100·0	383	100·0	307	100·0	1,289	100·0
No. of Strains sensitive to all antibiotics ...	185	68·5	225	68·4	295	77·0	175	57·0	880	68·3

Table VI

The Incidence of Contagious Syphilis and Gonorrhoea in Seamen compared with Total Males over the past Six Years

Year	Contagious Syphilis Total	Contagious Syphilis Seamen	Contagious Syphilis %	Gonorrhoea Total	Gonorrhoea Seamen	Gonorrhoea %
1962	22	9	41	1,199	117	9·8
1963	19	7	37	1,211	99	8·2
1964	25	7	28	1,200	97	8·1
1965	6	1	17	1,042	96	9·2
1966	15	7	47	1,054	83	7·7
1967	46	10	22	1,086	75	6·9

Table VII

The Outcome of Efforts to Trace Female Contacts

Notification	Status	Total	Not Traced	Notified Elsewhere	Located	Refused	Diagnosis Confirmed	Diagnosis Not Confirmed
From Local Clinics	Marital	159	8	8	143	1	124	18
	Other	928	694	41	193	14	155	24
From Elsewhere	Marital	3	—	—	3	—	3	—
	Other	55	20	2	33	6	21	6
Total		1,145	722	51	372	21	303	48

Table VIII

The Promiscuity of Female Contacts Attending with Gonorrhoea

Named by 1 man	...	268
Named by 2 men	...	16
Named by 3 men	...	6
Named by 4 men	...	4
Named by 5 men	...	3
Named by 6 men	...	1
		298

Table IX

The Diagnosis of Contacts attending the Clinics.

Sex	Syphilis	Gonorrhoea	Other Venereal Infections	Non Venereal Conditions	Total
Male ...	5	13	5	5	28
Female ...	5	298	85	12	400
Total ...	10	311	90	17	428

Table X

Attempts to get Defaulters to Re-Attend in 1967

Sex	Diagnosis	Nos. at Risk	Default Episodes	Re-attending No.	Re-attending %	Efforts Needed Visits	Efforts Needed Letters
Male	Gonorrhoea ...	1,430	514	271	53	—	675
	Contagious Syphilis	97	16	13	81	—	20
	Late Syphilis	128	43	30	70	—	47
	Congenital Syphilis	17	0	—	—	—	—
	Totals	1,672	573	314	55	—	742
Female	Gonorrhoea ...	571	509	189	37	453	234
	Contagious Syphilis	53	16	6	38	13	9
	Late Syphilis ...	92	8	5	63	6	2
	Congenital Syphilis	48	14	6	43	10	4
	Totals	764	547	206	38	482	249

SECTION IX

MENTAL SERVICES

There is little to report of new development in the community care of the mentally disordered. Adaptations were made to the premises at Broomhill used by the Scottish Society for Mentally Handicapped Children as an adult work centre. Formerly there were places for 24 females in the morning and 24 males in the afternoon. The premises now allow for full-time attendance for the 48 on the roll and lunches are served. Further extension is envisaged which will give additional places. A further Senior Occupation Centre run by the Corporation is planned which, along with three already operating and the Society's work centre, should go far to meeting the needs of the adult mentally handicapped group.

Sanction has been given by the Corporation to proceed with the two Junior Centres for those excluded from school. This long awaited service is an urgent necessity. Even the most intelligent and devoted parents find it hard to cope with the problem of a severely handicapped child. Skilled attention and training, such as is provided at the Balvicar and Broomhill centres, do much to improve the child's prospects. This training and the happy association with other children must be started at an early age to achieve the greatest benefit.

It was decided at a meeting between the hospital staffs and the public health staff early in the year to discontinue this series of meetings. Although pleasant and interesting, the meetings had achieved little as regards practical measures. Perhaps there were too many attending and too great a diversity of interests.

Training of Staff.—Three medical officers attended the annual course of instruction in Mental Deficiency and seven attended the course on Psychiatry. One medical officer went to the intensive course on Assessment of Handicapped Children.

A new course was started at Jordanhill College for the Certificate in Social Work and three of the welfare officers were accepted for instruction.

A course was held at Strathclyde University from January till June and six health visitors attended for full-time instruction to prepare them for after-care work. Three of these trainees have since been employed in the work.

For those health visitors who have missed these full-time courses, Dr. Sclare and his staff in the Eastern District Hospital organised a refresher course in Psychiatry. This took place on one day per week for 10 weeks and 15 health visitors attended. The course proved very interesting and was much appreciated.

At the present time with the staff available there is no possibility of expanding the after-care service by the health visitors. All those specially trained for this work and wishing to undertake it are now attached to the psychiatric units. Even if a further course of instruction could be organised it is doubtful if the staff or the time are available for the training, and the present recruitment of health visitors offers no hope of improving this position in the near future. A recent request by the Superintendent of one mental hospital for an additional health visitor had reluctantly to be refused. This is greatly regretted when the health visitors have made and are making such a valuable contribution in community care.

Care of Mental Defectives

Child Development Clinics.—The work of the medical officers at Glenfarg Street and Balvicar Street is now well established. At Balvicar Street much of the work is with handicapped children other than mentally deficient, but the following figures for 1967 apply only to mentally handicapped.

	Male	Female	1967 Both Sexes	1966 Both Sexes
New Patients Attending ...	78	50	128	165
Total Patients Attending ...	172	136	308	361
Total Attendances	416	256	672	787

It is still possible to find young mentally handicapped children in the City whose parents have not had the benefit of the support provided by the medical officers at these clinics, with consultant advice when required. Additional advice is provided by the health visitors both in the clinic and by home visits. Nine hundred and ten home visits were made.

Balvicar Nursery Centre.—The staff continue to make use of their rather restricted accommodation. There is always the full quota of 25 children on the roll attending daily on a system of two overlapping shifts. At the end of 1967 there were 18 boys and 7 girls. The demand for places is great and turnover and promotion are achieved by all possible means. During the year 4 children were transferred to ordinary day nurseries. Four left to go to Special Schools and 5 to

Occupation Centres. One was admitted to institutional care. Three unfortunate children had to be sent home because no junior centre place was available.

Broomhill Nursery and Junior Centre.—In the report for 1956 it was stated that this centre was reasonably full with 37 children attending. At the end of 1967 there were 40 children on the roll, which means that it was filled to capacity and there is always a large waiting list. There has been an increase in the number of school age children for whom the shortage of places is most acute.

	1967			1966		
	Male	Female	Both Sexes	Male	Female	Both Sexes
Under 5 years	10	7	17	13	7	20
Over 5 years	11	12	23	9	8	17
Total	21	19	40	22	15	37

During the year 7 children were accepted by the Education Department, 3 for Occupation Centres, 3 for Special Schools and 1 boy for an ordinary school. One boy was admitted to institutional care.

Laurieston House Centre.—Some 50 lady workers of the Scottish Society for Mentally Handicapped Children continue to provide a day's care for the children of this centre. They realise that one day is not enough either for the children or their mothers and whenever possible a second day at the centre is arranged. This, however, has become increasingly difficult and during 1967 the number on the roll increased yet again to 100 children which theoretically is the maximum, being 20 children in each of five days.

	Male	Female	Both Sexes
Under 5 years ...	31	10	41
Over 5 years	32	27	59
Total ...	63	37	100

The Society workers are always pleased when their charges can be moved to more intensive care, either by the Education Department or the Health and Welfare Department or even to hospital. It is obvious that five-day care should be available, not just for the fortunate few, but for all the children.

Short-Stay Homes.—This is another valuable service provided by the Scottish Society. Stewart Home, Cove, admitted 151 girls and young children from Glasgow during the year and 56 Glasgow boys had a holiday at Viewpark, Alyth.

Defectives Under Guardianship and Informal Care.

There was no new case detained under guardianship during 1967. The numbers on the guardianship roll continue to fall because of death and more rarely due to transfer to the informal category. When Glasgow mental defectives have been admitted to Lennox Castle in recent years the hospital has accepted them as informal admissions and they are still informal when they leave hospital. A few of these patients have no home or no suitable home to go to and come under the care of this Department. Given that they have no home and that they are incapable of leading an independent life, the most suitable placement is provided by boarding out. If the boarding out is successful the patient is provided with a home, perhaps for the rest of his life.

The numbers under guardianship at the end of 1967 are compared with similar figures for 1966.

		Mental Defectives		Mentally Ill	
		1967	1966	1967	1966
Guardianship in Glasgow :	Male ...	133	141	1	2
	Female	109	116	3	3
Guardianship out of Glasgow :	Male ...	90	90	7	7
	Female ...	59	63	4	4
Total on Roll :	Male ...	223	231	8	9
	Female ...	168	179	7	7
	Both Sexes	391	410	15	16

The number of adult mental defectives in the informal category who are receiving care has shown little change.

	1967	1966
Male	338	343
Female ...	357	349
Both Sexes ...	695	692

The following is a record of the numbers of visits paid to these patients by the staff.

	Medical Officers	Mental Welfare Officers	Total
Patients under Guardianship ...	1,354	830	2,184
Patients under Informal Care ...	1,528	912	2,440
	2,882	1,742	4,624

Care of the Mentally Ill

The Department's Medical Officers were asked to examine 27 mentally ill people with a view to certification but agreed to take this action in only 22 cases. This compares with 19 such certifications in 1966 and 22 in 1965.

After-Care by Health Visitors

The strength of this service was again 19 health visitors as in 1966 and they continued to work for half their time on the mental side.

There were 471 patients receiving visits at the end of 1967 compared with 440 in 1966.

	Male	Female	Both Sexes
Discharged from Hospital ...	75	297	372
Referred from Out-Patient Clinics	11	88	99
	86	385	471

This means that there were 3 fewer men on the visiting lists but 34 more women. There has always been a strong tendency to refer female cases to the health visitors for care rather than males. The ratio at the end of 1967 was 4·5 female patients to 1 male patient. The average case load per health visitor is 25 cases ; 2 cases per visitor more than last year. This is a very interesting figure. It suggests that in doing after-care work on a full-time basis a trained and experienced social worker can deal with about 50 cases.

There were 556 new referrals (113 men and 443 women). It will be noted that here the ratio of women to men is only 4 to 1. This contrast with the visiting list ratio has been noted before. It suggests that there is a quicker turn-over of male patients. The average new referrals per visitor is 29 cases, one more than the previous year. The referral rate and the case load have probably now come close to the maximum possible.

At one of the mental hospitals the three health visitors attached went through a list of the discharges for the year and it was found that 1 patient in 6 leaving the hospital was receiving after-care from them.

The following table classifies the patients in care at the end of the year by probable diagnosis.

	Male	Female	Both Sexes
Schizophrenia ...	32	96	128
Affective Psychosis ...	11	82	93
Psychoneurosis ...	23	148	171
Organic States ...	9	24	33
Geriatric	2	10	12
Addiction	8	18	26
Others	1	7	8
	86	385	471

There were increases of 17 and 20 in respect of female schizophrenics and female neurotics respectively. Although numbers are small, the females with addiction on the visiting list have doubled compared with 1966.

After-care visits in 1967 totalled 7,116 which compares favourably with the 6,467 visits paid in 1966.

Social Clubs.—The two social clubs in which the health visitors at Woodilee and at the Eastern District Hospital play such a prominent part continue to flourish. This work is done in their own time and often in inclement winter weather, which says much for the enthusiasm of our staff.

SECTION X

BLIND PERSONS

In 1967, in the area of the Joint Committee for the Blind for Glasgow and South-West Scotland, 1,253 persons were examined, 536 (42·8 per cent.) at home, of whom 728 (58·1 per cent.), were first examinations.

Of the persons examined for the first time, 407 (55·9 per cent.), were certified blind and 227 (31·2 per cent.) partially sighted. One hundred and ninety-nine (37·9 per cent.) of those re-examined were certified blind and 282 (53·7 per cent.) partially sighted.

Table I gives the age and sex distribution of persons certified blind during the year either at a first examination or on re-examination and of persons certified partially-sighted when first examined.

TABLE I

Age and Sex Distribution of Persons Certified Blind during 1967 *or, when first examined, certified partially-sighted*

Age in Years	Initial Examinations: Certified Blind			Initial Examinations: Certified Partially Sighted			Re-Examinations: Certified Blind		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
-1 ...	1	—	1	—	—	—	—	—	—
1-4 ...	3	—	3	1	—	1	—	3	3
5-15 ...	6	7	13	5	1	6	6	3	9
16-29 ...	4	1	5	5	1	6	2	2	4
30-39 ...	2	3	5	6	1	7	8	2	10
40-49 ...	7	7	14	3	6	9	7	2	9
50-59 ...	12	19	31	5	14	19	9	9	18
60-69 ...	30	39	69	15	40	55	19	42	61
70- ...	86	180	266	38	86	124	22	63	85
Total ...	151	256	407	78	149	227	73	126	199

Of the 1,253 persons examined in 1967, 38·7 per cent. resided in Glasgow, 35·2 per cent. of first examinations and 43·6 per cent. of re-examinations, the corresponding percentages for Lanarkshire being 20·3, 19·4 and 21·5.

The local authority area distribution of persons examined for the first time is given in Table II.

Table II

Initial Examinations, 1967

Local Authority Distribution

Local Authority	Certified Blind			Certified Partially Sighted			Not Certified		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
Glasgow	45	88	133	40	59	99	4	20	24
Airdrie	2	1	3	1	1	2	—	2	2
Coatbridge	5	7	12	3	2	5	2	1	3
Hamilton	6	3	9	—	2	2	2	2	4
Motherwell and Wishaw	4	3	7	2	2	4	1	1	2
Rutherglen	3	3	6	—	2	2	—	1	1
Other Lanarkshire	21	28	49	4	8	12	6	10	16
Greenock	12	8	20	1	1	2	1	2	3
Paisley	7	6	13	1	5	6	1	—	1
Port Glasgow ...	4	2	6	—	1	1	—	—	—
Other Renfrewshire	7	11	18	4	9	13	2	—	2
Dumbarton ...	4	6	10	1	2	3	2	1	3
Clydebank	2	6	8	—	2	2	—	—	—
Other Dunbartonshire	3	3	6	3	7	10	2	3	5
Falkirk	—	8	8	1	3	4	1	1	2
Stirling	—	6	6	4	3	7	—	2	2
Other Stirlingshire	9	15	24	2	6	8	2	7	9
Ayr	1	9	10	3	4	7	—	1	1
Kilmarnock ...	2	3	5	1	2	3	—	1	1
Other Ayrshire ...	5	20	25	6	12	18	5	6	11
Argyll County ...	6	8	14	1	6	7	—	1	1
Bute County ...	1	4	5	—	4	4	—	—	—
Dumfries Burgh ...	2	8	10	—	6	6	1	—	1
Total	151	256	407	78	149	227	32	62	94

Of the 525 persons re-examined during the year at the request of the examining surgeon or at their own request or following altered circumstances, there was no change in the classification of 375 persons of whom 73 were blind. Of the 150 persons in whom the classification was changed 126 were now found to be blind.

The causes of blindness in the persons examined are given in Table III. Cataract (24·4 per cent.), arteriosclerosis (20·5 per cent.), glaucoma (13·7 per cent.), myopia (12·9 per cent.), diabetes (7·9 per cent.) and congenital abnormalities (6·6 per cent.) were responsible for 86·0 per cent. of all causes of blindness in persons examined.

Table III

Initial and Re-Examinations, 1967

Causes of Blindness

	Initial Examinations	Re-Examinations
Congenital and Undetermined—		
Congenital abnormalities	26	14
Myopia	44	34
Glaucoma—Primary	64	19
Cataract—Primary	95	53
Others	5	4
Infectious and Toxic—		
Exogenous : Ophthalmia Neonatorum	—	1
Trachoma	—	2
Others	2	1
Endogenous : Syphilis, Congenital ...	1	2
Syphilis, Acquired ...	1	—
Others	15	11
Traumatic and Chemical	4	4
Systemic Diseases—		
Diabetes	31	17
Arterio-sclerosis	96	28
Others	23	7*
Not Otherwise Classified	—	2*
	407	199

* Includes a person re-examined on two occasions.

Follow-up Scheme

This scheme deals with those patients examined at the Regional Clinic and considered by the examining surgeons as likely to benefit from further treatment. With the co-operation of the Society for the Blind, home teachers enquire and report as to the treatment and progress of these patients. When operative or other treatment has been completed the patient is re-examined and any improvement noted, except for those few cases where treatment was recommended for systemic disease and where the eye condition was irremediable and not amenable to treatment.

Table IV

Follow-up Scheme of Persons considered likely to benefit from Medical or Surgical Treatment or from the Continuation of such Treatment

(i) *Blind*

	Treatment Carried Out				Treatment not Carried Out					
	Still Blind	Now Partially Sighted	Now Sighted	Not Yet Re-exam.	Dead	Unfit	Unwilling	Others	Follow-up not yet Complete	Total
Surgical	1	1	—	5	5	5	6	1	16	40
Medical	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—
Total	1	1	—	5	5	5	6	1	16	40

(ii) *Partially Sighted*

	Treatment Carried Out				Treatment Not Carried Out					
	Still P.S.	Now Blind	Now Sighted	Not Yet Re-exam.	Dead	Unfit	Un-willing	Others	Follow-up not yet Complete	Total
Surgical	—	—	—	—	—	—	1	—	5	6
Medical	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	1	—	5	6

The group " Unwilling " is comprised mainly of elderly persons who, owing to their advanced age, do not feel inclined to undergo an operation.

In the group " Others " are included patients who for medical reasons are not yet ready for operative procedures.

SECTION XI

PORT HEALTH AUTHORITY

Considerable change is to be expected in the river and dock areas in the near future as the modernisation schemes get under way. Already, in 1967, the introduction of container traffic has necessitated an alteration in certain arrangements for the control of infection on board vessels arriving in the river.

In 1967, the inner mooring station at King George V Dock was converted for use as a container berth and is thus no longer available for the isolation of infected ships.

After consultation with the Medical Officer of Health for Clydebank, the Clyde Port Authority, H.M. Customs, Waterguard, and the Clyde Pilotage, it was agreed that the river wall of Rothesay Dock be reserved for this purpose. The outer mooring station remains at the Tail-of-the Bank, Greenock.

There was some reduction in shipping traffic ; 3,167 vessels with an aggregate tonnage of 6,050,081 entered the Port in 1967 compared with 5,295 vessels and 7,527,557 tons in 1966.

One thousand, two hundred and eighty-three vessels came from foreign ports, 554 of these from ports in infected areas (183 direct and 371 via home ports). The remaining 729 vessels came from foreign ports in non-infected areas.

Particulars of arrivals are given in the following table :—

NATIONALITY OF VESSELS ARRIVING DURING 1967

Nationality	Ships	Crews	Passengers
American	29	1,360	14
Argentinian	1	42	—
Belgian	7	149	—
British	647	28,933	112
Burmese	2	101	—
Cyprian	1	27	—
Czechoslovakian	1	34	—
Danish	50	983	3
Dutch	140	1,831	1
Egyptian	3	101	—
Eire	1	47	—
Finnish	3	109	—
French	4	108	—
Carried forward ...	889	33,825	130

NATIONALITY OF VESSELS ARRIVING DURING 1967—*Continued*

Nationality	Ships	Crews	Passengers
Brought forward ...	889	33,825	130
German	88	1,501	—
Ghanaian	2	97	—
Greek	36	962	—
Indian	15	933	—
Israeli	1	25	—
Italian	9	270	—
Kenya	2	85	—
Liberian	49	1,577	—
Monrovian	1	24	—
Nigerian	5	234	—
Norwegian	97	3,020	—
Pakistani	4	220	—
Panamanian	11	348	—
Polish	2	81	—
Portuguese	1	68	—
Rumanian	2	69	—
So. African	16	827	—
Spanish	6	140	—
Swedish	28	867	—
U.S.S.R.	12	504	—
Yugo-Slav	7	202	—
	1,283	45,879	130

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS, 1966

No cases of quarantinable disease and only a very few minor illnesses were reported during the year.

Amoebic Hepatitis.—Two seamen were removed to hospital, one as a P.U.O., the other as an infective hepatitis. Both were finally diagnosed as amoebic dysentery.

Chickenpox.—One case of chickenpox was recorded during the year and he was hospitalised.

Food Poisoning.—Shortly after the arrival of a small coastal vessel from the Irish Free State, five members of the crew were found to be suffering from sickness and diarrhoea. Samples from the domestic water supply were examined, but no causative agent was isolated. However, as the bacterial counts were high, the Master was advised to have all domestic water tanks cleaned.

Cases of Sickness Reported on Vessels on Arrival at Glasgow

Disease	Hospital	Home	Clinic	Remained on Board	Died	Total
Amoebic Dysentery ...	2	—	—	—	—	2
Chickenpox	1	—	—	—	—	1
Food Poisoning	—	—	—	5	—	5
Others	4	—	—	4	—	8
	7	—	—	9	—	16

Water Supply

Vessels are supplied with fresh water direct from mains hydrants on the quayside on request to the Clyde Port Authority who run a mobile service unit for this purpose.

Samples are taken and inspections are made by the Port Inspectors of dock hydrants and all equipment used by the unit.

(*a*) *Chemical* :

Thirteen samples from dock hydrants and vessels were examined and all reported suitable for dietetic purposes.

(*b*) *Bacteriological* :

Fifty-six samples from water points and vessels were examined, and with the exception of one sample from one vessel, were all reported as satisfactory. The Master of this vessel was advised to clean and cement wash water tanks at the first available opportunity.

Information was received from a coastal port that almost the entire crew of a foreign-going vessel had been affected with severe diarrhoea. The results of water sampling taken whilst the vessel was at that port indicated pollution in the supply from the afterpeak tank on this vessel. All tanks and pipelines were in the process of being cleaned and chlorination was to be carried out when the vessel arrived at Glasgow. This remedial work had not been completed before the vessel sailed to an English port and the Medical Officer for that area was notified.

Various methods of ensuring a safe domestic water supply are now coming into practice on new vessels. Distillation machinery, automatic chlorination and filtration plants provide a safer and more suitable form of water supply on vessels.

The results of all tests on water for dietetic purposes on British vessels are reported to the Chief Inspector of Ships Provisions for the Board of Trade.

Immunisation of Seamen

The Port Medical Staff provided 114 seamen with immunisation for yellow fever, 65 for cholera and 3 for smallpox. These men were members of the crew of vessels calling at ports within infected areas.

Dangerous Drugs

During the year five applications were received from a local firm of chemists to authorise the purchase of scheduled drugs for foreign owned vessels to enable them to complete their medical stores.

Venereal Disease

Seamen with venereal disease are treated at Southern General Hospital and Black Street Clinics. The times of attendances are as follows :—

Monday to Friday	—	9.30 a.m. to 12.30 p.m. 2.30 p.m. to 6 p.m.
Saturday	—	9.30 a.m. to 12 noon.

Medical Examination of Aliens and Commonwealth Immigrants

The duty Port Medical Officer is always available at the request of the Immigration Officer to examine any alien or Commonwealth immigrant.

The names and future addresses of all long-stay immigrants are forwarded to the Medical Officer of Health for the area concerned. Cards are also issued to the immigrants outlining the medical services available to them in this country.

There were no rejections on medical grounds during the year.

Aliens Order, 1953

There was a decrease in the number of vessels carrying alien passengers and a decrease in the number of aliens landed at the port. The comparable figures for the year 1967 were 81 vessels with 150 alien passengers as against 99 vessels with 280 alien passengers during the previous year. Close co-operation was maintained with H.M. Immigration Officers in the examination of these persons and every assistance was given by the shipping companies in intimating times of arrival and boarding.

The following table shows the number and nationality of aliens arriving at the Port :—

American	25
Austrian	1
Belgian	3
Danish	19
Dutch	15
French	2
German	21
Greek	5
Italian	1
Japanese	2
Mexican	1
Norwegian	33
Polish	1
South African	1
Spanish	2
Swedish	18
	150

Hygiene in Crew's Accommodation

The majority of foreign-going vessels arriving in the Port are of post-war construction and provide excellent accommodation for seamen.

Insect infestation is kept to a minimum by the use of paints containing insecticides and by the use of laminated panels for bulkheads, etc., which are easy to clean and in most cases are manufactured with vermin proofing agents.

Routine inspections and re-inspections of all vessels arriving within the port area are carried out by the Port Health Inspectors. The combined total for 1967 was 1,821.

Under the Public Health (Scotland) Act, 1897, 15 intimations were issued to masters of vessels and 140 verbal warnings given in respect of minor faults.

The following tables indicate the type of defects and the number and nationality of vessels on which they were located :—

Summary of Structural and other Defects

Accumulation of refuse on decks	29
Accumulation of refuse on floors	2
Drinking water tanks requiring cleansing ...	1
Food lockers broken or dirty	3
Galleys dirty	16
Messroom tables—surfaces broken or dirty ...	3

SUMMARY OF STRUCTURAL AND OTHER DEFECTS—*Continued*

Paintwork dirty—requiring cleansing and re-painting	3
Ports, decklights, etc., defective	4
Quarters—approach alleyways dirty	4
Quarters—dirty	3
Quarters—verminous	84
Scuppers choked	29
Ventilation defective	5
Wash basins—broken or defective	1
Wash basins—foul or dirty	4
Water closets—flushing apparatus defective ...	10
Water closets—foul or choked	13

HYGIENE AND SANITATION IN DOCK AREAS

Rebuilding and modernisation of premises in the dock area are continually in progress.

Wash and spray bath facilities are now being introduced for the use of personnel, especially for dock workers handling dirty or contaminating cargoes.

The site of the former railway yard at the rear of Yorkhill Quay has been developed and laid out as a container terminal. Another such terminal has been completed at No. 10 King George V Dock.

New cold store premises have been completed adjacent to King George V Dock. These premises will be a great asset in the storage of imported foodstuffs and should relieve the already overtaxed cold store facilities in the City.

The sanitation and general cleansing of dock areas is at present under discussion. It is hoped that the collection and removal of refuse from all dock areas will be brought up-to-date in line with the system of bulk refuse collection at present in operation at King George V Dock.

Two intimations for nuisances in dock areas and 14 verbal warnngs were issued to the Clyde Port Authority.

FACTORIES ACT, 1961

The following table shows the number of premises and the number of visits made to factories in the dock areas :—

No. of Premises Registered at 31.12.67			No. of Premises Inspected during Year			No. of Visits		
Mech.	Non-Mech.	Total	Mech.	Non-Mech.	Total	Mech.	Non-Mech.	Total
19	2	21	23	3	26	42	4	46

A new bakery, one of the most modern in Scotland, has been completed within the Dock area at Ferry Road, and the Department was consulted on all matters relating to plans, lay-out, construction, drainage and general requirements as laid down under the Food Hygiene (Scotland) Regulations, 1959-66.

The Food Hygiene (Scotland) Regulations, 1959-66

Two new canteens have recently been opened, one at King George V Dock, the other to serve the Princes Dock area.

The existing canteen at Yorkhill Quay has been enlarged and modernised to provide for dock workers on the north bank of the river.

No. of Premises	No. of Premises Inspected	No. of Visits
5 (1 temporary for period of 6 months)	5	34

Rat Destruction

The total number of rats destroyed during the year was 140. Of that total, 53 were destroyed on board foreign-going vessels—28 as the result of fumigation by H.C.N. and 25 by trapping.

The rodent operators made 2,706 visits to vessels and 2,119 visits to premises in dock areas where evidence of rats was found in 96 instances. Traps were set and 87 rats were caught.

Any rat infestations in dock areas are brought to the attention of the Clyde Port Authority who have their own exterminators to deal with such infestations.

Forty-seven specimens of rats, 11 from ships and 36 from shore premises, were submitted to the Bacteriologist for examination for Pasteurella Pestis and all reports were negative.

The rat-proofing of modern vessels can only be achieved by eliminating or rendering inaccessible to rats every space which might afford them harbourage. In fitting out, the furniture and fixtures installed must have an enclosed base, or a deck clearance of at least six inches.

On Board Foreign-Going Vessels

Method of Destruction	Infected Ports				Non-Infected Ports				Total
	R. Rattus		R. Norvegicus		R. Rattus		R. Norvegicus		
	M.	F.	M.	F.	M.	F.	M.	F.	
H.C.N.	18	10	—	—	—	—	—	—	28
Trapping	14	11	—	—	—	—	—	—	25
	32	21	—	—	—	—	—	—	53

In Sheds and Other Premises

	Male	Female	Total
R. Rattus	35	23	58
R. Norvegicus ...	16	13	29
	51	36	87

International Deratting and Deratting Exemption Certificates

The total number of certificates issued during the year was 337.

Deratting Certificates were issued to four vessels, two after fumigation with H.C.N. gas and two after trapping operations, and Deratting Exemption Certificates to the remaining 333 vessels.

Eleven Exemption Certificates were issued to new vessels at the request of the builders or shipping companies.

Thirty-eight Exemption Certificates were also issued to vessels berthed at outlying ports at Ardrossan, Dumbarton, Finnart, Irvine, Old Kilpatrick and Troon.

Prevention of Damage by Pests Act, 1949, and Application to Shipping Order, 1951-56

Rodent Control Exemption Certificates were issued to 32 coasting vessels during the year.

Rags, Hair, Hides and Bones

The City Bacteriologist, in his Report for 1966, drew attention to the number of samples found positive for Anthrax. These samples were taken from consignments of hair, hides, wool and bones imported from India, Pakistan and Africa. Twenty-five of the 130 samples submitted were found to be positive. The National Dock Labour Board and the Port Employers' Association were both informed with a view to their providing some form of protection for the dockers and other personnel handling such cargoes at the docks. In 1967, 16 out of 116 samples were reported positive for Bacillus Anthracis.

The following table shows the amount of imported rags, hairs, hides, bones, wool and dried blood with the country of orgin. :—

Country of Origin	Rags		Hair (Various)		Hides (Various)		Bones		Wool		Dried Blood	
	No. of Ships	No. of Bundles	No. of Ships	No. of Bundles	No. of Ships	No. of Bundles	No. of Ships	No. of Bundles	No of Ships	No. of Bundles	No. of Ships	No of Bundles
Australia	—	—	—	—	17	3,477	—	—	15	1,467	1	640
Belgium	—	—	1	54	—	—	—	—	1	4	—	—
Canada	1	6	3	270	4	4,023	—	—	—	—	—	—
East Africa	—	—	—	—	3	293	1	1,750	—	—	—	—
Egypt	—	—	—	—	—	—	—	—	1	10	—	—
France	—	—	—	—	4	4,831	—	—	—	—	—	—
India	1	26	6	97	14	1,579	12	27,488	14	6,485	—	—
Ireland	37	999	3	74	6	860	—	—	34	1,374	—	—
Italy	—	—	—	—	—	—	1	1,400	1	116	—	—
Japan	—	—	—	—	11	7,500	—	—	6	1,648	—	—
Malaya	—	—	—	—	—	—	—	—	1	500	—	—
N. Zealand	—	—	—	—	4	902	—	—	6	1,670	2	1,360
Pakistan	—	—	—	—	—	—	3	5,055	2	951	—	—
South Africa ...	—	—	1	4	16	1,249	—	—	3	65	1	1 042
South America ...	—	—	1	60	8	312	7	76,723	5	83	—	—
Spain	1	241	—	—	—	—	3	4,200	1	5	—	—
Trinidad	—	—	1	3	—	—	—	—	—	—	—	—
U.S.A.	2	27	—	—	6	5,120	—	—	—	—	—	—

Public Health (Imported Foods) (Scotland) Regulations, 1937-48

The tonnage of imported foodstuffs showed an increase for the year of 19,000 tons and coastwise food imports also were up slightly on last year's figure.

Six hundred and thirty-one samples of imported foodstuffs were submitted for test to the City Analyst and 39 were reported as unfit for human consumption.

Consignments of rice, lentils, butter beans, prunes and flour were found to have been contaminated with castor oil, mineral oil, phenol, sodium perborate and chromate respectively.

Of one thousand and forty-nine samples examined by the City Bacteriologist, 4 were rejected due to the presence of bacterial infection and moulds.

In recent years there has been a steady flow in the importation of Indian foodstuffs. The condition of some of these imports on landing was poor and consignments were often condemned. The attention of importers was drawn to this situation in order to improve the method of packing, the form of container used for the conveyance of foodstuffs and the Regulations in force governing the importation of food.

Eight shipments of Chinese Pasteurised Frozen Whole Egg for an Edinburgh firm of importers were passed direct from the docks to cold storage at Leith, where they were duly tested by the food inspector for that area.

It has been policy in Glasgow to urge importers, before introducing a new food product, to submit a trial sample for test purposes. Co-operation in this procedure is of great value to all concerned.

Public Health (Preservatives, Etc., in Food) (Scotland) Regulations, 1962

The label on each jar of a consignment of Blue Cheese Dressing from America stated that the ingredients included Calcium Disodium EDTA and Sorbic Acid.

Calcium Disodium EDTA is not a permitted preservative, permitted emulsifier or stabiliser, nor is Sorbic Acid a preservative permitted in Blue Cheese Dressing. It may be argued that Sorbic Acid is permitted in cheese itself to the extent of 1,000 parts per million. The presence of Sorbic Acid would therefore have to be determined on the amount of cheese used in the preparation of Blue Cheese Dressing.

The exporting firm, however, acknowledged their failure to comply with our Regulations and the product was surrendered and destroyed.

Two consignments of Orange Juice in drums were found to contain excess preservative. The importers were notified and undertakings were received stating that their manufactured products would conform to the requirements of the Regulations.

A consignment of Hot Dog Relish was reported by the City Analyst to contain 370 parts per million of Alum, expressed as aluminium. There appears to be no recognised standard for Alum in foodstuffs. In this instance the amount was almost negligible and was not introduced primarily as a preservative.

Exchange of Information

A valuable service is performed by those Port Authorities who furnish information on unsatisfactory samples of imported foodstuffs arriving at their port. The exchange of such information is of great assistance in controlling the distribution of unfit food.

Official Certificates

Two small consignments of Chinese Foodstuffs contained a proportion of meat but were not accompanied by Official Certificates. The importers were informed and the consignments were surrendered for destruction.

Only one shipment of Bulk Lard from the Continent was dealt with during the year. The lard was of Belgian origin, shipped from the Port of Antwerp with the necessary documents.

Public Health (Imported Food) Regulations (Scotland) 1937

The following statement (submitted by the Corporation Veterinary Inspector) indicates the work done under the Foreign Meat Regulations during 1967 :—

Examined

Beef—	
Quarters	1,005
Cartons	34,667
Mutton—	
Carcases	7,835
Cuts	261
Cartons	497
Lamb—	
Carcases	34,792
Pork—	
Cartons	276
Beef Offal—	
Tongues, cartons	337
Hearts, cartons	229
Livers, cartons	2,515
Kidneys, cartons	186
Casings, Tierces	117
Beef Offal—Continued—	
Skirts, Bags	21
Mixed Offal, bags ...	4,482
Mutton Offal—	
Livers, cartons	2,240
Casings, tierces	677
Mixed Offal, cartons ...	1,19ç
Lamb Offal—	
Livers, cartons	12,875
Casings, Tierces	17
Mixed Offal, bags ...	421
Inedible Offal —	
For animal feeding, cartons	67,433
Skinned Rabbits—cartons ...	300
Turkey Breasts—cartons ...	100
Turkey Rolls—cartons ...	230

Examination for Salmonella in Imported Boneless Beef, Mutton and Rabbits

One thousand, one hundred and thirty-nine representative samples were taken. Ten of these were positive, of which 2 revealed the presence of Salmonella kottbus, 2 Salmonella bovis morbificans, 1 Salmonella bahrenfeld, 1 Salmonella senftenberg, 1 Salmonella oranienburg, 1 Salmonella adelaide, 1 Salmonella Newington and Salmonella anatumn, and 1 Salmonella senftenberg and Salmonella binza. The 10 positive cartons were seized as unfit. The several parcels involved, namely, 651 cartons were allowed to go for animal feeding after processing.

SECTION XII

HOUSING

The total number of municipal houses completed during 1967 was 5,579. The following table shows the rate of completion since 1963 by the Corporation and the Scottish Special Housing Association :—

Year	Direct Labour	Con-tractors	Scottish Special Housing Assoc.	Total Municipal Houses from all Sources
1963	2,299	865	328	3,492
1964	2,356	1,952	482	4,790
1965	2,014	2,145	601	4,760
1966	1,811	1,827	1,372	5,010
1967	1,743	2,680	1,156	5,579

Rent Act, 1957

Return of applications made to the Local Authority during the year :—

Applications for Certificate		7
Of which—		
Granted	3	
Refused	2	
Cancelled	2	
Outstanding	—	
Applications for Revocation of Certificates ...		2
Of which—		
Granted	2	
Refused	—	
Cancelled	—	
Outstanding	—	

No other certificates were issued under the Act.

Rehousing of Tuberculous Families

Table I

Year	Number of Families Recommended	Rehoused
1934/45 ...	3,764	1,484
1946/55 ...	5,459	4,372
1956/63 ...	2,229	2,199
1964	63	69
1965	44	32
1966	53	34
1967	30	42
	11,642	8,232

Table II

Recommendations, 1934 to December, 1967 ...		11,642
Number of Families Rehoused :—		
Rehousing	2,300	
Intermediate	1,962	
Ordinary / Super Ordinary	3,467	
Housing Manager's Houses and Others	180	
Temporary Houses	323	
Recommendations remaining but not yet Rehoused—		
Refused Offers	191	
Did not reply	184	
Gone away—Address unknown	508	
Cancelled	908	
Patient Deceased	1,592	
		11,615
Still to be dealt with		27

Table III

Summary of Tuberculous Families Rehoused since 1934

Recommended	1934/57	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	Total
1934/56 ...	6,895	16	14	9	1	1	1	1	—	—	—	6,938
1957 ...	—	155	24	11	4	4	—	—	—	—	—	198
1958 ...	—	138	115	37	6	1	1	—	—	—	—	298
1959 ...	—	—	86	100	17	2	—	—	—	—	—	205
1960 ...	—	—	—	78	66	3	4	—	—	1	—	152
1961 ...	—	—	—	—	86	51	13	4	—	—	—	154
1962 ...	—	—	—	—	—	57	30	3	—	—	—	90
1963 ...	—	—	—	—	—	—	29	20	2	—	—	51
1964 ...	—	—	—	—	—	—	—	41	11	—	—	52
1965 ...	—	—	—	—	—	—	—	—	19	17	1	37
1966 ...	—	—	—	—	—	—	—	—	—	16	24	40
1967 ...	—	—	—	—	—	—	—	—	—	—	17	17
	6,895	309	239	235	180	119	78	69	32	34	42	8,232

Secondary Priority Scheme

During 1967, 327 recommendations were made under the scheme. This figure in no way represents the amount of work involved in investigating and assessing the thousands of applications received by the Department.

Deterioration of Property

During the year, 3,051 dwellings were represented by the Medical Officer of Health to the Housing Committee as uninhabitable. The wastage of houses over the last ten years is shown in the following table :—

Year	Closing Order	Demolition Order	To be Rendered Fit for Human Habitation	Slum Clearance	Total
1958/62	4,038	4,724	12	1,086	9,860
1963	1,149	797	—	—	1,946
1964	929	1,053	—	—	1,982
1965	1,019	1,060	—	—	2,079
1966	1,194	1,293	—	—	2,487
1967	1,279	1,772	—	—	3,051
	9,608	10,699	12	1,086	21,405

The number of houses condemned by the Master of Works as dangerous in 1967 was 479.

Supervision of Tenants in Housing Schemes

This work is being taken over by Supervisors of the Housing Management Department and the report which follows will therefore be the last of the series on a scheme which has been in operation for more than thirty years.

The development of this important branch of the Department's work from its inception in 1923 was fully reviewed in this section of the 1957 Annual Report.

This service was extended in 1956 to include as an addition to the existing supervisory service to the original rehousing schemes—

1. The visitation of new schemes as they were occupied, e.g., Castlemilk, Arden and Easterhouse.
2. Visits to new houses where the tenants were in residence and having difficulties.
3. The visitation of backward and feckless families about to be rehoused, including families who were overcrowded and had long-standing applications.

Details of the number of visits paid to houses in the Ordinary and Intermediate Schemes in 1967 and the conditions found are shown in the Appendix Table XV General Sanitary Operations (Section 30).

Visits to the Rehousing Schemes are analysed in more detail as follows :—

(*a*) *Condition as to Cleanliness*

At the beginning of 1967 there were 14,693 tenants under supervision. The condition of their houses was as follows :—

Clean	...	...	9,715
Fair	...	...	4,856
Dirty	...	...	122
			14,693

During the course of the year, 301 tenants were evicted or left owing rent and 471 left voluntarily. There were 875 new tenants.

At the end of the year there were 14,784 tenants under supervision and the condition of their houses was as follows :—

Clean	...	...	9,821
Fair	...	...	4,836
Dirty	...	...	127
			14,784

(*b*) *Bug Infestation*

Of the 14,923 houses under supervision, only 1 (0·01 per cent.) was found to contain any evidence of bug infestation.

PROGRESS OF BUG INFESTATION PREVENTION IN REHOUSING SCHEMES

Year	Number of Houses Inspected	Number of Houses in which Bed Bugs were found				Percentage of Total Number of Houses			
		Trace	M.I.	S.I.	Total	Trace	M.I.	S.I.	Total
1934-38 ...	60,141	933	1,108	1,829	3,870	1·55	1·84	3·04	6·43
1939-43 ...	73,529	244	314	688	1,246	0·33	0·43	0·93	1·69
1944-48 ...	73,845	150	119	537	806	0·20	0·16	0·73	1·09
1949-53 ...	74,001	68	164	335	567	0·09	0·22	0·45	0·77
1954-58 ...	74,625	37	93	103	233	0·49	1·25	1·38	3·12
1959-63 ...	74,873	12	41	23	76	0·16	0·54	0·31	1·01
1964 ...	14,989	—	2	—	2	—	0·01	—	0·01
1965 ...	14,989	—	—	1	1	—	—	0·01	0·01
1966 ...	14,923	—	2	1	3	—	0·01	0·01	0·02
1967 ...	14,923	—	1	—	1	—	0·01	—	0·01

Trace—Old hatched eggs or bug casts only.

Medium Infestation (M.I.)—Live bugs or eggs on furnishings only.

Serious Infestation (S.I.)—Live bugs or eggs on furnishings and in structure of buildings.

DISINFESTATION UNIT

The work of the Unit has been maintained at the same level, the total number of apartments treated showing a slight increase on previous years.

The following table shows the amount of work carried out in each Division :—

TABLE I

Division	Number of Apartments Treated: Bug Infestation	Tenants being Rehoused	Cockroach Infestations	Other Insects	Total
Central	19	13	121	361	514
Northern	65	76	147	612	900
Eastern	92	84	120	1,213	1,509
South-Eastern ...	19	5	119	508	651
South-Western ...	26	8	124	345	503
	221	186	631	3,039	4,077

Rehousing.—The decrease in this section, noted over previous years, continues. Bed Bug Infestation has ceased to be a problem in the City. The records of the Unit show that in the early years of disinfestation, 3,000 to 4,000 apartments were treated per year, whereas the total number for this year is 221.

Other Insects.—This part of the Unit's work has followed the same pattern as in previous years, showing a considerable increase in both the number of visits and total number of apartments treated. Although the majority of the insects are harmless to humans and structural wood work, etc., they can be disconcerting and nauseating to a householder.

The following table shows the amount of work carried out in each Division in respect of other insect infestation :—

TABLE II

NUMBER OF APARTMENTS TREATED

Division	Verminous Bedding	Flea Infestation	Fly Infestation	Other Insects	Total
Central	80	195	14	72	361
Northern	26	374	41	171	612
Eastern	10	901	27	275	1,213
South-Eastern ...	8	324	20	156	508
South-Western ...	2	202	6	135	345
	126	1,996	108	809	3,039

Insect Identification.—For the identification of insects the services of the Unit were requested on 90 occasions. Most of the requests came from members of the public, district sanitary inspectors, housing management offices or other local authorities. Once again the Unit would like to record its thanks to the staff of the Zoology Department, Glasgow University, for the help so willingly given throughout the year.

Other Premises.—In addition to the work shown in the previous tables, 266 treatments of other premises (restaurants, shops, schools, clinics, hospitals, factories, etc.) were carried out for numerous kinds of insect pests. During the months May-October, two additional operators were employed for fly control, and 3,071 treatments of ashbin shelters, stables and piggeries were carried out.

Following requests from the Police, City Factor and householders, the Unit successfully dealt with 82 wasp nests which were either on or in close proximity to houses, schools or nurseries.

The following table shows the number of visits made during the year for all types of infestation.

TABLE III

Bug Infestation and Rehousing	477
Cockroach Infestation	1,115
Verminous Bedding	151
Flea Infestation	1,008
Fly Infestation	181
Other Insect Infestation	1,314
	4,246

Insecticides.—The well-known and well-tried insecticides, D.D.T., Lindane, Chlordane, Dieldrin, etc., are still being successfully used by the Unit. No evidence of insect resistance to these chemicals has been encountered up to the time of writing. For certain types of insect infestation great success has been achieved with the newer insecticide, Vapona. This insecticide is based on D.D.V.P., and has a quick knock down effect and high vapour phase activity.

SECTION XIII

WESTERN REGIONAL HOSPITAL BOARD

THE CITY LABORATORY

> " The care of patients has become increasingly dependent on laboratory investigations and as a result the work of pathology laboratories has expanded tremendously. Indeed, the average increase has been about 15 per cent. each year and it has been calculated that the work-load will double every five years."
>
> *Editorial* (1968) *Brit. med. J.*, 1,443.

Although the views expressed in the above quotation are widely accepted at the present time, the progression described—or foreseen—may not be quite as formidable as the figures at first glance suggest. One or two special factors must be taken into account. For instance, in situations where, in the past, laboratory services have been non-existent or meagre any new facilities, or expansion of those previously available, can be expected to have to contend with a steep increase in the demands made upon them and it is not unusual in such circumstances for the work-load to double or treble—an increase, say, from 10 to 30,000 specimens—in a few years. But when a long-established laboratory, accustomed to a large volume of work, receives 10,000 more requests in one year than in the year before the percentage increase is relatively small. It must also be recognised that progress in medicine is not usually made across a continuous front but at shifting " growth points " and therefore, at any given time, some types of laboratory expertise are in greater demand than others. At one time it was the turn of morbid anatomy and histology, at another bacteriology was *the* " growth point." In recent years the investigations which have shown the sharpest increase, both in number and diversity, are those of a biochemical nature, closely followed by haematological examinations, and, together, these two divisions of clinical pathology almost wholly account for some of these astonishing estimates so often heard nowadays of the needs, actual and potential, for more and more laboratory facilities.

The volume of routine work in microbiology has always fluctuated as the major epidemics waxed and waned and, although these have

been largely overcome, it still tends to follow an erratic course but, taken over a period of years, the trend seems inexorably upwards. Thus at the City Laboratory, which is mainly committed to bacteriology, with haematology as a subsidiary discipline, the increase in the work-load during 1967 was only 6·2 per cent. and over the 1963-67 quinquennium no more that 30 per cent. (i.e. only about one-third of what is often regarded as the *average* rate of increase for general pathology), but this amounted to 11,250 more examinations than in 1966 and approximately 43,400 more than in 1963.

If therefore the above-mentioned editorial is accepted as fair comment on a *trend*, it follows (since the resources which can be mobilised for the health services in general and laboratory services in particular are obviously not limitless) that medical laboratories will have to be managed with an ever greater regard for economic realism. In other words the aim, as in industry and commerce and every other enterprise, must be to promote greater efficiency in the laboratory.

Various possibilities present themselves. The first and obvious one is to make use of automation ; fortunately chemical pathology, which, as already stated, shows the greatest increase at the present time, provides most opportunity for the application of automated techniques. But they can be usefully employed in haematology also and, towards the end of the year, the Regional Hospital Board sanctioned the purchase for this Laboratory of an electronic cell counter/computer system which will enormously expedite the through-put of blood specimens. How much scope there may be for such devices in the bacteriology laboratory remains to be seen but, in other centres, mechanised systems for serology are being tried and the results will be watched with interest. The corollary to these developments is centralisation of, and intensified specialisation in, laboratories. These machines are expensive, but they have an almost insatiable appetite for work ; it therefore makes no sense at all to try to provide them indiscriminately at too many centres. The days of the small laboratory trying to be " all things to all men " are over. The dispersal of scarce skill and resources which this meant can no longer be afforded ; it is far better and cheaper to concentrate the work in large laboratories and there should be no great difficulty in organising transport for the rapid delivery of specimens to them. Likewise there are certain investigations that are best left to those with a special interest in them who, because they undertake them more frequently, perform them more expertly ; this is the justification for establishing reference

laboratories of which the most recent acquisitions in Scotland are the two Scottish Mycobacteria Reference Laboratories, the one serving this Region situated at Mearnskirk Hospital.

But there is another aspect of a laboratory service which is no less important, *viz.*, communication. To the clinician anxious about his ailing patient and to the Medical Officer of Health with an epidemiological problem on his hands it is not much comfort to know that the required laboratory tests will be reliably and promptly performed unless they can also count on the results being conveyed to them with clarity and speed. At busy times the preparation and distribution of reports can be a bottleneck in laboratory activities, a state of affairs which improved technological efficiency at the bench, particularly automation, may be expected to aggravate.

It was with these thoughts in mind that, early in 1967, it was decided to ask the Regional Board's Organisation and Methods Department to advise on office procedure at this Laboratory. After a preliminary review, Mr. G. S. Willey, the officer in charge of the department, seconded two members of his staff, Mr. McCallum and Mr. McVean, to conduct a detailed work study. This extended over several weeks and was prosecuted with great thoroughness, but—let it be added—tactfully and without detriment to work in progress. The team's findings and conclusions were set out in two reports (an Interim Report in March and a Final Report in October), which are available for perusal at the Laboratory, the Board's Offices and elsewhere, and therefore only one or two points of special interest need be mentioned here. The first was that, if reports were to continue to be typewritten, having regard to the rate of increase of the work-load, an extra (fifth) typist would very shortly have to be engaged and, quite apart from the extra expense involved, this would create accommodation problems. The second was that the time spent by members of the medical staff on the unrewarding—and totally unproductive—task of checking and signing typescript added up to more than 30 hours per week. The team concluded that both these disadvantages could be overcome—and, incidentally, that the office staff could actually be *reduced* from four to three—by changing over to a system of photocopying, using request forms to which a variety of report forms (preprinted in such a way as to require the minimum of handwritten entries) could be attached. The assembled request/report form would be retained as a filing copy and a photocopy of the whole would be sent to the doctor who had submitted the specimen, thus

saving the time previously wasted in transcribing patients' names and other particulars from request forms to reports. This recommendation and others relating to filing, work-recording, etc., were accepted by the staff and approved by the Board and, in August, a photocopier was installed in the office—taking the place of a typist who had conveniently left a few weeks earlier!

It is too early yet to know just how effective the new system will be; there have been many "teething troubles" but these are being gradually surmounted and, with practice, facility should improve. The final verdict however rests with those who receive—and have to read—the reports.

While all this changeover was being effected it was a blessing that, as will be apparent from the following pages, no considerable "incidents" of communicable diseases occurred during the year. By good fortune also, a staff vacancy which had occurred at the end of 1966 was quickly filled when, early in January, Mrs. Jean B. Matthews, B.Sc., was appointed Assistant (Non-Medical) Bacteriologist.

Communicable Diseases—Epidemiological Investigations.

Bacterial infections of the Pharynx.—Although fewer throat swabs were examined, 429 as compared with 539 in 1966, 128 (30 per cent.) of them yielded a growth of *Strep.pyogenes* (compared with 17·3 per cent. in the previous year). There was a slight improvement, from 47·3 per cent. to 31·1 per cent., in the tetracycline-resistance rate among the strains isolated but this in no way detracts from the arguments against the use of this antibiotic in streptococcal infections or indeed the uncontrolled use of any broad-spectrum antibiotic for the treatment of upper respiratory or any other infections.

Evidence of *Vincent's Infection* of the throat or mouth was found in 24 out of 432 swabs examined (cf. 23 out of 511 in the year before), but, for the third consecutive year, not a single isolation of *C.diphtheriae* was made from any of the 429 throat swabs received.

Staphylococcal Infections.—Staph.aureus was isolated on 140 occasions from nose and throat swabs and other secretions and 73·5 per cent. of them were penicillin-resistant; the corresponding figures in 1966 were 92 and 63 per cent.

Glandular Fever.—The number of sera submitted for the Paul-Bunnell Test was 79 and 19 of these (cf. 10 out of 39 in 1966) reacted in a manner diagnostic of infectious mononucleosis.

Brucellosis.—Again, very few sera were received for examination for suspected brucellosis and only one of the 11 so examined contained brucella agglutinins in significant titre. Among the users of this Laboratory greater interest was shown in a search for brucellae in milk, a subject which will be referred to in later pages.

Enteric Fever.—There was a further drop, from 409 to 178, in the number of specimens (80 of them being repeat specimens), received from patients suspected of being infected (either as cases or carriers) with enteric organisms. *S.typhi* was isolated from two and *S.paratyphiB* from three (but, with repeat specimens, this organism was isolated on 13 occasions) and all were known carriers.

The 11 sera already mentioned which were examined for brucella agglutinins were also submitted to a full Widal Test and 39 additional specimens for this test (exactly half the number for 1966) came from employees of the City Water Department, from whom 61 faecal specimens (cf. 131 in the previous year) were received as well. All these investigations gave negative results.

Food Poisoning due to other Salmonellae.—There was a slight decrease, from 12,960 to 10,871, in the number of specimens received for the diagnosis of suspected salmonellosis, a diagnosis which was confirmed in 44 cases, 30 fewer than in the previous year. Again, because of repeat specimens, and because the organisms continue to be excreted for varying periods after the acute illness, salmonellae were isolated from 100 specimens (in 1966 there were 174 isolates). As will be seen from the table which lists the salmonellas isolated at this Laboratory from Glasgow cases in the last twelve years *S.typhimurium*, though still the commonest serotype—and proportionately rather more predominant than in 1966 (accounting for 38·5 per cent. of the cases, as compared with 32·4 per cent.)—did not show quite the same preponderance as it had in the previous decade. *S.typhimurium var. copenhagen*, with which one case was infected, has previously been isolated at this Laboratory from animal sources (including pigeons) but not hitherto from humans. Others which made their appearance in this list for the first time were *S.ealing*, *S.haifa* and *S.reading*.

	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956
S.typhimurium	17	24	44	68	35	52	70	93	73	40	92	123
S.typhimurium var. copenhagen	1	—	—	—	—	—	—	—	—	—	—	—
S.enteritidis	3	6	—	1	4	—	—	—	8	3	1	2
S.enteritidis var. jena	—	—	6	—	—	—	15	—	—	—	—	—
S.newport	—	—	—	—	—	—	—	1	—	—	4	—
S.thompson	—	—	—	—	—	—	—	—	1	2	—	—
S.potsdam	—	—	—	—	—	—	—	—	—	—	1	—
S.saint-paul	—	—	—	1	—	—	—	—	—	—	5	—
S.montevideo	—	—	—	—	—	—	—	1	—	—	—	—
S.bovis morbificans	—	—	—	2	1	1	—	—	1	—	1	1
S.san diego	—	—	—	—	—	—	—	—	—	1	—	1
S.senftenberg	—	—	—	—	—	—	—	—	—	—	1	—
S.bredeney	7	—	—	—	—	1	—	—	—	—	—	—
S.stanleyville	—	—	—	—	—	4	1	—	—	—	—	—
S.anatum	7	2	2	3	3	—	—	—	—	—	—	1
S.stanley	—	6	—	—	—	28	—	4	—	—	2	—
S.waycross	—	—	—	—	—	—	—	—	—	—	—	1
S.cholerae suis (var. Kunzendorf)	—	—	—	—	2	—	—	—	—	—	—	—
S.cholerae suis (var. American type)	—	—	—	—	—	—	—	1	—	1	—	—
S.derby	—	—	—	—	—	—	3	1	2	—	—	—
S.heidelberg	—	4	—	—	—	1	1	—	7	—	—	2
S.oranienberg	—	—	—	—	—	—	—	1	—	—	—	—
S.litchfield	—	—	—	—	—	—	—	—	—	—	—	1
S.unidentifiable	—	—	—	—	—	—	2	—	—	—	—	—
S.give	—	—	—	—	—	—	—	—	—	—	1	—
S.panama	—	1	—	2	—	—	—	—	—	4	—	—
S.vancouver	—	—	—	—	—	—	—	—	5	—	—	—
S.dublin	1	3	2	—	—	—	—	—	1	—	—	—
S.bleadon	—	—	—	—	—	—	—	—	1	—	—	—
S.meleagridis	—	—	—	—	—	—	—	2	—	—	—	—
S.hvittingfoss	—	—	—	—	—	—	2	1	—	—	—	—
S.loma-linda	—	—	—	—	—	—	—	1	—	—	—	—
S.infantis	—	22	2	10	3	2	2	—	—	—	—	—
S.cubana	—	—	—	—	—	1	—	—	—	—	—	—
S.bareilly	—	—	—	—	—	1	—	—	—	—	—	—
S.ibadan	—	—	—	—	1	—	—	—	—	—	—	—
S.blockley	—	—	—	—	1	—	—	—	—	—	—	—
S.essen	—	—	—	—	1	—	—	—	—	—	—	—
S.chester	—	—	—	1	—	—	—	—	—	—	—	—
S.london	—	—	—	1	—	—	—	—	—	—	—	—
S.congo	—	—	—	14	—	—	—	—	—	—	—	—
S.livingston	—	—	1	—	—	—	—	—	—	—	—	—
S.budapest	—	6	1	—	—	—	—	—	—	—	—	—
S.decatur	—	—	1	—	—	—	—	—	—	—	—	—
S.reading	6	—	—	—	—	—	—	—	—	—	—	—
S.haifa	1	—	—	—	—	—	—	—	—	—	—	—
S.ealing	1	—	—	—	—	—	—	—	—	—	—	—
	44	74	59	103	51	91	96	106	99	51	108	132

Forty-two specimens were received from Stirlingshire but only one of these gave a positive result and in this case also the isolate was *S.typhimurium*.

Food Poisoning due to other Organisms.—*Staph.aureus* was isolated from 3 out of 268 and heat-resistant *Cl.welchii* from 54 out of 328, stool specimens, in which no other pathogens were found, from patients affected with gastro-enteritis circumstantially characterised by a sudden onset or a relatively short "incubation period."

Foodstuffs suspected of having caused Food Poisoning.—*Staph.aureus* was isolated from only 7 out of 66, and heat-resistant *Cl.welchii* from only 4 out of 65, samples of various foods suspected of having caused the illnesses of some of these patients and, although 69 similar samples were examined in association with proven or probable cases of salmonellosis, no salmonella was found in them.

Dysentery.—It was another year of about average endemicity (for Glasgow) as far as bacillary dysentery was concerned; in fact the number of new cases diagnosed (911) was about 200 less than in 1966 but, in December, there were indications that the case-incidence was rising. The details, with the corresponding figures for 1966, are given in the table :—

	Specimens	No. Positive	Percentage Positive
From suspected cases and contacts	7,068 (8,054)	911 (1,104)	12·9 (13·7)
From repeat specimens for clearance	5,219 (6,842)	480 (713)	9·2 (10·4)
	12,287 (14,896)	1,391 (1,817)	11·3 (12·2)

Sh.sonnei was the causative organism in 51·7 per cent. of the new cases and various serotypes of *Sh.flexneri* in the remaining 48·3 per cent. In the previous year these percentages were respectively 73·5 per cent. and 26·5 per cent.

In the next table all the Glasgow cases of bacillary dysentery diagnosed at this Laboratory in the post-war years are classified according to the infecting organism; the last column gives the ratio

of Flexner/Sonne strains which can be seen to show at least a semblance of periodicity over the years :—

Year	Number of (new) isolates *Sh.sonnei*	*Sh.flexneri*	Totals		Flexner/Sonne Ratio*
1946	111	158	269		1·42
1947	66	39	105		0·59
1948	434	386	820		0·89
1949	501	374	876	(including 1 *Sh.schmitzii*)	0·75
1950	1,865	105	1,970		0·06
1951	949	40	989		0·04
1952	1,779	14	1,793		<0·01
1953	1,694	272	1,966		0·16
1954	2,524	1,754	4,278		0·69
1955	2,763	1,484	4,247		0·54
1956	2,388	309	2,697		0·13
1957	1,830	190	2,020		0·10
1958	1,556	273	1,829		0·17
1959	1,805	621	2,427	(including 1 *Sh.boydii*)	0·34
1960	864	1,421	2,285		1·64
1961	1,153	512	1,665		0·44
1962	1,385	186	1,571		0·13
1963	923	145	1,068		0·16
1964	1,110	250	1,360		0·23
1965	776	354	1,130		0·46
1966	811	293	1,014		0·36
1967	471	440	911		0·93

* The denominator, which is unity throughout, has been omitted ; thus 1·42 should be read as 1·42/1, 0·59 as 0·59/1, etc.

If this is borne out there is a possibility that isolates of *Sh.flexneri* may again outnumber those of *Sh.sonnei* in 1968.

Additionally, 56 specimens were received from Stirlingshire and 14 of these yielded a growth of *Sh.sonnei*.

Amoebic Dysentery.—Cysts of *E.histolytica* were found in one out of 72 stool specimens (slightly fewer than in the previous year) received for this examination.

Venereal Diseases.—Blood specimens received for serological tests for syphilis totalled 19,358 ; of these, 15,188 (including 10,137 from pregnant women, 6,397 from antenatal clinics and 3,740 from general practitioners) were intended primarily for " screening " by means of the Cardiolipin Wassermann and the qualitative V.D.R.L. slide tests, but the remaining 4,170 (mainly from V.D. clinics), to which were added 83 sera which had given presumptive positive results in one or both screen tests, required more extensive testing by the Reiter Protein

Complement Fixation Test and the *quantitative* V.D.R.L. test. All these figures show a slight increase over the previous year; but the final " true " positive-rate (after excluding the Biologic False Positives) for the antenatal specimens was down from 0·04 per cent. to 0·01 per cent. For reasons explained in these pages last year the number of positive results obtained with the other 4,170 sera submitted to the extended range of tests (including 159 tested by the Fluorescent Treponemal Antibody technique) are not considered here; they are fully discussed in the Annual Report of the Regional Consultant in Venereology.

Additionally 30 specimens of spinal fluid were received for these tests and for the Colloidal Gold Test, 19 fewer than in the year before.

Gonococcal Infections.—There was an increase of 30 in the number of specimens submitted for the Gonococcal Complement Fixation Test and, of the 159 tested, 21 gave a positive result. But the test has only a minor role to play in the investigation of these infections; the aim must always be to try to isolate the causative organism and test its sensitivity to antibacterial agents. For this purpose 10,248 genital swabs were examined and *N.gonorrhoeae* was isolated from 1,662 of them, both figures showing an upward trend (cf. 8,524 and 1,367 respectively in 1966).

Trichomoniasis.—*T.vaginalis* was identified microscopically or isolated on culture from 748 of the 6,662 patients from whom swabs (in female cases " paired " swabs) were received, a positive diagnosis rate of 11·2 per cent. The corresponding figures in the previous year were 4,961, 485 and 9·8 per cent.

Eye Infections.—No cases of gonococcal ophthalmia were diagnosed during the year although 125 conjunctival swabs from neonates and older infants (26 more than in 1966) were examined specifically for *N.gonorrhoea.* Other pathogens, however, notably *Staph.aureus, Strep.pneumoniae* and *H.influenzae* (and sometimes two of these together), were isolated from a substantial number of them.

Tuberculosis.—Acid-fast bacilli were found in 9 out of 254 sputa on microscopic examination, once in one case, twice in another and on three occasions in two other cases and *M.tuberculosis* was isolated on culture at least once from all four cases and from three more in whom microscopic examination had been negative. Cultures were also inoculated with 130 other specimens (urines, gastric washings, etc.), and a growth of tubercle bacilli obtained from 4 (urine specimens), all

from one patient. The total number of cultures attempted was thus 384 and 18 were positive but, because some were repeat specimens, only 8 patients were involved.

Because the patients were small children, 2 specimens of sputum were inoculated into guinea-pigs, with negative results; but one out of 20 other specimens similarly inoculated produced typical tuberculous lesions from which the organism was subsequently isolated in culture.

The total number of specimens examined for tubercle bacilli—and the positive diagnosis-rate—were very similar to what they were in 1966.

Clinical Pathology.

The number of investigations under this heading increased by about 6,000 to a total of more than 83,000.

Urines.—Quantitative bacterial cultures (and, in most cases, microscopic examination) were performed on 8,186 specimens of urine (cf. 6,897 in 1966). The number of samples received for the diagnosis of pregnancy likewise continued to increase, from 5,972 in 1966 to 7,863 in the year under review.

Haematology.—The number of antenatal blood specimens received for ABO grouping and Rhesus typing amounted to 10,053, 3,749 of them sent by general practitioners and 6,304 from the clinics. These figures are almost exactly the same as those for 1966 but the percentage found to be Rhesus (D)-negative rose from 17·7 per cent. to 20·2 per cent., the actual figure being 2,032, consisting of 864 of the specimens submitted by general practitioners and 1,168 of those from the clinics.

All these 10,053 specimens were also "screened" for blood-group antibodies and 296 yielded presumptive positive results; these were referred to the Regional Blood Transfusion Centre where the presence of antibodies was confirmed in 107 and 60 others were found to give "irregular results."

The number of blood specimens received for haemoglobin estimations was 18,045 (an increase of 1,272 being mainly accounted for by the general practitioners' share, which amounted to 9,264), and 3,657 of the total required fuller investigations—examination of films, estimation of various other parameters, etc.

Miscellaneous Investigations.—There remained some 27,000 clinical pathological examinations of various kinds, such as antibiotic sensitivity tests, faecal occult blood tests, estimation of protein in

urines, etc., and including the examination of stool specimens for helminths, which were found on only 4 occasions—in each case *Taenia saginata* (beef tapeworm).

Public Health—General Control.

Milk Supply. Bacterial Content.—Although appreciably fewer milk samples were received than in the previous year, 1,815 as compared with 1,880, those complying with the standards, as will be seen from the table, comprised roughly the same percentages.

	Number of Samples	No. complying with standards	Percentage complying in 1967	Percentage complying in 1966
Hospitals Supplies—				
Raw Milk { Premium Milk ...	0	—	—	66·7
Raw Milk { Standard Milk ...	40	32	80	78·9
Pasteurised Milk	280	249	88·9	92·6
Public Supplies—				
Raw Milk { Premium Milk ...	211	134	63·5	63·9
Raw Milk { Standard Milk ...	102	90	88·2	78·9
Pasteurised Milk	759	701	92·3	82
Ultra heat-treated Milk ...	7	7	100	—
Raw Ordinary Milk ...	11	10	90·9	100
School Supplies—				
Pasteurised Milk	215	196	91·1	89·3
Milk from Dispensing Machines—				
Pasteurised Milk	138	76	55	44·5
Miscellaneous	52	—	—	—

When the figures for milk from dispensing machines are considered in greater detail the apparent improvement in this category is found to be no more than marginal :—

Plate count per ml.	Number of samples complying with the Pasteurised standard*	Number of samples not complying with the Pasteurised standard*	Total
0 – 10,000 ...	30	1	31
10,000 – 50,000 ...	21	8	29
50,000 – 200,000 ...	17	23	40
200,000 – 1,000,000 ...	7	26	33
Over 1,000,000 ...	1	4	5
Total	76	62	138

* Absence of coliforms from 1/100ml.

Clearly, this mode of vending milk is still far from satisfactory.

The number of milk samples (not included in the foregoing tables) examined for Argyll County Council totalled 1,197, an increase of 358.

Examination of Milk for M.tuberculosis.—Requests for biological examination of milk for tubercle bacilli were (appropriately) less often received ; there were 71 such samples (cf. 83 in 1966 and 145 in 1964), 41 of them being samples of designated milk, 21 from school milk supplies, all in Glasgow, and 9 others from Clydebank. None gave a positive result.

Examination of Milk for Evidence of Br.abortus Infection.—For this purpose 976 samples (including 50 of those received for guinea-pig inoculation for *M.tuberculosis*) were submitted to the Brucella Ring Test and 141 gave a positive reaction. Culture was attempted with those which reacted most strongly and *Br.abortus* was isolated from two of them. The Whey Agglutination Test was only performed on 5 samples (because these were the only individual cow samples, all the others being bulk samples) and one showed a significant titre of agglutinins ; when this was inoculated into a guinea-pig it gave rise to a serological response but *Brucella abortus* was not isolated on culture of the animal's organs ; culture of these 5 milk samples likewise proved negative.

Examination of Milk Bottles, Dairy Equipment, etc.—As a check on cleansing methods, 99 washed milk bottles were brought for examination, which showed that 78 of them complied with the standards. Additionally 17 similar examinations were conducted for Argyll County Council.

Rinses from milk cans totalled 95 and the results of the examinations were classified as : 76·8 per cent. satisfactory, 5·2 per cent. fairly satisfactory and 17·9 per cent. unsatisfactory according to Ministry of Agriculture standards. Swabs and rinses from 50 other items of equipment used by producers or retailers of milk were also examined.

All these figures are very similar to those for 1966.

Cream.—There was a slight increase, from 254 to 270, in the number of samples of dairy cream examined and, as the table shows, the results were significantly better than in the previous year.

Bacterial count per gram	No. of Samples	Percentage 1967	Percentage 1966
0 – 50,000 ...	233	82·5	72·4
50,000 – 200,000 ...	22	8·1	6·7
200,000 – 1,000 000 ...	22	8·1	10·6
Over 1,000,000	3	1·1	10·2
Coliform bacilli in 1/100 g.	47	17·4	23·6

Ice-cream.—More samples of this product were brought for examination—403, compared with 371 in 1966—and, as will be seen from the table, the results also showed some improvement.

Bacterial count per gram	No. of Samples	Percentage 1967	Percentage 1966
0 – 50,000 ...	321	79·6	65·5
50,000 – 200,000 ...	33	8·2	17·3
200,000 – 1,000,000 ...	48	11·9	12·9
Over 1,000,000	1	0·25	4·3
Coliform bacilli in 1/100 g.	77	19·1	26·7
Samples conforming to provisional standard of a plate count of no more than 50,000 per g. and coliform bacilli absent from 1/100 g.	287	71·2	57·6

Three other samples of ice-cream were submitted on behalf of Argyll County Council.

Imitation Cream.—Ten fewer samples of imitation cream were examined than in 1966 but here again the standard was appreciably better. The results for the 92 samples were as follows :—

Bacterial count per gram	No. of Samples	Percentage 1967	Percentage 1966
0 – 50,000 ...	75	81·5	75·5
50,000 – 200,000 ...	7	7·6	9·8
200,000 – 1,000,000 ...	8	8·7	7·8
Over 1,000,000	2	2·2	6·8
Coliform bacilli in 1/100 g.	10	10·8	16·6

Bottles other than Milk Bottles.—Of the 53 bottles used by brewers, mineral water manufacturers, etc., which were tested for bacteriological cleanliness, 48 (90·5 per cent., cf. 90·2 per cent. of the 41 examined in 1966) complied with the standards.

During the year also, in the course of a special survey conducted in collaboration with the Maternity and Child Welfare Department, the results of which will be presented elsewhere, 203 infants' feeding bottles and teats were examined bacteriologically.

City Water Supply.—The number of water samples received increased, from 1,183 in 1966, to 1,323. Of these, 1,107 were routine samples from various points in the City's supply and distribution system, 160 were submitted, for special reasons, on behalf of the Water Department and/or the Divisional Medical Officers and 56 samples (from ships' tanks, dock supplies, etc.), were examined at the request of the Port Health Officers.

The results of the routine examination of chlorinated water samples from the Loch Katrine and Gorbals supplies were as follows :—

Supply	No. of Samples	Average bacterial count per ml. at 37°C/24hrs.	Average bacterial count per ml. at 22°C/72hrs.	Most Probable Number in 100ml. Coliform bacilli 0	1	3	5 or more	Typical ("faecal") *Esch.coli* 0	1	3	5 or more
Loch Katrine ...	480	less than 1	122	448	23	0	9	466	9	1	4
Gorbals	277	39	111	261	11	2	3	270	5	1	1

Despite a few samples which gave unsatisfactory results the overall standard was somewhat better than in 1966.

Swimming Baths.—Samples of pond water, of which 418 were received (cf. 403 in 1966) included a higher proportion which gave unsatisfactory results ; the details were as follows :—

Source	No. of Samples	No. with a Bacterial Count of 10 or more per ml. at 37°C/24 hrs	No. containing Coliform bacilli in 100 ml.	MPN in 100 ml. Coliform bacilli	Typical ("faecal") *Esch. coli.*
Public Ponds ...	217	10	3 { 1 sample	1	1
			1 „	50	50
			1 „	8	8
School Ponds ...	140	13	7 { 1 sample	3	1
			1 „	8	3
			1 „	25	13
			1 „	7	5
			1 „	10	2
			1 „	3	3
			1 „	1	1
Private Ponds ...	61	1	0		

In nearly all the sub-standard samples the concentration of free chlorine was well below the permissible limit of 1 p.p.m.

Foodstuffs : Fitness for consumption.—As part of the continuing vigilance over food supplies (additional to the *ad hoc* investigation of specific complaints, etc.), the number of samples submitted by the various inspectorates (with the corresponding figures for 1966 in brackets) were as follows :—Port Health Inspectors 1,089 (1,002), City Food Inspectors 92 (173), and the Corporation's Chief Veterinary Officer 1,139 (841), a total increase of 304 on the previous year. Excepting a few small batches of rabbit meat, the last category consisted entirely of imported boneless beef, from which salmonellas were isolated on 10 occasions, *S.bovis morbificans*, *S.kottbus* and *S.senftenberg* each twice, *S.adelaide* and *S.bahrenfeld* each once, and from each of two samples two serotypes were isolated, *S.anatum* and *S.newington* from one, and *S.binza* and *S.senftenberg* from the other. Compared with 16 isolates from 841 such samples in 1966 this showed a slight improvement.

For the fourth year in succession no salmonella was found in any of the 571 samples of desiccated coconut examined (cf. 514 in 1966) and imported egg products, for the first time, almost reached the same standard, a salmonella (*S.montevideo*) being isolated from only one of the 387 examined (cf. 5 positive results from 425 samples in 1966).

The remaining samples, as usual, covered a wide variety of foods—and tastes—too numerous to mention individually and, as no significant pathogen was isolated from any of them, no comment is required. Having regard to recent events, however, perhaps it would be of interest to add that, apart from a number of samples of tinned shrimps, prawns, oysters, etc., 13 samples of *fresh* shellfish were examined and, with the exception of one sample of whelks (which was Grade 3) they were all bacteriologically satisfactory (Grade 1).

Other Investigations and Services for the Health and Welfare Department and the Port Health Authority, etc.—At the request of the Divisional Medical Officers, 3,175 doses of yellow fever vaccine were prepared and issued from laboratory stocks ; this figure remains fairly constant from year to year.

Other sundry investigations consisted of the examination of 39 rats caught in ships or on the docks, the specific purpose of which—happily never fulfilled—is to look for the plague bacillus, the testing of 32 samples of animal feeding stuffs for salmonellas (and *S.kaapstad* was found in 2) and the investigation of 114 samples of various imported materials for *B.anthracis*, which was found in 16 of them (cf. 30 out of 180 in 1966). The details of the anthrax examinations were as follows :—

Bone Grist and Bone Meal	62 (10 positive)
Granulated and Crushed Bones	6 (2 positive)
Sheepskin	8
Goatskin	9 (1 positive)
Pigskin	3
Hides	3
Wool	18 (2 positive)
Hair	2 (1 positive)
Dried Blood	3
	114 (16 positive)

These figures again emphasize the hazards of handling imported bone, which, incidentally, is just as liable to be contaminated with salmonellas also ; thus 2 samples of bone grist were found to contain the 2 serotypes *S.senftenberg* and *S.tennessee* and from another *S.reading* and *S.senftenberg* were isolated.

This factual and statistical account by no means covers all the year's activities. The Medical and Technical Staff have, as always, given a great deal of their time and energies to other work, particularly teaching, and several post-graduate students or trainee technicians seconded from other departments have spent periods of study at the Laboratory. It should be mentioned also that, in February, 1967, the Director was asked to assume the main " editorial " responsibility for a weekly publication entitled " Communicable Diseases, Scotland (CDS Reports) " (the Virology section of which is collated by Professor Grist), sponsored by the Scottish Home and Health Department. This, as an extra commitment over and above normal full-time duties, has been an onerous task which could not have been accomplished without the forbearance of colleagues on the Laboratory staff and, for this—if no other—reason, it is hoped that it may soon be entrusted to other hands. But, at the same time, it has been very rewarding in many ways, especially in the opportunities it has afforded for strengthening the ties between this Laboratory and others of its kind throughout the length and breadth of Scotland.

T. F. ELIAS-JONES,
Director.

Publications, Reports, etc

" Second Interim Report." (June 1967) and

" Final Report (November 1967) of the Working Party on the Laboratory Diagnosis of Venereal Diseases."

T. F. Elias-Jones *et al.*—Reports to the Sub-committee on Epidemiology of the Standing Advisory Committee on Laboratory Services (S.H. & H.D.)

" CDS Reports : Introductory Commentary."
T. F. Elias-Jones (1967), CDS 67/9.

" Commentary on Bacterial Meningitis in Scotland "
T. F. Elias-Jones (1967), CDS 67/39.

TOTAL OF EXAMINATIONS FOR YEAR, 1967

City of Glasgow

Infectious Diseases

		Positive	Total
Diphtheria and General Throat Infections—			
Diphtheria	Suspects	0	429
Streptococcal Infections	Suspects and control	128	429
Vincent's Infections	Suspects and control	24	432
Pernasal swabs (Whooping Cough Survey)*		83	567
Staphylococcal Infections	Suspects and control	140	180
Gastro-intestinal Infections—			
Enteric Fever (Typhoid, paratyphoid)	Suspects	0	98
	Control, etc.	15	80
	Water Works employees	—	100
Food Poisoning—			
(Salmonellosis)	Suspects and control	100	10,871
	Foodstuffs	0	69
(Staphylococcal)	Suspects and control	3	268
	Foodstuffs	7	66
(Clostridial)	Suspects and control	54	328
	Foodstuffs	4	65
Dysentery—			
Bacillary	Suspects	911	7,068
	Control	480	5,219
	Colicine-typing of *Sh.sonnei*	—	777
Amoebic		1	72
Other forms—Giardiasis, etc.		3	5
Specific *Esch.coli*		—	1,537
Tuberculosis—			
	Sputa	9	254
	Other specimens (micros. exam.)	7	131
	Various specimens (biological exam.)	1	22
	Various specimens (culture)	18	384
Venereal Diseases—			
	Serological Tests for Syphilis (W.R., etc.)	—	44,021
	Lange's Colloidal Gold Test	—	30
	Gonococcal Complement Fixation Test	—	159
	Smears and cultures of Urethral and Cervical Exudates for *N.gonorrhoea*	—	10,248
	Ophthalmia Neonatorum (smears and cultures)	—	125
	Carry forward		84,034

* This Survey, originally intended to last six months, was extended to eighteen and was therefore still in progress at the end of the year. It will be described in a later Report.

		Positive	*Total*
	Brought forward ...	—	84,034
OTHER EXAMINATIONS—			
Blood—Rh factor		—	10,053
Blood—ABO grouping		—	10,053
Blood—group antibody tests		—	10,053
Blood—General Haematology, cell counts, haemoglobin, etc.		—	18,045
Blood—cultures, Paul-Bunnell tests, etc.		—	145
Urines, etc.		—	14,267
Exudates—various		—	204
Faeces for worms		4	6
Faeces for occult blood		14	28
Swabs for Trichomoniasis		748	6,662
Pregnancy tests		—	7,863
Antibiotic Sensitivity tests		—	14,073
Miscellaneous		—	6
GENERAL PUBLIC HEALTH—			
City Milk Supplies (plate count and coliforms)		—	1,495
City Milk Supplies (*Br.abortus*)		—	180
Hospital Milk Supplies (plate count and coliforms) ...		—	320
Milk (biological tests)		0	62
Miscellaneous swabs and rinses		—	50
Milk bottles (bacterial count)		—	99
Feeding bottles and teats		—	406
Swabs from Milk cans		—	95
Ice-cream		—	403
Foodstuffs—fitness for consumption :—			
Imitation cream, cream, etc.		—	362
Miscellaneous foods, dried egg, etc.		—	92
Shellfish		—	13
Beer and Mineral Water bottles		—	53
Water Supplies—routine		—	1,267
Water from swimming ponds		—	418
Meat from Chief Veterinary Officer		—	1,139
Animal feeding stuffs		—	32
PORT HEALTH AUTHORITY—			
Anthrax (hides, skins, hair, bone, etc.)		16	114
Plague (examination of rats)		—	39
Foodstuffs—fitness for consumption		—	1,089
Water Samples		—	56
OUTSIDE AUTHORITIES—			
Stirlingshire—			
Gastro-intestinal infections	98	—	
Other infections	26	—	
Throat infections	3	—	
Antibiotic sensitivity tests	39	—	
		—	166
Clydebank—			
Milk (biological test for tuberculosis) ...	9	—	
Milk samples for *Br.abortus*	6	—	
		—	15
Argyll—			
Milk (plate count and coliforms)	1,197	—	
Milk samples for *Br.abortus*	785	—	
Ice-cream	3	—	
Milk bottles	17	—	
		—	2,002
Wigtownshire—			
Milk samples for *Br.abortus*			5
			185,464

SECTION XIV

FOOD

SUMMARY OF OPERATIONS UNDER THE FOOD AND DRUGS (SCOTLAND) ACT, 1956, THE MILK AND DAIRIES ACTS AND ALLIED ACTS, ORDERS AND REGULATIONS FOR THE YEAR ENDING 31ST DECEMBER, 1967.

Food additives from time to time are the subject of discussion. It is not intended to engage in any such controversy but simply to note one of the food additives, cyclamates, which lately has given rise to some speculation. Cyclamates were found in only two of 56 samples examined in amounts of approximately $\frac{1}{10}$ of the permitted amount of 993 grains per 10 gallons of soft drink.

Observations were made on reports and memoranda issued by the Scottish Home and Health Department, Counties of Cities Association, and Association of Sea and Air Port Health Authorities :—

Proposals for Regulations to amend the Skimmed Milk with Non-Milk Fat (Scotland) Regulations, 1960, as Amended.

Food Hygiene Codes of Practice—

1. Hygiene in the Retail Meat Trade, including cold cooked meat and meat delicatessen.
2. Hygiene in Transport and Handling of Meat and Meat Products.

Toxic Chemicals in Agriculture and Food Storage, etc.

Importation of Prawns—Bacteriological Standard.

Tomato Puree Mould Count.

Importation of Food—Chicken Skins.

THE FOOD AND DRUGS (SCOTLAND) ACT, 1956. THE PRESERVATIVES IN FOOD (SCOTLAND) REGULATIONS, 1962.

A total of 4,778 samples were procured and examined, 1,304 being formal samples and 3,474 informal ; 47 (3·60 per cent.) of the former and 120 (3·04 per cent.)of the latter were reported to be non-genuine. The corresponding figures last year were 33 (2·44 per cent.) and 101 (2·88 per cent.) respectively.

Of the 47 formal samples returned non-genuine, court proceedings were taken in 35 cases and a conviction was obtained in each case, all but one against butchers in whose products was found an excess amount of preservative. Fines totalling £175 were imposed.

Sulphur dioxide (SO_2) was the only preservative found to be used in excess of the specified limits. Benzoic Acid and Sorbic Acid were

also used in permitted amounts. No other permitted or prohibited preservative was detected in the samples of food examined.

THE FOOD AND DRUGS (SCOTLAND) ACT, 1956

TABLE SHOWING NATURE AND NUMBER OF TOTAL SAMPLES PROCURED AND EXAMINED DURING 1967

Article	Informal		Formal	
	No. Taken	No. Non-Genuine	No. Taken	No. Non-Genuine
Baking Powder, Golden Raising Powder	4	—	3	—
Bread	—	—	—	—
Butter	15	—	11	—
Cheese (including spreads and processed cheese)	46	3	17	—
Coffee (including essence and mixtures)	5	—	5	—
Cream (including single, double and sterilised)	115	17	—	—
Dried and Preserved Fruit	27	1	52	—
Fish Cakes	14	—	—	—
Fish Pastes and Spreads	3	—	—	—
Flour and Self-raising	10	—	14	2
Flour Mixtures (cake, pudding, sponge mixtures and cake flour)	62	—	40	1
Fruit Conserves (e.g., tinned and bottled fruit)	3	—	—	—
Gelatine	5	—	—	—
Ice-Cream	263	17	1	—
Ice Lollies	1	1	—	—
Jams, Jellies and Fruit Curds	49	—	—	—
Margarine	1	—	19	—
Meat Pies, Pastries and Sausage Rolls	—	—	—	—
Meat Pastes and Spread (chopped and potted)	26	—	1	—
Milk (excluding dried, condensed, evaporated and flavoured, etc., milk)	1,862	45	659	2
Milk (condensed and dried)	12	1	1	—
Mince	27	16	31	12
Saccharin	6	—	—	—
Salad Cream and Mayonnaise	12	—	—	—
Sausage and Sausage Meat	82	7	154	29
Soft Drinks (excluding fruit juices)	35	1	9	—
Spices and Condiments	155	1	44	—
Spirits	—	—	19	—
Suet	1	—	4	—
Sugar and Confectionery	9	—	19	—
Synthetic Cream	—	—	—	—
Table Jellies	57	4	7	—
Tomato Ketchup and Sauces	22	—	—	—
Other Articles (including all articles not named above)	545	6	194	1
	3,474	120	1,304	47

Inspection of Food and Food Premises

The number of visits paid to food premises was 9,558, during which 2,089 lots of food were examined which amounted to 230 tons, 4 cwts. 110¼ lbs., 111 tons, 11 cwts. 78½ lbs. more than last year. As in previous years, a very considerable number of Condemnation Certificates was issued for food considered unfit for human consumption and voluntarily surrendered by the owners.

FOOD AND DRUGS (SCOTLAND) ACT, 1956, SECTION 9

Suspected Food

The flow of complaints continues unabated. Perhaps this is not a bad sign. The number this year totalled 451, an increase on last year's 375 complaints.

Complaints are as interesting as they are varied. Those of note include a metal U bolt found in a can of corned beef imported from Kenya. Investigations showed that it was of the type used in a factory to secure the cable to the switch controlling the overhead electric hoist which handled the cook baskets in and out of the cook tanks. Tooth paste was sold in tubes made of a material containing a high percentage of lead. The manufacturers altered the type of tube used. Sweets obtained at the Carnival in the Kelvin Hall as a prize at one of the side-shows were suspect. They were found to be harmless. Fish eggs (salmon eggs) were found in a can of salmon. No explanation however was found for the presence of pink mould on a pan loaf.

Complaints were also made of watered spirits. These were proved unfounded.

A necrotic abscess was found in a can of meat loaf. It was of Australian origin and investigation revealed that the factory had been closed in 1965.

A piece of rubber found in a can of luncheon meat from Poland was sent direct to Warsaw and in reply a detailed sketch of part of the plant was received with a letter of explanation and thanks for directing attention to the fault which was not due to carelessness or negligence. Full investigation extended over a period of three months.

Two bakers were charged and convicted of selling a cake in which a insect and a fly were found respectively. Each baker was fined £5.

The Milk and Dairies (Scotland) Act, 1914
The Milk (Special Designations) Act, 1949, and
The Milk (Special Designations) (Scotland) Order, 1965

The percentage of failures in tests of the top grade rose this year from 36·64 to 37·44, while the failures in the second top grade, also a raw milk, fell from 21·16 to 11·76 per cent.

The number of formal and informal samples totalled 2,521. The average fat and solids-not-fat both rose slightly from 3·75 to 3·84 and 8·88 to 8·89 per cent. respectively. Designated milks sampled during the year totalled 1,072.

There were 5,132 visits of inspection made to dairies and during these visits attention was paid to hygienic practices and conditions, while 207 visits were made to the 29 byres of the 19 dairy farmers. These byres provide accommodation for 937 cows although the average number kept over the year was 783.

Six producers have now installed bulk milk tanks.

The sale of milk in cartons has proved popular and more acceptable to the customer, particularly the block type carton.

There are now 1,758 registered dairies compared with 1,751 last year, an increase of 7. This number consists of 18 producers, 14 wholesalers (pasteurising establishments), 1,711 retailers and 15 vehicles from outwith the City. During the year there were 169 changes of registration.

An Ultra High Temperature milk plant was set up during the year. The milk so treated has remarkable keeping qualities. It is said to keep fresh for seven months without refrigeration. Milk is heated to a temperature of at least 207°F. for one second and then aseptically filled into Tetra Pak cartons. Results have been satisfactory.

One dairyman was fined £5 for selling milk deficient in fat.

Sterilised Milk.—The daily sales of Sterilised milk are very small, seven gallons. No milk is sterilised in the City Creameries. Twelve samples were obtained and were found to conform to the prescribed tests. The average fat and solids-not-fat contents were 3·58 per cent. and 9·00 per cent. respectively, slightly higher than last year.

Premium Milk.—The daily sales of Premium milk continue to fall. The quality standard, however, is slightly higher than last year. Two hundred and eleven samples were examined ; 79 failed in one or other of the tests ; 182 samples were in conformity or over the legal standard of 3·5 per cent. fat, the average being 4·37.

Standard Milk.—Approximately 1,057 gallons are sold daily. The quality standard remained the same as last year, 4·09 per cent. Only three fell below the fat standard of 3·0 per cent. One hundred and two samples were uplifted ; 90 passed all the prescribed tests.

Pasteurised Milk.—More and more pasteurised milk is sold daily in the City, this year to the extent of 98·10 per cent. of the total. Seven hundred and fifty-nine samples were procured, 679 of which passed each test, while only three were deficient in fat ; the average fat content was 3·78 per cent., slightly higher than last year.

Milk Supplied to the Hospitals of the Regional Hospital Board

This service to the Board was continued. The results are shown below :—

	Examined	Failed
" Premium "	—	—
" Standard "	39	8
" Pasteurised "	281	31
	320	39

Milk for School Children.—Pasteurised milk was again supplied to the City schools, this year by ten contractors. Two hundred and fifteen samples were examined in terms of the Milk (Special Designations) Order. One hundred and ninety-three passed each test, while forty-one samples were subjected to the biological test and all gave negative results. The total consumption this year amounted to 1,447,359 gallons compared with 1,412,330 last year, an increase of 35,029 gallons. The quality was maintained.

Milk Dispensing Machines.—The results of samples obtained from these machines show a slight improvement but are still far from satisfactory. A bacterial standard is still awaited.

One hundred and thirty-eight samples were uplifted, of which 61 or 44·20 per cent. failed the coliform test prescribed in the 1965 Order for Pasteurised milk, i.e., coliforms absent from 1/100 ml. Coliforms were present in 82 or 59·42 per cent. of the samples when examined in 1/10 dilution and 35 or 25·36 per cent. when examined in 1/1,000 dilution.

Dairy Cream—Food Standards (Cream) Order, 1951.

The number of dairy cream samples taken this year was again increased. Two hundred and sixty-eight were examined bacteriologically and 94 of these were considered unsatisfactory because of high count

(over 50,000 per g.) and/or the presence of coliform organisms. In addition, 115 were examined in terms of the Order; 17 failed to conform because of minor deficiencies of fat.

The results of all samples were reported to the dairymen concerned.

Attention was given again this year to the efficiency of bottle and can washing and results obtained were on the whole satisfactory.

The Ice-Cream (Scotland) Regulations, 1948, *and*
The Ice-Cream (Scotland) (Amendment) Regulations, 1948 *to* 1961.

The number of registered ice-cream dealers in the City again showed a reduction. The number now stands at 343, 25 fewer than last year, while 407 Certificates of Registration are held in respect of vehicles, 17 more than last year. The " through-put " of persons temporarily engaged on vehicles vending ice-cream still remains high. Certificates of Authorisation issued and recorded through the year numbered 269, being 63 fewer than last year. Inspection of ice-cream premises and vehicles numbered 1,940.

During the summer months, June to September, inspections were again made of ice-cream vehicles on Sunday afternoons and a slight improvement was noted.

Four hundred and three samples were obtained, of which 295 or 75·23 per cent. were satisfactory, compared with 209 or 57·22 per cent. last year. This year only 43 (10·69 per cent.) of the samples failed in both in count and coliform compared with 68 of 367, or 15·83 per cent. last year. Of the 403 informal samples taken, 265 were subjected to both chemical and bacteriological examination, while 148 were for bacteriological examination only. Of the 265 samples, 17 (6·41 per cent.) failed to comply with the legal standard compared with 11 (4·33 per cent.) of the 255 samples taken last year. No sample failed in both fat and milk-solids-not-fat.

Samples which failed any of the tests were followed up and repeat samples taken.

The Labelling of Food Orders, 1953-1961, *and*
The Food and Drugs (Scotland) Act, 1956, *Section* 6

The provisions of the Orders and Act were complied with in general. There were, however, several instances in which advisory action was taken and these are worthy of comment.

(1) Fresh Butter, produced by a well-known company was packed in wrappers not inscribed with the proper wording as set forth in the Butter (Scotland) Order, 1966, inasmuch as the words " Unsalted Butter " had been omitted from the description. We in Scotland know when the word " Fresh " is applied to butter it means unsalted; nevertheless the law demands that it be described as " Unsalted ".

(2) (*a*) Processed Cheese (Old English) contravened the Cheese (Scotland) Amendment Regulations, 1967. The sample had been purchased from stock in wrappers which at the time of purchase were out of date.

(*b*) Chedlet Cheese, the wrappers of which did not conform to the aforementioned Regulations. The stock was withdrawn from sale.

(*c*) Lactic Cheese wrappers did not comply with the aforementioned Regulations. The makers agreed to have the labels altered.

(3) A confection (a fizzy drink powder) was contained in a wrapper, the wording on which should have been qualified by the word " flavoured ". It was a Japanese product. The importers discontinued the line and commenced manufacturing their own product.

(4) The wording on the label affixed to a carton of Fruit Flip was incorrect. The ingredients listed were not in the proper order.

(5) Spaghetti Sauce Mix was improperly described on the label. The ingredients listed were also in the wrong order.

(6) The label on Table Jellies supplied by a firm in Liverpool declared that they contained glucose syrup, but on analysis none was found. The product was not inferior.

(7) A packet of Mixed Herbs was contained in a carton with a label bearing a false description. The herbs therein were not enumerated in the detailed list. These were received ready mixed in bulk from the supplier and varied from time to time. The sale of this product was discontinued.

(8) Exception was taken to the declaration on a painted can of Dried Low Fat Skimmed Milk. This was raised with the makers of the can for correction.

(9) Dried Potatoes were described as " Creamed Potatoes " but neither cream nor butter was in the ingredients. Long correspondence with the firm's lawyers followed, but no agreement was reached. Court action will be necessary.

Advice was given in respect of the wording on labels to be affixed to cans of Imported Boneless Chicken and on the wording on wrappers to be used on Butter which included imported butter.

Public Health (Meat) Regulations (Scotland), 1932, *Section* 15

Eight certificates of approval, the same number as last year, were granted in respect of meat storage premises, and 95 copies of these certificates, 12 more than last year, were issued for vehicles operating from these premises.

Imitation Cream.

Food and Drugs (Scotland) Act, 1956, *Section* 16

The number of samples taken was 92 compared with 101 last year. Sixty-eight or 73·91 per cent. were satisfactory compared with 76 or 75·25 per cent. last year. These figures are based on the same standard as recommended for ice-cream, namely, 50,000 colonies per gram.

Notices of unsatisfactory results were sent to bakers from whom such samples were obtained.

Egg—The Liquid Egg (Pasteurised) (Scotland) Regulations, 1963
Pasteurised Liquid Whole Hen Egg (Packed in Glasgow)

A company operating one of the two City breaking-out plants closed down their Glasgow factory during the year.

All of the 26 samples taken were reported " No Salmonella isolated " The eggs broken out were principally home eggs, but there was one lot of South African. The amylase test carried out on these samples gave readings of up to 7 + .

The Colouring Matter in Food (Scotland) Regulations, 1966

The following table lists the various colours and the number of times these were found :—

Colour	Occasions on which colour was found 1966	1967
Ponceau MX ...	—	1
Ponceau 4R ...	2	2
Carmoisine ...	12	4
Amaranth ...	19	11
Red 10B ...	3	2
Erythrosine BS	6	11
Red 2G ...	5	10
Red 6B ...	—	2
Red FB ...	—	—
*Ponceau SX ...	—	1
*Ponceau SR ...	—	—
Fast Red E ...	1	3
Orange G ...	1	2
Orange RN ...	7	7
Oil Yellow GG	—	—

Colour	Occasions on which colour was found 1966	1967
Tartrazine	65	30
*Naphthol Yellow S	—	—
Yellow 2G	6	1
*Yellow RFS ...	—	—
*Yellow RY ...	—	—
Sunset Yellow FCF	21	12
Oil Yellow XF ...	—	—
Green S	2	8
*Blue VRS	3	1
Indigo Carmine ...	—	—
Violet BNP ...	—	3
Brown FK	—	—
Chocolate Brown FB	2	—
Chocolate Brown HT	1	—
Black PN	—	—
†Black 7984 ...	—	—

The new Regulations became operative as from 1st July this year when those marked * were deleted and the one marked † was added.

No prohibited colouring matter was detected. In order to save money and valuable time the Analyst agreed not to test for prohibited colouring matter in products well known and proved over the years to be genuine and in conformity with the Regulations.

Desiccated Coconut.—During the year 12 samples were examined for the presence of Salmonella. All samples were again declared free.

The Mineral Hydrocarbons in Food (Scotland) Regulations, 1964.—This is the thirteenth consecutive year in which all the samples examined were in conformity with the provisions of the Order.

Artificial Sweeteners in Food Order, 1947.—No prohibited artificial sweeteners were found again this year. Where saccharin was found it was within the specified limits.

Cyclamic acid was found in 35 samples of soft drinks to be consumed by diabetics. These were in conformity with the Soft Drinks Order and indeed in less than the permitted amounts.

Byelaws for Regulating Street Trading

There was an increase this year in the number of vehicles approved and having suitable storage accommodation from 1,042 to 1,391, and there were 373 persons engaged in trading from vehicles with storage facilities outwith the City or trading from vehicles only (selling out each day) : an increase from 318. These figures show an overall increase of 404 from 1,360 last year to 1,764 this year. The standards show, in many cases, a marked improvement.

Inspections of vehicles and storage accommodation totalled 2,547. These inspections included observations taken on vehicles under operating conditions and on vehicles engaged in street trading on Sundays.

Letters of warning for infringements of the byelaws were sent to 26 street traders. Faults were soon remedied.

One street trader was convicted of selling milk from a vehicle without first obtaining a Certificate of Registration from the Local Authority, but was admonished.

Food Hygiene (Scotland) Regulations, 1959-1966

The standard in food hygiene continues to improve. Difficulty is experienced in getting staff to use the washhand basins provided and never the washing-up sink.

This year 99 written intimations listing 234 contraventions of the Regulations were sent to occupiers and owners of food businesses.

Inspections under the Regulations numbered 3,376 during which improvements were effected by advice and persuasion.

The classes on Food and Food Hygiene conducted by the Extra-Mural Studies Department of the University of Glasgow continue to be attended to capacity. Students show very keen interest and most sit the examination and gain a diploma.

Talks on Clean Food were given to several Guilds and Associations, including trainees to the School Meals Service. These talks were always well received.

Special Sanitary Operations

(a) *Food and Drugs, etc.*—

	1961	1962	1963	1964	1965	1966	1967
1. *Dairies*—							
Registered during year ...	156	298	197	162	246	270	175
Removed from Register ...	215	248	153	161	272	307	166
On Register at 31st December	1,702	1,752	1,796	1,797	1,771	1,751	1,758
Number of Inspections ...	7,314	6,421	6,561	5,895	6,552	6,123	5,132
Contraventions of Orders, Acts and Byelaws	25	29	1	2	12	13	5
Prosectuions for same	—	1	—	2	11	13	2
Repairs or Improvements effected	15	22	1	—	—	—	—
2. *Dealers in Ice-Cream*—							
Registered during year :							
Premises	23	17	23	15	16	17	11
Vehicles	71	65	102	81	60	80	58
Removed from Register :							
Premises	32	32	29	31	42	39	36
Vehicles	87	44	106	180	88	67	41
On Register at 31st Dec. :							
Premises	453	438	432	416	390	368	343
Vehicles	407	491	504	405	377	390	407
Number of Inspections ...	2,537	2,357	2,564	2,192	2,299	1,983	1,940
Contraventions of Acts, Orders or Byelaws	8	16	—	5	111	70	37
Prosecutions for same	—	—	—	1	—	4	—
Repairs or Improvements effected	—	3	—	4	—	70	37
3. *Byres for Milch Cows*—							
Number of Dairy Byres as at 31st December	37	37	37	36	36	31	29
Number of Cows licensed for	1,134	1,134	1,166	1,025	1,025	969	937
Average number kept	928	1,038	879	741	768	733	783
Number of Inspections ...	232	265	228	234	221	251	207
4. *Unwholesome Food*—							
Number of Inspections ...	9,364	9,198	9,243	9,406	9,636	9,494	9,558
Number of Lots dealt with ...	2,531	2,192	2,069	2,173	2,037	2,115	2,089
Assorted Foodstuffs destroyed at Inspector's instance—	Tons	Tons	Tons	Tons	Tons	Tons	Tons
With Owner's consent ...	149	130	107	143	126	188	230
	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.
	4	8	8	11	8	13	4
	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.
	77	54¾	½	75¾	106½	32	110¼
5. *Food and Drugs (Scotland) Act*							
Informal Samples analysed ...	3,908	3,705	3,692	3,601	3,841	3,536	3,474
Statutory Samples analysed ...	1,441	1,370	1,371	1,355	1,411	1,349	1,304
Statutory Samples found non-genuine	41	36	41	32	29	33	47
Proceedings instituted ...	29	28	25	20	18	22	37
Number of Convictions ...	28	28	25	20	18	22	37
Amounts of Fines imposed ...	£155	£190	£155	£135	£100	£120	£185
Number dismissed or found "Not Guilty"	—	—	—	—	—	—	—
Number deserted Simpliciter ...	—	—	—	—	—	—	—
Number No Action	1	1	1	—	—	—	—
Number Dismissed	—	—	—	—	—	—	—
Number Admonished ...	—	—	—	—	—	—	2
Number Acquitted	—	—	—	—	—	—	—

SECTION XV

AIR PURIFICATION, 1967

Air pollution has been defined as the presence in the outdoor atmosphere of one or more contaminants, or a combination thereof, in such quantities and of such duration that they are or may be injurious to human, plant or animal life or property, or which reasonably interfere with the comfortable enjoyment of life or property. The primary cause of pollution is the emission of dust, fumes, smoke and other gases released in the process of combustion. Whether or not this pollution becomes dangerous or unpleasant depends on the quantity and characteristics of the contaminants and also the meteorological and topographical conditions. The control of air pollution is based on the premise that no one, regardless of whether he is using the domestic fire or an industrial boiler, has the right to use the atmosphere as a " dustbin " for waste gases in a manner which will adversely affect the health and well-being of the community. In civilised lands the problem of water pollution is well recognised, whereas the problem of air pollution in many cases has not been so readily accepted. It usually requires certain dramatic incidents resulting from air pollution before the public realise the magnitude of the problem. The " killer smog " which occurred in London in 1952 and the more recent smog which nearly brought the City of New York to a standstill are good examples. The fact that all air pollution outbreaks are receiving more publicity is indicative of a growing awareness of the problem.

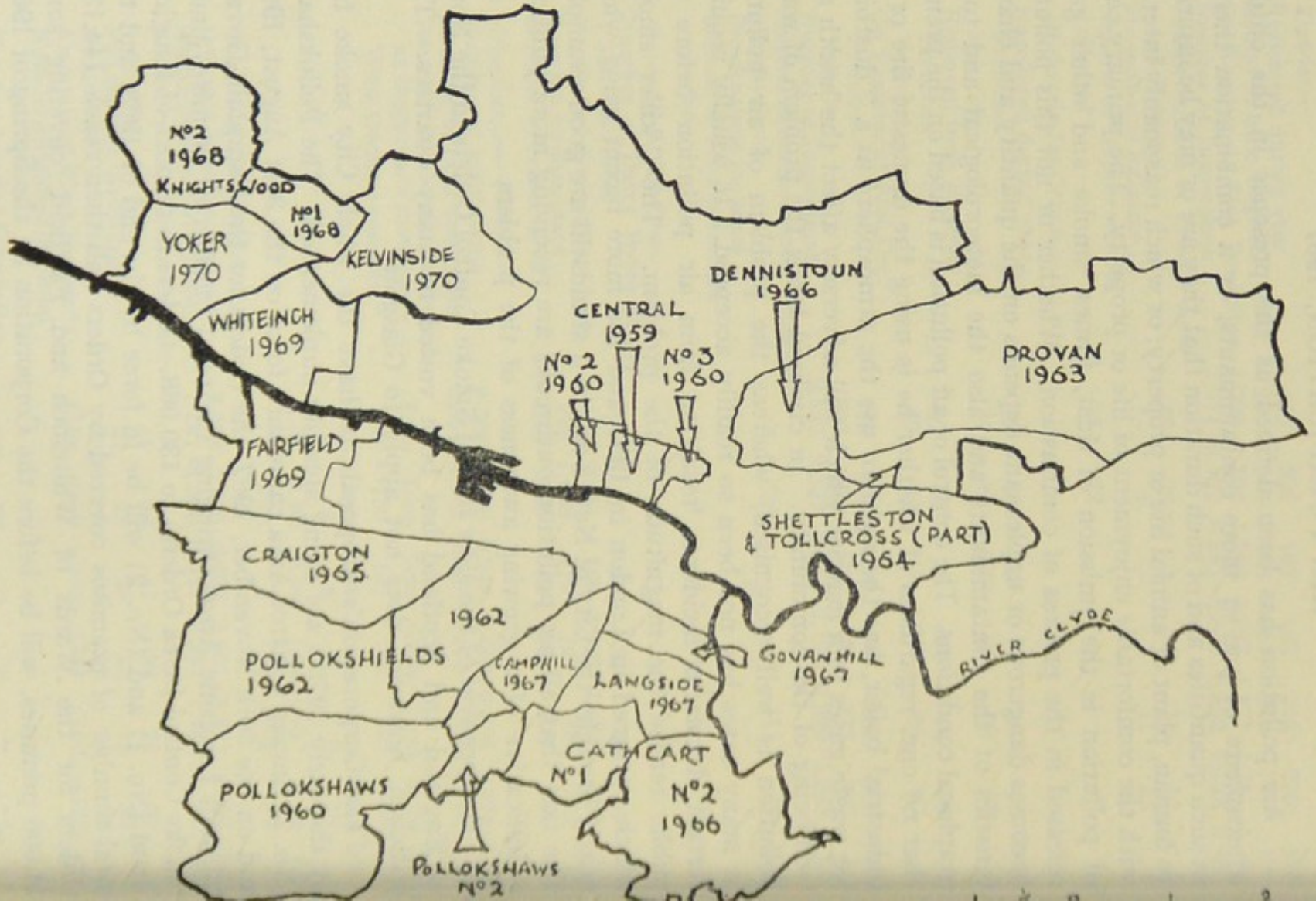
Disapproval of the slow rate of Smoke Control Orders in the North of England and Scotland has been voiced in many quarters. This criticism, however, does not apply to Glasgow

The Corporation's proposals to have the whole City smoke free by the early 1970's are being steadily implemented. The Pollokshaws (No. 2) Smoke Control Area came into force on the 31st August, 1967, and on the 30th November, 1967, the Orders for the Camphill, Govanhill and Langside Areas, bringing the total number of premises under Smoke Control (Area Orders) to 130,068. Orders in respect of Knightswood (No. 1) and (No. 2) will be in force by the end of 1968, and the total number of premises covered by Orders will then reach 144,139. Orders for the Wards of Whiteinch and Fairfield, covering some 14,000 premises, will be before the Corporation by the Spring of 1968.

Preliminary survey work in respect of the Yoker and Kelvinside Wards is under way and it is hoped to place Orders for these Wards before the Corporation in the late Autumn of 1968 or Spring of 1969.

CORPORATION OF THE CITY OF GLASGOW

CLEAN AIR ACT 1956 — SMOKE CONTROL AREAS.



It is expected that by the end of 1968 the acreage of the City covered by Smoke Control Area Orders will be 52 per cent. covering 41 per cent. of the houses and 44 per cent. of the population. The Table on page 295 and map on page 292 illustrate the progress made since the inception of the campaign.

For effective smoke control it is essential that the public co-operate to the full, particularly in the case of the household fire where only the smokeless fuels should be used. It is abundantly clear, from the number of people found to be burning bituminous coal in the Smoke Control Areas, that a considerable amount of this unauthorised fuel is being retailed by coal merchants, and in the case of shops in the form of 28 lb. prepacked bags.

The agreement reached with the coal merchants on the 1st November, 1966, whereby the coalman would discontinue the sale of bituminous coal in the Smoke Control Areas, has not been successful. Many of the merchants, who have already been reported to their Association for breaking the agreement, still retail this unauthorised fuel. These unscrupulous merchants are sabotaging the Clean Air programme and bringing discredit to the coal merchant's trade as a whole.

Supplies of smokeless fuels have been reasonable, but, as predicted in the 1966 Annual Report, the introduction of North Sea Gas has had the effect that Gloco is only guaranteed for existing areas until 1972. The Scottish Gas Board has stated that it cannot supply " Gloco " to the Knightswood (No. 1) and (No. 2) Areas or future Smoke Control Areas. The manufacturers of the premium fuels " Rexco ", " Coalite ", etc., have, however, indicated that they are expanding their plants to meet the additional demand.

In addition the Government have by circular authorised the payment of grant for the replacement, if so desired, of an approved open fire, by a fan-assisted open fire, stove, gas or electric fire. This means that a householder can retain the approved open appliance if he is prepared to burn and pay for premium fuels such as " Coalite " and " Rexco ", or if he wishes , replace same with an appliance which will burn the cheaper hard cokes such as a fan-assisted open fire or stove. It is possible, of course, to change to gas or electric appliances with the aid of grant. Recent changes in the application of the Clean Air Act, 1956 has resulted in only 25-28 per cent. retaining a solid fuel open fire as against 58-60 per cent. several years ago.

Application has been made to the Ministry of Social Security to give consideration of additional financial aid to aged persons and the like who are encountering hardship in complying with the terms of the Act. An approach on similar lines on a more national scale has been made through the Clean Air Council for Scotland. The preliminary talks with the Ministry of Social Security have not been encouraging. The special Sub-committee appointed by the Clean Air Council for Scotland is now preparing a report on this matter.

Since the inception of the Clean Air Act, 1956, Glasgow has made steady progress in its campaign to be smoke-free. The City now has 130,068 premises under Smoke Control Area Orders and next year this total will be increased to 144,139 premises. While there is no doubt that the extension of the Smoke Control Areas has brought about a visible improvement in the atmospheric conditions in the City, the full effect will not be appreciated until the whole City becomes a Smoke Control Area and the neighbouring Counties have taken similar action.

Late 1967 has seen the introduction in Parliament of a Government sponsored Private Member's Clean Air Bill. The Bill covers two major items. Clause (6) empowers the Secretary of State to take measures against Local Authorities which are not making sufficient progress in Smoke Control. Clause (7) prohibits the sale of bituminous coal in a Smoke Control Area—at present it is not an offence to sell or purchase coal in a Smoke Control Area. It is only an offence to burn raw coal. It is hoped that this Bill will be supported.

Area.	Date of Order.	Date of Approval by Secretary of State.	Order comes into Force.	Acreage.	No. of Industrial Premises.	No. of Commercial Premises	No. of Dwellings.	No. of Other Premises
Central	11th December, 1958	15th April, 1959	15th October, 1959	201	420	3,546	253	34
Central No. 2 (Extension West of Central)	24th December, 1959	29th March, 1960	15th October, 1960	160	113	2,154	634	45
Central No. 3 (Extension East of Central)	24th December, 1959	29th March, 1960	15th October, 1960	91	48	341	1,436	15
Pollokshaws ...	24th December, 1959	29th March, 1960	15th December, 1960	2,794	36	85	10,233	203
Pollokshields ...	9th June, 1960	26th April, 1961	15th May, 1962	1,239	22	252	3,747	81
Pollokshields (No. 2)	22nd December, 1960	29th August, 1961	30th September, 1962	2,010	3	54	6,366	49
Provan	21st December, 1961	4th April, 1962	15th May and 16th August, 1963	4,845	40	185	22,364	66
Craigton	20th December, 1962	27th May, 1964	30th September 1965	1,566	29	244	12,286	87
Shettleston and Tollcross	29th April, 1963	24th October, 1963	30th September, 1964	610	19	53	5,381	20
Dennistoun ...	19th December, 1963	17th March, 1965	31st October, 1966	689	38	495	8,520	74
Cathcart (No. 1)	10th September, 1964	12th March, 1965	31st August, 1966	641	4	387	5,244	57
Cathcart (No. 2)	10th September, 1964	12th March, 1965	31st August, 1966	2,096	3	300	13,669	36
Pollokshaws (No. 2)	10th September, 1964	6th June, 1966	31st August, 1967	288	Nil	39	1,931	7
Camphill	23rd December, 1965	30th August, 1966	30th November, 1967	481	16	761	7,957	143
Govanhill ...	23rd December, 1965	30th August, 1966	30th November, 1967	365	10	587	8,848	29
Langside	23rd December, 1965	30th August, 1966	30th November, 1967	801	10	495	9,319	192
Knightswood (No. 1)	15th September, 1966	23rd August, 1967	30th September, 1968	544	12	87	3,944	85
Knightswood (No. 2)	15th September, 1966	23rd August, 1967	30th September, 1968	1,070	5	162	9,910	222

Summary of District Work Carried out During 1967

The duties of the Smoke Inspectors are basically the detection and investigation of activities which contribute to air pollution. In the cases of industrial plant, an inspection is carried out to establish whether or not the offence could have been avoided. The staff are technically qualified to understand the combustion techniques used in industry and are capable of giving advice on " the best practicable means " to be employed which will minimise or eliminate the problem.

From the figures submitted below it can be seen that the past year has been an exceptionally busy one for the Air Purification Section. These figures do not take into account the extensive time spent in connection with the investigation of complaints nor the number of consultations with industrial managements regarding the requirements of the Clean Air Act, 1956.

The following summary indicates the extent and general pattern of the field work carried out by the staff during the year under review :—

Number of observations of chimneys (industrial)	5,355
Number of inspections of steam boilers and other furnaces ...	1,285
Number of verbal intimations of excessive smoke	686
Number of locations inspected with respect to Section 3 of the Clean Air Act, 1956	103

The above figures do not include the numerous visits to domestic premises in the Smoke Control Areas.

Where legal action is proposed against premises causing infringements of the Act, it is necessary that the Inspectors work in pairs for the corroboration of evidence in Court. It has always been the policy of this Department to give industrial management an opportunity to " mend their ways " by offering advice in the best practicable method of operation to comply with the Act. Generally speaking, there has been a good response from industry and it has been only on the rare occasion that punitive action was necessary. Observations are carried out during the normal working day, with early, late and week-end duties as the occasion demands.

Since nearly half of the City is under Smoke Control Orders, the major part of the field work involves the control of domestic smoke in the Smoke Control Areas. Experience shows that it is essential to supervise such areas daily. A lapse in patrolling them results in an increase in the use of unauthorised fuels and the retailing of bituminous coal by the coal merchants.

Investigation of Complaints

The increase in the number of complaints received can be attributed to the growing intolerance of the public of air pollution in general and local infringements of the Act in particular. This hardening of the attitude of the public towards air pollution is welcomed by the Department.

Most of the complaints refer to the emission of smoke from dwelling-houses in the Smoke Control Areas. Another common cause of complaint is the indiscriminate burning of waste materials on bonfires in open yards. Since these " bonfires " generally smoulder and burn inefficiently, the smoke and fly ash emitted from them can at times be excessive. With the City's huge re-development programme, a considerable number of the old tenement properties are now being demolished. Much of the timber from these buildings is contaminated with wood-worm, etc., and requires to be burned on the site. Provided the wood is dry and is fed in small quantities it can be successfully burned with little smoke emission.

In the case of a complaint against an industrial plant, the Inspector's immediate problem is to find enough evidence to prove that the source of emission in a certain plant is responsible for the infringement. In some cases the equipment involved may be obvious, while in others which have several pieces of equipment utilising one chimney, the source may be difficult to locate. Usually, with the co-operation of the management, a process of elimination is carried out till the culprit is found.

All complainers who have given their name and address are communicated with by either a personal call or a letter. Though many of the complaints received are anonymous, all are investigated.

Prosecutions Taken During the Year

The number of prosecutions taken during 1967 is a considerable increase on the previous year's figures. Most of these cases were contravention of Section 11 (Sub-section 2) of the Clean Air Act in the Smoke Control Areas. As previously mentioned in this Report, the sale of coal in the Smoke Control Areas is aggravating the problem.

It has been found from experience that the prosecution of a number of offenders has resulted in a marked improvement in their particular area. Action against the old age pensioners and those who are suffering

genuine hardship is taken with reluctance. When people who come within these categories are found to be contravening the regulations, a warning letter is sent to them and advice is given by the visiting Inspectors as to the best method of firing smokeless fuel.

During the year 308 prosecutions were taken in respect of domestic smoke offences in the Smoke Control Areas. In addition, 594 warning letters were sent out.

All cases were dealt with by the Stipendiary Magistrate in the Central Police Court. The following are the findings of the Court :—

1 Pled guilty and was fined £2.
203 Pled guilty and were each fined £1.
74 Pled guilty and were admonished.
7 Failed to appear—warrants granted.
3 Cases found " Not Proven ".
4 Cases deserted *pro loco*.
1 Case called for proof and found not guilty.

In the industrial and commercial field, Court action was taken in respect of 12 firms for contravention of the Clean Air Act, 1956.

A total of £46 was imposed in fines ranging from £1 to £10.

Action was taken against three ocean-going vessels for contravention of Section 20 of the Act. One was found guilty and fined £5 and the remaining two pled not guilty ; trials set for February, 1968.

Clean Air Act, 1956, Section 3

This Section of the Clean Air Act, 1956, is commonly referred to as the Prior Approval Section. It is mandatory that any firm contemplating the installation of, alteration or addition to any boiler plant above the rating of 55,000 B.Th.U./hr. must notify the Local Authority of their intentions.

On receipt of the completed questionnaire giving details of the heating installation and the fuel to be used, an inspection is made of the location of the plant, particular attention being given to the height and position of the chimney in relationship to the surrounding properties.

Provided we are satisfied that the new installation is " as far as practicable capable of operating continuously without the emission of smoke when burning a fuel of a type for which it was designed," and also that the height of the chimney serving this plant will be

sufficient to disperse the gases without causing a local nuisance, approval is granted. The modern tendency in building design is to keep the lines of the building by reducing the chimney height. In many cases, meetings between the Architects, Planning Department and this Department, are required before a satisfactory height of chimney to meet requirements, is arrived at.

The total number of applications dealt with during the year is given in the table on page 296.

Plant Improvements Noted During the Year

Many new boiler installations, alterations and additions to existing plants have been carried out during the year under review. These alterations have not only increased the efficiency of the boiler plants themselves but also considerably reduced the amount of contaminants being discharged into the atmosphere.

With the increase in the acreage now under Smoke Control Orders, industrial and commercial premises are either installing mechanical stokers for solid fuel or converting their plant to oil firing to meet the requirements of the Clean Air Act, 1956.

The number of hand fired boilers is decreasing each year. These boilers, provided they are properly fired with a suitable fuel, can operate satisfactorily within the terms of the Act. Many of the complaints received were against these hand fired units which were using highly bituminous coal.

Most of the units coming under this category were of the Sectional Heating Hot Water Boiler type. These hot water heaters are essentially radiant heat boilers ; consequently if hand stoked, coke or an anthracite type fuel should be burned in them. The smoke problem is aggravated by the fact that in many cases the boiler operator also acts as general handyman in the premises, consequently the boiler does not receive proper attention.

Many of these boilers have been successfully converted to oil firing or, in the case of solid fuel, fitted with underfeed stokers.

Some of the alterations listed required the complete rebuilding of the boilerhouse whilst others were relatively simple. It has always been the policy to record any new additions, alterations or new installations in industry and commerce which have contributed to the reduction

in air pollution. The following table indicates the various improvements that have been recorded during 1967 :—

Number of new boilers installed to give increased capacity ...	103
Number of oil fired air heaters installed	38
Number of mechanical stokers fitted to steam boilers and other furnaces	4
Number of new chimneys erected or existing chimneys heightened	93
Number of steam boiler or process furnaces converted to oil firing	10
Number of improvements not included under the above headings	7

The following is a brief description of some of the more noteworthy improvements carried out during the year :—

A large restaurant in the City centre has converted their solid fuel fired boiler to oil firing. Prior to the conversion this plant was the source of several complaints of smoke during the morning periods when the fire was being built up to meet the load. This unit has been operating successfully for several months now.

Another notable improvement in the City centre has been the installation of a new oil fired heating plant in one of the well-known cinemas. Formerly this cinema was heated by a coal fired system which had reached the end of its economic usefulness and was a consistent source of smoke emission. This unit has been operating for some time now and conditions are entirely satisfactory.

A few of the hand fired boilers in the City have been operating smokelessly for some time, using anthracite fuel. Since this type of fuel is in short supply, some of these plants have converted to mechanical stoking. With the mechanical stokers, especially the chain grate type, the grade of fuel used is in abundance and much cheaper.

A good example of this type of conversion was the installation of chain grate stokers in one of the City's Disinfecting Stations. This changeover has been an economic success and the emission of smoke is negligible.

A large laundry in the North-West area of the City has converted their coal fired coking stoker to automatic oil firing. The old plant had been the subject of several complaints and had some difficulty in meeting the steam load. The new installation is working satisfactorily and gives no cause for complaint.

A large expanding bakery in the East End has installed three oil fired package boilers to cope with the increase in steam demand, entailing the building of a completely new boilerhouse. This is a good example of a modern boilerhouse layout and is operating well within the standard set under the Clean Air Act, 1956.

Another firm in the Anniesland area has also built a new boilerhouse, replacing their coal fired boilers with three oil fired fully automatic package boilers. Because of the close proximity of dwellinghouses to the original boilerhouse, this plant was the subject of many justifiable complaints of grit and smoke. Conditions have improved considerably since the new installation came into operation.

Most of the boilerhouses in the City hospitals have been either modernised or replaced with entirely new units. Last year the Western Infirmary replaced its low ram coking stokers with chain grate units. Prior to the conversion this plant was at times emitting excessive smoke. The new units are operating successfully without any smoke emission.

A complete new boilerhouse installation has been built at Knightswood Hospital. The new plant consists of three package boilers, oil fired and fully instrumented. These modern boilers have replaced the two original solid fuel fired units.

It can be seen from the figures submitted in the preceding table that many of the new heating installations are of the oil fired air heater type. This space heater is popular in the new industrial estates because of its simplicity in operation and installation. The SO_2 effluent from the flues serving these units is negligible since the fuel in use has a very low sulphur content.

Many other examples of improvements to boiler and central heating plants could be quoted, the above being a few of the most outstanding. It will be observed that the trend is still to change from solid fuel to oil firing when making alterations or additions to boiler plant.

Grit, Dust and Smut Emission

Reference, in previous Annual Reports, has been frequently made to the nuisance of grit and dust. The main source of grit and dust has been the metallurgical plants. In many of these process plants the problem of grit and dust arrestation is extremely complex. The prevailing high gas temperatures accompanied by chemical fume aggravate the problem. The installation of gas washing plant, cyclone grit arresters and bag filters has made a considerable improvement in the emissions from foundries.

Not all the complaints dealt with were caused by the metal industry. Many of the complaints were attributed to the use of small grade coal in boiler plants, particularly fines which when used under forced draught conditions created a considerable " fall out " of grit

in the locality. A change of fuel often reduced the emission, but in most cases alterations to the draughting and the installation of some form of arrestation plant were required before an appreciable improvement was noted.

One of the main sources of complaint during the year under this section was an asphalt plant in the East End of Glasgow. During the processing of the product there was at times a considerable efflux of dust. After consultations with the management, the Department made a number of recommendations to minimise this nuisance. These recommendations have been implemented and conditions have greatly improved.

As mentioned in last year's Report, we are concerned about the considerable emission of dust from Braehead Power Station. Though this station has high efficiency electrostatic precipitators, the " fall out " of dust in the Whiteinch area can amount to 45 tons per week. Since the Whiteinch area is scheduled to come under Smoke Control Orders in the not too distant future the Health and Welfare Committee made representations to the Secretary of State to have this station converted to oil. The Scottish Development Department assured the Committee that due consideration would be given to this proposal.

Acid smutting is a complaint associated mainly with the burning of residual grades of oil fuel. Smuts not only cause damage to paintwork, fabrics and buildings by staining and acidic action, but also create a nuisance in the locality.

This condition occurs when the temperature of the heating surface in contact with the gases falls below the acid dew-point temperature, which can vary between 240°F.—280°F. Should a flue be subjected to a temperature below the acid dew-point of the gases, an acidic film deposits on the surface. Carbon particles readily adhere to this film and continue to build up in layers to form a light scale. This scale is dislodged with a sudden change in loading or during the " flashing-up " period, and is discharged to the atmosphere in the form of smuts. Because of this problem we are insisting that chimneys serving plant where this condition could occur, be insulated to prevent excessive heat loss and low surface temperatures.

Chemical and Fume Emission

Most of the processes coming under this category are within the scope of the Alkali Inspectorate. In the case of steam-generating plant within the control of the Alkali Inspector, e.g., Power Stations, a working arrangement has been made whereby the immediate control

work is carried out by the Smoke Inspectors. If necessary the Alkali Inspectors take further action . There is complete co-operation between the Alkali Inspectorate and this Department in all matters dealing with heat treatment processes and in many cases we have been indebted to them for their advice and assistance. During the year under review a number of such cases were dealt with, some of them of a recurring nature, and joint visits were made to several chemical and metallurgical plants by the District Alkali Inspector and the Smoke Inspectors.

Railways and Servicing Depots

Very few complaints were received regarding smoke and grit from locomotives during the year. This, of course, can be attributed to the rapid decline in the use of steam locomotives.

One of the complaints received was against a steam locomotive which was issuing excessive smoke in one of the main terminals. On investigation it was found that this locomotive had been brought into service at very short notice to replace a diesel engine which had developed a mechanical fault. The matter was quickly dealt with by the railway officials when they were notified of the infringement.

During the latter part of the year in review, the last of the steam locomotives based at Corkerhill Railway Depot was withdrawn. This depot now deals entirely with diesel locomotives. Generally speaking the locomotive sheds when used by steam locomotives produced a continual pall of smoke and discharge of grit over the locality, making life intolerable for the adjoining tenants. Though each locomotive in the shed did not emit excessive smoke, the cumulative effect of perhaps 12 engines all raising steam at the same time caused a substantial discharge of smoke and grit into the atmosphere.

Though the diesel engine has contributed greatly to the reduction of smoke on the railways, it should be noted that if these units are not properly maintained they themselves can produce a considerable amount of pollution, especially in the main line terminals.

The electrification of some of the City lines has made a significant improvement in the reduction of pollution. During the year under review British Railways inaugurated their electric "Blue Train" service to Gourock.

The modernising of the railway system has undoubtedly contributed greatly to the reduction in air pollution.

Shipping, Dock and Harbour Areas

During the past year three prosecutions were proceeded with against vessels berthed within the harbour area for the emission of excessive smoke. A total number of 52 visits and inspections were made on ships, but in most cases the smoke emissions were not excessive. Minor adjustments to draught, oil temperatures and pressures obtained satisfactory results. Considering the number of vessels trading to the port in a year, conditions are reasonably satisfactory.

The steamships, with their high rating boilers, can be a major source of pollution if they are not properly operated and maintained. There are occasions when heavy emissions of smoke do take place. These infringements of the Act generally occur during the overhaul period. During the overhaul, much of the boiler auxiliary plant is under repair and under these conditions it can be at times difficult to avoid the emission of smoke. The Smoke Inspectors, who are all Certificated Marine Engineers, are qualified to offer technical advice on the best means of minimising the emissions. By and large, the ships' staffs have given the Department their full co-operation in dealing with the problems.

One of the dock areas where most of the overhaul work is carried out is the source of most of the emissions of smoke. This area receives special attention, though observations are also carried out in the other dock areas within the City boundaries.

Most of the companies who have vessels trading to the City have been asked to familiarise their ships' Masters with the regulations governing vessels under the Clean Air Act, 1956.

It is only in cases of heavy, prolonged emissions of smoke which can be attributed to gross negligence or complete indifference to the Clean Air Act that legal action is taken.

Educational Activities—Training of Operatives

Courses in Boilerhouse Practice and Smoke Abatement

The principle that education is an essential supplement to smoke abatement has long been advanced and adhered to by this Department.

The 52nd session was conducted during the year under the joint aegis of the Corporation of Glasgow and the Scottish Division of the National Society for Clean Air. The session commenced on 24th October, 1967, and concluded on the 7th March, 1968. The fee for the course was the nominal sum of 7s. 6d.

Two lectures were given each week on Tuesday and Thursday evenings between 7.30 and 9.15, a total of 34 during the session.

In addition to this, technical film shows were given on two evenings and class visits were made to Braehead Power Station and Provan Gas Works.

A total of 54 enrolled, 29 being in the ordinary or first year class and 25 in the advanced or second year class. Since the course has been accepted by the Royal Society of Health, the majority of the advanced class were Sanitary Inspectors who propose to sit for the Royal Society's Smoke Inspector's Diploma.

Considering the shift work and overtime entailed by the students, the attendance was good. The average attendance for the ordinary class was 78 per cent. and the advanced 84 per cent.

The class examination was held on the 12th March, 1968, between the hours of 7.00 p.m. and 9.30 p.m., in the Lecture Room, Health and Welfare Department, Glasgow, C.1. A total of 34 candidates came forward and 16 men in the ordinary and 15 in the advanced gained Merit Certificates. These are presented, together with the book prizes allocated to each class, at a meeting convened annually by the Division and attended and addressed by members of the Corporation and Clean Air Society.

Atmospheric Pollution Estimation

Recording and Instrumentation

It is the responsibility of this Department to test atmospheric conditions at various sites throughout the City. This section of the work is dealt with by a technical assistant whose duties include the supervision, analysis and recording of data obtained from our recording instruments. In several of the clinics which are used as air sampling sites the operation of the instruments is undertaken by the nursing staff. The data obtained from the recording apparatus at the various sites are forwarded for inclusion in the National Survey of Air Pollution.

The apparatus used is as follows :—

Soot, Grit and Dust—

Precipitation by Standard Deposit Gauge within the Glasgow Area	11
Gorbals Water Works, Mugdock Bank, Loch Katrine (Country Gauges)	3
Volumetric and SO_2 Apparatus	16

The three country gauges give an indication of the difference in the "fall out" of grit, etc., in an industrial area compared with that of the open country.

The contents of the standard deposit gauges are analysed by the Corporation Chemist and the results tabulated throughout the past year are shown on the table opposite. The deposit figures for the year 1967 have shown a distinct reduction on the previous year.

Average Deposit of Each Element of Atmospheric Pollution for Each Month of 1967

English Tons per Square Mile

	Month	Rainfall in millimetres	Insoluble Matter: Tar	Insoluble Matter: Carbonaceous less Tar	Insoluble Matter: Ash	Insoluble Matter: Total Insoluble Matter	Total Soluble Matter	Included in Soluble: Sulphate as SO_4	Included in Soluble: Chloride as Cl.	Total Solids 1967	Total Solids: 1966	1965	1964	1963	1962	1961
Mean of 11 Stations	January ...	79	0·18	1·87	4·59	6·64	4·93	1·60	0·74	11·57	21·37	20·86	19·25	20·85	38·27	22·31
Mean of 10 Stations	February ...	82	0·35	3·12	7·44	10·91	7·47	1·78	2·47	18·38	23·62	10·11	14·22	7·62	20·84	19·54
Mean of 9 Stations	March ...	105	0·19	2·68	5·91	8·78	14·56	2·38	6·13	23·34	15·63	24·51	20·09	23·64	18·68	15·06
Mean of 11 Stations	April ...	35	0·19	3·14	4·51	7·84	3·72	1·21	0·83	11·56	12·17	16·99	21·38	14·59	19·33	18·54
Mean of 10 Stations	May	89	0·33	2·34	4·37	7·04	6·72	1·93	0·70	13·76	16·42	11·37	13·50	14·73	20·62	10·97
Mean of 9 Stations	June ...	45	0·15	3·60	5·46	9·21	3·31	1·01	0·36	12·52	14·85	15·01	14·87	12·12	13·12	11·88
Mean of 9 Stations	July ...	65	0·21	1·55	2·06	3·82	2·80	1·02	0·42	6·62	9·10	10·35	12·96	10·08	9·24	17·40
Mean of 9 Stations	August ...	77	0·23	1·58	2·00	3·81	3·91	1·15	0·29	7·72	14·74	13·37	16·49	11·36	10·92	13·97
Mean of 9 Stations	September	79	0·26	1·04	2·27	3·57	3·19	1·18	0·64	6·76	11·14	13·52	12·71	13·63	20·73	19·03
Mean of 10 Stations	October ...	194	0·34	2·39	6·32	9·05	8·74	2·14	2·48	17·79	13·18	19·79	16·56	10·00	14·03	20·06
Mean of 9 Stations	November	67	0·20	1·00	3·82	5·02	4·18	1·38	0·97	9·20	24·78	13·80	18·80	23·62	18·40	22·99
Mean of 11 Stations	December	49	0·25	1·05	4·83	6·13	3·73	0·88	0·85	9·86	17·73	20·27	18·35	17·25	21·37	25·01
Yearly Deposit in Tons per square mile		966	2·88	25·36	53·58	81·82	67·26	17·66	16·88	149·08	194·73	189·95	199·18	179·49	225·55	216·76
Monthly Mean of All Gauges		81	0·24	2·11	4·47	6·82	5·60	1·47	1·41	12·42	16·23	15·83	16·60	14·95	18·80	18·06

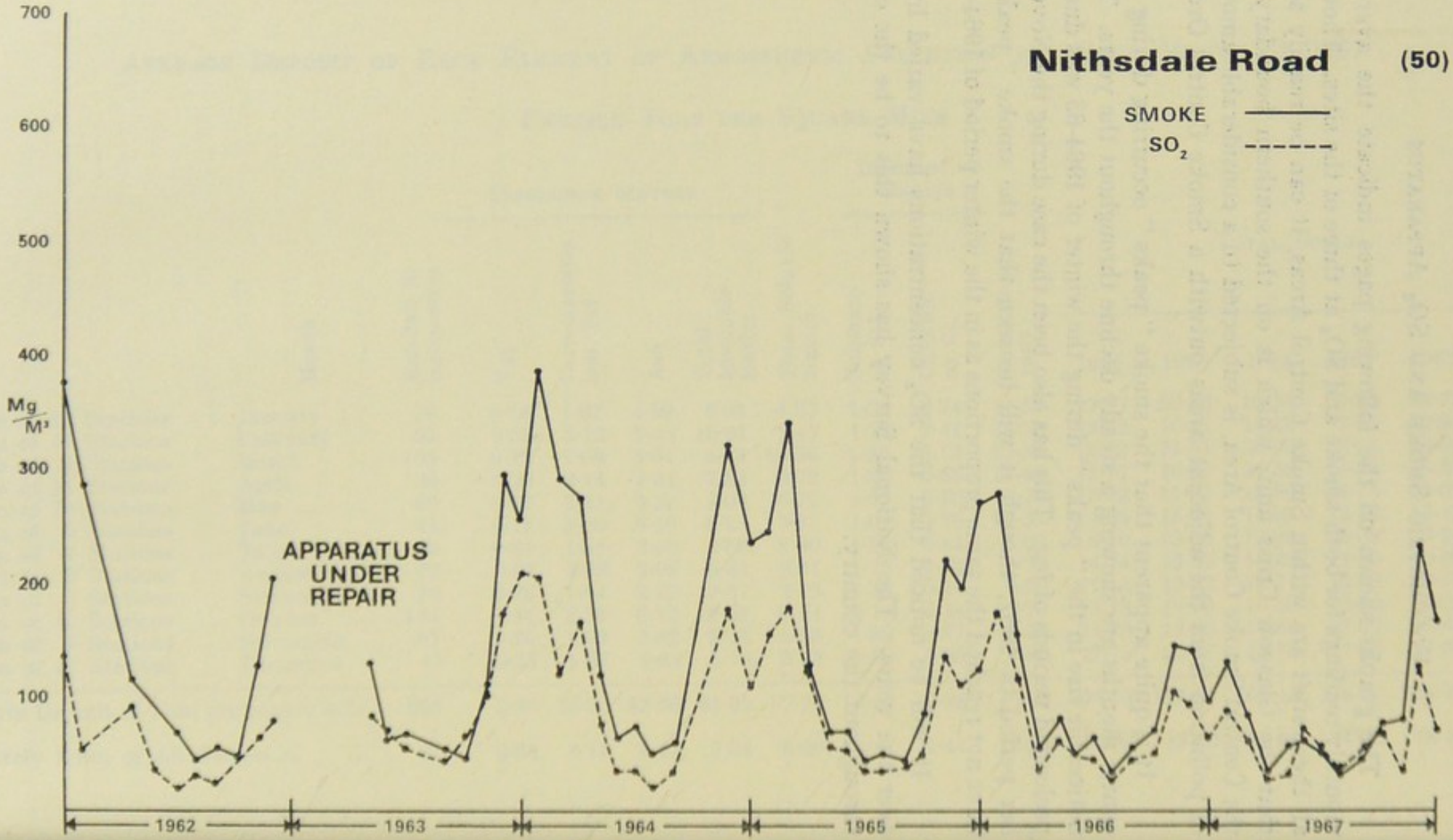
Volumetric Smoke and SO_2 Apparatus

The graphs shown on the following pages indicate the average monthly readings for both smoke and SO_2 at three of the sites. Though all these sites are within Smoke Control Areas, it can be readily seen that the Glasgow Cross unit, which is on the southern boundary of the Central Smoke Control Area, is subjected to a considerable amount of pollution from the adjacent areas outwith a Smoke Control Order.

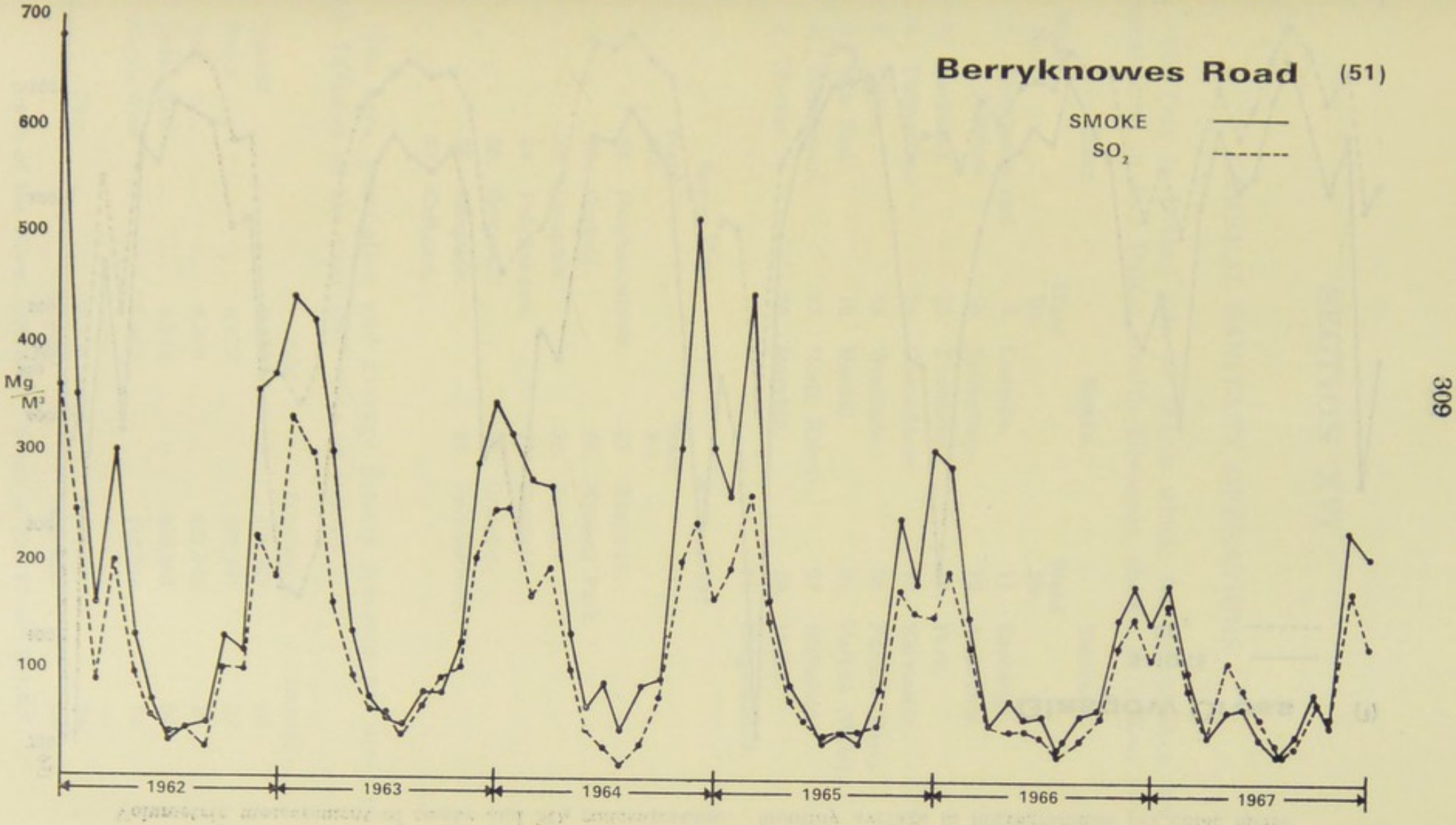
It is quite apparent that the smoke " peaks " occurring during the winter months are showing a steady decline throughout the years. The noticeable rise in the " peaks " during the winter of 1964-65 was due to prolonged periods of fog. This has also been the case during the November period of 1967, though it will be seen that the smoke " peaks " have not reached the same proportions as in the winter period of 1964-65.

It will be noticed that the SO_2 concentrations have varied little over the years. The National Survey has shown this to be the case throughout the country.

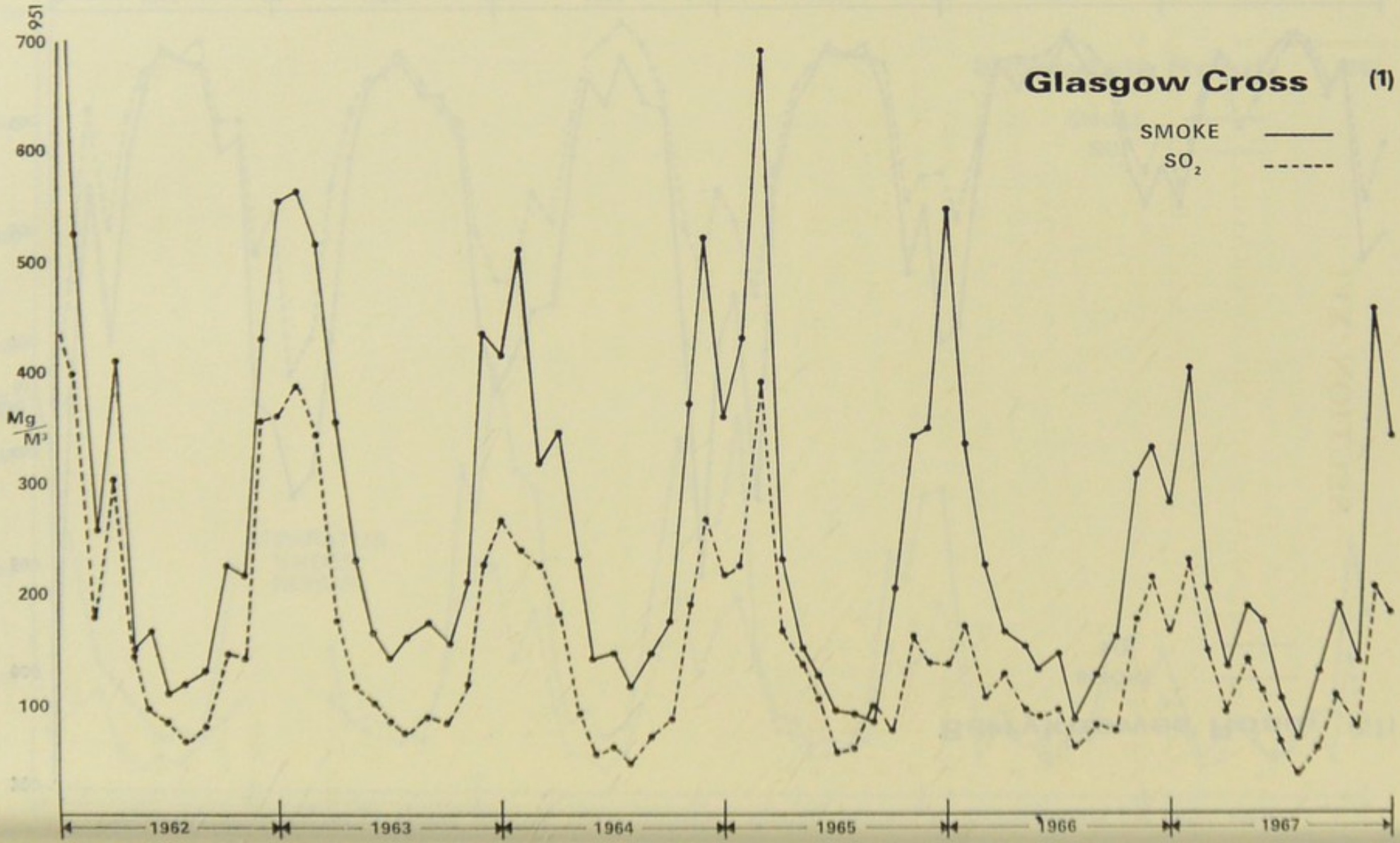
Volumetric measurement of smoke and SO_2 concentrations. Monthly average in microgrammes per cubic metre.



Volumetric measurement of smoke and SO_2 concentrations. Monthly average in microgrammes per cubic metre.



Volumetric measurement of smoke and SO_2 concentrations. Monthly average in microgrammes per cubic metre.



SECTION XVI

GENERAL SANITARY OPERATIONS

The City is divided into 37 Wards which, for convenience, are administered in five Public Health Divisions, shown as follows :—

East.		North.		Central.	
Ward No.		Ward No.		Ward No.	
1.	Shettleston and Tollcross.	8.	Cowlairs.	11.	Exchange.
2.	Parkhead.	9.	Springburn.	12.	Anderston.
3.	Dalmarnock.	10.	Townhead.	13.	Park.
4.	Calton.	14.	Cowcaddens.	19.	Kelvinside.
5.	Mile End.	15.	Woodside.	20.	Partick (East).
6.	Dennistoun.	16.	Ruchill.	21.	Partick (West).
7.	Provan.	17.	North Kelvin.	22.	Whiteinch.
		18.	Maryhill.	23.	Yoker.
				24.	Knightswood.

South-East.		South-West.	
Ward No.		Ward No.	
25.	Hutchesontown.	27.	Kingston.
26.	Gorbals.	28.	Kinning Park.
33.	Camphill.	29.	Govan.
34.	Pollokshaws.	30.	Fairfield.
35.	Govanhill.	31.	Craigton.
36.	Langside.	32.	Pollokshields.
37.	Cathcart.		

The area, population and average density (persons per acre) of each Division in the year 1967 were as follows :—

	Area	Population	Density
Central	7,050 acres	199,247	28
North	8,172 „	182,131	22
East	8,855 „	227,742	25
South-East	8,246 „	205,661	24
South-West	7,402 „	145,746	19
City	39,725 acres	960,527	24

North of the River—609,120 South of the River—351,407

The following table, which is based on information supplied by the City Assessor, shows the number of occupied and unoccupied houses in each Division as at Whitsunday, 1967 :—

	Number of Houses		
	Occupied	Empty	Total
Central	66,208	2,179	68,387
North	61,296	3,944	65,240
East	72,018	2,088	74,106
South-East ...	67,076	1,469	68,545
South-West ...	46,855	1,685	48,540
City ...	313,453	11,365	324,818

The work of this section is summarised in Appendix Table XV—" Operations of the Sanitary Section "—and the following is a report.

In the latter part of the year the Corporation appointed a Chief Sanitary Inspector, this being the first appointment to such a position since the end of the First World War. Great progress and changes have taken place in sanitation since that time and the duties of a Sanitary Inspector are spread over a very wide range of subjects. It is to be hoped that as the slum properties are cleared away along with the many associated problems more time will be available for food hygiene and other specialised subjects.

Public Health (Scotland) Act, 1897—Nuisances

The removal of nuisances in terms of the above Act continues to take up a good part of the inspectors' working day, and while the nuisance potential is decreasing each year through slum clearance and redevelopment programmes, the number of nuisances abated in 1967 showed an increase on the previous year. Sixty-two thousand five hundred and eighty-five nuisances as against 61,544 in 1966. Difficulties often arise in nuisance procedure in the multi-owner/occupied tenement.

From the following tables it will be seen that most nuisances are abated following intimations to the factors, and only in 243 instances was it necessary to institute proceedings in Court.

Number of Nuisances Abated

Division	1967
Central	15,062
Northern	17,161
Eastern	14,328
South-Eastern ...	5,985
South-Western ...	10,049
City	62,585

Proceedings in Court in Terms of the Public Health (Scotland) Act, 1897

Division	Number of Nuisances Submitted to Sheriff Court	Number Decided in favour of Pursuer	Number Unsuccessful	Number Continued	Costs £ s. d.	Expenses £ s. d.
Central	189	94	—	88	2,076 16 7	204 15 0
Northern	24	21	—	3	32 17 8	38 17 0
Eastern	15	13	—	2	122 12 2	34 13 0
South-Eastern ...	7	7	—	—	1,265 10 9	30 2 0
South-Western ...	8	4	2	2	35 15 0	13 13 0
City ...	243	139	2	95	£3,533 12 2	£322 0 0

The Glasgow Corporation Order Confirmation Act, 1959

This Act is welcomed as it avoids the cumbersome provisions of the Public Health (Scotland) Act, 1897, for removal of nuisances involving choked drains. Property owners by now are well aware of its provisions whereby they must clear choked drains within 48 hours of receipt of the Notice or the Corporation will order the work to be done.

In one particular instance during the year several owner/occupiers of business premises failed to clear a common choked property drain and eventually there was a total bill of over £300 when the work was done for them. Since the chokage was in the drain near the sewer on the far side of a busy street from their premises they had assumed that as this was a public highway the responsibility would lie with the Corporation. This seems to the owner who has a choked drainage system in the street and has to pay the bill to be unfair when compared with the owner who has a burst water supply pipe in the street and the Corporation, as the responsible Authority in terms of the Water (Scotland) Act, 1945, does the work. This lack of consistency will, it is hoped, be corrected when the new proposals for drainage in Scotland become law.

Table Showing Action taken under The Glasgow Corporation Order Confirmation Act, 1959

Division	Number of Notices Issued	Cleared by Owner within Statutory Period		Cleared by Corporation	
		No.	Percentage	No.	Percentage
Central	2,637	2,193	83·3	469	17·7
Northern	5,669	4,920	87·3	717	12·7
Eastern	5,873	5,446	92·7	427	7·3
South-Eastern ...	1,732	1,589	91·0	143	9·0
South-Western ...	2,875	2,774	96·5	101	3·6
City	18,086	16,922	89·95	1,857	10·09

The Housing (Scotland) Acts, 1950-66

The steady closing and demolition of houses continues and although not at the pace one would like it has to be related to the output of new houses. Redevelopment on the other hand, desirable as it may be, is taking a considerable allocation of housing stock, and often good housing is removed in the process.

Details of Houses Dealt With during 1967 under Housing Acts, by Dean of Guild Action or by Private Closure or Demolition

Division	Closing Order or Demolition Order under Housing Act	Dealt with under Dean of Guild Procedure	Private Closures or Demolitions	Corporation Houses, Closures or Demolitions	Total
Central	494	61	16	813	1,384
Northern ...	729	30	10	1,816	2,585
Eastern	862	127	—	71	1,060
South-Eastern ...	458	61	20	1,642	2,181
South-Western ...	508	185	65	677	1,435
City ...	3,051	464	111	5,019	8,645

Abandoned Properties

There has been a continual decrease in the total number of houses abandoned during the past few years and this is accounted for by the representation of these houses in terms of the Housing Acts.

Number of Properties and Houses Recorded Abandoned as at December, 1967

Division	Number of Properties	Number of Houses
Central	5	27
Northern	13	137
Eastern	22	244
South-Eastern	2	23
South-Western ...	9	68
City	51	499

Glasgow Corporation (General Powers) Order Confirmation Act, 1960-62

Byelaws made thereunder

The Sanitary Inspector is responsible for administering the Public Health provisions of the byelaws and the following tables give information on the work done.

Redecoration of Walls of Closes and Staircases

Surveys are made at least yearly of closes and staircases in tenement properties and when found dirty, Notices are served on the factors or owners to redecorate them. In some instances this is done voluntarily by factors and in other cases much prompting has to be done by inspectors to have the work done.

Division	As a Result of Notice	Voluntary by Owners	Total
Central	1,017	114	1,131
Northern	414	200	614
Eastern	314	135	449
South-Eastern ...	51	206	257
South-Western ...	584	80	664
Total ...	2,380	735	3,115

Cleansing of Common Closes and Stairs

Complaints are regularly received from occupiers and owner/occupiers that closes and stairs in tenements are not being washed. This is a time-consuming job for inspectors and from experience no other complaint is certain to produce a more heated dispute among occupiers than the argument about the responsibility to cleanse a close or stair. Every effort is made by the inspector to settle the dispute amicably and only as a last resort are proceedings instituted in the Police Court. Rotation cards in the form of a Notice were issued on 1,549 occasions. It was found necessary in twenty cases to prosecute and of that number eleven occupiers were fined, three admonished and six cases were deserted. New legislation is still pending which will deal with offenders and in particular the increasing problem of owner/occupiers in tenements.

Farmed-out Houses

During the year twenty-four farmed-out houses were registered and with deletions totalling seventeen there was a total of twenty-five farmed-out houses on the register in the City and made out as follows :—

Division	No. of Declared Farmed-out houses during year ended 31.12.67	No. of Farmed-out houses Regd. during year ended 31.12.67	No. of Farmed-out Houses deleted during year ended 31.12.67	Total No. on Register as at 31.12.67
Central ...	—	—	—	—
Northern ...	—	—	2	6
Eastern ...	—	24	14	10
South-Eastern	—	—	—	8
South-Western	—	—	1	1
Total ...	—	24	17	25

In a court case in the South-Western Division the owner of a Farmed-out House was found guilty on seven charges of contravening the byelaws and fined £35.

Rodent Control Operations

Prevention of Damage by Pests Act, 1949

Complaints of rat and mice infestations are received regularly at the Department and a continual campaign is waged to eradicate infestation.

Rat infestations occur repeatedly in areas of redevelopment where many properties lie derelict and provide ideal harbourage. Warfarin resistant pockets are still evident and the acute poisons have to be used to clear up the infestations.

In past years the Rodent Control Service of the Department has operated in all types of property; now, because of the increasing incidence of infestation in the housing sector it has been decided to concentrate available staff in this very important sphere. The responsibility for the treatment of infestation in business premises lies with the occupiers who have available a number of specialist firms. Several of the larger business concerns already have contracts on an annual basis with private firms to keep their premises free of rat and mice infestation.

The following table indicates the number of premises found to be infested during 1967 :—

Rodent Control

Division	No. of Premises found infested	No. of Premises Treated	No. of Premises Proofed
Central	1,548	1,440	108
Northern	1,524	1,422	85
Eastern	970	970	86
South-Eastern ...	928	901	200
South-Western ...	546	546	7
Total ...	5,516	5,279	486

Offices, Shops and Railway Premises Act, 1963

Progress continues to be made in respect of this Act. During 1967, 1,041 premises were newly registered and at the end of the year 13,301 premises were registered in the City. Allowing for deletions from the register there was an overall increase of 379. The number of persons employed in registered premises was 139,708, made up of 62,266 males and 77,442 females. There is still a considerable number of premises to be generally inspected in terms of the Act, and it is hoped to make substantial progress in the ensuing year.

During 1967, 3,279 general inspections were carried out and 15,648 other inspections were made, including may follow-up visits to check up on contraventions noted on the original general inspection.

Some 9,366 contraventions were noted during 1967 and 7,042 remedied by the end of the year as indicated in Tables I and II.

It has been suggested in certain quarters that the administration of this Act should pass completely to Central Government. This would be a mistake as the Sanitary Inspector is equipped by training and experience to administer the Act in a competent manner. A Consolidating Act is in the course of being prepared.

Accidents

Notification of accidents which keep an employee off work for more than three days is sent to the Department. There was an increase of only one from the previous year although it is doubtful if all are reported. By far the greatest number of accidents reported are in the Central Division, which has the largest number of registered premises.

The following table gives the number in the various categories :—

Division	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Establishments	Canteens	Fuel Storage Depots	Total
Central ...	43	86	19	9	6	—	163
Northern ...	4	6	4	1	—	—	15
Eastern ...	2	11	8	—	—	—	21
South-Eastern	6	20	7	2	—	—	35
South-Western	3	5	6	—	—	—	14
Total ...	58	128	44	12	6	—	248

Table I.

Number of Premises Registered and Inspected in each Division during the Year.

Division	Number of Premises Registered as at 31.12.67					Total Number Registered	Number of Premises Inspected										Total Number of Visits	
	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Estab. and Canteens	Fuel Storage Depots		Offices		Retail Shops		Wholesale Shops and Warehouses		Catering Estab. and Canteens		Fuel Storage Depots			
							G.I.	O.I.	G.I.	O.I.	G.I.	O.I.	G.I.	O.I.	G.I.	O.I.	G.I.	O.I.
Central ...	3,386	1,845	480	397	3	6,111	142	1,353	132	3,190	63	1,335	30	302	—	—	367	6,180
Northern ...	312	1.069	62	204	4	1,651	94	313	478	2,628	9	103	27	153	—	—	608	3,197
Eastern ...	508	1,206	116	252	2	2,084	288	246	574	1,780	69	174	130	105	2	14	1,063	2,319
South-Eastern	445	1,345	90	194	—	2,074	50	69	562	1,748	70	—	390	122	—	—	1,072	1,939
South-Western	300	844	61	176	2	1,383	36	43	78	1,928	33	30	22	12	—	2	169	2,013
Total ...	4,951	6,309	809	1,223	11	13,303	610	2,024	1,824	11,274	244	1,642	599	694	2	16	3,279	15,648

G.I.=General Inspections. O.I.=Other Visits.

TABLE II.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963. CONTRAVENTIONS FOUND AND REMEDIED IN YEAR 1967.

Sec-	NATURE OF CONTRAVENTION	Offices		Retail Shops		Wholesale Shops and Warehouses		Catering Establishments		Canteens		Fuel Stores	
		Found	Remedied	Found	Remedied	Found	Remedied	Found	Remedied	Found	Remedied	Found	Remedied
4	Cleanliness	100	77	301	314	82	92	69	46	—	—	—	—
5	Overcrowding	2	3	2	2	—	—	1	—	—	—	—	—
6	Temperature	262	145	653	645	95	65	144	66	—	—	1	1
7	Ventilation	125	58	433	271	76	45	35	22	—	—	1	1
8	Lighting	84	69	201	173	97	92	58	32	—	—	—	—
9	Sanitary Conveniences	304	172	1,034	916	168	127	132	58	—	—	—	—
10	Washing Facilities	274	122	493	464	122	98	50	25	—	—	—	—
11	Drinking Water	91	33	108	97	79	52	10	3	—	—	—	—
12	Accommodation for Clothing	31	25	68	79	31	15	11	5	—	—	—	—
13	Seating Arrangements	1	—	71	92	—	1	13	6	—	—	—	—
14	Seats for Sedentary Workers	48	21	34	17	17	12	9	2	—	—	—	—
15	Eating Facilities	9	9	64	52	24	10	6	1	—	—	—	—
16	Floors, Passages, Stairs	203	109	477	433	136	119	328	200	—	—	—	—
17	Fencing Exposed Machinery	5	9	29	24	3	5	2	3	—	—	—	—
19	Dangerous Machines, Training and Supervision of Persons	1	—	—	—	1	1	—	1	—	—	—	—
22	Dangerous Conditions and Practices ...	—	—	—	—	—	—	—	—	—	—	—	—
23	Prohibition of Heavy Work	—	—	2	—	1	1	—	—	—	—	—	—
24	First Aid Provision	188	115	437	478	63	27	124	55	—	—	—	—
50	Information for Employees	295	124	675	510	96	43	175	51	—	—	1	1
	Total	2,023	1,091	5,082	4,567	1,091	805	1,167	576	—	—	3	3

Food Hygiene (Scotland) Regulations, 1958-61

Shortage of staff continues to limit the number of inspections of food premises. Surveys have been completed of most food premises and the existing effort is directed towards remedying contraventions found on earlier inspections. It is essential that inspectors should be able to visit premises frequently as, in some cases, hygienic standards lapse and employers and employees alike require the trained person to give advice.

The following table shows the number of premises registered in each Division and inspections made.

Division	No. of Premises in Division	No. of Premises Inspected	No. of Visits
Central	1,114	217	862
Northern	571	324	704
Eastern	976	130	155
South-Eastern	1,016	396	1,127
South-Western	638	602	726
City	4,315	1,669	3,574

Factories Act, 1961

Each year an attempt is made to visit registered premises at least once during the year. As indicated in the following table inspections fell short of this target.

Division	Mech.	Non-Mech.	Building Operations or Works of Engineering Construction	Total	Mech.	Non-Mech.	Building Operations or Works of Engineering Construction	Total
	Number of Premises Registered at 31.12.67				Number of Inspections			
Central	1,108	58	20	1,186	363	10	20	393
Northern ...	404	12	58	474	365	12	58	435
Eastern	599	58	20	677	386	40	15	441
South-Eastern ...	457	76	26	559	294	76	26	396
South-Western ...	427	29	21	477	490	37	37	564
City ...	2,995	233	145	3,373	1,898	175	156	2,229

Drainage

The continuing development of new houses and commercial blocks along with the inevitable alterations that are being carried out in existing premises to comply with various Acts keeps inspectors constantly engaged. New products in this sphere of work are constantly coming on to the market and, as a rule, are vetted in the first instance by the Divisional Sanitary Inspectors.

The following table shows the number of consultations and applications recorded during the year :—

Division	No. of Consultations re Drainage Schemes	No. of Applications
Central	1,056	872
Northern ...	361	706
Eastern	212	476
South-Eastern ...	409	1,325
South-Western	412	355
City ...	2,450	3,734

Caravans

Towards the end of the year removals took place from the forty-six year old site at Vinegarhill in the east end of the City. This was the result of eviction notices served on the occupiers by the owners of the land. Some of the occupiers gave up living in caravans and moved to dwelling-houses.

Rag Flock and Other Filling Materials Act, 1951

No applications for registration were received during 1967.

Ten firms relinquished their premises and were removed from the register which now has a total of 49 registrations compared with 59 in the previous year.

One licence was cancelled by the firm, leaving the number of licensed premises at seven compared with eight in 1966.

Division	Registered Premises	Licensed Premises
Central	6	1
Northern	5	1
Eastern	15	2
South-Eastern	14	3
South-Western	9	—
City	49	7

Aged and Infirm Persons

This very important work carried out by the public health nurses is being maintained and the numbers on the register are increasing from year to year. The aged and infirm persons on the register are visited according to their needs ; those aged people living alone with relations in the City not so often as those without family assistance.

Each year brings to light deplorable conditions into which the old people have allowed themselves to slip. Some do not seem to be in the least concerned and just do not want to be bothered. Through persuasion on the part of the visiting nurse many a house is cleaned up and thereafter visits are made to ensure that the cleanliness of the house is maintained.

The following table indicates the number of old people on the register :—

Division	Males	Females	Total	Houses Cleaned	Compassionate Washings
Central	816	1,654	2,470	51	1,760
Northern ...	771	1,568	2,339	32	1,281
Eastern	449	993	1,442	89	705
South-Eastern ...	534	1,072	1,606	336	340
South-Western ...	511	1,295	1,806	8	31
Total	3,081	6,582	9,663	516	4,117

DISINFECTING SECTION

This section carries out the disinfection of premises, clothing, books, etc. following the removal to hospital or the granting of a clearance certificate in home cases of infectious disease. It also serves the public by lending equipment and supplying materials so that the tenants themselves may do cleaning, whitewashing or distempering.

Disinfection of Premises, etc.

The table shows the number of premises and books dealt with on account of infectious disease :—

Houses, etc., disinfected	2,435
Library and School Books disinfected ...	443

The amount of materials used for these purposes and also issued to the public is shown below :—

Formaldehyde, 40 per cent.	34 gallons
Naphthalene Powder	12½ cwts.
Disinfectant (Crude)	33 gallons
Whiting	245 lbs.
Colour (dry)	75 lbs.

During the year the Section also undertook on behalf of the Food and Dairies Section, the stencilling of the "Approved for Food" sign on 759 vehicles.

Disinfection of Second hand Clothing

The export of second hand clothing is now almost wholly confined to Eire. Ten consignments only were sent abroad, mainly consisting of private parcels to relatives in East Germany.

Over all, 423 certificates of disinfection covering 136,311 articles were issued during the year, resulting in revenue of £364 14s. 6d. compared with £367 13s. 6d. in the previous year.

APPENDIX

Factories Act, 1961

This table is enclosed at the request of the Minister of Labour to indicate to Medical Officers of Health the prescribed particulars required by Section 153(1) of the Factories Act, 1961, to be furnished in their, Annual Reports or with respect to matters under Parts I and VIII of that Act administered by the County or Town Council. It is not intended to supersede the fuller statement which is desirable in the text of the Report, but should be attached as an annex.

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

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities†	233	175	9	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,995	1,898	286	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority‡ (including out-workers' premises)	145	156	4	—
	3,373	2,229	299	—

2.—Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	7	7	—	2	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	1	1	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	1	1	—	—	—
Sanitary Conveniences (S.7)					
(*a*) Insufficient ...	23	11	—	6	—
(*b*) Unsuitable or defective	414	329	—	36	—
(*c*) Not separate for sexes	55	12	—	1	—
Other offences against the Act (not including offences relating to Out-work)	262	201	—	11	—
			—	—	—
Total	763	562	—	56	—

* County or Burgh.

† To prevent any differences between the lists kept respectively by the Local Authorities and H.M. Inspectors of Factories of the numbers of factories in which sections 1, 2, 3, 4 and 6 of the Factories Act, 1961 are enforced by Local Authorities, it is requested that Local Authorities should compare their lists of factories with the lists kept by H.M. Inspectors of Factories.

‡ *i.e.* Electrical Stations (Section 123(1)), Institutions (Section 124), sites of Building operations and Works of Engineering Construction (Section 127), Slaughterhouses (Section 175) (*d*) and (*e*)) and Railway Running Sheds (Section 175(2) and (10)).

PART VIII OF THE ACT.

OUTWORK.

(*Sections* 133 *and* 134).

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—Making, etc., Cleaning and Washing	11	—	—	—	—	—
Household linen... ...	—	—	—	—	—	—
Other	—	—	—	—	—	—
	—	—	—	—	—	—
Total ...	11	—	—	—	—	—
	—	—	—	—	—	—

SECTION XVII

OCCUPATIONAL HEALTH

The Occupational Health Section is responsible for medical examinations in connection with the recruitment of employees of all Corporation Departments except Fire, Police and Transport which have their own medical officers.

Medical examinations—Entrance, Sick Pay, Superannuation and Retiral—were carried out as in previous years. Four thousand, two hundred and twenty persons were examined for the first time and 621 were examined for the second or subsequent occasion. The remainder were 74 retiral examinations and 32 examinations carried out on behalf of other local authorities, making a total of 4,947.

Table I shows how these examinations were distributed by Scheme and Department.

Table I

Medical Examinations Carried out at 20 Cochrane Street During Year ended 31st December, 1967

Department	Entrance		Sick pay		Super-annuation		Retiral		Special		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Airport	41	7	—	—	17	2	—	—	—	—	58	9
Arch. & Civic Design	39	6	1	1	7	1	1	—	—	—	48	8
Baths	—	1	14	7	54	22	—	—	1	—	69	30
Building	25	6	126	8	552	3	5	—	—	—	708	17
Children's	—	—	—	2	6	18	—	—	—	—	6	20
City Assessor	14	10	1	—	2	2	—	—	—	—	17	12
City Chamberlain	20	44	1	4	6	14	1	—	—	—	28	62
Civil Defence	1	2	—	—	—	1	—	—	—	—	1	3
Cleansing	7	—	144	9	387	7	4	1	1	—	543	17
Curator	—	—	1	4	2	17	—	1	1	1	4	23
Education	86	138	15	490	43	308	3	14	—	—	147	950
Estates	6	4	7	—	5	1	—	—	—	—	18	5
Halls	—	—	—	—	5	1	—	1	—	—	5	2
Health and Welfare	10	10	—	395	34	95	2	10	1	—	47	510
Highways	—	—	2	—	19	—	4	—	2	—	27	—
Office of Public Works	12	2	—	—	7	—	3	—	—	—	22	2
Sewage	—	—	5	—	12	—	—	—	1	—	18	—
Housing Management	31	14	2	—	8	6	2	—	—	—	43	20
Libraries	9	98	1	3	5	25	1	—	—	—	16	126
Lighting	68	1	—	—	6	—	9	—	3	—	86	1
Markets	—	—	1	—	33	6	1	—	—	—	35	6
Museums	12	3	1	1	1	—	1	—	—	—	15	4
Parks	4	—	55	—	150	2	5	—	—	—	214	2
Planning	17	2	—	—	1	—	—	—	1	—	19	2
Printing	—	—	—	9	—	7	1	1	—	—	1	17
Clerk of Courts	—	1	—	—	—	—	—	—	—	—	—	1
Probation	19	7	—	1	4	4	—	—	1	—	24	12
Procurator Fiscal	2	3	—	—	1	—	—	—	—	—	3	3
Registrars	2	1	—	—	2	—	—	—	—	—	4	1
Veterinary	1	—	—	—	—	—	—	—	—	—	1	—
Water	3	4	17	1	104	6	2	1	—	—	126	12
Weights and Measures	3	1	—	—	—	—	—	—	—	—	3	1
Blind Craft	—	—	—	—	5	2	—	—	—	—	5	2
Scottish Society for Mentally Handicapped Children	—	—	—	—	2	—	—	—	—	—	2	—
Pollok School	—	—	—	—	1	—	—	—	—	—	1	—
Carry forward	432	365	394	935	481	550	45	29	12	1	2,364	1,880

TABLE I—*Continued.*

MEDICAL EXAMINATIONS CARRIED OUT AT 20 COCHRANE STREET DURING YEAR ENDED 31ST DECEMBER, 1967—*Continued*

Department	Entrance M.	Entrance F.	Sick pay M.	Sick pay F.	Superannuation M.	Superannuation F.	Retiral M.	Retiral F.	Special M.	Special F.	Total M.	Total F.
Brought forward ...	432	365	394	935	1,481	550	45	29	12	1	2,364	1,880
Town Clerk	5	25	—	—	3	4	—	—	—	—	8	29
Kelvin Hall	2	—	—	—	2	1	—	—	—	—	4	1
Luncheon	—	3	—	—	—	—	—	—	—	—	—	3
Notre Dame College ...	—	—	—	—	—	1	—	—	—	—	—	1
Road Safety	—	—	—	—	—	1	—	—	—	—	—	1
Mission to Deaf and Dumb	—	—	—	—	1	2	—	—	—	—	1	2
Outside Appointments ...	—	—	—	—	—	—	—	—	19	13	19	13
	439	393	394	935	1,487	559	45	29	31	14	2,396	1,930

Total Number of Examinations :	Male	2,396	
	Female	1,930	
			4,326
Re-Examinations from all Departments :	Male	324	
	Female	297	
			621
Grand Total...			4,947

Nine hundred and thirteen (21·6 per cent.) of 4,220 persons examined for the first time for Entrance, Sick Pay and Superannuation purposes were found to be unfit because of conditions shown in Table II.

TABLE II

ENTRANCE, SICK PAY AND SUPERANNUATION EXAMINATIONS

CLINICAL CONDITIONS FOUND IN PERSONS EXAMINED FOR THE FIRST TIME WHICH CAUSED THEM TO BE FOUND UNFIT

	Male	Female
Pulmonary Tuberculosis ; active, newly discovered ...	2	2
Pulmonary Tuberculosis ; active, previously known	5	—
Other Radiological Chest Lesion requiring investigation	26	7
Chronic Bronchitis and Bronchiectasis...	16	7
Cardiac Disease	16	9
Hypertension	39	51
Varicose Veins	31	16
Hernia	23	4
Indigestion requiring investigation and Peptic Ulcer	9	3
Ear Disease	23	8
Genito-urinary Disease (non-tuberculosis)	12	4
Arthritis and Rheumatism	3	2
Organic Nervous Disease	6	1
Mental Illness	1	3
Glycosuria	66	14
Albuminuria	32	16
Skin Disease	2	2
Endocrine Disease	3	2
Obesity	62	158
Pyorrhoea and Dental Caries	152	26
Defective Vision	3	4
Others	25	17
	557	356

Six hundred and twenty-one persons who had been found unfit at previous medical examinations were re-examined and of these, 274 (44 per cent.) were again found to be unfit. Sixty-four persons in this group were classified as permanently unfit for acceptance into the schemes.

A considerable number of employees found unfit on account of tuberculosis and other radiological chest lesions, albuminuria, glycosuria and dental caries are likely to be found fit at a later date after investigation and treatment have been carried out.

Chest X-ray examination is carried out at the Department's X-ray Unit when each employee is examined for the first time and also on subsequent occasions if required. Miniature X-ray films are used routinely, but if a suspicious lesion is detected the person concerned is recalled for a large X-ray film to be taken. During the year four new cases of active pulmonary tuberculosis were discovered. A number of other persons are under observation at chest clinics as a result of their X-ray examination.

Seventy-five persons were examined, one by another local authority, with a view to premature retirement on health grounds. Twelve of these examinations were carried out at the employee's homes. In three cases there were insufficient grounds to recommend retiral. The conditions causing premature retiral are shown in Table III. The commonest conditions causing premature retiral in employees previously found fit were chronic bronchitis and cardio-vascular disorders, hypertension and angina pectoris in particular.

Table III

Retiral Medical Examinations

Clinical Conditions causing Premature Retirement

	Male	Female
Chronic Bronchitis	9	7
Cor Pulmonale	5	—
Pulmonary Tuberculosis	1	—
Cardio-vascular System—		
(i) Coronary Thrombosis	1	1
(ii) Angina Pectoris	4	1
(iii) Auricular Fibrillation	1	—
(iv) Hypertension	2	6
(v) Arteriosclerosis	2	—
Carcinoma—		
(i) Bronchus	3	—
(ii) Cervix	—	1
(iii) Prostate	1	—
Carry forward	29	16

TABLE III—*Continued.*

	Male	Female
Brought forward	29	16
Central Nervous System—		
(i) Cerebral Haemorrhage	1	1
(ii) Disseminated Sclerosis	3	—
(iii) Parkinsonism	1	—
(iv) Sub-arachnoid Haemorrhage...	—	1
Musculo-Skeletal—		
(i) Lumbar Spondylosis	1	1
(ii) Arthritis	3	3
(iii) Rheumatism	—	1
Anxiety State	2	1
Ventral Hernia and Debility	—	1
Road Traffic Accident	1	—
Hypothyroidism	—	1
Poor Visual Acuity (Post Accident)	1	—
Chronic Abdominal Adhesions	—	1
Pituitary Tumor and Blindness	1	—
Epilepsy	—	1
Bruhl's Disease	—	1
	43	29

The total number of persons examined during 1967 was 4,947 compared with 4,385 in 1966, an increase of 12·8 per cent.

The Occupational Health Section is also consulted by Corporation Departments for advice on working conditions and on the degree of physical fitness required for certain occupations.

Apart from the routine medical examination, Water Department employees are seen when a specimen of blood is taken for a Widal test and specimens of faeces and urine obtained for bacteriological examination for Salmonella and Shigella. Cases of diarrhoeal illness among Water Department employees are notified to the Medical Officer of Health for surveillance and clearance prior to return to work.

Immunisation against Leptospirosis is available for sewer workers of the Highways Department.

SECTION XVIII

WELFARE SERVICES

Residential Accommodation

During the year Messrs. James Templeton & Co. Ltd. gifted to the Corporation the Templeton Convalescent Home situated at Racecourse Road, Ayr. After the necessary alterations, this will increase by a further twenty beds the holiday accommodation which is already available at Frognal, Troon, for the aged and disabled. The available residential accommodation at 31st December, 1967, was as under :—

			No. of beds
Foresthall, 657 Edgefauld Road ...	(1,159 beds, of which 550 are at the disposal of the Western Regional Hospital Board) ...		609
Crookston, 837 Crookston Road ...	Wards ... 342		
	Annexe ... 14		
	Cottages ... 136		
			492
Small Homes—		Opened on	
Woodburn, 10 Cleveden Gardens		16th April, 1948 ...	41
Extension to Woodburn		28th June, 1962 ...	
Tayford, 33 Newark Drive ...		24th June, 1950	24
Stoneleigh, 48 Cleveden Drive ...		1st November, 1951	24
Redhills, 42 Sherbrooke Avenue		18th March, 1952	19
Woodmailing, 39 Sherbrooke Avenue		18th April, 1952 ...	20
Ailsa, 13-15 Turnberry Road ...		9th October, 1952	26
Burnbank, 20-26 Burnbank Terrace		22nd April, 1953	50
Scott House, 56 Langside Drive		19th May, 1953 ...	39
Extension to Scott House ...		26th April, 1955 ...	
Huntly Lodge, 33-34 Huntly Gardens ...		6th October, 1953	36
Fairfield, 53-55 Sherbrooke Avenue		12th January, 1954	22
Macarthur House, 15 St. John's Road ...		1st June, 1954 ...	14
Ravelston, 994 Great Western Road		17th October, 1956	36
Roberton, 1 Lancaster Crescent		21st May, 1957 ...	17
Merrylee Lodge, 55 Muirskeith Road		14th November, 1957	40
Knowehead, 372 Albert Drive ...		12th December, 1957	38
Mainsholm, 2 Kirklee Gardens ...		13th March, 1958	50
Extension to Mainsholm		4th June, 1965 ...	
Windlaw, 340 Ardencraig Road ...		22nd April, 1958	40
Davislea, 100 Mallaig Road ...		18th October, 1962	60
Glenwood Lodge, 160 Castlemilk Drive		3rd June, 1965	42
			638
Holiday Home—			
Frognal, Southwood, Troon		**5th September, 1957**	33
			1,772

Foresthall.—On 31st December, 1967, there were 415 residents in Foresthall and 501 in the Hospital Wards, a total of 916. Total admissions during the year numbered 872, of whom 489 were admitted to hospital wards and the remaining 383 to residential accommodation.

The average age on admission was 64·89 years for men and 70·47 years for women. There were 593 discharges and 292 deaths, the average age at death being 76·30 for men and 78·17 for women. The age groups in residential accommodation in Foresthall were as follows :—

	Male	Female	Total
Under 60 years	43	18	61
60-65 years	31	14	45
66-70 years	33	23	56
71-75 years	36	32	68
76-80 years	25	43	68
81-85 years	13	45	58
86-90 years	8	11	19
91-95 years	5	3	8
	194	189	383

Of the 61 under 60, the majority were within the category of disabled or handicapped.

During the year 123 persons were transferred from residential accommodation to the hospital section and 66 were discharged from the hospital section to residential accommodation.

During the winter months, the concerts provided by voluntary concert parties and the Foresthall staff concert party were well attended.

Crookston.—The greater proportion of residents in Crookston are of the frail ambulant class, a 24-hour nursing staff being available. There were 118 admissions to the Main Home, many of whom were admitted direct from hospital after treatment, being considered to be unfit to return to their former residence. There were 92 deaths in the Home, 5 more than in 1966, 4 less than in 1965 and 5 less than in 1964. During the year 15 persons were admitted to the Cottages and 8 were discharged. Of the 339 persons resident in the Main Home at the end of the year, 9 were registered blind persons, 12 were confined to wheel-chairs and 39 were ambulant only with the aid of Zimmer walking aids.

An analysis of the age grouping of residents in Crookston shows that 70·7 per cent. were between 76 and 90 years of age, 88·4 per cent. were over 71 years of age and 56·6 per cent. were over 81 years of age.

The Cottages continue to provide for those who, although not fit to manage their own homes, need the minimum of care.

The increasing number of frail residents is shown by the drop in the use of the amenities provided. Bowlers are few, putting seems less popular and the entertainments not so well attended although whist drives, held during the winter, were quite well attended and enjoyed by the residents. There is some evidence that the residents, apart from the whist drives, prefer to watch television. The Tea Room, which is open five days a week, is well patronised and it has now become quite a social gathering with someone playing the piano and the residents having a sing-song. The extension, which contains change and rest-rooms for the non-resident staff, a waiting room, an interviewing room and public toilets for females, was completed this year and is now in daily use.

Frognal.—Once more Frognal provided much appreciated holiday accommodation for residents from our Eventide Homes, mentally and physically handicapped persons from their own homes, the deaf and dumb from their Eventide Home and other deaf and dumb persons from their own homes. Local organisations in Troon once more showed great interest in the Home and particular mention must be made of the Troon Rotary Club who, once again, provided concerts and transport to outside entertainments. The kindness and hospitality of these local organisations is greatly appreciated and adds to the pleasure of the holiday makers in the Home.

Small Homes.—The 19 Small Homes in the City were fully occupied during the year. Details of admissions and discharges are shown in Table I, on page 338. From this table it will be seen that approximately one-third of the new residents were admitted direct from hospital, convalescent homes or nursing homes, and approximately two-thirds came from their own homes, care of relatives or from lodgings. Of the 157 persons transferred to hospital, 75 were re-admitted. The proportion of those admitted direct from hospital to the Homes provided for the frail ambulant is, of course, higher than the general average, due to the facilities for extra care and a 24-hour nursing service, enabling these Homes to provide for a much frailer type of resident.

The Department's thanks are again due to Professor W. Ferguson Anderson, Consultant in Diseases of the Aged in Glasgow and the West of Scotland, and the physicians in the hospital Geriatric Units.

Welfare Services for the Handicapped.

Eight domiciliary occupational therapists and two occupational assistants were employed during the year, visiting homebound handicapped persons known to the Department to assess their needs for

aids to increase their independence and to improve their morale. On their visiting list at the end of the year were 1052 persons in the following classifications :—

Rheumatoid Arthritis	206
Multiple Sclerosis	191
Cerebral vascular accident	158
Osteo-arthritis	100
Amputees	81
Neurological	38
Spastics	33
Paraplegics	31
Chest and Heart	30
Poliomyelitis	29
Congenital Deformities	25
Muscular Dystrophy	24
Parkinsons	13
Blind and partially-sighted	10
Circulatory	4
Quadriplegia	4
Others	75
	1,052

This shows an increase of 223 patients over the previous year.

Many of these patients are given instruction in and provided with craftwork, while others are able to take up remunerative work, such as embroidery, thread winding, label stringing, book-keeping and orders for crochet and knitting. The self-help aids supplied to give greater independence show great variety ranging from handrails at steps, ramps over steps to enable patients in wheelchairs to get out unaided, pavement cross-overs for vehicles, toilet aids, bathroom adaptations and fitments to items specially designed to meet individual requirements as recommended by the occupational therapist. Some of the items are made for the Department by a severely disabled man who is employed as an assistant to the occupational therapists and in this work he is assisted by mentally handicapped boys at the Senior Occupation Centre. The Ministry of Social Security, from their Reception Centre at Bishopbriggs, has also supplied many self-help aids, the work of their residents who are undergoing rehabilitation.

Structural alterations to houses to increase the independence of the handicapped are provided by the Health and Welfare Department through the Building Department's tradesmen and, during the year, such alterations were carried out at a cost of £3,791, an increase of £1,158 from 1966.

If extensive alterations are required, or if the patient has a progressive disability, re-housing to a more suitable house is considered with the co-operation of the Housing Manager.

The After Care Section continues to follow up the leavers from junior occupation centres and special schools for the handicapped by home visitation. Since the inception of this section 18 years ago, 9,049 young handicapped persons have used the service and through the years, the majority have been helped to find their place in life and are now independent and fairly responsible members of the community. Home visits by this section during the year totalled 2,514, school visits 68, office interviews 265, and at 31st December, 1967, the number on the live register was 1,573.

This year a large percentage of the educationally subnormal leavers from special schools were of such low grade that it was feared they would join so many of the junior occupational centre leavers in the ranks of the unemployed. Nevertheless, by the end of the year, the survey showed that over 75 per cent. had obtained employment, a better result than had been anticipated.

The Evening Clubs for former Junior Occupational Centre pupils are very popular and well attended, and the special Evening classes for ex-special school pupils benefit those who are willing and anxious for this additional tuition.

The majority of the physically handicapped who left school this year were able to work in the open employment market. Several who were severely handicapped have gone forward for residential training or are in sheltered workshops and a few who are unemployable are attending the Cripple League Day Centre or Rotary Centre for Spastics several days per week.

The voluntary organisations who cater for the wide range of handicap continue to provide excellent social facilities for the handicapped and enable them to lead a fairly full life.

The Department's social clubs for handicapped persons still meet three afternoons weekly at Laurieston House. A total of 83 disabled persons attended these clubs during the year and specialised transport was required for most of those attending. Individual handcraft instruction was given to 54 and this was a 25 per cent. increase in the number participating last year in handcrafts of some form or another. The remainder either took part in table games or, as is frequently experienced with persons living alone, were content to talk with their immediate

neighbours at the Club. A Senior Welfare Officer is always available to attend to the numerous and varied problems of members and one of our chiropodists gives regular treatment as required.

During the year outings to Ayr were held on three successive days using the Department's specialised transport. These outings were voted a great success by Club members, many of whom seldom leave their own house except when attending the Social Clubs.

Once more a visit to Lewis's Stores, Argyle Street, was arranged in December for the Christmas Shopping Evening when the warehouse was kept open exclusively for disabled persons. This event, which was initiated last year, was so successful that it was decided—with the co-operation of Messrs. Lewis's, of course—to repeat the experiment. The result was even more successful on this occasion and several hundred elderly and disabled persons attended. Many voluntary organisations were brought into the scheme, and their workers, and the staff of the Welfare Department assisted the more infirm and severely handicapped persons around the Store.

In the work with the Handicapped Clubs the Department would like to express their appreciation to the ladies of the Women's Royal Voluntary Service who, throughout the year, are in attendance at the regular social club meetings and at the special functions mentioned.

At 31st December, 1967, there were 2,096 registered blind persons ordinarily resident in Glasgow. Of this number, 899 were males and 1,197 were females. Of the 174 new registrations (42 male, 96 female), 138 (79 per cent.) were over 60 years of age. Of those working (257), 184 (70 per cent.) are employed in the Royal Glasgow Workshops for the Blind.

The 10 Social Workers for the Blind have an average case load of 209 blind persons and 24 partially-sighted persons under the age of 65 years. The partially-sighted over 65 years of age are visited by the General Welfare Officers. Only where there is special need or where a relationship has been established before this age, is the visitation continued by the Social Worker for the Blind. The number of visits to the homes of blind persons was 6,800, with approximately 200 of these for the purpose of Braille, Moon or Handcraft lessons.

Holidays were arranged for a large number of blind persons and guides, both at the Department's Holiday Home at Troon and in holiday centres provided by the Society for the Blind and other organisations. During the year, the Department paid the rentals of 447

Talking Book machines and provided transport for radios requiring repair. The Department's chiropodists provided service to an increasing number of blind persons.

Handcraft materials, games and apparatus were sold from this Department's store and where necessary, these were delivered to the person's home.

Certificates of Blindness were issued for a variety of reasons, including Ministry of Social Security Benefit, Income Tax Relief and Free Wireless Licences. Corporation Transport Passes and Privilege Tickets for Scottish Omnibuses were also issued.

The ten social and recreation clubs continued to function successfully, having on average a weekly attendance of around 250 blind and partially-sighted persons and guides. Activities varied widely, ranging from Keep Fit lessons to Bingo and from Domino Matches to visits to local Exhibitions.

The weekly meetings for the Deaf/Blind were held in Laurieston House on Friday afternoons, transport being provided for most of those attending. The main purpose of these meetings is to afford an opportunity for social intercourse and the encouragement of the use of the Deaf/Blind manual alphabet, and other methods of communication. Simple competitions and exchange visits with other Deaf/Blind Clubs were also arranged. Three Home Teachers were on duty each week and the average attendance was 25. These meetings provide a vital link with the outside world for the Deaf/Blind—some of whom live alone and are isolated from the rest of the community.

This year, the district socials, which had been suffering from falling attendances, were replaced by three large social events during the winter, the first of these being held in the McLellan Galleries and taking the form of a Christmas Party. A buffet tea was provided for the 270 who took part and this was a very successful evening.

Stool seating, basketry and rubber link mats were the main subjects taught in the handcraft class which met on Monday afternoons in Laurieston House. A number of blind people carry on handcraft work at home and the materials for this work were supplied at cost price. Some assistance was also given in disposing of completed articles. Other activities which continued to be successful were the Chess Club, Swimming Club, Discussion Group and the Ladies' Choir.

During the summer months of June-September, bus outings to the parks were again well attended. These are popular substitutes for the Social Club meetings in the winter months, and other out-door activities include Bowling and Skittles in the Alexandra Park.

During the school holidays, several Club meetings were held for blind children in the Woodside Halls, but it was found that the visits to places of interest, such as Calderpark Zoo and the Transport Museum were more popular, and it is planned to extend this kind of out-door work in future. These visits were of great interest to the children, especially as the authorities in each case co-operated to the full, in allowing the children the fullest opportunity to handle exhibits and ask questions.

The Department continues to work in close co-operation with the Mission to the Adult Deaf and Dumb for Glasgow and the West of Scotland who have their own club premises at the Royal Institute in West Regent Street and the St. Vincent's After Care Society for the Deaf. These organisations act as agents of the Department dealing with persons suffering from the severe handicap of deafness, the Department contributing towards the cost of the various services. The Mission to the Adult Deaf and Dumb have a Home for Aged Deaf situated in Bearsden and the payments made by Glasgow residents admitted there are supplemented by this Department.

Close liaison exists between the Department and the various Voluntary Organisations who usually limit their activities to one particular handicap and sympathetic consideration is given to the many appeals for financial or other help from these organisations.

Craftwork in all the Senior Occupation Centres has gone on as usual, being augmented by contract work at Killearn Street and South Portland Street, and while this outwork has increased, it is satisfactory to note that the Annual Sale of Craftwork held in conjunction with the domiciliary occupational therapists and the Social Workers to the Blind once more showed an increase on the totals of previous years.

Summer outings were again enjoyed by the trainees, and in the winter months they had outings to cinemas and a visit at Christmas to the Kelvin Hall Circus. During the year, 103 boys were accommodated at South Portland Street, 45 girls at Killearn Street and 36 girls at Pollokshields Burgh Hall.

General Welfare Services.

During the year the Welfare Section undertook investigations on behalf of the Education Department (590), the Home Help Section (4,750), and the Child Welfare Section (559). Applications for admission to the Department's Eventide Homes totalled 990 and 41 applications for supplementation of payments in Voluntary Homes for the Aged were made. At the request of the Lord Provost reports were prepared on 349 applications for assistance from charitable funds at his disposal. In all, 10,882 applications to the Section were recorded. The number of investigations of applications for hardship grants due to the extension of the Smoke Control Areas in the City again increased.

Students from the Social Work Course at Jordanhill College, the Probation Service, the University of Strathclyde, the Glasgow University School of Social Study, the Glasgow School of Occupational Therapy and the Health Visitor Training School were seconded to the Welfare Section during the year for part of their practical training.

The Clothing Store continues to supply the needs of residents in the Homes, boarded-out mental defectives and patients and those granted clothing by the Ministry of Social Security as well as meeting the requirements of the Children's Department. The value of clothing issued during 1967 was £106,223.

The three family casework units set up in 1965 in Drumchapel, Castlemilk and Easterhouse continue to function effectively. These provide for intensive and more comprehensive social work among families who appear to be unable to maintain proper standards of home and child care without special assistance. The need for their services continues to grow but there is still a shortage of suitably qualified social workers. The Department's Unit is now established in its own premises at Blairtummock House, Easterhouse. This has provided considerable advantages to our clients as well as to our staff. It has also provided a meeting place for social workers from the various services operating in the area.

The Housing Department have been adapting a number of houses for flatlets for aged persons, and these are administered by the Women's Royal Voluntary Service. The following flatlets had been provided at 31st December, 1967 :—

3 Devonshire Gardens, Glasgow, W.2	...	12 flatlets
50 Hillend Road, Glasgow, N.2 ...	...	7 flatlets
15 Newark Drive, Glasgow, S.1 ...	...	7 flatlets
20 Newark Drive, Glasgow, S.1	...	7 flatlets
15 Aytoun Road, Glasgow, S.1 ...	...	15 flatlets.
55 Aytoun Road, Glasgow, S.1 ...	...	17 flatlets.

TABLE I

SMALL HOMES: ADMISSIONS AND DISCHARGES, 1967

	Ailsa	Burnbank	Davislea	Fairfield	Glenwood Lodge	Huntly Lodge	Knowehead	Macarthur House	Mainsholm	Merrylee Lodge	Ravelston	Redhills	Roberton	Scott House	Stoneleigh	Tayford	Windlaw	Woodburn	Woodmailing	Total
Admitted from own homes	2	7	10	1	6	7	7	—	8	5	5	1	1	2	6	3	2	2	1	76
Admitted from care of relatives	2	—	2	3	6	3	7	—	3	3	3	3	2	1	5	1	5	1	—	50
Admitted from lodgings/service rooms	—	—	—	2	—	1	—	2	2	—	3	—	1	1	—	1	—	1	1	15
Admitted from Hospital	1	8	6	2	1	16	—	—	6	4	8	5	1	1	—	—	2	3	9	73
Admitted from Convalescent, Nursing or Rest Homes	2	5	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	11
Transferred from other Small Homes	—	—	1	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	4
Transferred from Frail Ambulant Homes—																				
i.e. Crookston	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Burnbank	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Davislea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Glenwood Lodge	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Windlaw	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Transferred from Foresthall	—	1	7	—	1	5	—	—	4	—	1	—	—	—	3	—	—	—	—	22
Re-admitted after Hospital Treatment	5	7	—	3	5	14	5	—	5	1	10	1	5	2	—	1	6	—	5	75
Total Admissions	12	28	28	12	20	46	19	2	28	13	31	10	10	7	15	6	15	8	17	327
Discharged to own home or friends	1	1	4	2	—	5	—	—	2	—	4	1	—	—	3	1	2	1	2	29
Discharged to Private Rest Homes	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	—	—	—	3
Transferred to other Small Homes	—	—	1	2	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	5
Transferred to Frail Ambulant Homes—																				
i.e. Crookston	—	—	—	—	—	1	1	—	1	1	1	2	—	—	2	2	1	1	1	14
Burnbank	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Davislea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Glenwood Lodge	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Windlaw	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Transferred to Foresthall—Hospital or Frail Ambulant Unit	—	1	—	—	—	1	—	1	2	—	1	—	—	—	2	—	—	1	—	9
Transferred to Hospital	10	23	17	6	2	—	7	1	11	12	21	4	8	5	6	4	9	9	2	157
Died in the Home	—	2	7	2	8	—	3	1	5	3	2	—	1	2	2	1	3	—	—	42
Died while on holiday or outside Home	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	2
Total Discharges	11	27	29	12	10	7	12	3	22	17	31	7	10	7	15	9	15	13	6	263

Table II

Residential Homes

Age Groups at 31st December, 1967

Homes		65 and under	66/70	71/75	76/80	81/85	86/90	91/95	96/100	Total	Grand Total
Ailsa	M.	—	1	3	4	1	1	—	—	10	
	F.	—	2	5	1	5	—	1	—	14	24
Burnbank	M.	—	—	—	—	—	—	—	—	—	
	F.	3	5	6	5	12	10	7	1	49	49
Davislea	M.	—	2	1	5	5	2	2	—	17	
	F.	—	3	7	8	12	9	1	—	40	57
Fairfield	M.	—	3	1	4	1	—	—	—	9	
	F.	—	1	2	1	4	—	2	—	10	19
Glenwood Lodge	M.	—	—	1	3	5	1	1	—	11	
	F.	—	4	6	4	9	1	5	—	29	40
Huntly Lodge	M.	—	—	—	4	3	—	—	—	7	
	F.	—	5	—	13	4	4	—	—	26	33
Knowehead	M.	—	1	2	7	6	4	—	—	20	
	F.	—	2	4	3	5	3	—	—	17	37
Macarthur House	M.	—	—	—	—	2	1	—	—	3	
	F.	—	—	2	—	5	—	1	—	8	11
Mainsholm	M.	—	1	4	4	6	1	—	—	16	
	F.	1	2	5	4	12	6	1	—	31	47
Merrylee Lodge	M.	—	2	1	4	4	3	—	—	14	
	F.	1	1	2	1	11	4	3	—	23	37
Ravelston	M.	—	2	—	6	1	1	—	—	10	
	F.	2	—	4	4	5	1	1	—	17	27
Redhills	M.	—	—	1	4	1	—	1	—	7	
	F.	—	—	1	3	4	1	1	—	10	17
Roberton	M.	—	—	—	—	—	—	—	—	—	
	F.	—	3	3	3	3	2	1	—	15	15
Scott House	M.	—	—	1	1	4	1	1	—	8	
	F.	—	3	5	4	10	6	1	—	29	37
Stoneleigh	M.	—	—	2	1	1	—	—	—	4	
	F.	1	1	4	2	6	3	—	—	17	21
Tayford	M.	—	—	4	2	1	—	—	—	7	
	F.	1	1	2	4	3	2	—	—	13	20
Windlaw	M.	—	—	—	1	1	3	1	—	6	
	F.	—	1	7	8	7	7	3	—	33	39
Woodburn	M.	—	2	3	3	—	2	—	—	10	
	F.	—	—	5	7	8	7	—	—	27	37
Woodmailing	M.	—	—	1	3	1	—	—	—	5	
	F.	—	—	2	2	4	3	—	—	11	16
Crookston Main Home	M.	7	13	16	22	36	32	8	1	135	
	F.	10	12	18	35	53	47	19	—	194	329
Crookston Cottages	M.	—	—	2	4	4	1	1	—	12	
	F.	3	5	10	30	30	11	1	—	90	102
Totals	M.	7	27	43	82	83	53	15	1	311	
	F.	22	51	100	142	212	127	48	1	2703	1,014
		29		78	143	224	295	180	63		
					46	91	123	91	29		431
			20	30						1	
All Homes Percentages		2·86	7·69	14·10	22·09	29·09	17·51	6·21	0·20		
					52·57						
					84·18						

SECTION XIX

LEGISLATION

The following Acts of Parliament, Regulations, etc., applicable to the Health and Welfare Services in Scotland came into operation during the year :—

Abortion Act, 1967—amends and clarifies the law relating to the termination of pregnancy by registered medical practitioners.

Dangerous Drugs Act, 1967—provides for the control of drug addiction and makes further provision with regard to drugs.

Water (Scotland) Act, 1967—provides for the establishment of regional water boards and a Central Scotland Water Development Board.

CIRCULARS, REGULATIONS, ETC., ISSUED IN 1967 :

S.I.—Statutory Instrument (the date is that of the coming into operation).
S.D.D.—Scottish Development Department.
S.E.D.—Scottish Education Department.
S.H.H.D—Scottish Home and Health Department.
F.I.F.—Scottish Home and Health Department Circulars on Imported Food Regulations.

Accident Prevention—

1. H.&W.S. Cir. 3 of 19.1.67. The Stands for Carry Cots (Safety) Regulations, 1966.
2. H.&W.S. Memo. 11 of 2.5.67. Learn to Swim Week—Scotland 29th May/3rd June, 1967.
3. S.I. 839 (May). Nightdress (Safety) Regulations, 1967.
4. H.&W.S. Cir. 18 of 15.6.67. The Nightdress (Safety) Regulations, 1967.
5. H.&W.S. Cir. 22 of 28.7.67. National Water Safety Campaign.
6. S.I. 1157 of 27.7.67. Toys (Safety) Regulations, 1967.
7. H.&W.S. Cir. 25 of 16.8.67. Toys (Safety) Regulations, 1967.
8. H.&W.S. Cir. 31 of 10.10.67. Homes for the Elderly and Disabled. Fire Precautions.
9. H.&W.S. Memo. 37 of 2.11.67. Safety in the Home.
10. H.&W.S. Cir. 36 of 15.11.67. Storage and Administration of Medicine in Old People's Homes.

Annual Reports—

1. H.&W.S. Cir. 4 of 20.1.67. Annual Reports of Medical Officers of Health and Sanitary Inspectors for 1966.
2. H.&W.S. Cir. 39 of 28.12.67. Annual Reports of Medical Officers of Health and Sanitary Inspectors for 1967.

Atmospheric Pollution—

1. S.D.D. Cir. 39 of 25.7.67. Clean Air Act, 1956. Supplies of Solid Smokeless Fuels.
2. S.D.D. Cir. 47 of 8.8.67. Clean Air Act, 1956. Grant Arrangement.
3. S.D.D. Cir. 48 of 14.8.67. Clean Air Act, 1956. Grit and Dust.
4. S.D.D. Cir. 73 of 9.11.67. Clean Air Act. 1956. Chimney Heights.

Blind Persons—

1. S.H.H.D. Cir. 1 of 23.1.67. Voluntary Agencies for the Blind.

Building—

1. S.D.D. Cir. 46 of 11.8.67. Building (Scotland) Act, 1959. Building Standards (Scotland) Amendment Regulations, 1967.
2. S.I. No. 1136 (S.94) of 1.9.67. Building Standards (Scotland) Amendment Regulations.

Civil Defence—

1. C.D. (Scotland) 10 of 22.3.67. Civil Defence Corps. Training in First Aid and Home Nursing.
2. S.I. No. 1180 (S.100) of 1.9.67. Civil Defence (Scotland) Regulations, 1967.

Dental Services—

1. H.&W.S. Memo. 3 of 31.1.67. Refresher Courses for School Dental Officers.
2. H.&W.S. Memo. 16 and S.E.D. Memo. 11 of 16.5.67. Schools Meals Service. Dental Health of School Children.
3. H.&W.S. Memo. 17 of 30.5.67. Refresher Courses for Dental Officers.
4. H.&W.S. Memo. 20 of 27.6.67. Local Authotity Dental Service Orders for Stationery.
5. H.&W.S. Memo. 23 of 10.7.67. Refresher Courses for Dental Officers.
6. H.&W.S. Memo. 24 of 20.7.67. Local Authority Dental Service Statistics.
7. H.&W.S. Cir. 20 of 28.7.67. Local Authority Dental Services. Report on Dental Anaesthesia.
8. H.&W.S. Memo. 28 of 14.8.67. Refresher Courses for Dental Officers.
9. H.&W.S. Cir. 27, of 28.8.67. Local Dental Services. Application of the Factories Act, 1961, to Dental Laboratories and Showrooms.
10. H.&W.S. Memo. 38 of 10.11.67. Refresher Courses for Dental Officers.
11. H.&W.S. Memo. 42 of 8.12.67. Refresher Courses for Dentists.
12. S.I. 947 (S.71) General Dental Services (Scotland) Amendment Regulations 1967.

Disablement—

1. H.&W.S. Cir. 6 of 1.2.67. Welfare of the Disabled Week 1967.
2. H.&W.S. Cir. 16 of 9.5.67. and S.E.D. Cir. 641. Report of the Working Party on the Ascertainment of Children with Hearing Defects.
3. H.&W.S. Cir. 33 of 16.10.67. Disablement Week 1968.

Drugs—

1. H.&W.S. Memo. 19 of 14.6.67. Poster—Accidental Poisoning by Drugs.
2. H.&W.S. Cir. 19 of 20.6.67. Treatment of Drug Addiction.

Food.—

1. Foods 1 of 6.1.67. The Food Hygiene (Scotland) Regulations, 1959. A Report of the Food Inspection and Food Hygiene Working Party.
2. S.I. 93 (S.8) of 1.2.67. Cheese (Scotland) (Amendment) Regulations, 1967.
3. Foods 4 of 1.2.67. Cheese (Scotland) (Amendment) Regulations, 1967.
4. S.I. 105 (S.9) of 11.2.67. Antioxidant in Food (Scotland) Regulations, 1967.
5. Foods: 5 of 13.2.67. Food and Drugs (Scotland) Act, 1956. The Antioxidant in Food (Scotland) Regulations, 1967.
6. Addenda to D.H.S. Cir. 67/1958. Food and Drugs (Scotland) Act, 1956. Agriculture (Poisonous Substances) Act, 1952. Chemical Substances used in Agriculture and Food Storage. Nos. 39 (Feb., 1967) to 45 (13.12.67).
7. Foods 6 of 21.3.67. Food and Drugs (Scotland) Act, 1956. The Food (Control of Irradiation) (Scotland) Regulations, 1967.

8. S.I. No. 388 (S.29) of 1.6.67. Food and Drugs, The Food (Control of Irradiation) (Scotland) Regulations, 1967.
9. Foods Cir. 7 of 28.6.67. The Food Hygiene (Scotland) Regulations, 1959. Food Hygiene (Scotland) Amendment Regulations, 1966.
10. S.I. 1384 (S.105) of 26.6.67. Colouring Matter in Food (Scotland) Regulations, 1966.
11. Foods Cir. 8 of 31.7.67. Food and Drugs (Scotland) Act, 1956. The Meat Pie and Sausage Roll Regulations, 1967.
12. Foods Cir. 9 of 31.7.67. Food and Drugs (Scotland) Act, 1956. The Sausage and Other Meat Product (Scotland) Regulations, 1967.
13. S.I. 1078 (S.86) July, 1967. Sausage and Other Meat Product (Scotland) Regulations, 1967.
14. Foods Cir. 10 of 31.7.67. Food and Drugs (Scotland) Act, 1956. The Canned Meat Product (Scotland) Regulations, 1967.
15. S.I. 1079 (S.87) July, 1967. Canned Meat Product (Scotland) Regulations, 1967.
16. Foods Cir. 11 of 15.8.67. Food and Drugs (Scotland) Act, 1956. The Artificial Sweeteners in Food (Scotland) Regulations, 1967.
17. S.I. 1203 (S.104) Aug. & Dec., 1967. Artificial Sweeteners in Food (Scotland) Regulations, 1967.
18. Foods Cir. 12 of 28.8.67. The Slaughter of Poultry Act, 1967.
19. S.I. 1252 (S.95) of 1.9.67. Food and Drugs Composition and Labelling. The Butter (Scotland) Regulations, 1967.
20. S.I. 1507 (S.124) Food 11.10.67. Preparation and Distribution of Meat (Scotland) Amendment Regulations, 1967.
21. Foods Cir. 13 of 19.10.67. The Food (Preparation and Distribution of Meat) (Scotland) Amendment Regulations, 1967.
22. Foods Memo. 4 of 1.11.67. National Dried Milk, etc.
23. Foods Cir. 14 of 20.11.67. Welfare Foods Service Entitlement to Free Supplies.
24. Foods Cir. 15 of 7.12.67. Welfare Foods Service. National Dried Milk—New Pack.

Health Education—

1. H.&W.S. Memo. 21 of 22.6.67. Health Education. Smoking and Health.
2. H.&W.S. Memo. 40 of 28.11.67. Smoking and Health.

Health Visiting—

1. H.&W.S. Memo. 4 of 1.2.67. Health Visiting Refresher Courses.
2. H.&W.S. Cir. 34 of 18.10.67. Pooling and Expenditure on Health Visitor and Other Training.
3. H.&W.S. Cir. 44 of 8.12.67. Health Visiting Courses.

Housing—

1. S.D.D. 1 of 9.1.67. Housing. Return of Certificates of Disrepair.
2. S.D.D. 2 of 12.1.67. Report on Unfit Housing.
3. S.D.D. 4 of 12.1.67. Housing (Scotland) Act, 1966.
4. S.D.D. 7 of 23.1.67. Prevention of Condensation in Houses.
5. S.D.D. 14 of 21.3.67. Housing (Scotland) Act, 1966.
6. S.D.D. 27 of 16.5.67. Housing (Financial Provisions, etc.) (Scotland) Act, 1967—Sec.18. Adjustments of Agreements relating to Unfit Houses.
7. S.D.D. 31 of 5.6.67. Report on Allocating Council Houses.
8. S.D.D. Cir. 67 of 29.9.67. Scottish Housing Survey, 1965.
9. S.D.D. Cir. 80 of 20.11.67. Report on Survey Management.

Immigrants—

1. H.&W.S. Cir. 10 of 3.4.67. The Redundancy Payments. Office Holders (Scotland) Regulations, 1966.

Immunisation and Vaccination—

1. H.&W.S. Cir. 7 of 10.3.67. Immunisation Publicity.
2. H.&W.S. 11 of 29.3.67. Charges consequential to the Introduction of Certain Item of Service Payments to General Medical Practitioners.
3. H.&W.S. Memo. 8 of 29.4.67. Poliomyelitis Vaccination.
4. H.&W.S. Memo. 18 of 1.6.67. Immunisation Publicity.
5. H.&W.S. Memo. 15 of 26.6.67. Poliomyelitis Vaccination.
6. H.&W.S. Memo. 32 of 26.9.67. Poliomyelitis Vaccination.
7. H.&W.S. Memo. 45 of 27.12.67. Poliomyelitis Vaccination.
8. H.&W.S. Memo. 28 of 7.9.67. Notice to Travellers.
9. H.&W.S. Cir. 32 of 17.10.67. Protection of Children from Tuberculosis.
10. H.&W.S. Memo. 43 of 7.12.67. Notice to Travellers.

Maternal and Child Welfare—

1. S.I. 34 (S.4) Jan., 1967. Adoption Agencies (Scotland) Regulations, 1967.
2. H.&W.S. Memo. 31 of 6.9.67. Maternity Benefits.
3. H.&W.S. Memo. 34 of 12.10.67. Family Allowances.
4. H.&W.S. Cir. 35 of 15.11.67. The Abortion Act, 1967. Applications for Approval of Place (Section 1(3)).

Meat Inspection—

1. Foods 2 of 17.1.67. Meat Inspection.
2. Public Health (Imported Food) (Scotland) Regulations, 1937-1948. Seventy-eight circulars were issued in 1967. These referred to changes in the official certificates of the various countries from which meat is imported and to amendments of the list of the approved establishments engaged in the processing of various meat products.

Mental Defect and Disease—

1. H.&W.S. Cir. 1 of 10.1.67. Mental Health (Scotland) Act, 1960. Patients concerned in Criminal Proceedings. Notes on Part V of the Act.
2. H.&.W.S. Memo. 2 of 31.1.67. Mental Health (Scotland) Act, 1960.
3. H.&W.S. Memo. 10. of 10.4.67. Mental Health (Scotland) Act, 1960.
4. H.&W.S. Memo. 25 of 25.7.67. Mental Health (Scotland) Act, 1960.
5. H.&W.S. Memo. 33 of 19.10.67. Mental Health (Scotland) Act, 1960.

Midwives and Nurses—

1. S.I. No. 968 (S.75) June, 1967. Regional Nurse-Training Committees (Scotland) Amendment Order, 1967.
2. H.&W.S. Cir. 23, of 10.8.67. The Medical Practitioners (Fees) (Scotland) Regulations, 1967.
3. S.I. 1135 (S.93) August, 1967. The Medical Practitioners (Fees) (Scotland) Regulations, 1967.
4. H.&W.S. Cir. 37 of 30.11.67. Midwifery Service.

Milk—

1. S.I. 1573 (S.123) of 9.1.67. Food and Drugs. Milk and Dairies (Scotland) The Milk (Special Designations) (Scotland) Amendment Order, 1966.
2. Addenda to D.H.S. Cir. No. 6, of 1962. Chemical Sterilization of Dairy Equipment. Nos. 16 (Jan., 1967) to 24 (13.11.67).
3. S.I. 81 (S.7) Jan., 1967. Milk and Dairies (Channel Islands and South Devon Milk) (Scotland) Regulations, 1967.
4. Food Cir. 3 of 3.2.67. Food and Drugs (Scotland) Act, 1956. The Milk and Dairies (Channel Islands and South Devon Milk) (Scotland) Regulations, 1967.

National Assistance—

1. S.I. 1390 (S.115) of 28.9.67. National Assistance. Charges for Accommodation (Scotland) Regulations, 1967.
2. H.&W.S. 30 of 28.9.67. National Assistance. Charges for Accommodation (Scotland) Regulations, 1967.

National Health Service—

1. H.&W.S. Cir. 13 of 12.4.67. Facilities for Incontinent People.
2. H.&W.S. Cir. 29 of 20.9.67. Co-ordination of Local Health Authority and General Medical Services.
3. H.&W.S. Cir. 38 of 15.12.67. Domiciliary Physiotherapy Services.

Noise Control—

1. H.&W.S. Cir. 9 of 7.3.67. Noise Control.
2. H.&W.S. Cir. 12 of 11.4.67. Noise Control.

Offices, Shops and Railway Premises Act, 1963—

1. L.A. Cir. 3 F.A. Cir. 3 (Supplt. 2) of 9.2.67. Scope of the Act. A A Patrol Points and RAC Patrol Service Centres.
2. L.A. Cir. 9 (Supplt. 4) of 20.3.67. Section 7—Ventilation.
3. L.A. Cir. 11 (Supplt. 3) of 20.3.67. First Aid Provisions.
4. L.A. Cir. 11 (Supplt. 4) of 15.3.67. First Aid Provisions.
5. L.A. Cir. 7 (Supplt. 11) of 17.4.67. Guarding of Machines.
6. L.A. Cir. 7 (Supplt. 10) of 24.4.67. Guarding of Wallpaper Trimming Machines.
7. L.A. Cir. 3 F.A. Cir. 3 (Supplt. 3) of 7.6.67. Scope of the Act. Coin-operated and Self-service Laundrettes and Cleaners.
8. L.A. Cir. 11 (Supplt. 5) of 17.7.67. First Aid Provisions.
9. L.A. Cir. 8 (Supplt. 2) of 18.7.67. Accident Prevention. Quarterly Journal "Accidents".
10. L.A. Cir. 8 (Revised) of 8.8.67. Notification, Investigation and Statistical Recording of Accidents.
11. L.A. Cir. 7 (Supplt. 12) of 17.8.67. Provisions concerning Machinery—Sections 17 to 20.
12. L.A. Cir. 7 (Supplt. 13) of 17.8.67. Prevention of Explosion of Water-heating Systems in Laundrettes.
13. L.A. Cir. 17 F.A. Cir. 9 (Supplt. 2) of 16.10.67. Some Reported Decisions of the Courts.
14. L.A. Cir. 6 F.A. Cir. 4 (Supplt. 3) of 16.10.67. Problems of Demarcation in Enforcement. Dentist's Premises.
15. L.A. Cir. 5 (Revised) of 26.10.67. Annual Reports and Records of Local Authorities.

Public Health—

1. H.&W.S. Cir. 7 of 27.1.67. Smoking in Public Places.
2. H.&W.S. Cir. 17 of 31.5.67. Rheumatic Fever and Rheumatic Heart Disease.
3. H.&W.S. 26 of 24.8.67. Courses on the Epidemiology of the Communicable Diseases.
4. H.&W.S. Memo. 28 of 7.9.67. Notice to Travellers.
5. H.&W.S. Cir. 32 of 17.10.67. Protection of Children from Tuberculosis.
6. H.&W.S. Memo. 43 of 7.12.67. Notice to Travellers.

Radiation—

1. H.&W.S. Cir. 14 of 20.4.67. Use of Radioactive Materials in Schools.
2. H.&W.S. Cir. 21 of 26.7.67. Course on Radioactive Protection.

Sanitation—

1. S.D.D. 22 of 25.4.67. Sewage Effluents.
2. S.D.D. Cir. 88 of 12.12.67. Trade and Sewage Effluents.

School Health—

1. H.&W.S. Memo. 16. S.E.D. Memo. 11 of 16.5.67. School Meals Service. Dental Health of School Children.
2. H.&W.S. Cir. 24 of 16.8.67. School Health Service. A School Medical Record Card.
3. S.I. 1199 (S.103) of 18.8.67. The School Premises (General Requirements and Standards) (Scotland) Regulations, 1967.
4. S.E.D. Cir. 661 of 12.12.67. Administration of the School Meals Service.

Social Services—

1. H.&W.S. Cir. 2 of 19.1.67. Training for Social Work in Health and Welfare Services.
2. S.W.S.G. 1 of 13.4.67. Social Work and the Community.
3. S.W.S.G. 2 of 15.5.67. Training for Social Work in Health and Welfare Services.

Water—

1. S.D.D. Cir. 52 of 30.8.67. Water (Scotland) Act, 1967.
2. S.D.D. Cir. 82 of 19.11.67. Lead in Drinking Water.

APPENDIX.

TABLE I.—Glasgow, 1967.—ESTIMATED POPULATION as at 30th June, in each Municipal Ward, Acreage, and Persons per Acre

Municipal Wards	Population				Acreage	Persons per acre (including Inst'utions and Shipping
	Without Institutions and Shipping	Institutions	Shipping*	Total		
1. Shettleston and Tollcross ...	41,513	184	—	41,697	1,167	36
2. Parkhead ...	15,229	422	—	15,651	819	19
3. Dalmarnock ...	25,177	12	—	25,189	487	52
4. Calton ...	14,694	742	—	15,436	404	38
5. Mile-end ...	22,321	251	—	22,572	443	51
6. Dennistoun ...	22,424	—	—	22,424	689	32
7. Provan ...	82,435	2,338	—	84,773	4,846	17
8. Cowlairs ...	19,085	968	—	20,053	645	31
9. Springburn ...	30,098	1,863	—	31,961	2,118	15
10. Townhead ...	17,863	1,356	—	19,219	301	64
11. Exchange ...	6,205	3,059	4	9,268	507	18
12. Anderston ...	12,629	534	412	13,575	530	26
13. Park	15,320	744	—	16,064	317	51
14. Cowcaddens ...	11,181	233	—	11,414	488	23
15. Woodside ...	12,943	226	—	13,169	170	77
16. Ruchill ...	40,838	479	—	41,317	1,962	21
17. North Kelvin	19,694	189	—	19,883	278	72
18. Maryhill ...	24,999	116	—	25,115	2,210	11
19. Kelvinside ...	20,077	1,592	5	21,674	1,160	19
20. Partick (East)	17,702	899	—	18,601	351	53
21. Partick (West)	17,752	41	61	17,854	464	38
22. Whiteinch ...	20,088	43	—	20,131	894	23
23. Yoker ...	29,131	216	14	29,361	1,213	24
24. Knightswood	52,627	92	—	52,719	1,614	33
25. Hutchesontown	11,621	—	—	11,621	387	30
26. Gorbals ...	15,043	5	—	15,048	252	60
27. Kingston ...	13,479	—	10	13,489	355	38
28. Kinning Park	18,600	3	466	19,069	402	47
29. Govan ...	20,469	56	—	20,525	489	42
30. Fairfield ...	17,279	1,161	266	18,706	1,351	14
31. Craigton ...	36,923	254	—	37,177	1,566	24
32. Pollokshields	34,713	2,067	—	36,780	3,239	11
33. Camphill ...	18,356	316	—	18,672	481	39
34. Pollokshaws	46,993	452	—	47,445	3,223	15
35. Govanhill ...	22,289	253	—	22,542	365	62
36. Langside ...	25,156	600	—	25,756	801	32
37. Cathcart ...	64,273	304	—	64,577	2,737	24
City	937,219	22,070	1,238	960,527	39,725	24

* as at Census 1961.

ABLE II.—GLASGOW, 1967.—INHABITED AND UNOCCUPIED HOUSES IN EACH MUNICIPAL WARD AS AT WHITSUNDAY, 1967.

MUNICIPAL WARDS	INHABITED HOUSES				Empty Houses
	1967	1966	Decrease	Increase	
1. Shettleston and Tollcross	13,184	13,235	51	—	201
2. Parkhead	5,799	5,556	—	243	81
3. Dalmarnock	9,678	9,902	224	—	618
4. Calton	5,509	5,800	291	—	419
5. Mile-end	8,247	8,747	500	—	529
6. Dennistoun	8,433	8,496	63	—	211
7. Provan	21,168	20,988	—	180	29
8. Cowlairs	7,747	7,707	—	40	371
9. Springburn	9,024	9,319	295	—	161
10. Townhead	6,177	7,055	878	—	816
11. Exchange	2,779	2,916	137	—	205
12. Anderston	4,777	5,005	228	—	427
13. Park	5,291	5,641	350	—	559
14. Cowcaddens	4,466	4,230	—	236	949
15. Woodside	4,791	5,046	255	—	799
16. Ruchill	12,346	12,575	229	—	252
17. North Kelvin ...	8,033	8,149	116	—	410
18. Maryhill	8,712	8,796	84	—	186
19. Kelvinside	8,100	7,983	—	117	221
20. Partick (East) ...	7,038	7,070	32	—	275
21. Partick (West) ...	7,387	7,204	—	183	238
22. Whiteinch	7,054	7,381	327	—	175
23. Yoker	9,860	9,855	—	5	63
24. Knightswood ...	13,922	13,870	—	52	16
25. Hutchesontown ...	4,766	4,630	—	136	260
26. Gorbals	4,351	5,123	772	—	440
27. Kingston	4,212	4,975	763	—	602
28. Kinning Park ...	6,720	6,959	239	—	307
29. Govan	7,049	7,152	103	—	358
30. Fairfield	6,440	6,526	86	—	195
31. Craigton	12,165	12,028	—	137	92
32. Pollokshields ...	10,269	10,214	—	55	131
33. Camphill	7,855	7,779	—	76	184
34. Pollokshaws	13,104	12,895	—	209	37
35. Govanhill	8,912	8,707	—	205	253
36. Langside	9,165	9,236	71	—	161
37. Cathcart	18,923	18,965	42	—	134
CITY	313,453	317,715	4,262	—	11,365

These figures (supplied by the City Assessor) include Farmed-out Houses, houses attached to business premises and inhabitant occupiers.

TABLE III.—GLASGOW.—LININGS GRANTED BY DEAN OF GUILD COURT IN RESPECT OF HOUSES IN YEARS FROM 1919.

Year ending 31st August	NUMBER OF APARTMENTS						TOTA
	1	2	3	4	5	6	
1919-20 (Annual Average)	—	6	692	246	107	29	1,08
1921-25 (do.)	—	308	638	400	234	51	1,63
1926-30 (do.)	—	350	3,067	1,346	448	90	5,30
1931-35 (do.)	13	349	2,287	1,578	131	23	4,38
1936-39 (do.)	—	—	1,581	2,140	533	24	4,27
1940-43 (do.)	—	—	—	—	—	—	—
1944-48 (do.)	25	23	226	792	145	2	1,21
1949-53 (do.)	90	108	2,402	2,230	288	2	5,12
1954-58 (do.)	128	120	3,287	1,102	189	3	4,82
1959-63 (do.)	595	783	2,856	429	41	1	4,70
1964	729	1,396	2,362	860	150	17	5,51
1965	360	1,567	2,603	456	137	—	5,12
1966	209	930	2,163	88	10	—	3,40
1967	794	2,048	1,991	373	32	6	5,24

TABLE IV.—ABSTRACT OF METEOROLOGICAL OBSERVATIONS TAKEN AT SPRINGBURN PUBLIC PARK.

MONTHS 1967	TEMPERATURE			RAINFALL		SUNSHIN
	Highest Temp. in Shade	Lowest Temp. in Shade	Mean Temp.	No. of Days	Amount Collected in inches	Hours
January ...	51	25	38·4	17	3·27	51·2
February ...	51	28	39·9	20	3·99	57·0
March ...	53	27	41·8	26	3·97	93·9
April	61	27	44·9	15	1·61	145·1
May	67	29	48·2	24	4·76	113·2
June	75	42	56·9	16	1·90	196·7
July	71	41	56·6	23	3·44	108·0
August ...	74	45	57·4	18	2·78	146·9
September ...	65	40	53·9	18	3·61	100·5
October ...	60	32	47·5	26	8·11	109·6
November ...	54	30	41·3	18	2·69	39·6
December ...	54	21	39·2	16	2·56	59·6
1957	82	24	48·3	220	42·05	1,264
1958	82	15	47·2	224	41·51	1,052
1959	80	18	48·9	196	34·21	1,220
1960	79	12	47·7	230	41·32	1,260
1961	76	15	47·4	223	46·26	1,086
1962	76	18	46·1	208	43·35	1,230
1963	78	11	45·6	223	37·62	1,281
1964	72	19	47·1	211	36·94	1,145
1965	74	11	45·3	198	41·52	1,190
1966	80	19	46·3	216	43·66	1,151
1967	75	21	47·0	237	42·69	1,221

TABLE V.—GLASGOW.—BIRTHS AND BIRTH-RATES *per Million* IN EACH WARD, FOR THE YEAR 1967 AND NUMBER AND PERCENTAGE OF ILLEGITIMATE BIRTHS.

MUNICIPAL WARDS.	Births 1967	Birth-rate 1967	Birth-rate 1966	Illegitimate Births	
				No.	% Total Births.
1. Shettleston and Tollcross ...	775	18,669	17,410	79	10·2
2. Parkhead	291	19,108	16,265	29	9·9
3. Dalmarnock	889	35,310	34,899	113	12·7
4. Calton	423	28,787	28,708	65	15·4
5. Mile-end	807	36,154	34,256	88	10·9
6. Dennistoun	546	24,349	24,555	44	8·0
7. Provan	1,196	14,508	13,499	103	9·4
8. Cowlairs	633	33,167	28,124	51	8·0
9. Springburn	522	17,343	16,478	51	9·8
10. Townhead	508	28,439	31,305	48	9·4
11. Exchange	142	22,885	19,300	25	17·6
12. Anderston	321	25,418	25,300	39	12·1
13. Park	306	19,974	20,933	51	16·7
14. Cowcaddens	372	33,271	30,911	36	9·7
15. Woodside	417	32,218	31,782	54	12·9
16. Ruchill	672	16,455	16,113	93	13·8
17. North Kelvin	742	37,676	37,579	80	10·8
18. Maryhill	549	21,961	24,122	53	9·6
19. Kelvinside	295	14,693	14,104	17	5·8
20. Partick (East)	379	21,410	20,091	36	9·5
21. Partick (West)	444	25,011	26,572	15	3·4
22. Whiteinch	386	12,246	19,530	30	7·8
23. Yoker	352	12,083	12,146	27	7·7
24. Knightswood	728	13,833	13,465	78	10·7
25. Hutchesontown	384	33,044	34,065	27	7·0
26. Gorbals	337	22,402	23,855	47	13·9
27. Kingston	366	27,153	34,953	38	10·4
28. Kinning Park	529	28,441	31,048	55	10·4
29. Govan	619	30,241	29,077	45	7·3
30. Fairfield	469	27,143	25,575	32	6·8
31. Craigton	339	9,181	10,980	22	6·5
32. Pollokshields	511	14,721	14,728	55	10·8
33. Camphill	331	18,032	18,145	16	4·8
34. Pollokshaws	680	14,470	14,140	71	10·4
35. Govanhill	646	28,983	30,753	27	4·2
36. Langside	433	17,144	14,967	24	5·5
37. Cathcart	982	15,279	16,065	78	7·9
Institutions	11	—	—	11	—
Harbour...	—	—	—	—	—
CITY	19,332	20,126	20,174	1,853	9·6

TABLE VI.—GLASGOW.—DEATHS AND DEATH RATES *per Million* IN EA MUNICIPAL WARD, FOR THE YEAR 1967, AND CORRESPONDING RATES F 1966 AND 1965. (Compiled in the Department).

MUNICIPAL WARDS	Deaths 1967	Death-rates		
		1967	1966	1965
1. Shettleston and Tollcross	464	11,177	12,106	12,001
2. Parkhead	238	15,628	15,481	15,678
3. Dalmarnock	330	13,107	14,140	14,422
4. Calton	207	14,087	16,496	14,235
5. Mile-end	290	12,992	12,757	13,139
6. Dennistoun	306	13,646	13,032	13,613
7. Provan	609	7,388	8,373	7,449
8. Cowlairs	246	12,890	14,678	14,128
9. Springburn	300	9,967	11,564	10,696
10. Townhead	200	11,196	13,445	13,131
11. Exchange	127	20,467	21,768	19,095
12. Anderston	207	16,391	14,148	15,309
13. Park	205	13,381	12,989	13,496
14. Cowcaddens	150	13,416	10,936	11,806
15. Woodside	157	12,130	13,409	12,626
16. Ruchill	468	11,460	13,157	12,705
17. North Kelvin	256	12,999	14,297	11,698
18. Maryhill	292	11,680	13,135	13,676
19. Kelvinside	270	13,448	15,363	14,036
20. Partick (East)	232	13,106	12,987	13,872
21. Partick (West)	219	12,337	13,453	15,674
22. Whiteinch	246	12,246	13,197	13,899
23. Yoker	429	14,727	14,685	15,445
24. Knightswood	388	7,373	8,603	8,782
25. Hutchesontown	129	11,101	13,266	12,604
26. Gorbals	168	11,168	9,833	14,182
27. Kingston	137	10,164	13,040	13,829
28. Kinning Park	245	13,172	14,475	14,738
29. Govan	291	14,217	13,566	13,534
30. Fairfield	264	15,279	15,041	14,214
31. Craigton	470	12,729	14,887	13,669
32. Pollokshields	375	10,803	10,651	10,216
33. Camphill	320	17,433	16,068	17,145
34. Pollokshaws	466	9,916	9,378	9,701
35. Govanhill	280	12,562	13,797	13,645
36. Langside	366	14,549	14,096	13,668
37. Cathcart	555	8,635	9,620	9,322
Institutions	573	—	—	—
Harbour	5	—	—	—
CITY	11,480	11,952	12,702	12,749

TABLE VII.—GLASGOW.—DEATHS AND DEATH-RATES *per Million* FROM DIFFERENT CAUSES, FOR THE YEAR 1967, AND THE CORRESPONDING RATES FOR 1966 AND 1965.

(from Registrar General's Annual Return)

Code No.	CAUSE OF DEATH	Deaths 1967	Annual Death Rate per Million		
			1967	1966	1965
1	Tuberculosis of the Respiratory System	101	105	97	140
2	Tuberculosis, other Forms	9	9	13	8
3	Syphilis and its sequelae	11	12	7	13
4	Dysentery, all forms	1	1	1	2
5	Whooping Cough	3	3	—	—
6	Meningococcal infections	8	8	7	5
7	Acute poliomyelitis	—	—	—	—
8	Measles	3	3	3	—
9	Other infective and parasitic diseases*	18	19	21	15
10/12	Malignant neoplasms	2,546	2,651	2,538	2,617
13	Benign and unspecified neoplasms	28	29	26	21
14	Diabetes Mellitus	113	118	134	121
15	Anaemias	33	34	40	42
16	Other general diseases	65	68	70	72
17	Vascular lesions affecting central nervous system	1,791	1,865	1,834	1,982
18	Non-Meningococcal meningitis	7	7	12	11
19	Other diseases of the nervous system	117	122	152	183
20	Rheumatic fever	2	2	2	—
21	Chronic rheumatic heart disease	153	159	152	161
22	Arteriosclerotic heart disease, including coronary disease	2,500	2,603	2,634	2,652
23	Degenerative heart disease	639	665	793	793
24	Other diseases of heart	178	185	163	140
25	Hypertensive heart disease	142	148	187	163
26	Other hypertensive disease	92	96	86	85
27	Other circulatory disease	316	329	360	281
28	Influenza	6	6	74	17
29	Pneumonia (except of newborn)	420	437	665	532
30	Bronchitis	610	635	825	813
31	Other respiratory disease	60	63	65	87
32	Ulcer of stomach and duodenum	77	80	96	76
33	Appendicitis	11	12	15	18
34	Intestinal obstruction and hernia	71	74	73	73
35	Gastritis, duodenitis, enteritis, and colitis (except diarrhoea of newborn)	76	79	69	58
36	Cirrhosis of liver	63	66	55	48
37	Other diseases of liver	33	34	35	35
38	Other digestive diseases	28	29	46	50
39	Nephritis and nephrosis	49	51	55	64
40	Hyperplasia of prostate	30	31	35	37
41/42	Other diseases of the genito-urinary system	95	99	107	94
43	Deliveries and complications of pregnancy, childbirth and puerperium	6	6	3	14
44	Diseases of skin and organs of locomotion	41	43	41	48
45/47	Congenital malformations	130	135	133	146
48	Birth injuries, postnatal asphyxia and atelectasis	132	137	196	175
49	Infections of the Newborn	24	25	33	27
50	Other diseases peculiar to early infancy and immaturity, unqualified	65	68	81	99
51	Senility without mention of psychosis	24	25	37	38
52	Ill defined and unknown causes	20	21	20	41
53/54	Road vehicle accidents	151	157	170	174
55	Accidents in the home	163	170	197	255
56	Other violence (BE50)	149	155	149	133
57	Suicide and self inflicted injury	72	75	90	92
	Total	11,482	11,954	12,697	12,751

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE VIIIa.—Glasgow, 1967.—DEATHS from Different Causes at Several Age Periods (Males).

(from Registrar General's Annual Return)

Code No.	CAUSE OF DEATH	—4 Wks	4— Wks	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85+	To Ma
1	Tuberculosis of the Respiratory system	—	—	—	—	—	—	2	7	9	24	21	6	2	
2	Tuberculosis, other forms	—	1	—	—	—	—	—	—	1	1	1	—	—	
3	Syphilis and its sequelae	—	—	—	—	—	—	—	—	1	1	—	—	—	
4	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	
5	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	
6	Meningococcal Infections	—	4	2	—	—	—	—	1	—	—	—	—	—	
7	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	
8	Measles	—	—	1	—	—	—	—	—	—	—	—	—	—	
9	Other infective and parasitic diseases*	—	3	1	—	2	—	—	1	2	1	—	—	—	
10/12	Malignant Neoplasms	—	—	2	6	—	7	15	39	150	488	486	234	43	1,4
13	Benign and unspecified Neoplasms	—	1	—	—	—	1	—	1	1	5	1	3	1	
14	Diabetes Mellitus	—	—	—	—	—	1	—	1	3	5	13	10	—	
15	Anaemias	—	—	—	—	—	—	—	—	1	2	6	3	1	
16	Other general diseases	—	1	—	—	1	4	4	1	4	4	3	3	1	
17	Vascular lesions affecting central nervous system	—	—	—	—	—	—	4	9	36	129	234	204	63	6
18	Non-meningococcal meningitis	—	1	—	—	—	—	—	—	—	—	1	—	—	
19	Other diseases of the Nervous system	—	1	—	1	—	—	—	3	5	11	13	13	4	
20	Rheumatic fever	—	—	—	—	—	1	—	—	—	1	—	—	—	
21	Chronic rheumatic heart disease	—	—	—	—	1	3	5	5	12	13	4	2	—	
22	Arteriosclerotic heart disease including coronary disease	—	—	—	—	—	1	7	56	184	475	445	252	60	1,4
23	Degenerative heart disease	—	—	—	—	—	1	2	—	14	39	66	84	55	2
24	Other diseases of heart	—	—	—	1	—	—	—	2	4	19	19	23	7	
25	Hypertensive heart disease	—	—	—	—	—	—	—	2	4	16	16	18	5	
26	Other hypertensive disease	—	—	—	—	—	—	—	4	4	14	18	4	2	
27	Other circulatory diseases	—	—	—	—	—	—	—	2	4	17	24	38	31	1
28	Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	
29	Pneumonia (except of the Newborn)	—	43	7	2	—	1	—	3	8	20	39	60	24	2
30	Bronchitis	1	10	1	—	—	—	—	7	26	136	157	96	24	4
31	Other respiratory diseases	—	—	1	—	—	—	—	2	3	8	12	12	—	
32	Ulcer of stomach and duodenum	—	—	—	—	—	1	—	1	5	13	19	12	2	
33	Appendicitis	—	—	—	2	—	—	—	—	1	1	1	—	—	
34	Intestinal obstruction and hernia	1	—	—	—	—	1	—	—	5	5	10	6	3	
35	Gastritis, duodenitis, enteritis and colitis (except diarrhoea of Newborn)	—	8	3	—	—	—	2	1	1	4	6	8	—	
36	Cirrhosis of the liver	—	—	—	—	—	—	—	7	13	9	4	1	—	
37	Other diseases of the liver	—	—	—	—	—	1	—	—	2	—	1	4	—	
38	Other digestive diseases	—	2	1	—	—	—	—	—	2	1	6	3	2	
39	Nephritis and Nephrosis	—	—	—	—	1	1	1	2	4	6	4	2	3	
40	Hyperplasia of the Prostate	—	—	—	—	—	—	—	—	—	3	9	15	3	
41/42	Other diseases of the genito-urinary system	1	1	—	—	—	—	—	—	2	8	9	13	5	
43	Deliveries and complications of Pregnancy, Childbirth and Puerperium	—	—	—	—	—	—	—	—	—	—	—	—	—	
44	Diseases of the skin and organs of locomotion	—	—	—	—	—	2	—	—	1	1	5	2	—	
45/47	Congenital Malformations	37	13	6	1	4	6	—	3	1	1	—	1	—	
48	Birth injuries, post-natal asphyxia and atelectasis	74	—	—	—	—	—	—	—	—	—	—	—	—	
49	Infections of the Newborn	15	—	—	—	—	—	—	—	—	—	—	—	—	
50	Other diseases peculiar to early infancy and immaturity unqualified	36	2	—	—	—	—	—	—	—	—	—	—	—	
51	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	1	5	4	
52	Ill defined and unknown causes	—	—	—	—	—	—	—	—	1	3	3	8	1	
53/54	Road vehicle accidents	—	—	3	9	8	15	13	7	8	10	15	6	3	
55	Accidents in the home	1	9	10	—	—	4	4	7	10	9	7	14	6	
56	Other violence (BE50)	1	1	1	3	5	14	16	22	20	15	9	7	—	
57	Suicide and self-inflicted injury	—	—	—	—	—	4	11	9	10	9	6	2	1	
	All causes	167	101	39	25	22	69	86	205	562	1,527	1,696	1,174	356	6,02

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephaliti

TABLE VIIIB.—GLASGOW, 1967.—DEATHS FROM DIFFERENT CAUSES AT SEVERAL AGE PERIODS (FEMALES).

(from Registrar General's Annual Return)

Lore No.	CAUSE OF DEATH	−4 Wks	4− Wks	1−	5−	10−	15−	25−	35−	45−	55−	65−	75−	85+	Total F'mls	Total Both Sexes
1	Tuberculosis of the Respiratory system	—	—	—	—	—	2	2	4	10	7	3	1	1	30	101
2	Tuberculosis, other forms	—	—	—	—	1	—	—	—	2	1	—	1	—	5	9
3	Syphilis and its sequelae	—	—	—	—	—	—	—	—	1	1	2	5	—	9	11
4	Dysentery, all forms	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1
5	Whooping Cough	—	2	1	—	—	—	—	—	—	—	—	—	—	3	3
6	Meningococcal Infections	—	1	—	—	—	—	—	—	—	—	—	—	—	1	8
7	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Measles	—	—	1	1	—	—	—	—	—	—	—	—	—	2	3
9	Other infective and parasitic diseases*	—	3	—	1	—	—	—	—	1	—	1	—	—	6	18
10/12	Malignant Neoplasms	—	1	1	1	1	4	8	39	141	259	316	241	64	1,076	2,546
13	Benign and unspecified Neoplasms	—	—	—	—	—	1	1	2	2	3	1	3	1	14	28
14	Diabetes Mellitus	—	—	—	—	—	1	—	—	2	15	30	29	3	80	113
15	Anaemias	—	—	—	—	—	—	1	1	—	3	7	6	2	20	33
16	Other general diseases	1	—	1	—	—	4	1	7	4	7	11	2	1	39	65
17	Vascular lesions affecting central nervous system	—	—	1	—	—	2	3	15	32	119	319	421	200	1,112	1,791
18	Non-meningococcal meningitis	2	1	—	—	—	—	—	—	—	1	1	—	—	5	7
19	Other diseases of the Nervous system	—	1	1	1	—	2	2	3	10	8	19	14	5	66	117
20	Rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
21	Chronic rheumatic heart disease	—	—	1	—	—	1	4	12	18	29	25	15	3	108	153
22	Arteriosclerotic heart disease including coronary disease	—	—	—	—	—	—	1	12	54	186	343	334	90	1,020	2,500
23	Degenerative heart disease	—	—	—	—	—	—	—	3	2	25	67	161	120	378	639
24	Other diseases of heart	—	—	—	—	—	1	—	—	3	16	27	37	19	103	178
25	Hypertensive heart disease	—	—	—	—	—	—	—	—	3	4	34	30	10	81	142
26	Other hypertensive disease	—	—	—	—	—	—	—	1	3	14	13	11	4	46	92
27	Other circulatory disease	—	—	—	—	—	—	—	2	7	14	41	83	53	200	316
28	Influenza	—	—	—	—	—	—	—	—	—	—	2	4	—	6	6
29	Pneumonia (except of the Newborn)	—	25	4	2	—	—	—	2	1	17	56	71	35	213	420
30	Bronchitis	—	7	—	—	1	1	—	7	8	29	35	46	18	152	610
31	Other respiratory diseases	—	1	—	—	—	1	—	1	1	4	10	2	2	22	60
32	Ulcer of stomach and duodenum	—	1	—	—	—	—	—	—	1	4	6	11	1	24	77
33	Appendicitis	—	—	—	—	1	—	—	—	—	—	1	4	—	6	11
34	Intestinal obstruction and hernia	1	—	—	—	—	—	—	—	3	7	12	12	5	40	71
35	Gastritis, duodenitis, enteritis and colitis (except diarrhoea of the Newborn)	—	9	2	1	—	—	1	—	4	3	11	8	4	43	76
36	Cirrhosis of the liver	—	—	—	—	—	—	2	2	6	7	9	3	—	29	63
37	Other diseases of the liver	—	—	—	—	—	—	—	1	1	4	10	7	2	25	33
38	Other digestive diseases	—	1	—	—	—	1	—	2	—	3	1	2	1	11	28
39	Nephritis and Nephrosis	—	1	—	—	—	1	—	2	2	4	11	4	—	25	49
40	Hyperplasia of the Prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30
41/42	Other diseases of the genito-urinary system	—	—	—	—	—	—	—	5	3	8	15	20	5	56	95
43	Deliveries and complications of Pregnancy, Childbirth and Puerperium	—	—	—	—	—	1	1	3	1	—	—	—	—	6	6
44	Diseases of the skin and organs of locomotion	—	—	—	—	1	1	—	2	2	7	8	6	3	30	41
45/47	Congenital Malformations	33	9	5	2	1	—	—	2	3	2	—	—	—	57	130
48	Birth injuries, post-natal asphyxia and atelectasis	58	—	—	—	—	—	—	—	—	—	—	—	—	58	132
49	Infections of the Newborn	9	—	—	—	—	—	—	—	—	—	—	—	—	9	24
50	Other diseases peculiar to early infancy and immaturity unqualified	25	2	—	—	—	—	—	—	—	—	—	—	—	27	65
51	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	2	5	7	14	24
52	Ill defined and unknown causes	—	—	—	—	—	—	—	—	—	—	1	2	1	4	20
53/54	Road vehicle accidents	—	—	4	5	4	3	2	2	4	7	10	10	3	54	151
55	Accidents in the home	—	8	5	1	—	—	1	6	5	6	12	27	11	82	163
56	Other violence (BE50)	4	—	1	1	—	—	1	3	4	3	5	8	5	35	149
57	Suicide and self-inflicted injury	—	—	—	—	—	1	1	4	3	6	4	1	—	20	72
	All causes	133	73	28	16	10	28	33	145	347	833	1,481	1,647	679	5,453	11,482

* Including typhoid fever, scarlet fever and streptoccal sore throat, diphtheria and acute infectious encephalitis.

TABLE IX.—GLASGOW.—STILLBIRTHS, DEATHS UNDER 1 YEAR AND DEA
RATES PER 1,000 BIRTHS IN EACH MUNICIPAL WARD, FOR THE YEARS 1967 AND 1

MUNICIPAL WARDS	Still-births 1967	Rate per 1,000 Births* 1967	Rate per 1,000 Births* 1966	Deaths —1 year 1967	Death Rate per 1,000 Births† 1967	Deat Rate per 1,0 Births 1966
1. Shettleston and Tollcross ...	21	26	27	17	22	49
2. Parkhead ...	1	3	35	7	24	28
3. Dalmarnock ...	19	21	27	20	22	39
4. Calton	15	34	20	23	54	27
5. Mile-end ...	20	24	18	30	37	46
6. Dennistoun ...	12	22	13	11	20	20
7. Provan	27	22	26	39	33	32
8. Cowlairs ...	8	12	25	14	22	26
9. Springburn ...	16	30	19	8	15	21
10. Townhead ...	11	21	14	11	22	34
11. Exchange ...	2	14	15	3	21	45
12. Anderston ...	5	15	14	13	40	19
13. Park	8	25	21	12	39	21
14. Cowcaddens ...	8	21	15	7	19	27
15. Woodside ...	7	17	23	13	31	40
16. Ruchill	3	4	6	16	24	33
17. North Kelvin ...	11	15	18	19	26	24
18. Maryhill ...	9	16	32	18	33	49
19. Kelvinside ...	—	—	21	7	24	29
20. Partick (East) ...	6	16	8	8	21	11
21. Partick (West)	5	11	18	6	14	25
22. Whiteinch ...	2	5	10	3	8	5
23. Yoker	10	28	17	5	14	28
24. Knightswood ...	12	16	21	15	21	30
25. Hutchesontown	11	28	26	4	10	34
26. Gorbals ...	10	29	17	8	24	34
27. Kingston ...	4	11	23	10	27	44
28. Kinning Park ...	14	26	17	13	25	32
29. Govan	9	14	19	29	47	28
30. Fairfield ...	6	13	17	8	17	35
31. Craigton ...	4	12	15	4	12	26
32. Pollokshields ...	12	23	13	12	23	29
33. Camphill ...	5	15	9	5	15	24
34. Pollokshaws ...	16	23	29	16	24	30
35. Govanhill ...	10	15	24	12	19	33
36. Langside ...	3	7	13	6	14	11
37. Cathcart ...	19	19	20	22	22	21
Institutions ...	—	—	—	—	—	—
Harbour ...	—	—	—	—	—	—
CITY	361	18	20	474	24	30

* Live and Stillbirths. † Live Births.

TABLE X.—Glasgow Infant Deaths, 1967.

(from the Registrar General's Annual Return).

Abbreviated List B.		Males			Females			Both sexes – 1 year
		– 4 wks.	4 wks. +	Total	– 4 wks.	4 wks. +	Total	
	Congenital Malformations—							
41	—of nervous system and sense organs	5	1	6	11	5	16	22
41·1	—of circulatory system	12	6	18	12	3	15	33
41·2	other congenital malformations ...	20	6	26	10	1	11	37
	Diseases of Early Infancy—							
42	Birth Injuries, Post-natal Asphyxia and Atelectasis	74	—	74	58	—	58	132
43	Infections of the Newborn	15	—	15	9	—	9	24
44	Other diseases peculiar to early infancy and immaturity unqualified ...	36	2	38	25	2	27	65
	Diseases of the Respiratory System—							
30	Influenza	—	—	—	—	—	—	—
31	Pneumonia	—	43	43	—	25	25	68
32	Bronchitis	1	10	11	—	7	7	18
41·3	Other respiratory disease	—	—	—	—	1	1	1
	Diseases of the Digestive System—							
35	Intestinal Obstruction and Hernia ...	1	—	1	1	—	1	2
36	Gastritis, duodenitis, enteritis and colitis (except diarrhoea of Newborn)	—	8	8	—	9	9	17
46·5	Other Digestive Disease	—	2	2	—	2	2	4
	Diseases of the Nervous System—							
22	Vascular Lesions affecting the Nervous System	—	—	—	—	—	—	—
23	Non-meningococcal Meningitis ...	—	1	1	2	1	3	4
46·1	Other Diseases of the Nervous System	—	1	1	—	1	1	2
1	*Tuberculosis*—Respiratory	—	—	—	—	—	—	—
2	Non-respiratory ...	—	1	1	—	—	—	1
	Infectious Disease—							
6	Dysentery	—	—	—	—	—	—	—
9	Whooping Cough	—	—	—	—	2	2	2
10	Meningococcal Infections	—	4	4	—	1	1	5
12	Poliomyelitis	—	—	—	—	—	—	—
14	Measles	—	—	—	—	—	—	—
17	Other infective or parasitic ...	—	3	3	—	3	3	6
	Violence—							
48·1	Accidents in the Home	1	9	10	—	8	8	18
	Other Violent Causes	1	1	2	4	—	4	6
	All Other Causes	1	3	4	1	2	3	7
	Totals	167	101	268	133	73	206	474

TABLE XI.—Glasgow, 1965-1967—Abstract of Notifications und Notification of Births Act, 1907.

	1967	1966	1965
Total Number of Notifications	19,837	20,430	21,327
Doctor at Home	2,154	2,758	3,436
Doctor in Nursing Home	101	167	199
Doctor in Institution	17,201	17,072	17,259
Maternity Hospital (Outdoor) Nurse ...	—	—	—
Midwife in Nursing Home	260	287	304
Certified Midwife	—	—	—
Municipal Midwife	112	138	127
Others	9	8	2

TABLE XII.—Glasgow, 1965-1967—Births Notified showing Medica and Not Medically Attended.

	1967	1966	1965
Notifications Received—*less Duplicates*—			
Total	19,837	20,430	21,327
Live-births	19,479	20,041	20,932
Still-births	358	389	395
Per cent. Still-births to Total ...	1·8	1·9	1·9
Medically attended—			
Births at Home	2,154	2,758	3,436
Births in Nursing Home	101	167	199
In Institutions	17,201	17,072	17,259
Total	19,456	19,997	20,894
Per cent.	98	98	98
Still-births at Home	12	34	25
Still-births in Nursing Home	1	6	—
Still-births in Institutions	338	344	365
Not Medically attended—			
Maternity Hospital, Outdoor Nurse ...	—	—	—
Certified Midwives in Nursing Home	260	287	304
Certified Midwives in Private Practice	—	—	—
Municipal Midwives	112	138	127
Others	9	8	2
Total	381	433	433
Per cent.	2	2	2
Still-births	7	5	7

TABLE XIII.—GLASGOW, 1967 and 1966.—CASES OF INFECTIOUS DISEASE REGISTERED AND NUMBERS OF THESE TREATED IN FEVER HOSPITALS, &c.

	1967				1966			
	Fever Hosp.	Other Institutions	Home	Total	Fever Hosp.	Other Institutions	Home	Total
A. Notifiable—								
Anthrax	1	—	—	1	—	1	—	1
Cerebrospinal Fever ...	13	8	1	22	21	6	1	28
Continued Fever ...	16	3	—	19	16	2	—	18
Diphtheria	—	—	—	—	—	—	—	—
Dysentery	801	55	776	1,632	760	80	942	1,782
Encephalitis Lethargica	—	—	—	—	—	—	—	—
Erysipelas	14	—	17	31	14	1	11	26
Food Poisoning ...	46	72	199	317	59	1	100	160
Infective Jaundice* ...	—	—	—	—	—	—	—	—
Leprosy	—	—	—	—	—	—	—	—
Malaria	6	—	—	6	4	—	—	4
Ophthalmia Neonatorum	13	2	3	18	19	—	2	21
Pneumonia—								
Acute Influenzal ...	1	—	2	3	3	3	17	23
Acute Primary ...	1,139	345	225	1,709	1,378	620	237	2,235
Polio-Encephalitis, Acute	—	—	—	—	—	—	—	—
Poliomyelitis—								
Paralytic	—	—	—	—	—	—	—	—
Non-paralytic ...	1	—	—	†1	—	—	—	—
Puerperal Fever ...	1	40	—	41	1	110	—	111
Puerperal Pyrexia ...	1	65	1	67	—	109	2	111
Scarlet Fever	38	2	209	249	35	1	139	175
Smallpox	—	—	—	—	—	—	—	—
Trachoma	—	—	2	2	1	—	2	3
Tuberculosis—								
Pulmonary	372	—	198	570	411	—	223	634
Other forms	37	—	50	87	49	—	53	102
Typhoid Fever (and Paratyphoid B) ...	6	—	—	6	3	—	4	7
Whooping Cough ...	157	1	892	1,050	163	—	713	876
B. Not Notifiable—								
Chickenpox	70	1	1,289	1,360	50	2	941	993
Gastro-enteritis	167	46	53	266	231	103	58	392
German Measles ...	13	—	14	27	4	2	19	25
Measles	116	2	524	642	240	2	1,758	2,000
Others	108	3	102	213	103	1	73	177
	3,137	645	4,557	8,339	3,565	1,044	5,295	9,904
Notified but diagnosis altered to Non Infectious Disease	*a*1,375	—	—	1,375	‡1,689	—	—	1,689
	4,512	645	4,557	9,714	5,254	1,044	5,295	11,593

Where patients suffer from two or more diseases, each disease is reckoned as a case.

Apart from cases of pneumonia admitted to General Hospitals and other Institutions in times of pressure; cases of puerperal fever, puerperal pyrexia, and ophthalmia neonatorum occurring in other than Fever Hospitals and allowed to remain; and cases of trachoma treated in Stobhill Hospital; the cases shown under the headings "Other Institutions" are for the most part, accidental.

* Weil's Disease.

a Includes 3 dysentery Carrier and 1 Typhoid Carrier

‡ Includes 2 Typhoid Carriers.

†See page 197

Table XIV.—Cases of Infectious Disease Registered in Each Month in 1967.

	Month												Year	
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Hosp.	Home
Enteric, including Paratyphoid Fever	1	—	1	—	2	—	—	—	1	—	1	—	6	—
Continued and Undefined Fever ...	2	1	—	2	3	1	5	1	—	2	2	—	19	—
Puerperal Fever	11	14	5	11	—	—	—	—	—	—	—	—	41	—
Puerperal Pyrexia	5	6	4	9	6	5	5	7	8	5	4	3	66	1
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	24	32	35	26	30	9	16	11	11	22	20	13	40	209
Diptheria and Membranous Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	3	5	1	4	4	2	2	1	1	3	4	14	17
Cerebro-spinal Fever	5	—	2	2	1	1	2	3	3	1	1	1	21	1
Ophthalmia Neonatorum	—	—	1	1	1	3	—	3	4	1	2	2	15	3
Trachoma	—	1	—	—	—	1	—	—	—	—	—	—	—	2
Acute and Chronic Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Paralytic) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-paralytic)	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Acute Primary Pneumonia ...	156	141	147	107	122	130	99	96	97	122	229	263	1,484	225
Acute Influenzal Pneumonia ...	1	1	—	—	—	—	—	—	—	—	1	—	1	2
Malaria	—	—	1	—	1	—	1	—	3	—	—	—	6	—
Dysentery	177	162	100	71	118	119	73	120	167	240	155	130	856	776
Pulmonary Tuberculosis	53	52	69	46	58	46	33	36	43	45	48	41	372	198
Other Forms of Tuberculosis ...	6	7	12	5	11	8	5	9	4	5	7	8	37	50
Measles	210	131	121	75	35	21	1	2	6	11	21	8	118	524
German Measles	1	3	4	6	4	3	1	2	—	—	—	3	13	14
Whooping Cough	125	91	101	136	86	76	50	71	89	78	86	61	158	892
Chickenpox	90	67	127	116	212	163	12	9	57	138	204	165	71	1,289
Food Poisoning	4	5	69	7	59	7	15	60	15	41	21	14	118	199
Gastro Enteritis	25	7	7	9	22	24	19	22	26	42	40	23	213	53
Total	897	724	811	630	775	621	339	454	535	755	845	739	8,125	
Hospital	368	299	368	231	245	249	208	265	295	360	386	396	3,670	
Home	529	425	443	399	530	372	131	189	240	395	459	343		4,455
												* Others	112	102
												† Altered Diagonses	1,375	—

* Infective Hepatitis, 185; Anthrax, 1; Mumps, 28

† Includes:—3 Dysentery Carriers and 1 Typhoid Carrier

TABLE XV.

Operations of Sanitary Section, 1967.

	Central	North-ern	Eastern	South-Eastern	South-Western	City 1967	City 1966
1. General							
Nuisances and defects removed or remedied	15,062	17,161	14,328	5,985	10,049	62,585	61,544
Consisting of—							
Apartments, Lobbies, or W.C.'s, with insufficient light or ventilation, or otherwise defective in construction	—	1	—	—	—	1	—
Defective Chimneys causing nuisance	27	33	9	7	23	99	100
Disrepair or dampness in Dwelling-houses	2,078	2,749	1,106	809	1,133	7,875	7,978
Offensive smells from Drains, or other reasonable grounds—smoke test	2	—	—	—	—	2	—
Drains, Conductors, Soil-pipes, or Rones choked or defective ...	4,974	7,157	7,246	2,628	4,249	26,254	26,928
Sanitary Fittings choked or defective	394	778	686	290	369	2,517	3,015
Dirty Houses and Bedding ...	53	21	460	—	8	542	813
Dirty Closes, Stairs, etc. (daily and bi-weekly cleaning) ...	457	522	122	83	365	1,549	1,158
Common passages, stairs or staircases not in a cleanly state (limewashing or painting) ...	1,131	614	449	257	424	2,875	2,725
Animals or Poultry kept so as to be a nuisance	7	4	1	—	4	16	6
Accumulation of Garbage or Rubbish	937	579	154	105	115	1,890	1,599
Noise Nuisances—Number dealt with	23	—	—	2	4	29	31
Samples of Water etc., for analysis	100	753	46	206	62	1,167	1,071
Other Irregularities	491	2,750	21	1,557	2,490	7,309	5,536
Reports to Master of Works ...	3,151	882	803	144	686	5,666	5,112
„ Superintendent of Cleansing ...	386	176	17	25	13	617	562
„ Water Engineer ...	974	895	895	80	170	3,014	3,422
Prosecutions—Sheriff Court ...	189	24	15	7	8	243	229
„ Police Court ...	—	20	—	—	1*	21	25
Number Successful	94	41	13	7	5	160	161
2. Drain Testing.							
Number of Applications (Dean of Guild)	872	706	476	1,325	355	3,734	5,428
Number of Tests to old tenement drains	—	—	—	—	—	—	3
Number of Consultations re drainage scheme	1,056	361	212	409	412	2,450	2,065

* Farmed out House Prosecution—Fine £35.

TABLE XV—*Continued.*

OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	North-ern	Eastern	South-Eastern	South-Western	City 1967	City 1966
3. Common Lodging Houses.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	3	1	2	—	—	6	6
With accommodation for ...	671	280	467	—	—	1,418	1,418
Number of irregularities ...	1	2	6	—	—	9	10
Number of prosecutions ...	—	—	—	—	—	—	—
4. Boarding Houses for Emigrants and Seamen.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	1	—	—	—	—	1	1
With accommodation for ...	72	—	—	—	—	72	72
Number of irregularities ...	—	—	—	—	—	—	—
Number of prosecutions ...	—	—	—	—	—	—	—
5. Farmed-out Houses and Houses Let-in-Lodgings.							
Number measured and registered	—	—	24	—	—	24	12
Total number now on register ...	—	6	10	8	1	25	42
Number of irregularities ...	—	3	—	—	7	10	12
Number of prosecutions ...	—	—	—	—	1	1	—
6. Caravan Sites.							
Number of Sites licensed during the year	—	—	2	—	—	2	—
Number on Register	—	7	10	3	—	20	19
Number of Vans accommodated	—	135	107	7	—	249	279
Number of irregularities found ...	—	1	—	—	—	1	25
Number of prosecutions	—	—	—	—	—	—	—
7. Rodent Control.							
Number of Premises infested ...	1,548	1,524	970	928	546	5,516	4,749
Number of Premises Proofed ...	108	85	86	200	7	486	706

TABLE XV—*Continued.*

OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	Northern	Eastern	South-Eastern	South-Western	City 1967	City 1966
8. Mech. Bakehouses.							
Number measured and registered	—	—	1	—	—	1	4
Total number now on register ...	24	34	35	47	18	158	165
Number dirty	—	4	1	—	4	9	2
Number with sanitary convenience defective in light or ventilation	—	1	—	—	2	3	4
Number with sanitary convenience required	—	—	—	—	—	—	—
Number with sanitary fittings choked or defective	—	2	—	—	—	2	4
Number of other nuisances ...	1	2	4	—	3	10	24
Number of prosecutions	—	—	—	—	—	—	—
9. Non. Mech. Bakehouses.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	—	2	—	10	—	12	13
Number dirty	—	—	—	—	—	—	—
Number overcrowded	—	—	—	—	—	—	—
Number with sanitary convenience defective in light or ventilation	—	—	—	—	—	—	—
Number with sanitary conveniences required	—	—	—	—	—	—	—
Number with sanitary fittings choked or defective	—	—	—	—	—	—	—
Number of other nuisances ...	—	—	—	—	—	—	—
Number of prosecutions ...	—	—	—	—	—	—	—
10. Mech. Factories.							
Number registered	35	17	1	10	47	110	106
Total number now on register ...	1,104	370	584	410	430	2,898	3,030
Number dirty	36	47	10	—	56	149	165
Number with sanitary conveniences defective in light or ventilation	36	11	11	—	13	71	134
Number with sanitary fittings choked or defective	21	18	6	—	21	66	128
Number of prosecutions	—	—	—	—	—	—	—
Number of other nuisances ...	31	43	10	22	47	153	362

TABLE XV—*Continued.*

OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	North-ern	Eastern	South-Eastern	South-Western	City 1967	City 1966
11. Non-Mech. Factories.							
Number registered	1	2	3	4	—	10	2
Total number now on register ...	58	10	58	66	29	221	218
Number dirty	—	2	—	—	—	2	9
Number overcrowded	—	—	—	—	—	—	—
Number with sanitary conveniences defective in light or ventilation	—	—	—	4	—	4	2
Number with sanitary fittings choked or defective	—	—	—	—	—	—	—
Number of other nuisances ...	4	—	4	—	—	8	14
Number of prosecutions	—	—	—	—	—	—	—
14. Offices, Shops and Railway Premises.							
Number now on register— ...	6,111	1,651	2,082	2,074	1,383	13,301	12,922
(*a*) Offices	3,386	312	508	445	300	4,951	4,794
(*b*) Shops (retail)	1,845	1,069	1,206	1,345	844	6,309	6,184
(*c*) Wholesale Department or Warehouse	480	62	116	90	61	809	764
(*d*) Catering Establishment ...	389	198	249	194	176	1,206	1,153
(*e*) Staff Canteen	8	6	3	—	1	18	16
(*f*) Fuel Storage Depot ...	3	4	—	—	1	8	11
Number of General Inspections ...	367	608	1,063	1,072	169	3,279	4,206
Number of other visits	6,180	3,197	2,319	1,939	2,013	15,648	11,959
15. Homeworkers' Dwellings.							
Total number now on register ...	—	—	—	2	2	4	19
Number found dirty	—	—	—	—	—	—	—
16. Bothies, Chaumers.							
Number occupied	—	—	—	—	—	—	—
Number unsatisfactory	—	—	—	—	—	—	—
Number of nuisances	—	—	—	—	—	—	—
18. Piggeries.							
Total number now on register ...	5	5	4	2	—	16	18
Contravention of Byelaws ...	—	—	—	—	—	—	10
Number of nuisances	—	2	1	—	—	3	20
Number of prosecutions	—	—	—	—	—	—	—

TABLE XV—*Continued.*

OPERATIONS OF SANITARY SECTION—*Continued*

	Central	North-ern	Eastern	South-Eastern	South-Western	City 1967	City 1966
19. Offensive Trades.							
Total number now on register ...	3	3	32	—	—	38	44
Number of irregularities ...	2	—	28	—	—	30	41
Number of prosecutions	—	—	—	—	—	—	—
20. Rag Flock.							
Total number now on register ...	6	5	15	14	9	49	59
Number licensed	1	1	2	3	—	7	8
Samples submitted for analysis ...	—	—	—	—	—	—	—
Certified not to conform to standard	—	—	—	—	—	—	—
Number of prosecutions	—	—	—	—	—	—	—
Number of Irregularities ...	—	1	—	—	—	1	—
21. Broker's Premises.							
Total Number registered ...	7	14	19	7	4	51	51
Number dirty	—	—	3	—	—	3	1
Number of other nuisances ...	—	1	—	—	—	1	4
24. Food Premises							
Number in Division	1,114	571	976	1,016	638	4,315	4,531
Number of Premises visited ...	217	324	130	396	602	1,669	1,569
Number defective in light and ventilation	10	10	1	15	13	49	23
Number sanitary conveniences defective or required	319	22	3	84	24	452	58
Washing facilities required ...	49	38	4	161	11	263	59
Lack of personal cleanliness in foodhandlers and dirty equipment	415	99	4	16	35	569	330
Number of Other Nuisances ...	32	246	7	365	13	663	330
Number of Irregularities ...	512	415	—	296	23	1,246	485

TABLE XV—*Continued.*

OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	Northern	Eastern	South-Eastern	South-Western	City 1967	City 1966
29. Work of Public Health Nurses.							
(*a*) **Verminous Children.**							
Number of visits to schools ...	121	197	807	79	103	1,307	1,277
Number of children submitted for inspection	9,845	16,584	53,542	5,600	6,836	92,407	96,471
Number of children found with major infestation ...	99	—	266	80	3	448	463
Number of children found with minor infestation ...	1,071	2,552	5,397	452	747	10,219	11,852
Number of children found with fleas	—	17	18	—	—	35	15
Number of children found dirty	8	54	1,084	2	356	1,504	1,551
Number of written notices ...	10	—	297	13	5	325	466
Number of children cleaned by guardians	200	613	5,560	242	346	6,961	7,234
Number of children cleaned by officers	9	50	360	3	46	468	248
Number of children re-inspected	1,666	2,414	16,863	1,041	2,627	24,611	26,108
(*b*) **Homes of Verminous Children.**							
Number of houses inspected ...	217	553	2,415	80	287	3,552	3,800
Number of houses found dirty	—	—	17	—	—	17	29
Number of houses with dirty bedding	—	—	5	—	—	5	18
Number of written notices ...	—	—	26	—	—	26	143
Number of re-inspections ...	—	89	802	207	—	1,098	350
Number of houses cleaned ...	—	—	31	—	—	31	30
Number of bedding cleaned ...	—	—	10	—	—	10	21
(*c*) **Other**							
Care of old people	11,640	11,085	6,334	7,613	7,625	44,297	25,861

TABLE XV—*Continued.*

OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	North-ern	Eastern	South-Eastern	South-Western	City 1967	City 1966
30. Work of Housing Health Visitors.							
Houses other than Corporation Houses—							
Number of houses visited ...	2	10	58	1	—	71	176
Number of houses found dirty	—	—	28	1	—	29	59
Number of houses with dirty bedding	—	—	29	—	—	29	47
Number of houses—Written notices	—	—	62	—	—	62	89
Number of houses—Re-visits ...	—	21	170	28	—	219	413
Number of houses found cleaned	—	—	21	—	—	21	48
Number of houses—Bedding found cleaned	—	—	17	1	—	18	30
Corporation Houses—							
(*a*) Re-housing Scheme Visitation.							
Number of visits (See page 259 for details)	353	21,909	32,456	1,024	699	56,441	54,899
(*b*) Intermediate Housing Scheme Visitation.							
Number of houses visited ...	282	152	66	152	1	653	1,756
Number of houses found clean	241	124	57	109	1	532	1,248
Number of houses found fair ...	41	26	7	43	—	117	505
Number of houses dirty ...	—	2	2	—	—	4	2
Number of houses with dirty bedding	—	—	1	—	—	1	1
Number of written notices ...	—	1	3	—	—	4	3
Number of re-visits	257	164	73	468	—	962	1,145
Number of houses found cleaned	—	—	1	—	—	1	3
Number of bedding found cleaned	—	—	1	—	—	1	1
(*c*) Ordinary Housing Visitation							
Number of houses visited ...	10	40	1,925	19	—	1,994	4,080
Number of houses found clean	8	13	1,548	17	—	1,586	3,641
Number of houses found fair ...	1	27	343	1	—	372	360
Number of houses found dirty	1	—	34	1	—	36	74
Number of written notices ...	—	—	44	—	—	44	95
Number of re-visits	83	84	183	5	—	355	412
Number of houses found cleaned	—	—	43	1	—	44	76

TABLE XVI.—GLASGOW.—POPULATION; BIRTHS AND DEATHS; BIRTH-RATES AND DEATH-RATES PER 1,000; ALSO DEATHS UNDER 1 YEAR, AND DEATH-RATES PER 1,000 BIRTHS SINCE 1913.

Year	Population	Births	Deaths	Birth-rate per 1,000	Death-rate per 1,000	Deaths under 1 Year	
						Number	Rate per 1,000 Births
1913‡	1,021,789*	28,688	17,693	28·1	17·3	3,706	129
1914	1,028,440	29,462	17,522	28·6	17·0	3,913	133
1915	1,035,091	27,943	20,159	27·0	19·5	4,007	143
1916	1,041,742	27,094	16,601	26·0	15·9	2,996	111
1917	1,048,393	24,030	16,691	22·9	15·9	3,089	129
1918	1,055,044	23,524	18,362	22·3	17·4	2,660	113
1919	1,061,695	25,835	18,237	24·3	17·2	2,937	114
1920	1,068,346	32,626	16,765	31·5	15·7	3,477	107
1921	1,075,000	29,712	15,625	27·6	14·5	3,138	106
1926	1,090,380*	24,541	15,731	22·7	14·6	2,548	104
1931	1,088,461	22,926	15,505	21·1	14·2	2,397	105
1932	1,088,215†	22,732	16,071	20·9	14·8	2,542	112
1936	1,087,230	22,273	16,406	20·5	15·1	2,429	109
1937	1,086,984	22,176	16,379	20·4	15·1	2,313	104
1938	1,092,968*	21,979	15,016	20·1	13·7	1,919	87
1939	1,092,722	21,682	15,010	19·8	13·7	1,737	80
1940	1,092,476	20,965	17,603	19·2	16·1	1,983	95
1941	1,092,229	20,365	16,301	18·6	14·9	2,267	111
1942	1,091,983	20,615	14,679	18·9	13·4	1,863	90
1943	1,091,737	22,363	14,824	20·5	13·6	1,825	82
1944	1,091,491	22,203	14,603	20·3	13·4	2,108	95
1945	1,091,245	20,294	13,941	18·6	12·8	1,379	68
1946	1,090,998	23,560	14,502	21·6	13·3	1,588	67
1947	1,090,752	25,829	15,266	23·7	14·0	1,989	77
1948	1,090,506	22,292	13,620	20·4	12·5	1,241	56
1949	1,090,260	20,923	14,203	19·2	13·0	1,033	49
1950	1,090,013	20,031	14,090	18·4	12·9	879	44
1951	1,089,767	20,091	14,312	18·4	13·1	922	46
1952	1,086,202	20,337	13,841	18·7	12·7	831	41
1953	1,082,796	20,232	12,827	18·7	11·8	723	36
1954	1,079,311	20,977	12,750	19·4	11·8	736	35
1955	1,075,825	21,023	13,275	19·5	12·3	765	36
1956	1,072,340	21,885	13,194	20·4	12·3	720	33
1957	1,068,855	22,413	13,177	21·0	12·3	774	35
1958	1,065,369	22,760	13,454	21·4	12·6	800	35
1959	1,061,884	22,598	13,536	21·3	12·7	799	35
1960	1,058,398	23,092	13,037	21·8	12·3	743	32
1961	1,053,100	22,842	13,368	21·7	12·7	703	31
1962	1,044,500	23,491	13,224	22·5	12·7	762	32
1963	1,029,147	22,618	13,717	22·0	13·3	722	32
1964	1,018,582*a*	22,405	12,277	22·0	12·1	642	29
1965	1,000,857	20,846	12,761	20·8	12·7	586	28
1966	979,798	19,766	12,441	20·2	12·7	598	30
1967	960,527	19,332	11,482	20·1	12·0	474	25

* Extended City. ‡ Births and Deaths from 1913 are corrected for transfers.

† Intercensal populations and rates in the years 1932 to 1950 inclusive were revised in 1951 and those for 1952 to 1960 in 1961.

a Midyear population from 1964 onwards

Statement of Cases Treated in each of the Infectious Disease Hospitals based on Dismissals and Deaths for Year 1967.

	Admitted		Dismissed		Died			Average Residence			Ruchill		Belvidere		Total Days' Residence	
	Males	Females	Males	Females	Males	Females	Mortality per cent.	Dismissals	Deaths	Altered Diagnosis	Dismissals	Deaths	Dismisals	Deaths	Dismissals	Deaths
Anthrax	2	—	2	—	—	—	—	31	—	1	1	—	1	—	63	—
Cerebrospinal Fever	6	6	5	5	1	1	16·7	19	1	42	6	—	4	2	190	2
Chickenpox	37	26	37	24	1	1	3·2	14	3	25	37	2	24	—	868	7
Continued and Undefined Fever	13	11	13	11	—	—	—	11	—	98	12	—	12	—	258	—
Diphtheria and Mem. Croup	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—
Dysentery	367	435	369	445	—	—	—	20	—	484	249	—	565	—	16,054	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	5	1	4	1	—	—	—	25	—	3	2	—	3	—	124	—
Erysipelas	5	15	5	13	—	—	—	13	—	10	12	—	6	—	240	—
Food Poisoning	26	19	21	16	—	1	2·2	21	12	20	19	—	18	1	771	12
Gastro Enteritis	106	96	104	94	5	2	3·5	16	7	416	73	2	125	5	3,247	9
German Measles	7	9	7	9	—	—	—	10	—	5	13	—	3	—	160	—
Impetigo	8	8	8	9	—	—	—	16	—	—	10	—	7	—	274	—
Influenza	3	4	1	3	—	—	—	10	—	1	2	—	2	—	41	—
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	6	2	6	2	—	—	—	9	—	4	4	—	4	—	74	—
Measles	65	60	82	66	—	1	0·8	15	4	44	75	1	73	—	2,210	4
Mumps	26	12	28	12	—	—	—	10	—	11	23	—	17	—	407	—
Ophthalmia Neonatorum	8	7	8	9	—	—	—	11	—	—	10	—	7	—	193	—
Paratyphoid Fever B	2	2	2	2	—	—	—	40	—	2	1	—	3	—	161	—
Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, Acute	†1	1	1	1	—	—	—	6	—	2	1	—	†1	—	13	—
Pneumonia, Acute Influenzal	1	—	1	—	—	—	—	16	—	1	1	—	—	—	16	—
Pneumonia, Acute Primary	649	569	594	509	31	41	5·9	18	20	753	365	39	738	33	20,037	1,444
Puerperal Fever	—	1	—	1	—	—	—	23	—	1	—	—	1	—	23	—
Puerperal Pyrexia	—	2	—	2	—	—	—	16	—	—	2	—	—	—	33	—
Scarlet Fever	16	24	16	24	—	—	—	8	—	22	13	—	27	—	323	—
Trachoma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Pulmonary	27	14	23	14	5	2	17·1	51	62	32	14	5	23	2	1,882	432
Tuberculosis, Non-Pulmonary	6	7	6	7	—	—	—	65	—	2	4	—	9	—	852	—
Venereal Disease	1	12	1	14	—	—	—	25	—	—	15	—	—	—	370	—
Weil's Disease	1	—	1	—	—	—	—	27	—	—	1	—	—	—	27	—
Whooping Cough	86	83	89	83	—	1	0·6	27	5	38	82	1	90	—	4,618	5
Babies with Mothers	7	5	7	4	—	—	—	8	—	—	1	—	10	—	85	—
Unclassified (Staff)	—	1	—	1	—	—	—	1	—	4	1	—	—	—	1	—
No Apparent Disease	51	31	52	31	—	—	—	7	—	—	44	—	39	—	588	—
Others	*1,453	‡1,035	*1,332	‡975	129	62	7·7	20	53	181	1,102*	57	‡1,205	134	45,951	10,165
Total	2,991	2,498	2,825	2,387	172	112	5·2	19	43	2,208	2,195	107	3,017	177	100,154	12,080
Phthisis	714	333	553	299	139	38	16·9	57	57	—	748	170	104	7	48,490	10,037

† Airdrie Case.
* Includes 3 Dysentery Carriers, 1 Typhoid Carrier and ‡ 2 Para B. Carriers.

† Airdrie Case.
* Includes 3 Dysentery Carriers, 2 Para B. Carriers and ‡ 1 Typhoid Carrier.

APPENDIX B.—TABLE II.

Infectious Disease Hospitals. Deaths from Certain Causes, according to Sex and Age, for the Year 1967.

	Males													Females											
	−1	−2	−5	−10	−15	−20	−25	−35	−45	−55	−65	65+	Total	−1	−2	−5	−10	−15	−20	−25	−35	−45	−55	−65	65+	Total
Cerebrospinal Fever	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1
Chickenpox	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Gastro-enteritis ...	4	—	1	—	—	—	—	—	—	—	—	—	5	1	—	—	—	—	—	—	—	—	—	—	1	2
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Paratyphoid B. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Primary	5	1	—	—	—	—	—	—	2	2	6	15	31	5	—	—	—	—	—	—	1	1	—	3	31	41
Pneumonia, Influenzal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis Pulmonary	—	—	—	—	—	—	—	—	—	2	—	3	5	—	—	—	—	—	—	—	—	—	—	2	—	2
Tuberculosis Non-Pul.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Venereal Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Weil's Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Others	4	1	2	—	—	—	—	4	4	10	26	78	129	2	—	1	—	—	—	—	—	3	8	14	34	62
Total ...	14	3	3	—	—	—	—	4	6	14	32	96	172	9	1	3	—	—	—	—	2	4	8	19	66	112
Phthisis	—	—	—	—	—	—	—	—	11	17	41	70	139	—	—	—	—	—	—	—	1	3	7	11	16	38

APPENDIX B.—TABLE III.

Infectious Disease Hospitals. Dismissals and Deaths according to Sex and Age, for the Year 1967.

Diseases	Males													Females											
	−1	−2	−5	−10	−15	−20	−25	−35	−45	−55	−65	65+	Total	−1	−2	−5	−10	−15	−20	−25	−35	−45	−55	−65	65+	Total
Anthrax	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebrospinal Fever	3	2	1	—	—	—	—	—	—	—	—	—	6	5	—	—	—	—	—	—	1	—	—	—	—	6
Chickenpox	10	8	11	4	—	2	1	1	—	—	—	1	38	7	6	4	2	1	2	—	3	—	—	—	—	25
Continued and Undefined Fever	3	—	—	1	—	—	—	6	1	—	2	—	13	1	1	1	2	1	2	1	1	1	—	—	—	11
Diphtheria and Mem. Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	57	80	150	47	5	2	4	7	3	2	5	7	369	49	60	147	70	17	9	23	33	8	6	6	17	445
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	1	2	1	—	—	—	—	—	4	—	—	—	—	—	1	—	—	—	—	—	—	1
Erysipelas	—	—	—	—	—	—	—	—	2	1	—	2	5	—	—	—	1	—	—	—	—	3	3	—	6	13
Food Poisoning	4	2	3	—	2	2	4	—	1	1	—	2	21	1	4	1	—	—	2	—	3	2	3	—	1	17
Gastro Enteritis	92	10	5	1	—	1	—	—	—	—	—	—	109	71	9	1	1	—	6	—	3	1	1	2	1	96
German Measles	1	1	1	3	—	1	—	—	—	—	—	—	7	—	1	1	—	3	2	2	—	—	—	—	—	9
Impetigo	1	—	4	2	1	—	—	—	—	—	—	—	8	2	1	4	—	1	1	—	—	—	—	—	—	9
Influenza	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	2	—	—	—	—	3
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	1	—	2	1	2	—	—	6	—	—	—	—	—	—	1	1	—	—	—	—	2
Measles	18	21	31	6	3	3	—	—	—	—	—	—	82	14	16	25	9	1	—	—	2	—	—	—	—	67
Mumps	—	—	5	15	—	5	1	2	—	—	—	—	28	—	—	3	3	4	1	1	—	—	—	—	—	12
Ophthalmia Neonatorum	8	—	—	—	—	—	—	—	—	—	—	—	8	9	—	—	—	—	—	—	—	—	—	—	—	9
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	1	—	—	—	1	—	2
Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, Acute	—	—	—	—	—	—	—	†1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1
Pneumonia, Acute Influenzal	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Primary	200	81	74	51	13	12	10	17	17	30	49	71	625	170	56	52	28	7	4	5	26	16	28	44	114	550
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2
Scarlet Fever	—	1	6	5	3	—	—	1	—	—	—	—	16	—	2	4	12	2	2	1	1	—	—	—	—	24
Trachoma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Pul.	—	—	1	3	1	2	1	2	2	5	5	6	28	—	1	—	—	—	—	—	1	2	6	3	3	16
Tuberculosis, Non-Pul.	—	—	1	—	1	—	—	2	—	—	2	—	6	1	—	—	—	—	—	3	—	1	1	1	—	7
Venereal Disease	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	4	9	—	—	—	—	1	—	14
Weil's Disease	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	54	9	19	6	—	—	—	1	—	—	—	—	89	45	10	23	5	1	—	—	—	—	—	—	—	84
Babies with Mothers	7	—	—	—	—	—	—	—	—	—	—	—	7	4	—	—	—	—	—	—	—	—	—	—	—	4
Unclassified (Staff)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
No apparent Disease	11	4	4	1	—	1	6	7	4	6	5	3	52	9	3	2	3	1	3	2	—	2	2	1	3	31
Others	284	107	146	*115	67	30	49	‡51	63	101	179	269	1,461	225	66	110	59	39	52	44	57	*53	73	101	*158	1,037
Total	753	326	462	260	97	64	78	101	94	152	247	363	2,997	613	236	380	195	82	97	87	134	89	123	160	303	2,499
Phthisis	—	1	2	6	5	9	20	31	83	97	235	203	692	—	—	1	2	2	17	18	48	44	63	69	73	337

* includes 3 Dysentery Carriers.
‡ Includes 1 Typhoid Carrier.

† Airdrie Case.

* −45 includes 1 Para B. Carrier.
‡ 65+ includes 1 Para B. Carrier.