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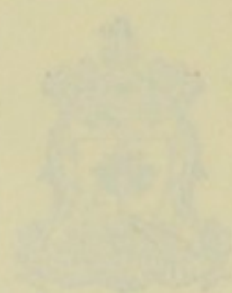
Report
of the
Medical Officer of Health
City of Glasgow



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THE CORPORATION OF THE CITY OF GLASGOW

Report
of the
Medical Officer of Health
City of Glasgow



1909

THE CORPORATION OF THE CITY OF GLASGOW

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1969-1970

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PREFACE

The reduction in the City's population continued, this year by 17,086 to 927,948. The reduction appears to be more rapid than anticipated. The death rate has increased slightly, to 13.3, and it is of interest to note that the total of deaths from lung cancer remains the same as in 1968. This, however, has been achieved by a reduction in the number of male deaths, apparently reflecting a more enlightened attitude on the part of the men, and a corresponding increase in female deaths. The infant mortality rate has risen slightly, to 27, while the number of births has fallen by 1,411, giving a rate of 18.8. There was also a reduction in the number of stillbirths but the illegitimate birth rate increased by 0.3 per cent.

Two particularly important events occurred during the year. In the autumn a pilot scheme to computerise the immunisation records of children in the Drumchapel area was started with the co-operation of the general practitioners, the records becoming part of the record linkage system established last year. This scheme has met with sufficient success to encourage its extension to the whole City. In November, the Welfare Section of the Department was absorbed into the newly formed Social Work Department, along with the Home Help Service and the Day and Residential Nurseries for those children requiring such accommodation on social grounds. While this has removed some non-medically orientated duties from the Department, it has also meant the departure of several friends and valued colleagues.

In the body of the report a reference is made to the reduction in the volume of after-care of mental patients. This duty has since November become the responsibility of the Social Work Department but is continuing meantime under the special health visitors until alternative staff can be provided. Unfortunately there has been a fall in the number of specially trained health visitors and no courses are presently available for training others.

The year also saw the establishment of the first local authority family planning clinics in the City and the provision of the new special nursery at Drumoyne for the training of young handicapped persons, which it is hoped will go some way to relieve the pressure on the special nurseries at Broomhill and Balvicar Street.

The attachment of local authority nursing staff to general practice continues, being limited only by shortage of staff. This shortage

which particularly refers to health visitors, is felt not only in the Maternity and Child Welfare Service but also in the School Health Service. The training school for health visitors continues actively. A considerable proportion, of course, are trained for outside local health authorities. Also, the public health training of student nurses, which is under the organisation and administration of the health visitors' school, continued unabated. Some 14 courses involving 378 nurses were held during the year.

No special outbreaks of infectious disease occurred, but I would like to draw the attention of readers to a special article on the incidence of dysentery and its reference to housing, which has been contributed by Dr. O. O. Hunponu-Wusu, a Research Fellow attached to the University Department of Epidemiology and Infectious Disease, and which is printed in the section dealing with Infectious Diseases.

In the field of housing, this was a particularly active year, the inspectorial staff being fully stretched. A record number of 6,204 houses were represented to the Committee as failing to meet the "tolerable" standard and were taken out of the housing pool by either demolition or closure.

During the first quarter, Influenza of the A2/Hong Kong/68 variant was present in the City.

The clinic attendances of both males and females at the Venereal Diseases Clinics showed an increase of nearly 500. It is of interest to note that syphilis and gonorrhoea showed a fall in respect to male cases and a rise in respect of female cases. Other venereal conditions contributed to the increase which was, however, largely accounted for by the fact that many attenders appeared to have come chiefly for reassurance.

Smoke control continues to progress. In the text is included a graph which shows the decrease over the winter months of smoke and SO₂ concentrations since 1960. Smoke Control Orders now cover 59 per cent. of the acreage of the City, and that most helpful piece of legislation, The Clean Air Act of 1968 came into operation during the year. Its main points were the control of grit and dust from furnaces, the regulation of chimney heights, and the giving of power to the Secretary of State to require the creation of Smoke Control Areas. Also, from the City's point of view it allowed something to be done regarding the sale of unauthorised fuels by merchants, although not prepacked from shops, in Smoke Control Areas. The work of this

section is heavy and the work of enforcement continues but it is one of the most worthwhile public health measures and, of course, without some degree of enforcement, certainly until the whole City is rendered smoke free, our efforts and the finance expended would to a considerable extent be nullified.

As in previous years, several members of the consultant staff of the Western Regional Hospital Board have given great help to the Department and have contributed to this Report. To them I would present my grateful thanks. My thanks are also due to all members of the Health Department staff for their support during the year and especially to Miss Knox, our Librarian, one of our principal contributors and Editor in Chief. To the members of the old Health and Welfare Department who were separated from us by a certain Act of Parliament, go our best wishes for their future.

It is seldom that I get the opportunity of publicly thanking the Convener and members of the Health Committee, so it is with pleasure that I take this opportunity of acknowledging their support and understanding during the year.

ARCH. R. MILLER,
Medical Officer of Health.

SECTION I

POPULATION, ETC.

The Registrar General's estimate of the City's population, as at 30th June, 1969, was 927,948, a decrease of 17,086 from the 1968 mid-year estimate.

A reduction in the number of births in 1969, in conjunction with an increase in the number of deaths, resulted in a Natural Increase of 5,067, by far the smallest in the past ten years.

NATURAL INCREASE (*for Calendar year*)

1959	...	...	9,062	1963	...	...	8,901	1967	...	...	7,850
1960	...	...	10,055	1964	...	...	10,128	1968	...	...	6,596
1961	...	...	9,474	1965	...	...	8,086	1969	...	...	5,067
1962	...	...	10,267	1966	...	...	7,325				

In the period July, 1968 to 30th June, 1969, the natural increase was 6,058, a figure which, if added to the estimated mid-year population in 1968, of 945,034, would have given in 1969 a population of 951,092. According to this estimate, therefore, there has been an actual loss of 23,144 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 1969, the estimated net migration loss was some 24,100 persons. Of this number, 61·8 per cent. went to other parts of Scotland, 19·1 per cent. elsewhere in the United Kingdom and 19·1 per cent. overseas.

In 1968, 51·5 per cent. of the migration loss was to other areas in Scotland, 19·2 per cent. to other parts of the United Kingdom and 29·3 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, 1968 and February, 1969, a decrease of 13,911. On a ratio of population to voters based on the latest Census this represents a population loss of 21,201 persons.

It should be noted that in this Report, the various rates have been calculated on the *mid-year* population and not on the December estimate as in the years prior to 1964.

Ward Population.—Details of the population in each ward of the City are given in Appendix Table I. 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.

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.

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.

There was another decrease in the number of occupied houses, from 309,313 in 1968 to 305,986, a reduction of 3,327, due to the large scale redevelopment in various areas of the City. This embraces not only housing development but the clearance of areas to make way for new motorways and the approach roads to the new bridge at Kingston.

This reduction of 3,327 is, of course, the *net* change from the previous year. In actual fact there was a reduction of 5,647 houses among 24 wards offset by an increase of 2,320 in the other thirteen. The decrease was most marked in the wards of Townhead (627), Dalmarnock (555), Gorbals (459) and Mile End (437).

Increases ranged from 13 in Cathcart to 467 in Pollokshaws and included 364 in Cowlares, 250 in Maryhill and 246 in Pollokshields.

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

	1969	Compared with 1968
One apartment	21,793	Decrease ... 1,310
Two apartments	74,074	Decrease ... 3,452
Three apartments	122,440	Increase ... 2,005
Four apartments	63,758	Decrease ... 313
Five apartments and over	23,921	Decrease ... 257
	<u>305,986</u>	<u>Decrease 3,327</u>

The decrease in the number of (occupied) one-apartment houses is, of course, the *net* total for the City. Eight wards showed some increase in the number of occupied one-apartment houses, from nine in Knightswood to 150 in Partick East. These increases are due to a variety of causes, e.g., the conversion of large houses to service flats or, by subdivision, to sublets and "multiple occupancies". In other wards new housing has been provided for single and aged persons. 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 1,753 in all (this figure takes no account of the increase of 408 in the unoccupied one apartments).

The distribution of the 21,793 occupied one-apartment houses throughout the 37 wards ranges from 180 in Gorbals to 1,584 in Dalmarnock with the greatest concentration in the older parts of the City. Six 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	2,155	22.0
Mile-End	1,390	17.2
North Kelvin	1,295	15.5
Cowlairs	1,278	14.8
Kelvinside	1,101	12.9
Shettleston and Tollcross	1,158	8.7
Partick East	1,039	13.9

Unoccupied Houses.—At Whitsunday, 1969 there were 13,534 houses unoccupied compared with 12,237 in 1968, an increase of 1,297. This is the result of action taken under the Housing Acts and the redevelopment of certain areas.

The increase was most noticeable in those of one, two and three apartments.

NUMBER OF EMPTY HOUSES

	1969	1968	1967	1966	1965	1964	1963	1962
One apartment ...	3,218	2,810	2,813	2,026	1,871	1,418	1,209	1,135
Two apartments ...	6,207	5,765	5,138	3,572	3,080	2,569	1,693	1,445
Three apartments ...	2,518	2,184	1,930	1,276	1,159	1,005	882	655
Four apartments ...	965	827	781	621	707	596	526	497
Five apartments and over ...	626	651	703	622	766	709	636	630
	<u>13,534</u>	<u>12,237</u>	<u>11,365</u>	<u>8,157</u>	<u>7,583</u>	<u>6,297</u>	<u>4,946</u>	<u>4,362</u>

This total of 6,207 two-apartment houses is equivalent to 46 per cent. of all the unoccupied houses in the City, compared with 47 per cent. in 1968. 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 has increased steadily since.

Only a small proportion (4.6 per cent.) of the unoccupied houses were houses of five apartments and over compared with 5.3 per cent. in 1968. Dalmarnock had the greatest number of empty houses, 1,208, compared with 821 in 1968, but only one was of five 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 Apartments and over	Percentage
Pollokshields ...	155	58	37
Partick East ...	317	95	30
Kelvinside ...	199	52	26
Park ...	322	84	26
Pollokshaws ...	42	10	24
Langside ...	155	36	23

METEOROLOGY, 1969

Weather conditions in 1969 presented no unusual feature. The general pattern was similar to that of the two preceding years with no great variation in temperature from the seasonal average. Cold spells, when they did occur, were not unduly severe or prolonged.

February was the coldest month of the year and mean temperature in the next three months was below average. The summer months were warmer than of late with temperatures in the seventies for several successive days. Mild weather in the Autumn was succeeded by more wintry conditions early in November when frost and snow showers became a frequent occurrence.

Rainfall was much below average in amount and the year was the driest since 1959. February, March and April were very dry, but May was wet with more than 4 inches of rain for the third successive year. Rainfall was heavy throughout November and caused flooding in certain areas early in the month.

The year was sunnier than in 1968, the sunniest since 1963 which had almost exactly the same amount of sunshine. Only three months, January, March and May had less than their average amount of sunshine. The three sunniest months, April, June and August have become increasingly sunny in recent years.

The following table shows, for each month of the year, the average mean temperature in each decennium since 1920/29 :—

AVERAGE MEAN TEMPERATURE

		1920-29	1930-39	1940-49	1950-59	1960-69
January	...	38.9	38.1	35.0	36.2	36.5
February	...	39.6	38.6	37.6	36.8	36.5
March...	...	41.9	41.1	40.8	41.3	40.7
April ...	...	45.1	45.2	46.3	45.3	45.5
May ...	...	50.4	51.3	51.2	51.3	50.2
June ...	...	56.5	56.5	56.6	55.9	56.6
July ...	...	59.6	59.2	59.2	58.8	57.0
August	...	57.4	58.7	58.5	58.0	56.6
September	...	58.4	54.1	54.4	54.1	53.7
October	...	47.8	47.1	48.5	48.5	48.6
November	...	41.5	41.6	41.9	42.3	40.6
December	...	39.2	39.1	39.2	39.0	36.5
Year	...	<u>47.0</u>	<u>47.5</u>	<u>47.4</u>	<u>47.3</u>	<u>46.6</u>

TEMPERATURE

Mean temperature in 1969 (46.7°F.) was exactly the same as in 1968, slightly less than average. The three months August, September and November all had mean temperatures very similar to those of 1968.

The lowest mean temperature (30.5°F.) was that of February (33.6°F. in 1968) the lowest since 1963 and below the average for this month. The highest maximum was 45°F. on the 11th and the lowest minimum 16°F. on the 16th.

December had a less than average mean temperature of 34.5°F., two degrees lower than in 1968. The lowest minimum temperature was 19°F. on the 19th but a maximum temperature of 50°F. was recorded earlier in the month, on the 7th and 8th.

November had a mean temperature of 41.0°F., exactly the same as in 1968. Maximum temperature was as high as 57°F. on the 2nd and the lowest minimum, 25°F. on the 28th.

Mean temperature in January (37.5°F.) was lower than in 1968 (38.5°F.). The highest maximum, 50°F. was recorded on the 21st and 24th and the minimum temperature of 25°F. on the 6th and 7th.

April had a mean temperature above average of 47.5°F. and a maximum temperature of 65°F. on the 8th in contrast to the minimum temperature of 31°F. on the 2nd and 19th of the month.

May was a little warmer with a mean temperature of 49.0°F. compared with 47.2°F. in 1968. The highest maximum was 64°F. on the 22nd, the lowest minimum 34°F. on the 1st.

One of the warmest days of the year occurred in June whose highest maximum was 79°F. on the 11th. Mean temperature in this month was 60°F. compared with 56.9°F. in the previous year. The lowest minimum temperature was 41°F. on the 21st.

July too was warmer this year with a mean temperature of 60.5°F. compared with 57.4°F. and a maximum of 79°F. on the 15th. The lowest minimum temperature in this month was 42°F. on the 30th.

Mean temperature in August was 58.5°F., almost the same as in 1968 (58.0°F.). The highest maximum, 75°F. was recorded on the 8th and the lowest minimum, 41°F., on the 24th.

September had a mean temperature of 54.5°F. very similar to that of 1968 (54.1°F.). The highest maximum, in both years, was 69°F. recorded this year on the 2nd of the month. The lowest minimum, 40°F. on the 29th, was 1° higher than in 1968.

There was not much change in mean temperature in October, 49°F. compared with 50.6°F. in 1968. The highest maximum, 66°F. was recorded on the 10th and the lowest minimum 32°F. on the 1st.

Frost was recorded in the first four months on no less than 22 days in January, 26 in both February and March and 19 in April. In the last two months frost was present on 25 days in November and 28 in December.

RAINFALL

There was less than the average amount of rainfall in 1969, 34.67 inches (in 211 days) compared with 40.62 inches (in 174 days) in 1968. The only other comparable total in the previous ten years was 34.21 inches in 1959. The table below shows the very variable distribution of the rainfall in each quarter of the year since 1960, compared with the average for the period 1950-59.

			First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Year
1969	...	...	5.73	9.15	8.93	10.86	34.67
1968	...	...	9.43	7.78	12.25	11.16	40.62
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	...	...	8.40	7.15	12.54	12.16	40.25

Despite the overall decrease in the year's total, there was some increase in rainfall in certain months. This was most apparent in the second quarter which had a total of 9.15 inches as against 7.78 inches in 1968, due to an increase in the June rainfall, 2.83 inches (in 16 days) compared with 1.40 inches (in 14 days) in 1968. Rainfall in May (4.65 inches) was only slightly above the 1968 total of 4.18 inches but was spread over 21 days compared with 15 in the previous year. April

in contrast, was dry with only 1.67 inches (in 13 days) as against 2.20 inches (also in 13 days) in 1968. February too was drier with 1.34 inches (in 15 days) compared with 2.21 inches in 13 days in 1968. The driest month, however, was March with less than one inch of rain (0.73 inches in 10 days) in sharp contrast to the 3.98 inches recorded for 15 days in the previous year.

Total rainfall in the Glasgow Fair Holiday month of July, 2.59 inches was an improvement on previous years' figures as the following table shows :—

RAINFALL IN THE MONTH OF JULY.

				Amount in inches				Amount in inches			
1920-29 (average)	...			3.57	1963	...	...	...	2.18		
1930-39	..	...		3.92	1964	...	...	...	1.82		
1940-49	..	...		3.25	1965	...	...	...	3.63		
1950-54	..	...		4.40	1966	...	...	...	1.65		
1955-59	..	...		4.33	1967	...	...	...	3.44		
1960	...	...	...	4.07	1968	...	...	...	3.49		
1961	...	...	...	2.99	1969	...	...	...	2.59		
1962	...	...	...	3.04							

August was wetter this year with 3.50 inches in 15 days compared with 2.86 inches in only eight days in 1968. September on the other hand was much drier with 2.84 inches (in 17 days) as against 5.90 inches in 19 days in the previous year. Rain was recorded on only three of the first 17 days. November was the wettest month with 5.34 inches in 23 days compared with 3.38 inches in 13 days in 1968. October with 2.62 inches spread over 20 days, was much drier than in 1968 when 6.35 inches rain were recorded in a period of 21 days. December had a heavier rainfall than in 1968, 2.90 inches in 18 days compared with 1.43 inches in 13 days.

Snow and/or sleet showers were experienced on 7 days in January, 13 in February, 8 in March, 5 in November and 4 in December.

SUNSHINE.

The year was sunnier than in 1968 with 1,282 hours sunshine as against 1,192, the highest total in the past ten years, the only other comparable figure being 1,281 hours in 1963. This increase was largely confined to the second half of the year, as the three months January, March and May had less sunshine than in 1968. January was the dullest

month of the year with only 28 hours sunshine compared with 36 hours in 1968. Only 2.6 hours sunshine was recorded in the period 10th to 18th inclusive. March too was dull with 72 hours sunshine, eighteen less than in 1968, and the dulliest March since 1964 (64 hours). February however, had 75 hours sunshine, ten hours more than in 1968 and above the average for this month. April and July had identical amounts of sunshine, 161 hours, compared with 155 hours and 121 hours respectively in 1968. May was dull, with 110 hours, well below the average for this month and 18 hours less than in 1968.

The sunniest month was June with 209 hours as against 199 in 1968. This total is well above the average and the highest since 1960 (225 hours). August with 186 hours (163 in 1968) was the sunniest since 1947.

Sunshine in October totalled 72 hours, the average for this month which in 1968, had been dull, with only 60 hours. November's total, 53 hours, was above the average for the month, and above the 1968 total of 49 hours.

December, in spite of fog on one or two occasions, had 37 hours sunshine, above the average for this month and 8 hours more than in 1968.

Fog occurred one or two days in January, once in March, three in October, once in November and four in December.

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 III on page 320. 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

	1969	1968	1967	1966	1965
Population	927,948*	945,034*	960,572*	979,798*	1,000,857*
Acreage	39,725	39,725	39,725	39,725	39,725
Persons per acre	23	24	24	25	25
Number of Inhabited Houses	305,986	309,313	313,453	317,715	318,499
Deaths—Number registered	12,633	12,452	11,715	12,731	13,507
Deaths—After correction for Transfers	12,338	12,220	11,482	12,441	12,761
Births—Number registered	19,111	20,591	21,131	21,799	23,213
Births—After correction	17,405	18,816	19,332	19,766	20,846
Death rate per 1,000 living —All causes	13·3	12·9	12·0	12·7	12·7
Birth rate per 1,000 living	18·8	19·9	20·1	20·2	20·8
Deaths under One Year— After correction	470	494	474	598	587
Deaths under one Year per 1,000 births	27	26	25	30	28
Neonatal death rate—Per 1,000 live births	16·3	15·5	16	18·9	17·8
Stillbirth rate per 1,000 births (live and still) ...	16·1	17	18	20	20

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.

* Midyear population.

BIRTHS

There was another decrease in the number of births registered in 1969, the total, 17,405, being 1,411 fewer than in 1968 and the lowest number yet recorded in the City.

The birth rate, 18·8 per 1,000 of population compared with 19·9 in 1968, was the lowest since 1953 (18·7). Appendix Table XIII shows the births and birth rates for each year since 1913 and Table IV the Ward distribution of the births and the Ward birth rates for both 1968 and 1969.

Male births formed 52 per cent. of the total as against 51·8 per cent. in 1968. This proportion has been increasing steadily in recent years.

Illegitimate Births.—There were 1,866 illegitimate births in 1969, compared with 1,964 in 1968 and 1,853 in 1967. This is equivalent to 10·7 per cent. of the total live births as against 10·4 per cent. in the previous year, and is the highest rate so far recorded for the City. The following table shows the trend in the rate since 1946 :—

1946-1950 (Average)	5·6	1964	...	...	7·1
1951-1955 (Average)	4·9	1965	...	...	7·7
1956-1960 (Average)	4·9	1966	...	...	8·8
1961	...	1967	...	...	9·6
1962	...	1968	...	...	10·4
1963	...	1969	...	...	10·7

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 1968).

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		Rate per 1,000 Unmarried Women and Widows 15-44 Years
		Married Women 16-44 Years	Number of Illegitimate Births	
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
1967	17,479	146·2	1,853	25·1
1968	16,852	154·6	1,964	29·4

These rates are higher than those for Scotland as a whole. In 1968 the comparable legitimate birth rate for Scotland was 134·8 and the illegitimate 19·4.

MARRIAGES

There was a decrease in the number of marriages in 1969, 8,742 compared with 8,941 in 1968 and 8,989 in 1967. This represents a rate of 9·4 per thousand of the population as against 9·5 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	1962	...	...	8.7
1921-1930	...	...	8.9	1963	...	...	8.6
1931-1940	...	...	9.7	1964	...	...	8.7
1941-1945	...	...	11.0	1965	...	...	8.8
1946-1950	...	...	9.8	1966	...	...	9.2
1951-1955	...	...	9.6	1967	...	...	9.4
1956-1960	...	...	9.5	1968	...	...	9.5
1961	...	...	8.9	1969	...	...	9.4

This is still above the rate for Scotland as a whole, which decreased slightly from 8.4 in 1968 to 8.3 in 1969.

DEATHS

There were more deaths in 1969, the number registered, 12,633, being 181 more than in 1968. After correction for transfers this total was reduced to 12,338 compared with 12,220 in the previous year. In 1969, Glasgow, with 17.9 per cent. for the population of Scotland (18.2 in 1968), accounted for 19.3 per cent. for the deaths, the same proportion as in the two previous years.

The general death rate rose from 12.9 in 1968 to 13.3 in 1969. Appendix Table V shows the deaths in 1969 in each Ward and the death rates for the three years 1967, 1968 and 1969.

Age and Sex Distribution.—The increase was noticeably greater in the males, 6,422 as against 6,321 in 1968, 101 more. The female deaths totalled 5,916, an increase of 17. Forty-eight per cent. of the total deaths were females as against fifty-two per cent. males.

The sex and age distribution of deaths, classified to the Eighth Revision of the International Statistical Classification of Diseases and Deaths (Short List) has been taken from the *Registrar General's provisional return* and is shown in Appendix Table VII.

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 AT ALL AGES

	- 4 wks.	- 1 yr.	- 5	- 15	- 25	- 35	- 45	- 55	- 65	65 +	Total
1961	35	18	7	5	8	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
1968	24	17	6	6	8	11	29	80	190	629	1,000
1969	23	15	5	7	6	12	27	77	197	631	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 1969 the relative proportions were 5.1 and 82.8 per cent.

Over 55 years the male deaths totalled 5,135 in 1969 compared with 4,990 in 1968, while the number of female deaths was 5,082 an increase of 63. This is equivalent to 79.9 per cent. of all the male deaths (78.9 in 1968) and 85.9 per cent. of the female deaths (85.1 per cent. in 1968).

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 1969 and 1968 :—

	1969		1968	
	Number	Per cent. of all Causes	Number	Per cent. of all Causes
Heart Disease	3,915	31.73	3,929	32.15
Malignant Neoplasms...	2,634	21.35	2,632	21.54
Cerebro-Vascular Disease ...	1,753	14.21	1,717	14.05
Bronchitis	794	6.43	715	5.85
Violence	632	5.12	603	4.93
Pneumonia	553	4.48	592	4.85
Congenital Anomalies and other causes of perinatal mortality	329	2.67	310	2.54
Pulmonary Tuberculosis ...	80	0.65	88	0.72
	<hr/> 10,690 <hr/>	<hr/> 86.64 <hr/>	<hr/> 10,586 <hr/>	<hr/> 86.63 <hr/>

There was no change in 1969 in the relative frequency of the eight main causes of death shown 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 anomalies and pulmonary tuberculosis in that order. Together these eight causes account for 85.86 per cent. of the total deaths compared with the City figure of 86.64. Bronchitis and pneumonia accounted for a higher proportion of the City deaths, 6.43 and 4.48 respectively as against 4.52 and 4.36 for the country as a whole. Pulmonary tuberculosis was not among the first eight causes of death in Scotland in 1969 but is included

here for comparison with the City figure; it accounted for only 0·27 per cent. for all the Scottish deaths compared with 0·65 for Glasgow. In the two major groups heart disease and cerebro-vascular disease, the proportions were lower for the City; for Scotland the respective figures were 34·27 and 15·86. The proportion of City deaths from malignant disease, 21·35 was higher than that for Scotland, 19·69. Deaths from violent causes formed a higher proportion of the City total, 5·12, than in Scotland as a whole, 4·70. Congenital anomalies and other causes of perinatal mortality accounted for 2·19 per cent. of all the Scottish deaths, a lower proportion than that for the City, 2·67.

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 VI) arranged in the principal groups according to the revised International Classification adopted in 1968. Owing to the changes which have been made in the classification the figures for 1968 and 1969 are not strictly comparable with those of the two previous years.

SUMMARY OF DEATH RATES *PER MILLION FROM PRINCIPAL CAUSES

	1969	1968	1967
General Diseases—			
(a) Infective and Parasitic Diseases	77	77	34
(b) Tuberculosis—			
(1) Respiratory	86	93	105
(2) Nonrespiratory	27	14	9
(c) Malignant (cancer, etc.)	2,838	2,785	2,651
Diseases of the Nervous System	212	†194	1,994
Diseases of the Circulatory System	6,545	†6,399	4,187
Diseases of the Respiratory System (including Influenza)	1,609	1,563	1,141
Diseases of the Digestive System	341	362	374
Congenital Anomalies and other causes of perinatal mortality	355	328	365
Violence	681	638	557
All other causes	525	477	537
	<hr/> 13,296 <hr/>	<hr/> 12,930 <hr/>	<hr/> 11,954 <hr/>

* The rates have been calculated on the *midyear* population.

† See page 38 of the 1968 Annual Report.

Infective and Parasitic Disease.—Seventy-one deaths were allotted to this group in 1969 compared with 73 in 1968. There were 34 deaths from Enteritis and other diarrhoeal diseases which formerly would have been included elsewhere, some in the digestive diseases group, others such as diarrhoea of the newborn, in "diseases of early infancy."

There were six deaths from meningococcal infection (all under 5 years of age).

Under "Other infective and parasitic disease," 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. Scrutiny of the Department's own records (allotting 27 deaths to this miscellaneous group) showed that among others there were three deaths from infective hepatitis, two from virus encephalitis, and one from erysipelas.

Tuberculosis.—In 1969 the Registrar General allotted 80 deaths to pulmonary tuberculosis, eight fewer than in 1968. The rate, calculated on the mid-year population, was 86 per million compared with 93 in 1968 and is the lowest rate so far recorded. The chart on page 193 (based throughout on the Registrar General's figures) compares the death rates from pulmonary tuberculosis for Glasgow and Scotland from 1936 onwards.

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

In 1969 male deaths (58) formed 72.5 per cent. of all the deaths from pulmonary tuberculosis, a higher proportion than in 1968 (74 per cent.). All were over 25 years of age, 32 of them over 65 years. All the 22 female deaths were over 25 years of age, four of them over 65 years.

There were 25 deaths from non-pulmonary tuberculosis, 12 more than in 1968. All were adults (16 men over 25 years, nine women over 45.)

Diseases of the Nervous System.—Following the new classification adopted in 1968, the 1,753 deaths classified as "Cerebrovascular disease" in 1969 are now included in Diseases of the circulatory system. This leaves only 196 deaths from Nervous diseases in 1969 of which seven were due to meningitis (ten fewer than in 1968) and 189 to the miscellaneous sub group "other diseases of the nervous system". (166 in 1968.)

Diseases of the Circulatory System.—This is the major group of causes of death which under the new classification has been extended to include deaths from cerebrovascular disease (1,753 in 1969). Excluding these, the total deaths in this group in 1969 were 4,320 or 35.0 per cent. of all causes of death as against 4,331 (35.4 per cent.) in 1968. Degenerative heart disease and arteriosclerotic heart disease, which in 1967 accounted for 3,139 deaths (78.0 per cent. of the deaths in this group) are now combined under the new heading of Ischaemic heart disease. The Registrar General allotted 2,963 deaths to this cause in 1969, distributed as follows according to sex and age :—

		-25	-35	-45	-55	-65	-75	75 +	Total
Males	...	1	6	46	167	468	542	435	1,665
Females	...	—	—	5	43	203	420	627	1,298

One hundred and seventy-four deaths were allotted to chronic rheumatic heart disease in 1969, one less than in 1968. Deaths among females again outnumbered the male deaths, 114 as against 60. All but one of the 174 deaths were over 25 years of age; 20 were over 75 years. The heaviest mortality is between the ages of 45 and 64. There was one death between five and ten years.

Hypertensive disease accounted for 226 deaths compared with 211 in 1968 and "other forms of heart disease" 552. In 1967 the deaths allotted to "other diseases of the heart" totalled only 178, and the sharp increase in the 1968 and 1969 figures is due entirely to changes in the classification.

Diseases of the Respiratory System.—Deaths from respiratory disease increased in number in 1969, 1,493 compared with 1,477 in 1968, and the death rate rose from 1563 to 1609 per million. Pneumonia

accounted for 553 deaths, 41 fewer than in 1968 and the death rate, from 636 in 1968 fell to 596. Included in these figures are the deaths from "pneumonia of the newborn" formerly classified under the heading of "infections of the newborn". Seven hundred and ninety-four deaths were allotted to the new category of bronchitis, emphysema and asthma compared with 610 to bronchitis only in 1967. This is equivalent to 53.18 per cent. of the deaths in this group, a higher proportion than in 1968 (48.4 per cent.). 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, page 188. There were fewer deaths from influenza, 37 compared with 66 in 1968. Sixteen of these (four male and twelve female) were over 65 years of age. A variety of causes in "other respiratory diseases" accounted for 109 deaths compared with 104 in 1968.

Diseases of the Digestive System.—The number of deaths allotted to this group in 1969 was 316, a decrease of 26 from the 1968 total. The major single cause in 1969 was peptic ulcer with 76 deaths compared with 90 in 1968. The rate for 1969 was 82 per million as against 95 in 1968 and 80 in 1967. There were ten deaths from appendicitis, one less than in the previous year. Deaths from intestinal obstruction and hernia were fewer in 1969, 48 compared with 53 in 1968. Cirrhosis of the liver was responsible for 45 deaths, 23 fewer than in the previous year. Deaths from gastritis, duodenitis, enteritis and colitis are no longer shown under that heading. Enteritis and colitis are now under the heading of "Enteritis and Other Diarrhoeal Diseases," one of the causes in the infective and parasitic diseases group. Gastritis and duodenitis, and other diseases of the liver, are included under the heading of "Other Digestive Diseases" to which 137 cases were allotted in 1969.

Congenital Anomalies and Other Causes of Perinatal Mortality.—With the exception of deaths from congenital anomalies, 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 anomalies also occur before 1 year of age (in 1969, 91 of the 132 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 anomalies in 1969 is compared with 1951, 1961 and subsequent years as follows :—

MALES—		- 1	- 5	- 15	- 45	- 65	65 +	All Ages
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
1968	...	48	2	3	6	—	1	60
1969	...	51	6	4	2	1	—	64
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
1968	...	48	5	1	3	1	—	58
1969	...	40	9	2	7	2	8	68

The Registrar General's provisional return for 1969 gives the sex and age distribution of these 132 deaths in three main groups as follows :—

			- 1	- 5	- 15	- 45	- 65	65 +	Total
Congenital Malformations									
of the nervous system	M.		7	2	1	—	—	—	10
and sense Organs	...	F.	18	3	—	2	—	1	24
of the Circulatory System	M.		25	3	3	1	—	—	32
	F.		12	4	2	2	—	3	23
Other forms	...	M.	19	1	—	1	1	—	22
	F.		10	2	—	3	2	4	21
			91	15	6	9	3	8	132

Malignant Disease.—The Registrar General in his provisional return for 1969 attributed 2,634 deaths to malignant disease, two more than in 1968. Of this total 1,503 were males (16 more than 1968) and 1,131 females (14 fewer than in 1968). The following table shows the

principal sites of the disease and compares the 1969 figures with those of 1968 and 1967.

<i>Malignant Neoplasms—</i>					1969	1968	1967
of the stomach	M.	...	...	...	152	156	162
					F.	115	127	141
of trachea, bronchus and lung ...	M.	...	...	...	729	741	721
					F.	167	155	140
of breast	M.	...	...	...	2	1	2
					F.	197	199	160
of cervix uteri	M.	...	...	...	—	—	—
					F.	48	63	55
of lymphatic and haematopoietic tissues	M.	...	...	...	86	65	62
					F.	68	51	64
of all other sites	M.	...	...	...	534	524	523
					F.	536	550	516
<i>All Forms</i>					1,503	1,487	1,470
					F.	1,131	1,145	1,076
<i>Grand total</i>					2,634	2,632	2,546

Deaths from violence.—In 1969 Violent Causes again ranked fifth as a major cause of death in Glasgow, the Registrar General in his provisional return allotting 632 deaths to this group. This is an increase on the two previous years' totals, 603 in 1968 and 535 in 1967, and equivalent to 21·1 per cent. of all the Scottish deaths from Violent Causes, a larger proportion than in the two previous years (20·7 and 19·5). The death-rate was 681 per million as against 638 in 1968.

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 :—

Year	Males						Females					
	-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
1968	50	28	126	104	83	391	22	9	40	52	89	212
1969	26	36	122	108	99	391	16	11	44	55	115	241

Male deaths were the same number as in 1968, 391, but female deaths increased from 212 to 241. 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 115 compared with 99 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 1969 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 1968 and 1967 for comparison :—

<i>Number of deaths from—</i>	1969	1968	1967
Motor Vehicle Accidents	197	163	151
Other Road Vehicle Accidents	1	—	—
Accidents in the Home	179	214	163
Other Violence (BE 50)	204	176	149
Suicide and Self-inflicted Injury	51	50	71
	<u>632</u>	<u>603</u>	<u>535</u>

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 37. A discussion of the latter now follows.

In 1969, Inhalation and Ingestion of food accounted for 14 of the 23 accidental deaths under one year of age (61 per cent.) and accidental mechanical suffocation (i.e. by blankets, pillow or overlaying) for other 3 (13 per cent.). In the age group 1-5 years accidents involving motor vehicles accounted for 7 of the 22 deaths in this age group. Details are given elsewhere in this Report (in Section III—Maternity and Child Welfare, at pages 48 and 49) 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 86.

The usual marked disproportion between the male and female deaths in the age group 5 to 10 years was again apparent in 1969 when all but four of the 23 deaths were male. Seven of the male deaths were due to motor vehicle accidents, seven to drowning and one to a fall. There were four deaths from other and unspecified accidents.

Motor vehicle accidents accounted for only one of the four female deaths in this age group, one was due to a fall, in the other two the nature of the accident was not specified.

At ages over 65 years female deaths preponderate, 109 in 1969 compared with 98 males. This is equivalent to 25 per cent. of the male

deaths and 46 per cent. of the female deaths from Violent Causes. The respective figures for 1968 were 20 per cent. and 39 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 78 male and 79 female deaths in 1968 :—

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

	Males		Females	
	1969	1968	1969	1968
Falls	13.3	30.7	52.3	55.7
Road Accidents	15.3	14.1	15.6	13.9
Poisoning (Gas and Drugs)	6.1	7.7	3.7	6.3
Drowning	5.1	6.4	1.8	—
Burns	4.1	10.3	9.2	8.9
Suicide	2.0	1.3	—	2.5
Other Violence (including Homicide) ...	10.2	7.7	1.8	5.1
Unspecified	43.9	21.8	15.6	7.6
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>

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. Falls are by far the most common type of accident in persons over 65 years—especially so among women. In 1969, 13 male and 57 female deaths were attributed to a fall compared with 24 male and 44 female in 1968.

There were 14 deaths from burning accidents in this age group in 1969 as against 15 in 1968, the female deaths being six more than the male.

The six deaths from accidental poisoning by coal gas or carbon monoxide were evenly divided between the sexes, only two less than in 1968. Accidental poisoning by drugs accounted for four deaths (three male and one female).

Other accidental and “unspecified”, i.e. those which for lack of sufficient information, could not be assigned to any one type of accident, accounted for 60 (43 male and 17 female).

Home Accidents.—The Registrar General now classifies certain deaths as home accidents and in his 1969 Return shows 179 deaths at all ages in this category. This may be compared with those of the previous years from 1965 to date, as follows :—

	1965	1966	1967	1968	1969
Males ...	142	105	81	116	79
Females ...	113	88	82	98	100
Total ...	<u>255</u>	<u>193</u>	<u>163</u>	<u>214</u>	<u>179</u>

This total of 179 is the equivalent of 28·3 per cent. of all the deaths from Violent Causes, higher than the Scottish rate of 28·1 per cent.

The proportion of all female deaths from Violent Causes due to an accident in the home was 41·5 compared with only 20·2 males. The rates for Scotland were 40·5 and 19·3 per cent. respectively.

Eighty-one (45·2 per cent.) of the deaths from home accidents were at ages 65 years and over, the proportion being much higher in the females—55·0 per cent. as against 32·9 per cent. in the males.

Road Accidents.—Road Traffic which is always a hazard for old people was responsible in 1969 (according to the Registrar General) for 65 deaths (36 male and 29 female) of persons aged 65 and over. That is to say only 27 per cent. of all 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 1969, COMPARED WITH THE TOTALS FOR 1968 and 1967

Long Code									Total All Ages		
Number			-1	-5	-15	-45	-65	65+	1969	1968	1967
800-807	Railway and other Train accident	M.	—	—	—	—	2	—	2	3	2
		F.	—	—	—	—	—	—	—	—	—
810-823	Motor Vehicle Accident ...	M.	—	3	12	33	13	15	76	69	69
		F.	—	4	3	7	11	17	42	31	32
850-869	Accidental Poisoning by Drugs, etc.	M.	—	—	—	6	13	3	22	15	14
		F.	—	1	—	10	15	1	27	26	23
870-877	Accidental Poisoning by Gases and Vapours	M.	—	—	—	7	6	3	16	21	18
		F.	—	—	—	—	—	3	3	8	9
880-887	Accidental Falls ...	M.	—	—	1	7	8	13	29	35	43
		F.	—	—	1	3	3	57	64	51	50
890-899 and 924,	Burns and Scalds (including Asphyxia due to fire)	M.	2	4	—	7	10	4	27	35	19
		F.	1	—	2	3	6	10	22	23	13
911, 912	Inhalation and Ingestion of food, etc.	M.	6	2	—	4	6	7	25	24	13
		F.	8	—	—	1	4	2	15	9	11
913	Accidental Mechanical Suffocation	M.	2	—	3	2	1	2	10	12	8
		F.	1	—	—	3	—	—	4	5	1
Part 904	Lack of care of infants under 1 year	M.	2	—	—	—	—	—	2	2	—
		F.	1	—	—	—	—	—	1	1	1
910	Accidental Drowning ...	M.	—	3	7	13	10	5	38	32	30
		F.	—	1	—	1	9	2	13	5	5
Remainder of 825-989	Other accidental and unspecified violent causes	M.	—	4	11	28	35	43	121	116	94
		F.	—	—	5	9	8	17	39	31	30
950-959	Suicide ...	M.	—	—	—	2	2	2	6	8	11
		F.	—	—	—	—	—	—	—	5	—
960-969 and 990-999	Homicide and Operations of War	M.	—	—	2	10	2	1	15	11	15
		F.	—	—	—	6	—	—	6	7	10
	Totals ...	M.	12	16	36	119	108	98	389	383	336
		F.	11	6	11	43	56	109	236	202	185
Grand Totals—											
	1969 ...		23	22	47	162	164	207	625	—	—
	1968 ...		42	32	37	162	155	157	—	585	—
	1967 ...		23	24	36	146	125	167	—	—	521

SECTION III

MATERNITY AND CHILD WELFARE

During 1969, the infant mortality rate again showed a slight rise, 27 as compared with 26.2 in 1968.

The number of live births in 1969 was 17,405, a decrease of 1,411 from the previous year. The number of still-births also showed a decrease from 1968, 285 as compared with 322. The number of infant deaths, 470, was 24 fewer than in 1968. Of these deaths, 237 occurred within the first week.

In Child Welfare Clinics the importance of regular medical examination of all children up to five years is increasingly being recognised. Although the attendance rate of babies under one year has been satisfactory for many years, the number of toddlers attending has been disappointing. Towards the end of the year some clinics changed over to an appointment system to ensure that young children are examined routinely at important stages in their development. This has led to some reduction in the numbers attending at certain sessions where timed appointments were given.

An important aspect of the Child Welfare Medical Officer's work is the examination of children for adoption. Requests for this are increasing as the necessity for such examinations to be carried out by doctors with special experience in child health and development is more generally recognised.

At several Child Welfare Clinics medical staff undertake medical examination of children prior to admission to the various residential Children's Homes.

The Assessment and Development Centres at Balvicar Street and Glenfarg Street have again had a busy year with an increase in the volume of work undertaken at each. A separate report gives detailed information about these centres. The necessity for referral of the child as early as possible is again stressed.

The facilities for training of the young handicapped child were increased towards the end of the year with the opening of Drumoyne

Centre. This centre will ultimately be able to accommodate up to 60 children. The other centres, Broomhill and Balvicar, have been fully used and each has a waiting list for admission. Broomhill Centre now has a very long waiting list, as this is the only one serving the City north of the river. Most of the children show marked improvement after prolonged attendance and many are able to go on to special school or occupation centre when they reach the age of five years.

With the opening of Family Planning Clinics from May onwards, the Child Welfare medical and health visiting staff have undertaken new responsibilities. Even in the short time that these clinics have been in operation, the advantage of having this service provided in the familiar setting of Maternity and Child Welfare Centres has been amply demonstrated. It is hoped to expand these clinics in the future to cover the whole City.

During 1969, members of the Child Welfare medical staff attended the following post-graduate courses :—

Mental Deficiency	...	2
Family Planning ...	...	4

Progress with health visitor attachment to general practice has been slow owing to shortage of staff. Several requests from general practitioners have not yet been possible to meet but by the end of 1969 the number of health visitor attachments had risen to eight. As even this limited experience of attachment has already shown its undoubted value in providing a better and more complete service, every effort is being made to recruit more health visitors to offset the considerable number of retirements and resignations which have occurred in 1969.

MATERNAL DEATHS

In attendance at the antenatal clinics were 2,672 patients whose pregnancy (excluding abortions) terminated in 1969. There were no deaths among these in 1969. There was only one death in 1968.

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

MATERNAL DEATHS AND RATES PER 1,000 BIRTHS (LIVE AND STILL)
IN GLASGOW AND SCOTLAND

	Deaths			Rate per 1,000 Births		
	1967	1968	1969	1967	1968	1969
Abortion	—	—	2	—	—	0.11
Other complications of pregnancy childbirth and the puerperium ...	6	1	—	0.30	1	—
Total—Glasgow ...	6	1	2	0.30	0.05	0.11
Scotland ...	22	14*	13	0.22	0.14	0.14

* Includes 1 abortion.

INFANT MORTALITY

Infant deaths were four fewer than in 1968, 470 compared with 474. This decrease however was related to fewer births, resulting in a somewhat higher infant mortality rate of 27.0 per 1,000 births as against 26.2 in 1968.

This decrease was almost wholly confined to the female infants whose total, 174, was 29 fewer than in 1968. The mortality rate was 20.84 per 1,000 female births compared with 22.4 in the previous year.

There was a slight increase in the deaths of male infants, 296 as against 291 in 1968, and the rate 32.68 per 1,000 male births compared with 29.9.

The ward distribution of the infant deaths and the ward death rates are shown in Appendix Table VIII.

Cause of Death.—The rates shown in the two tables which follow have been calculated on the deaths given by the *Registrar General* in his Annual Returns. The rates for 1969 are not strictly comparable with those prior to 1968 as certain changes in classification have had effect on four groups, Diseases of Early Infancy, Respiratory Diseases, Digestive Diseases and Infectious Diseases. Diarrhoea of the Newborn and Pneumonia of the Newborn, hitherto included in "Infections of the Newborn," have now been allotted to other groups. "Diarrhoea of the Newborn" (under the heading "Enteritis and other Diarrhoeal Diseases"), is now included in the Infectious Diseases group and Pneumonia in the appropriate age group in "Diseases of the Respiratory System."

These changes are more apparent in Appendix Table IX which gives the various causes of death in more detail.

MALES					Rate per 1,000 Births				
<i>Causes of Death</i>					1965	1966	1967	1968	1969
Congenital Anomalies	...	...	...	...	5.3	5.2	5.0	4.9	5.6
Diseases of Early Infancy	...	...	...	...	15.7	17.7	12.6	11.8	14.4
Diseases of Respiratory System	...	...	...	...	4.6	5.5	5.4	5.8	7.4
Diseases of Digestive System	...	...	...	...	1.2	1.3	1.1	0.5	0.5
Diseases of Nervous System	...	...	...	...	0.6	0.1	0.2	0.9	0.3
Tuberculosis	...	...	...	...	—	—	0.1	—	—
Infectious Disease	...	...	...	...	0.1	0.7	0.7	2.1	2.4
Violence	...	...	...	...	1.9	1.5	1.2	3.2	1.2
All other Causes	...	...	...	...	0.6	0.8	0.4	0.7	0.9
All Causes	...	...	...	...	30.0	32.8	26.7	29.9	32.7
FEMALES					Rate per 1,000 Births				
<i>Causes of Death</i>					1965	1966	1967	1968	1969
Congenital Anomalies	...	...	...	...	4.8	5.4	4.5	5.3	4.8
Diseases of Early Infancy	...	...	...	...	13.1	12.8	10.1	8.5	8.0
Diseases of Respiratory System	...	...	...	...	4.3	4.7	3.5	4.3	4.5
Diseases of Digestive System	...	...	...	...	1.1	1.5	1.3	0.4	—
Diseases of Nervous System	...	...	...	...	0.8	0.3	0.4	0.1	—
Tuberculosis	...	...	...	...	—	—	—	—	—
Infectious Disease	...	...	...	...	0.4	0.5	0.6	1.9	1.6
Violence	...	...	...	...	0.7	0.9	1.3	1.0	1.1
All other Causes	...	...	...	...	1.0	1.4	0.4	0.9	0.8
All Causes	...	...	...	...	26.2	27.5	22.1	22.4	20.8

Diseases of Early Infancy are still the principal cause of death in this age group, accounting for 197 deaths in 1969. In 1968 the total was 192. Congenital Anomalies, the second major cause of infant deaths, was responsible for 91 deaths, five fewer than in 1968. This group, together with Diseases of Early Infancy accounted for 288 deaths (181 male and 107 female), the same numbers as in 1968. This total is equivalent to 61.3 per cent. of all the infant deaths. There were 51 male deaths from congenital anomalies (three more than in 1968) and 40 female deaths (8 fewer than in 1968). Of 130 male deaths from Diseases of Early Infancy, 74 were attributed to the sub group "Birth injuries, difficult labour, etc.," as were also 38 of the 67 female deaths. Fifty-six male and 29 female deaths were classified as due to "Other causes of perinatal mortality."

There was a slight increase in deaths from Respiratory Disease, (105 as against 96 in 1968) but this can be attributed to the inclusion, of deaths from Pneumonia of the Newborn since of the 50 male and 33 female deaths due to pneumonia, seven were in the age group under 4 weeks. There were 2 deaths from Influenza.

Changes in classification in 1968 have also affected the figures for bronchitis. In its *chronic* or unspecified form it now appears under the heading "Bronchitis, emphysema and asthma," while the *acute* form (to which children in this age group are subject) is now included in the group "Other Respiratory Diseases." The transfer between the two categories was clearly shown in the figures for 1968 and 1967 :—

	1967	1968	1969
Bronchitis	18	—	—
Other respiratory diseases ...	1	21	20

There were no deaths from Tuberculosis.

There were only four deaths from Digestive Disease as against nine in 1968.

The inclusion in the Infectious Disease *group* of deaths from "Enteritis and other Diarrhoeal Diseases" (26 in 1969) accounts for most of the deaths in this group, 35 as against 37 in 1968. Of the remainder three were due to meningococcal infection and six to the subgroup "Other Infective and Parasitic Disease."

The three deaths from Diseases of the Nervous System were all male infants, compared with 9 male and one female in 1968.

Violence (mostly accidental) was not a major cause of death in this age group in 1969, the total of 20 being only half the 1968 total. Nor was the usual marked predominance of male deaths in evidence; the 11 male deaths being only two more than the female deaths. All but three of the twenty deaths were less than six months old.

Seventeen deaths (8 male and 9 female) were due to accidental asphyxia, 14 of these resulting from inhalation of vomit or regurgitation of food. House fires were responsible for the death of three infants.

Neonatal Mortality.—There was a decrease of seven in the number of neonatal deaths in 1969 (284) but these were related to fewer births and the rate therefore rose from 15.46 per 1,000 births to 16.3.

This decrease was more noticeable in the female infants among whom there were 105 deaths, 20 fewer than in 1968, and the female death rate fell again from 13.78 to 12.58. The 179 male deaths were 13 more than in the previous year and related to fewer male births than in 1968 so that the mortality increased from 17.03 to 19.76.

The following table, based on the Registrar General's figures shows the rate per 1,000 births for each sex for four main causes of death in this age group, from 1965 to date :—

		1965	1966	1967			1968	1969
Congenital Malformations ...	M	2.89	3.23	3.69	Congenital Anomalies ...	M	3.08	3.64
	F	3.06	2.93	3.54		F	3.42	3.11
Birth injuries, Postnatal ...	M	8.77	11.27	7.39	Birth injuries, difficult labour and other anoxic and hypoxic conditions ...	M	8.0	8.06
Asphyxia and Atelectasis ...	F	7.60	7.84	6.23		F	5.62	4.55
Infections of the Newborn	M	1.68	2.06	1.50	not so classified in 1969		—	—
	F	0.89	1.05	0.97				
Other diseases peculiar to early infancy and immaturity ... unqualified ...	M	4.95	4.02	3.59	Other causes of perinatal mortality ...	M	3.80	6.07
	F	4.34	3.45	2.68		F	2.87	3.47

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 1969 it appears that 78 of the 470 infant deaths were illegitimate. The number of illegitimate births in 1969 was 1,866, 98 fewer than in 1968, and the illegitimate mortality rate therefore was 41.80. In 1968 the rate was 41.24.

Among the 15,539 legitimate births there were 392 deaths, representing a rate of 25.23 as against 24.51 in 1968.

PREMATURE BIRTHS

During 1969 the incidence of prematurity showed a continuing decrease from previous years.

Of the 285 stillbirths, 142 were premature (49.8 per cent.) Of the 17,405 live births, 1,197 were premature (6.9 per cent.) and 76 of these died within 24 hours of birth.

A special analysis of prematurity has been made, and the table on the next page shows the figures for 1969.

PREMATURE LIVE BIRTHS

Weight at Birth	Born at home or in a private maternity home												PREMATURE STILLBIRTHS		
	Born in Hospital				Nursed entirely at home or in a private maternity home				Transferred to hospital on or before 28th day						
	Died				Died				Died						
	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 hosp- ital	At home	In a private matern- ity home
2 lb. 3 oz. or less (1)	41	27	9	—	6	1	—	—	—	—	—	—	21	1	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (2)	86	26	13	3	3	—	—	—	1	—	—	—	36	3	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (3)	204	13	3	6	15	1	—	—	6	—	2	—	39	2	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (4)	250	7	—	1	16	—	—	—	4	—	—	—	18	2	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (5)	515	1	4	3	47	—	—	—	3	—	—	—	19	1	—
Total	1,096	74	29	13	87	2	—	—	14	—	2	—	133	9	—

(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.

Note :—In this table births in private maternity homes have been linked with births at home because private maternity homes are not usually equipped for the care of premature babies.

STILLBIRTHS

The number of stillbirths registered in the City in 1969 was 328, but after correction for usual residence this figure was reduced to 285, thirty-seven fewer than in 1968. The rate per 1,000 live and stillbirths was 16.1 compared with 16.8 in 1968.

The rate for Scotland, 14.8 in 1968 was reduced still further in 1969 to 14.0, the lowest rate ever recorded in Scotland.

Stillbirths in Wards.—The ward distribution of stillbirths and the rates for 1969 and 1968 are shown in Appendix Table VIII.

The following table shows the trend in the stillbirth rate and infant and toddler mortality rates in the past eighteen years.

			Mortality					
			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	1-12 Months Rate per 1,000 live Births	1-5 Years Rate per 1,000 population
1952	...	...	41	27.4	24.1	45.8	16.7	1.8
1953	...	...	36	26.5	22.2	44.3	13.5	1.5
1954	...	...	35	29.4	21.5	47.1	13.6	1.2
1955	...	...	36	26.8	22.7	45.6	13.6	1.3
1956	...	...	33	25.6	20.8	43.0	12.1	1.1
1957	...	...	34.5	26.1	23.0	44.0	11.5	1.2
1958	...	...	35.1	25.5	23.2	45.0	12.0	1.03
1959	...	...	35.4	26.4	23.9	45.5	11.5	1.38
1960	...	...	32.2	24.2	21.4	41.8	10.8	1.19
1961	...	...	30.8	23.3	20.6	41.0	10.2	1.04
1962	...	...	32.4	22.2	21.1	39.3	11.3	1.13
1963	...	...	31.9	21.3	19.2	37.6	12.7	1.14
1964	...	...	28.6	19.5	18.4	35.7	10.3	0.83
1965	...	...	28.1	20.3	17.8	35.7	10.3	0.95
1966	...	...	30.2	19.7	19.0	36.2	11.3	0.93
1967	...	...	24.5	18.3	15.6	31.7	8.9	0.81
1968	...	...	26.2	16.8	15.5	29.7	10.8	0.91
1969	...	...	27.0	16.1	16.3	29.5	6.7	0.84

Neonatal mortality refers here to deaths under 1 month.

The Glasgow birth rate, infant mortality and still birth rate, etc., are compared in the following table with those of Scotland, England and Wales and certain Scottish cities in 1969.

		(1)	(2)	(3)	(4)	(5)
		Birthrate per 1,000 of Population	Stillbirth Rate per 1,000 Live and Stillbirths	Neo-Natal Mortality Per 1,000 Live Births	Perinatal Mortality* Per 1,000 Live and Stillbirths	Infant Mortality per 1,000 Live Births
Scotland	...	17.4	14	13.5	25	21
Glasgow	...	18.8	16	16	29.5	27
Edinburgh	...	14.8	11	16	25.5	22
Aberdeen	...	14.1	11	11	20	17
Dundee	...	16.9	9	13	19	20
England and Wales		16.3	13	12	—	18
Birmingham	...	17.5	13.5	14	26	21
Manchester	...	16.8	16.5	17	33	29
Liverpool	...	16.6	15	12	25	20
Leeds	...	16.1	16	13	27	21

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

MORTALITY AMONG TODDLERS

There were 64 deaths among children aged one to five years in 1969, nine fewer than the 1968 total. These deaths were evenly divided between the sexes in contrast to 1968 when there were 43 male and 30 female deaths.

Accidents continue to be the chief cause of death in this age group, accounting in 1969 for 22 deaths, 10 fewer than in 1968. This total is equivalent to 34.4 per cent. of all the deaths in this age group compared with 43.8 per cent. in 1968 and 35.8 per cent. in 1967. A variety of accidents was responsible for the deaths of 16 boys and 6 girls as follows :—

	Male	Female
Motor Vehicle Accidents	3	4
Burns '	1	—
Suffocation by Smoke	3	—
Drowning	3	1
Poisoning by drugs	—	1
Inhalation of Vomitus	1	—
Inhalation of foreign body	1	—
Nature of accident not specified ...	4	—
	<hr/> 16	<hr/> 6

Deaths from respiratory disease were few in number in 1969, six as against five in 1968 and eleven in 1967. All but two were females and the individual causes were—Influenza (1 female), Pneumonia (two males and three females). There were only eight deaths from infectious disease, three more than in 1968. Five were allotted to "Enteritis and other diarrhoeal diseases" and three to meningococcal infection.

Congenital anomalies accounted for 15 deaths compared with 7 in 1968. There were two male and three female deaths from anomalies of the nervous system and seven (3 male and 4 female) from anomalies of the circulatory system. Other congenital anomalies accounted for one male and two female deaths.

There were fewer deaths from Malignant Neoplasms, 3 compared with 9 in 1968 and 5 in 1967. Of this total, 2 were attributed to Leukemia. The deaths allotted to this form of cancer since 1962 are shown as follows :—

1962	1	1966	5
1963	4	1967	3
1964	4	1968	4
1965	3	1969	2

HOME ACCIDENTS, 1969

During 1969 detailed information about home accidents has been supplied by the general hospitals in Glasgow with the exception of the Royal Infirmary and Stobhill. The Infirmary submitted total figures but limited the analysis of these figures to age and sex.

The total number of accidents reported from the Royal Infirmary was 1,766—826 males and 940 females.

The total number of accidents occurring to Glasgow residents as reported by other hospitals was 3,337. An analysis of these accidents is given below :—

1. *According to sex—*

Male ...	1,434
Female ...	1,903
	<hr/>
	3,337
	<hr/>

2. *According to age and sex—*

Age in Years			Male	Female	Not Stated	Total
0-1	...	...	60	45	—	105
1-2	...	...	178	151	—	329
2-3	...	...	149	130	—	279
3-4	...	...	82	70	—	152
4-5	...	...	61	51	—	112
5-6	...	...	55	25	—	80
6-7	...	...	27	13	—	40
7-8	...	...	20	13	—	33
8-9	...	...	15	13	—	28
9-10	...	...	5	11	—	16
10-15	...	...	79	80	—	159
15-25	...	...	174	200	—	374
25-35	...	...	140	201	—	341
35-45	...	...	121	177	—	298
45-55	...	...	115	175	—	290
55-65	...	...	74	180	—	254
65-66	...	...	7	31	—	38
66-67	...	...	5	17	—	22
67-68	...	...	9	12	—	21
68-69	...	...	8	21	—	29
69-70	...	...	2	23	—	25
70-71	...	...	2	21	—	23
71-72	...	...	2	10	—	12
72-73	...	...	5	14	—	19
73-74	...	...	—	19	—	19
74-75	...	...	3	15	—	18
75-76	...	...	2	20	—	22
76 +	...	...	29	156	—	185
Not stated	...	...	5	9	—	14
Total	...	...	<hr/>1,434	<hr/> 1,903	<hr/> —	<hr/> 3,337

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

	Male	Female	Not Stated	Total
Falls	538	829	—	1,367
Suffocation	1	1	—	2
Gas Poisoning	1	1	—	2
Electric Shock	1	1	—	2
Poisoning	155	154	—	309
Burns	84	119	—	203
Others	654	798	—	1,452
	<u>1,434</u>	<u>1,903</u>	<u>—</u>	<u>3,337</u>

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

Male 103
Female 429

Total 532 or 15.9 per cent. of total accidents.

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

Male 63
Female 289

352 or 66.2 per cent. of all accidents in this age group.

The number of accidents due to poisoning (excluding children under 5 years) was 22. Most of these cases were due to an overdose of sedative drugs.

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

	-1 yr.	-2 yrs.	-3 yrs.	-4 yrs.	-5 yrs.	Total
Falls	67	130	93	64	44	398
Foreign bodies (swallowed or inserted in orifices)	4	23	19	15	12	73
Poisoning	10	99	111	45	22	287
Laceration	4	11	9	3	4	31
Hands or finger jammed, e.g. in door or window	2	22	13	4	3	44
Suffocation	1	—	—	—	—	1
Gas Poisoning	—	—	—	—	—	—
Electric Shock	—	—	—	—	—	—
Dog Bite	1	2	3	1	2	9
Others	16	42	31	20	25	134
Total	<u>105</u>	<u>329</u>	<u>279</u>	<u>152</u>	<u>112</u>	<u>977</u>

Accidents in children under 5 years constituted 29.3 per cent. of the total number of accidents.

BURNS AND SCALDS

In 1969, burning and scalding accidents involving children under five years were again notified to the Health Department by various hospitals.

There were 498 such accidents notified. In 42 cases no details of the accident could be obtained because it was not possible to trace the families concerned. There were four cases which were wrongly notified. Information was collected in the remaining 452 cases and this is analysed below :—

				Male	Female	Total
Number of burns ...				108	60	168
Number of scalds ...				156	128	284
				<u>264</u>	<u>188</u>	<u>452</u>

Age in Years	Burns			Male	Scalds	
	Male	Female	Total		Female	Total
-1 ...	12	8	20	23	14	37
-2 ...	43	27	70	82	67	149
-3 ...	29	13	42	34	24	58
-4 ...	13	8	21	13	12	25
-5 ...	11	4	15	4	11	15
	<u>108</u>	<u>60</u>	<u>168</u>	<u>156</u>	<u>128</u>	<u>284</u>

Hospital admission was necessary for 47 of the children and there was permanent scarring or disability in 27 cases.

Analysis of the burning accidents showed the following main causes :—

Inadequate fire guard ...	44
Unguarded coal fire ...	14
Unguarded electric or gas fire ...	28
Contact with hot electric iron ...	25
Contact with hot metal, i.e., stove, poker, etc.	15
Faulty electric equipment ...	8
Lighted paper ...	3
Chemicals ...	1
Cigarettes ...	4
Fireworks ...	1
Bonfire in garden or back green ...	1

As in previous years the most common cause of burning accidents was the unguarded or inadequately guarded fire either coal, gas or electric. Often the fireguard was flimsy, did not cover the entire heated area of the fireplace or had to be removed for refuelling. It is not

always realised that the guards supplied as fixtures on electric fires are not sufficient protection and where there are young children or elderly people in a house all sources of heat should be protected by adequate, fixed guards. A frequent cause of burns was the electric iron left to cool on the floor. Most scalds occurred because hot fluids were placed within easy reach of toddlers and the dangling flex of the electric kettle was another cause of scalding.

Once more the accounts of these accidents show clearly the need for constant vigilance on the part of responsible adults if the home is to be made a safe place for young children.

CHILD WELFARE SCHEME

The following table gives the attendances at each consultation centre during 1969 with the corresponding total figures for the previous year :—

ATTENDANCES AT INFANT CONSULTATIONS, 1969

	No. of Con- sulta- tions held	Children born 1969 No. of Attendances		Children born 1968 No. of Attendances		Children born other years No. of Attendances		1969—Total No. of Attendances		1968—Total No. of Attendances	
		Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.
<i>Central—</i>											
Anderston	151	255	1,101	51	1,175	15	458	321	2,734	334	3,286
Partick	150	433	1,722	95	1,910	21	609	549	4,241	643	5,066
Blawarthill	207	521	3,056	58	3,231	11	1,453	590	7,740	595	8,504
Netherton	103	212	838	58	633	45	365	315	1,836	203	2,041
Drumchapel	253	371	1,739	100	2,095	61	1,740	532	5,574	554	7,201
<i>North—</i>											
Provan	254	416	1,366	124	1,856	50	1,272	590	4,494	620	5,017
Springburn	150	567	2,648	68	2,349	24	854	659	5,851	629	5,324
Denmark Street	151	261	1,063	61	1,136	35	481	357	2,680	323	2,224
Milton	104	137	678	30	614	15	420	182	1,712	161	1,753
Cowcaddens	202	410	2,715	101	3,131	42	973	553	6,819	570	6,558
Maryhill	205	539	1,574	136	2,150	37	742	712	4,466	800	5,978
<i>East—</i>											
Redan Street	354	799	3,089	295	3,017	156	1,452	1,250	7,558	1,209	9,384
Shettleston	307	650	2,536	121	2,537	45	1,170	816	6,243	814	6,460
Carntyne	238	480	2,113	150	2,444	61	1,411	691	5,968	644	6,148
Rogerfield	151	208	1,393	47	1,272	17	477	272	3,142	285	2,960
Garthamlock	50	88	533	34	520	16	169	138	1,222	161	1,382
Easterhouse	152	313	1,265	72	1,228	48	648	433	3,141	413	3,745
<i>South-East—</i>											
Gorbals	201	343	1,343	71	1,933	39	1,187	453	4,463	671	5,483
Pollokshaws	154	228	1,210	59	1,641	18	753	305	3,604	275	3,481
Balvicar Street	254	564	4,458	78	4,860	14	1,002	656	10,320	706	11,375
Oatlands	98	141	979	29	1,265	23	631	193	2,875	197	3,174
Mount Florida	246	432	2,488	60	2,592	4	999	496	6,079	481	6,920
Arnprior Quadrant	150	250	1,564	67	1,677	34	976	351	4,217	411	4,753
Barlia Drive	155	285	1,575	91	2,110	72	1,003	448	4,688	538	4,999
<i>South-West—</i>											
Pollok	201	360	2,010	104	2,568	23	926	487	5,504	558	5,584
Weir Street	102	139	604	31	862	11	420	181	1,886	207	1,999
Govan	151	293	1,466	49	1,466	15	545	357	3,477	418	3,563
Elderpark	150	406	1,708	77	1,909	—	718	483	4,335	604	5,243
Penilee	65	117	663	22	713	—	367	139	1,743	174	2,553
Berryknowes	103	206	1,147	60	1,090	17	519	283	2,756	246	3,405
	5,212	10,424	50,644	2,399	55,984	969	24,740	13,792	131,368	14,444	145,557

61,068

58,383

25,709

145,160

160,001

Antenatal Consultations.—Sessions at antenatal clinics numbered 2,131 compared with 2,221 for the preceding year. The total attendances were 21,639 compared with 25,785 in 1968. Primary attendances were 2,744 or 440 less than the previous year (1968), and subsequent attendances numbered 18,895, a decrease of 3,706. Consultations and attendances at each of the centres are shown in the following table :—

ATTENDANCES AT ANTENATAL CLINICS, 1969

	No. of Clinic Sessions	Number of Attendances			Hospital Cases
		Primary	Subsequent	Total	
Richard Street ...	51	24	168	192	2
Partick ...	98	141	822	963	7
Blawarthill ...	52	59	275	334	1
Netherton ...	52	22	138	160	—
Drumchapel ...	98	89	682	771	8
Provan ...	52	37	242	279	4
Springburn ...	52	129	294	423	—
Denmark Street ...	52	41	249	290	1
Milton ...	47	13	71	84	—
Cowcaddens ...	103	122	1,031	1,153	36
Maryhill ...	102	135	1,020	1,155	—
Orr Street ...	150	228	1,469	1,697	12
Shettleston ...	52	98	686	784	2
Mobile—Carntyne	52	42	154	196	—
Easterhouse ...	52	56	463	519	—
Rogerfield ...	52	48	339	387	2
Gorbals ...	155	257	1,379	1,636	—
Pollokshaws ...	51	44	340	384	1
Balvicar Street ...	103	155	1,093	1,248	2
Oatlands ...	52	42	395	437	—
Mount Florida ...	51	67	590	657	—
Arnprior Quadrant	50	44	330	374	—
Barlia Drive ...	52	94	777	871	—
Pollok ...	98	170	912	1,082	4
Govan ...	150	163	1,678	1,841	—
Elderpark ...	151	289	2,195	2,484	4
Penilee ...	50	42	417	459	—
Berryknowes ...	51	93	686	779	—
	<u>2,131</u>	<u>2,744</u>	<u>18,895</u>	<u>21,639</u>	<u>86</u>

ATTENDANCES AT POSTNATAL AND CONSULTATIVE CLINICS, 1969

		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	—	17	—	3	—	20	—
Partick	...	50	52	30	161	4	250	34	411
Blawarthill	...	52	—	11	—	2	—	13	—
Netherton	...	52	—	6	—	2	—	8	—
Drumchapel	...	53	46	32	117	46	89	78	206
Provan	...	52	9	9	11	1	5	10	16
Springburn	...	52	9	5	11	—	—	5	11
Denmark Street	...	52	—	2	—	—	—	2	—
Milton	...	47	—	4	—	1	—	5	—
Cowcaddens	...	54	49	88	153	133	590	221	743
Maryhill	...	53	46	37	128	5	145	42	273
Orr Street	...	52	42	26	110	15	89	41	199
Shettleston	...	52	32	40	179	23	110	63	289
Mobile—Carntyne		52	—	39	—	16	—	55	—
Easterhouse	...	52	—	20	—	4	—	24	—
Rogerfield	...	52	—	13	—	4	—	17	—
Gorbals	...	53	51	107	309	25	338	132	647
Pollokshaws	...	51	—	30	—	6	—	36	—
Balvicar	...	53	51	85	142	6	74	91	216
Oatlands	...	52	—	10	—	1	—	11	—
Mount Florida	...	51	45	31	127	—	65	31	192
Arnprior Quadrant		50	—	33	—	1	—	34	—
Barlia Drive	...	52	36	26	105	6	61	32	166
Pollok	...	52	47	56	149	4	188	60	337
Govan	...	53	50	31	150	6	79	37	229
Elderpark	...	54	52	48	338	15	164	63	502
Penilee	...	50	—	17	—	3	—	20	—
Berryknowes	...	49	—	26	—	4	—	30	—
		1,448	617	879	2,190	336	2,247	1,215	4,437

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. One health visitor teaches mothercraft full-time and holds classes at certain of the clinics, the teaching in the others being undertaken by the health visitor 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. In 1969, 1,391 copies of this book were sold compared with 2,202 copies in 1968.

Of the 1,391 copies sold in 1969, 468 of these were sold at clinics, day nurseries, etc., 500 at the Royal Maternity Clinic, 400 to hospitals and 23 to the general public.

In 1968, 385 copies were sold at clinics, day nurseries, etc., 700 at the Royal Maternity Clinic, 1,100 to hospitals and 17 to the general public.

ULTRA-VIOLET RAY CLINIC

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

RECORD OF ATTENDANCES AND CONSULTATIONS DURING 1969

	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	—	—	37	526	—	—	37	526

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

While the treatment done for nursing and expectant mothers is similar to the amount carried out last year, the figures for pre-school children show a considerable increase. Compared with the previous year, the number of children treated increased 18 per cent., fillings increased 20 per cent. and extractions increased 34 per cent.

SUMMARY OF CLINICAL ATTENDANCES AND TREATMENTS

Total attendances 2,024 ; first attendances 719 ; fillings 829 ; extractions 1,189 ; general anaesthetics 157 ; other operations 1,030 ; dentures 115.

FAMILY PLANNING

During 1969, the first Family Planning Clinics in Glasgow under Local Health Authority were set up in accordance with the provisions of the Health Service and Public Health Act, 1968. The sessions are held in Maternity and Child Welfare Clinics, beginning as follows :—

Sandy Road Clinic	(end of April)
Drumchapel Clinic	(May)
Florence Street Clinic	(June)
Shettleston Clinic	(September)
Callander Street Clinic	(October)

The total number of patients attending in 1969 was 164, all of whom required advice on medical grounds.

The age range of patients was as follows :—

Under 20 years	...	...	...	8
From 20-24 years	...	...	...	52
From 25-29 years	...	...	...	52
From 30-34 years	...	...	...	33
From 35-39 years	...	...	...	14
40 years and over	...	...	...	5

Parity was as follows :—

From 1-4 previous births	...	...	114
Over 4 previous births	...	...	50

Referral came from various sources, the main ones being health visitor and clinic medical officer.

Referred by hospital	...	...	5
Referred by hospital clinic medical officer...	...	...	37
Referred by health visitors	...	...	69
Referred by general practitioners	...	...	13
Referred by self or friend	...	...	38
Referred by Family Planning Association	...	...	2

Method of treatment was as follows—

Oral contraceptives	...	...	103
Coil	...	...	42
Cap	...	...	7
Sterilisation	...	...	8
			<hr/> 160 <hr/>

Of the remaining four patients, two were given advice only, one defaulted before treatment began, and one was found to be pregnant at first visit.

It is hoped to set up Family Planning Clinics in the near future in other areas of the City as soon as the necessary training of staff has been completed.

CERVICAL CYTOLOGY

During 1969, cervical cytology sessions were held in 11 maternity and child welfare centres, weekly or fortnightly, according to demand. This varied considerably throughout the year and had to be stimulated at intervals by publicity to advertise the service.

The number of women examined during 1969 was as follows :—

At well-women clinics	...	...	3,570
At ante-natal clinics	...	...	216
At post-natal clinics	...	...	808
At family planning clinics	...	...	27
			<hr/> 4,621 <hr/>

This number is considerably less than in 1968, the decrease being mainly in the well-women clinics.

The age range of women attending well-women clinics was as follows :—

Under 20 years	...	...	14
From 20-29 years	...	...	768
From 30-39 years	...	...	1,293
From 40-49 years	...	...	964
From 50-59 years	...	...	481
60 years and over	...	...	50
			<hr/> 3,570 <hr/>

The number of cases requiring further pathological investigation was 19, the final result being as follows :—

Normal epithelium	...	...	2
Benign changes	...	...	2
Dysplasia	...	...	6
Carcinoma in situ	...	...	7
Invasive squamous carcinoma	...	...	2
			<hr/> 19 <hr/>

Of these, one carcinoma in situ was from a patient examined at post-natal clinic. The other positive results came from patients examined at well-women clinics.

The ages of the positive cases were as follows :—

Dysplasia	...	...	...	...	—31(2), 32, 40, 42(2)
Carcinoma <i>in situ</i>	...	...	...	...	—28, 33, 42, 43, 46, 48, 51
Invasive squamous carcinoma	...	...	...	...	—57, 59

As in previous years, many patients who had negative smears were found to have some gynaecological condition and were referred to their general practitioner for treatment.

DAY NURSERIES AT END OF 1969

	Approved for training	No. of Approved Places		No. of Children on register at end of year		Average daily attendances during year		Waiting lists at Dec- ember	
		-2 yrs.	+2 yrs.	-2 yrs.	+2 yrs.	-2 yrs.	+2 yrs.	-2 yrs.	+2 yrs.
Bridgeton ...	Yes	20	30	20	30	15	26	60	116
Broompark ...	Yes	30	30	28	31	19	25	25	36
Clutha Street ...	Yes	20	30	20	26	17	23	27	12
Cowcaddens ...	Yes	15	30	15	28	10	25	44	30
Craigliewa ...	Yes	20	30	16	31	12	25	26	50
Crail Street ...	Yes	20	30	18	32	13	25	9	130
Elderpark ...	No	10	30	10	28	5	19	18	25
Gt. Western Road	Yes	10	25	7	29	7	24	14	35
Hamiltonhill ...	Yes	10	25	10	18	8	16	28	56
Holmlea Road ...	Yes	20	30	22	31	18	26	31	70
Kingston ...	No	8	32	4	30	3	26	21	20
McNeil Street ...	Yes	22	30	19	28	10	28	23	25
Onslow Drive ...	Yes	20	40	17	39	12	32	10	30
Pollokshaws ...	Yes	25	25	20	30	15	25	33	36
Quarrybrae ...	Yes	21	—	11	11	11	4	13	—
Sandy Road ...	Yes	15	25	14	26	12	23	20	58
Sandyford ...	Yes	30	20	20	22	15	16	15	15
Total ...	15	316	462	271	470	203	388	417	744

Total attendances numbered 152,275 compared with 153,821.

During 1969 there were 137 girls in various stages of the two years training Course for the Nursery Nurse's Certificate. Sixty-five students sat the Scottish Nursery Nurse's examination and 61 were successful. Four with merit and three with distinction.

RESIDENTIAL HOMES AND NURSERIES

SHORT STAY NURSERIES

There are two short stay nurseries one at 45 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 1969 there were 277 admissions to 45 Maxwell Drive and 332 to 9 Winton Drive. The over-all number of admissions was decreased

by 85. Part of this can be accounted for by the fact that 45 Maxwell Drive can only accommodate 22 children compared with 35 in the old house (47). The service continues to be in constant demand.

CARNBOOTH HOUSE

There were 214 admissions to this Home in 1969. Four children were recommended by hospital medical social workers and one by the R.S.P.C.C. The remainder were recommended by Medical Officers at Child Welfare Centres. There were no admissions for segregation before and after B.C.G. vaccination.

There is always a considerable demand for admission to this Home particularly during the summer months and there is always a waiting list for admission.

Most of the children admitted come from a poor social environment. Many of the children were of poor physique and their nutrition was poor. Their poor physical condition and clothing were evidence of a low standard of maternal care.

The children benefit considerably from good diet, regular routine and open-air exercise. They also enjoy the opportunities for outdoor play in the spacious grounds of the Home.

MILLBRAE HOME

The total number of children admitted in 1969 was 116. Sixteen neonates were admitted for segregation following B.C.G. vaccination. Three children under 2 years were tuberculosis contacts. These children remained in the Home for six weeks before and six weeks after B.C.G. vaccination. The remaining 97 children were referred for a period of convalescence. Thirty-nine children were referred by hospital medical social workers and 56 by Medical Officers at Child Welfare Clinics.

The babies from hospital require a period of good nursing care before they are fit to return home. Many of the babies have failed to thrive because of maternal neglect and incompetence. One child was a "battered baby" who had among other injuries a Subdural Haematoma and is now mentally retarded.

The improvement in the children following admission is rapid and dramatic.

CHILDREN'S DEPARTMENT HOMES

A large proportion of the children admitted to Eglinton Home have an adverse perinatal or neonatal history and require careful observation. A number of these are found to have physical or mental handicap. Further, any child who cannot be adopted on account of abnormality diagnosed in the neonatal period is usually admitted to Eglinton. Because of the high proportion of handicapped children, particularly mentally handicapped this home is supervised by a senior medical officer of the Child Welfare Staff with experience of developmental paediatrics and handicapped children. Medical care included supervision of the home with regard to general hygiene control and prevention of infection as well as providing general practitioner services for each child.

Quarterly visits were paid to Haggbaws, Ganavan, Corrybeg, Eversley, Blairvadach Home, Creagdhù, Cruachan, Auldhouse, Lochaber and Lochgarry.

Visits were paid when necessary to Blairvadach by a senior medical officer of the Child Welfare staff in order to carry out assessment on children whose developmental progress is unsatisfactory.

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1968

AND THE

HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968

1ST JANUARY TO 15TH NOVEMBER, 1969

Eighteen applications were received for the registration of premises used for nurseries, Playgroups, etc., up to the date of transfer of this function to the Social Work Department. After inspection, registration was granted in each case.

Several nurseries were given permission to cater for larger numbers of children and 3 nurseries closed down leaving a total of 64 registered nurseries—including one for children of employees of a commercial firm—providing accommodation for 1,545 children under school age.

All the premises were visited to check that each was continuing to maintain the required standards.

Eight persons were registered as child minders during the period under review providing places for 11 children.

THE "AT RISK" REGISTER

The criteria adopted for selection for the register were those suggested by Dr. Mary Sheridan. It was hoped that more intensive surveillance of the children on the "At Risk" register would lead to early detection of handicapping conditions.

The value of maintaining "At Risk" registers was at first generally accepted. However, in recent years there has been criticism of the "At Risk" concept and it has been suggested that it has failed to achieve the purpose for which it was conceived.

In 1968, the performance of the "At Risk" register in Glasgow, was examined. There was an increased incidence of handicapping conditions among the "At Risk" children, but it was not sufficiently high to detect 80 per cent. of handicapping conditions which is considered to be the probable acceptable minimum for a screening procedure of this type.

However, among "At Risk" children, certain criteria are associated with a relatively high incidence of handicap.

In the light of these findings, the criteria for the "At Risk" register were reviewed and a small number of "high risk" categories was selected for inclusion in the "At Risk" register in 1969. These risk categories are now incorporated in the survey forms on "Obstetric and Social Factors concerned in Child-bearing" which is completed by the health visitors for every child born in the city. This forms the basis of the "At Risk" register kept centrally by the computer. A print out of the data on each child on the register is sent to the medical officers in the child welfare clinics. The fact that a child is on the "At Risk" register, acts as an "index of suspicion" in assessing the results of developmental screening procedures.

The numbers on the register on 31st December, 1969, were as follows :—

Year of birth	1965	1966	1967	1968	1969	Total
	3	16	101	2,000	2,238	4,358

With reduction of risk categories, the number notified to the "At Risk" register fell in 1969. Two thousand, two hundred and thirty-eight children were notified as set out below :—

Category	Notification
History of maternal rubella (or contact in first trimester)	180
Low birth weight (less than 4½ lbs.) ...	461
Perinatal Hypoxia	864
Cerebral birth injury	32
Haemolytic disease requiring transfusion ...	67
Conditions requiring special care	902
Family history of genetic deafness ...	170
Siblings of cases of genetic disorders ...	234

Some children are notified under more than one category as follows :—

Number of categories	1	2	3	4	5	6	7	8	Total
	1,707	406	109	16	—	—	—	—	2,238

DEATHS

Thirty-five children on the register died in 1969. Eight were children born in 1969. The causes of death in the latter children have not been analysed as it was decided to wait for two years and then to analyse all the deaths occurring in that period.

In only three cases among the other deaths was the cause of death attributable to the risk notified and the deaths occurred in infants whose birth weight was less than 4½ lbs. The causes of death were hypothermia, respiratory distress syndrome and intraventricular haemorrhage.

DEFECTS

Children born and considered "At Risk" in 1964—

Mental defects
Simple retardation 2

Physical defects
Strabismus 1

Children born and considered "At Risk" in 1965
Mentally retarded 2

Children born and considered "At Risk" in 1966—
Mental defects
Mentally retarded 4

Physical defects
Thrombocytopaenia 1

Children born and considered "At Risk" in 1967—

Mental defects—
Retarded and cataract 1

Simple retardation 8

*Mongol 3

Epilepsy 2

*Hydrocephalus 3

Cretin 1

Cerebral palsy 6

Brain damage 1

Physical defects

Strabismus	...	...	...	...	...	...	3
Congenital cataract	...	...	...	...	...	...	1
Partially sighted	...	...	...	...	...	...	1
Retrolental fibroplasia	...	...	...	...	...	...	1
Nystagmus	...	...	...	...	...	...	1
Eye Tumour	...	...	...	...	...	...	1
Abnormality of pupils	...	...	...	...	...	...	1
Deaf	...	...	...	...	...	...	1
*Tumour of spine and abnormality of vertebrae	...	...	...	...	...	...	1
Benign hypotonia	...	...	...	...	...	...	1
Congenital heart disease	...	...	...	...	...	...	3
Lymphatic disorder	...	...	...	...	...	...	1
Chronic urinary infection	...	...	...	...	...	...	1

*Children born and considered "At Risk" in 1968—**Mental defects*

Cytomegalic inclusion body disease	...	...	...	...	...	...	1
**Phenylketonuria	...	...	...	...	...	...	2
Convulsions	...	...	...	...	...	...	1
Simple retardation	...	...	...	...	...	...	2
Retardation + visual defect	...	...	...	...	...	...	1
Mongol	...	...	...	...	...	...	3
Cerebral palsy	...	...	...	...	...	...	2
Minimal brain damage	...	...	...	...	...	...	1

Physical defects—

Corneal opacity	...	...	...	...	...	...	1
*Dislocated lens	...	...	...	...	...	...	1
Enucleation of eye	...	...	...	...	...	...	1
Ptosis of eyelid	...	...	...	...	...	...	1
Squint	...	...	...	...	...	...	4
Partially blind	...	...	...	...	...	...	1
***Talipes	...	...	...	...	...	...	3
Shortening of tendon in feet	...	...	...	...	...	...	1
*Abnormality of wrists and hands	...	...	...	...	...	...	1
*Congenital dislocation of hips	...	...	...	...	...	...	1
Kyphosis	...	...	...	...	...	...	1
**Spina bifida	...	...	...	...	...	...	2
Abnormality of auricles	...	...	...	...	...	...	1
****Congenital heart disease	...	...	...	...	...	...	5
Asthma	...	...	...	...	...	...	1
Double Ureter	...	...	...	...	...	...	1
*Ectopia vesica	...	...	...	...	...	...	1
Fibrocystic disease	...	...	...	...	...	...	1
Coeliac disease	...	...	...	...	...	...	1
Severe anaemia	...	...	...	...	...	...	1
Cyclical neutropenia	...	...	...	...	...	...	1

Of the above defects 18, indicated by asterisks, had been present when the child was put on the register. The two cases of phenylketonuria had positive Guthrie tests in the perinatal period.

The 1969 "At Risk" register has a record linkage with the "Handicap" register. Prior to 1969, any defect occurring in an "At Risk" child was reported. From 1969, only those defects which merit inclusion on the "Handicap" register will be taken account of. In 1969, no child on the "At Risk" register was transferred to the "Handicap" register.

HANDICAP REGISTER

This is a central register in which are recorded the names and addresses of children with handicaps, together with information concerning the nature of the disability and details of the services required and/or provided for the child's care. Duplicates of these records are kept both centrally and in the Child Welfare Clinics. The initial notification is usually made by the health visitor but the clinic medical officer has the ultimate responsibility for notification to the central register. Special forms issued by the Department of Home and Health are used for notification and copies of these forms are sent to the Department so that the information can be collated by computer.

In 1969 there were 394 children notified to the register. Of this number 96 had been on the "At Risk" register. Since notification, seven children have died, nine have left Glasgow and one child was removed from the register because her suspected congenital heart lesion was not confirmed.

The types of disability noted are listed below :—

Sensory—

Deaf	...	...	...	...	...	5
Partially deaf	...	...	...	...	...	9
Blind	...	...	...	...	...	5
Partially sighted	...	...	...	...	...	19

Other sensory defect—

Strabismus	2	5
Nystagmus	...	...	...	...	2
Microtia	...	...	...	...	1

Neuro-psychiatric—

Mental defect : educable	...	...	...	...	27
Mental defect : trainable	...	...	...	...	18
Mental defect : not trainable	...	...	...	...	9
Mental defect : degree not yet determined	...	...	...	...	57
Maladjustment	...	...	...	...	1
Brain damage—cerebral palsy	...	...	...	...	37
Other brain damage	...	...	...	...	16
Epilepsy	...	...	...	...	17
Spina bifida and/or hydrocephalus	...	...	...	...	40
Speech defect	...	...	...	...	11
Other neuro-psychiatric defect	...	...	...	...	4

Orthopaedic—

Deformity of one or both upper limbs	...	...	...	...	9
Deformity of one or both lower limbs	...	...	...	...	17
Defect of spine (other than spina bifida)	...	...	...	...	2
Paralysis of limbs, back or trunk	...	...	...	...	6
Other orthopaedic defect—	...	...	...	...
Congenital dislocation of hip	...	...	...	...	17
Perthes' disease	...	...	...	...	2
Muscular dystrophy	...	...	...	...	1
Torticollis	...	...	...	...	1
Multiple bone abnormalities	...	...	...	...	1
Achondroplasia	...	...	...	...	2

Non-Orthopaedic—

Heart disease—congenital or acquired 69

Diabetes 1

Metabolic disease—

Coeliac disease 16

Cretinism 2

Fibrocystic disease of pancreas ... 5

Galactosaemia 1

Gargoylism 1

Hypercalcaemia 1

Methaemoglobinaemia 1

Phenylketonuria 2

Cleft palate and/or hare lip 17

Others—

Adrenal hyperplasia 1

Agenesis of lobe of lung 1

Albinism 1

Bilateral ptosis of eyelids 1

Biliary atresia 1

Bladder neck obstruction 1

Blood disorder 1

Bronchial cyst 1

Cyclical neutropaenia 1

Double ureters 1

Ectopic vesicae 1

Exomphalos 1

Hypospadias 3

Imperforate anus 2

Laryngeal stridor 1

Leukaemia 3

Loss of nose and facial scars 1

Rickets 1

Sideroblastic anaemia 1

Sixty-seven children each had two defects, seven had three defects each and one child had four defects.

The age at notification was as follows :—

- 7 days	...	...	...	...	0
8 - 28 days	...	...	...	...	24
29 days - 1 year	...	...	...	...	143
- 2 years	...	...	...	...	63
- 3 years	...	...	...	...	71
- 4 years	...	...	...	...	50
- 5 years	...	...	...	...	43
					<hr/> 394 <hr/>

Defects which are easily recognised such as mongolism or talipes are usually notified early but other types of handicap such as mental deficiency without stigmata may not be diagnosed until the child fails to make normal progress.

During 1969 there were twelve children notified to the register in previous years who died, thirty-five who left the City and seven were removed from the register because they were no longer handicapped.

The following table shows the total number of children under five years of age on the register as at 31st December, 1969 and gives the main disability by age and sex.

TABLE 1(B)

HANDICAPPED REGISTER

NUMBER ON REGISTER AS AT 31ST DECEMBER, 1969

MAIN DISABILITY BY AGE AND SEX

						AGE GROUPS				
						Under 1	1 to under 2	2 to under 3	3 to under 4	4 to under 5
01	Deaf	...	...	...	M	—	—	—	2	1
					F	—	—	—	—	1
02	Partially Deaf	...	...	...	M	—	—	2	2	1
					F	—	1	1	2	5
03	Blind	...	...	...	M	1	1	—	—	1
					F	—	1	1	—	—
04	Partially Sighted		...	...	M	2	3	5	3	3
					F	1	1	4	2	—
05	Other Sensory	...	...	...	M	—	—	—	—	2
					F	—	—	—	—	—
11	Mental Defect—Educable				M	—	1	3	3	7
					F	—	1	4	2	4
12	Mental Defect—Trainable				M	2	1	5	8	12
					F	1	1	6	2	6
13	Mental Defect— Not Trainable				M	—	—	3	3	3
					F	1	1	3	1	—
14	Mental Defect— Undetermined				M	6	15	16	17	24
					F	1	6	10	9	16
15	Psychosis	...	...	...	M	—	—	—	—	—
					F	—	—	—	—	—
16	Maladjustment	...	...	...	M	—	—	—	—	—
					F	—	—	—	—	—
17	Brain Damage—Cerebral Palsy				M	2	—	6	15	12
					F	1	4	5	6	11
18	Other Brain Damage	...			M	1	3	5	5	4
					F	2	4	4	2	3
19	Epilepsy	...	...	...	M	1	—	1	3	8
					F	1	—	3	5	2
20	Spina Bifida/Hydrocephalus				M	7	15	12	6	10
					F	8	10	8	12	9
21	Speech Defect	...	...	...	M	—	—	—	4	2
					F	—	—	—	—	1
22	Other Neuro/Psy. Defect				M	—	1	2	3	4
					F	—	—	1	2	1
31	Absence of Upper Limb(s)				M	—	—	—	—	—
					F	1	—	1	—	—
32	Absence of Lower Limb(s)	...	...	...	M	—	—	—	—	1
					F	—	—	—	—	—
33	Deformity of Upper Limb(s)	...	...	...	M	2	3	1	4	2
					F	1	2	1	—	1
34	Deformity of Lower Limb(s)	...	...	...	M	7	9	7	5	8
					F	4	7	5	8	4
35	Spinal Defect (Not S. Bifida)	...	...	...	M	—	—	—	—	—
					F	—	—	—	1	—
36	Paralysis	...	...	...	M	—	1	1	3	—
					F	—	—	—	2	—
37	Orthopaedic	...	...	...	M	3	1	1	1	3
					F	6	4	5	2	3
41	Heart Disease	...	...	...	M	5	19	14	11	17
					F	13	14	13	15	21
42	Diabetes	...	...	...	M	—	—	1	1	1
					F	—	1	—	1	—
43	Other Metabol.	...	...	...	M	1	5	4	16	8
					F	1	6	8	11	4
44	Cleft Palate	...	...	...	M	4	8	7	6	4
					F	4	5	4	4	3
45	Asthma	...	...	...	M	—	—	—	—	—
					F	—	—	—	—	—
46	Skin Conditions		...	...	M	—	—	—	—	—
					F	—	—	—	—	—
47	Allergic Disorder		...	...	M	—	1	—	—	—
					F	—	—	—	—	—
48	Other	...	...	...	M	6	4	—	9	12
					F	2	9	5	5	10
Total						50	91	96	130	150
Total						48	78	92	94	105

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

There was an increase from 91 to 153 in the number of children referred to the centre in 1969.

The children were referred from the following sources :—

Hospital Paediatricians	...	...	...	...	8
Family Doctors	...	...	...	...	2
Children's Department	...	...	...	...	5
Transfer from other Local Authority	...	...	...	...	1
Mental Welfare Officer	...	...	...	...	1
Local Authority Child Guidance Clinic	...	...	...	...	2
Child Welfare Medical Officers	...	...	...	...	134
Total	...	...	...	...	153

The ages of the children on referral were as follows :—

-6 mths.	6 mths.-1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	Total
5	14	24	40	43	27	153

The total number of children under supervision in 1969 was 330.

Primary diagnosis of new cases referred in 1969—

Normal	...	...	...	...	12
Developmental delay	...	...	...	...	13
Developmental Speech Disorder	...	...	...	...	4
Primary retardation	...	...	...	...	39
Mild retardation (following meningitis)	...	...	...	...	1
Retardation associated with other congenital abnormalities	...	...	...	...	2
Mongol	...	...	...	...	10
Minimal cerebral damage	...	...	...	...	3
Cerebral damage (one following meningitis)	...	...	...	...	2
Subdural Haematoma ("Battered baby")	...	...	...	...	1
Hyperkinetic syndrome	...	...	...	...	1
Cerebral palsy	{ Minimal focal signs 4 Spastic diplegia 3 Spastic Tetraplegia (one with hyperaldosteronism) ... 7 Hemiplegia ... 2 Ataxia ... 1 Atonic type ... 1 }				18
Microcephalus and micrognathia	...	...	...	...	1
Hydrocephalus	...	...	...	...	2
Spina bifida	...	...	...	...	9
Epilepsy (Grandmal)	...	...	...	...	5
Familial cerebral degeneration	...	...	...	...	2
Infantile spasms (one blind)	...	...	...	...	2
Hypothyroidism	...	...	...	...	1
Phenylketonuria	...	...	...	...	1
Hurler's syndrome	...	...	...	...	2
Partial hearing loss	...	...	...	...	3
Auditory imperception	...	...	...	...	1
Visual defects	{ Coloboma of iris 1 Myopia and nystagmus 2 Albinism ... 1 }				4

Behaviour disorders	...	...	...	...	5
Maternal deprivation syndrome	...	...	...	...	2
Disturbed parent child relationship	...	...	...	...	1
Macroglossia	...	...	...	...	1
Deformity of hands	...	...	...	...	1
Benign hypotonia	...	...	...	...	1
Deformity of leg and imperforate anus	...	...	...	...	1
Achondroplasia	...	...	...	...	2

Comment on Diagnosis.—Each year a number of children are referred whose developmental progress is causing some anxiety or who have a family history of mental retardation. Others are referred for an opinion prior to fostering or adoption. Some of these children were classed as normal after a period of observation and assessment.

Some children have a history, e.g. illness or prematurity which suggests that slight developmental delay may be temporary and that their subsequent progress will probably be normal. These were classed as cases of developmental delay rather than retarded.

Where there is no explanatory factor, such as hearing loss, mental retardation or severe emotional disturbance, children with failure or abnormally slow development of speech, were classed as cases of developmental speech disorder.

Paediatric Consultant.—Professor Hutchison continues to see cases by special arrangement at the Centre.

Educational Psychologist.—The psychologist continues to attend for one session a month. She tries to see all the children who are approaching school age at the Centre. The parent is more likely to feel that the child has had a fair test of his abilities when the test is carried out in a familiar environment.

Each new referral has a development test and this is usually repeated annually to assess progress. As the psychologist can only test two or three children at her monthly session, most of the developmental testing is carried out by the medical officers.

It is regretted that the speech therapist has not been replaced as many retarded children have delayed or defective speech.

Health Visitors.—In addition to one full-time health visitor, three health visitors from different areas of the city attend at one session a week each. They act as liaison health visitors for their own areas. There are a small number of problem families, including two with "battered babies," who occupy a disproportionate amount of the health visitors' time as they require close supervision and liaison with other social agencies as well as the local health visitor. The Centre serves a very wide geographical area. Even with a liaison visitor in some areas, the full-time health visitor has a considerable amount of travelling to do.

Children's Department.—In addition to children referred to the Centre, two visits were paid to Blairvadach Home, Rhu, to carry out developmental tests and to give relevant advice.

Liaison with Education Health Service.—As children approach school age, a joint consultation is held at this Centre with a Senior Medical Officer of the Education Health Service.

In the light of all relevant information, the probable school placing of the child can be discussed and the parent prepared for this. Parents appreciate this consultation and the opportunity to ask questions. Since the Centre started, no parent has appealed against any school placing.

The following new placements for pre-school children were made in 1969 :—

Day Nursery	...	...	...	...	6
Special Day Nursery (Broomhill)	...	...	...	...	11
Nursery Schools	...	...	...	...	18
Kelbourne (Aphasia Unit)	...	...	...	...	1
Kelvin Nursery for Visually Handicapped	...	...	...	...	2

Many more of the children could benefit from attendance in ordinary nurseries or in Special nurseries, but there is a shortage of places in all types of nursery provision.

There are grossly handicapped children who are unlikely to benefit from training, but whose case imposes considerable strain on the family. There is a great need of day care to relieve this strain which falls mainly on the mother.

The Association for the Mentally Handicapped continues to provide valuable help in admitting children to the Day Centre at

Laurieston House, but their resources are now being strained. The Association also admits children for short term residential care to Stuart Home, Cove.

Since October, 1969, the Centre has been collaborating with the Department of Virology, Ruchill Hospital, in an investigation into the relation of virus infection of mother to handicap in children.

Parents' Group.—The three meetings held in 1969 were so well attended that it was difficult to accommodate all the parents in the waiting hall at the Centre. A good proportion of fathers attend, and this gives some an opportunity to meet Centre staff, and to discuss their problems. In saying this, one must comment that a number of fathers make quite an effort to arrange to come to a consultation at an ordinary clinic session.

THE BALVICAR CENTRE (CHILD DEVELOPMENT)

In 1969, 137 new cases—93 males, 44 females were referred to the Centre (1968—91 new cases, 58 males, 33 females). It will be noted that during the past year the number of new cases referred has much increased, probably due to the spread of information regarding the function of the Centre. To deal with this heavier case load, the staff and accommodation have had to be augmented.

The sources of referral are shown in the table below :—

Age Source	— 6 mths.		6 mths.-1		1-2		2-3		3-4		4-5		Total		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Child Health Medical Officers ...	4	1	6	2	16	12	19	11	17	5	14	4	76	35	111
General Practitioners ...	—	—	1	1	1	—	4	2	1	1	3	1	10	5	15
School Health Service ...	—	—	—	—	—	—	1	—	1	—	1	—	3	—	3
Hospitals ...	—	—	—	—	1	—	1	1	—	—	—	—	2	1	3
Children's Department ...	—	—	—	—	—	1	—	1	—	—	—	—	—	2	2
Transferred in ...	—	—	—	—	—	1	—	—	2	—	—	—	2	1	3
Total ...	4	1	7	3	18	14	25	15	21	6	18	5	93	44	137

ANALYSIS OF AGE, SEX AND SOCIAL CLASS

Social Class	— 6 mths.		6 mths.-1		1-2		2-3		3-4		4-5		Total		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
I	—	—	1	—	—	2	1	—	1	—	—	—	3	2	5
II	1	—	1	—	2	1	—	1	4	1	—	—	8	3	11
III	3	1	4	3	7	6	11	6	10	2	2	4	37	22	59
IV	—	—	—	—	4	2	6	3	4	3	9	1	23	9	32
V	—	—	1	—	5	3	7	5	2	—	7	—	22	8	30
Total ...	4	1	7	3	18	14	25	15	21	6	18	5	93	44	137

Most of the referrals continue to be from Child Health Medical Officers who are knowledgeable about developmental paediatrics and strategically placed to discover patients.

Routine return visits to the Centre numbered 298 (180 males, 118 females) and the total number of children on the register at the end of 1969 was 286.

<i>Condition or Diagnosis—</i>	Male	Female	Total
N.A.D.	7	6	13
Cerebral Palsy	7	6	13
Spina bifida/Hydrocephalus ...	3	9	12
Congenital Disease of the Hip	—	1	1
Talipes	—	1	1
Cleft Palate	1	2	3
Deaf	1	—	1
Partially Deaf	—	2	2
Blind	1	1	2
Partially Sighted	1	—	1
Visual Defects	15	10	25
<i>Minimal Cerebral Dysfunction—</i>			
Dysphasia	12	3	15
Aphasia	2	—	2
Hyperkinesia	1	1	2
Epilepsy	2	1	3
Cretinism	1	—	1
<i>Syndromes—</i>			
Down's	2	3	5
Klippel Feil	—	1	1
Laurence-Moon-Biedl	1	—	1
Treacher Collins	1	—	1
Hurler's Disease	—	1	1
Mental Retardation	27	17	44
Physical Defects, including			
Anaemia, etc.	6	2	8
Behaviour Problems	21	7	28
Adverse Social Conditions ...	11	6	17
	<hr/> 123	<hr/> 80	<hr/> 203

Experience has shown how necessary it is to screen *all* new patients for Hearing, Vision and Psychological Testing in order to unmask additional handicaps. Consultant advice has been sought and freely given and has proved the value of a multi-disciplinary team in this type of work. Each patient has had a programme of management arranged to suit his own individual needs.

Children seen by Visiting Consultants (at Balvicar Centre)—

	Male	Female	Total
Ophthalmologist	45	31	76
Orthopaedic Surgeon	71	58	129
Otologist	7	4	11
Paediatrician	33	19	52
Psychiatrist (Mental Deficiency)	8	4	12
Neurologist	17	15	32
Educational Psychologist ...	35	17	52
Audiologist	86	43	129
	<hr/> 302	<hr/> 191	<hr/> 493
Griffiths Assessments carried out by Medical Officers at Centre	79	44	123

Special Day Nursery.—During the year there were 15 admissions (8 boys and 7 girls) and 13 dismissals (9 boys and 4 girls).

The Nursery is working to capacity and there is a waiting list for admission. During the year there has been a gradual change in the composition of the staff from full-time younger trained assistants to more mature women working part-time. They are untrained but interested and willing to learn. As they are unlikely to leave the district and are potentially able to give many years' service, it would be good policy to organise for them a course in the care of pre-school handicapped children leading to a special certificate or diploma.

<i>Play Therapy—</i>				Male	Female	Total
Number of children attending						
Play Therapy Groups	...			32	21	53
Number of New Patients	...			20	14	34
Total Attendances	...	...		296	335	631

In Play Therapy, too, there is always a waiting list and the therapists have dealt with as many patients as possible. The above figures prove that parents appreciate this help and bring the children regularly.

<i>Physiotherapy—</i>				Male	Female	Total
Number of children attending for treatment						
...	...	...		10	8	18

A physiotherapist attends on two days each week. Here as in other branches of developmental paediatrics early treatment shows promising results.

<i>Speech Therapy—</i>				Male	Female	Total
Number of children attending for Speech Therapy						
...	...	...		10	4	14

In the first six months of the year no speech therapist was available but since July there has been a resumption of this service and the waiting list is now being tackled.

<i>Analysis of Dismissals</i>				Male	Female	Total
Ordinary School	...	...	...	14	5	19
Special School	...	...	...	8	2	10
Occupational Centre	...	...	...	6	4	10
Unfit for Education or Training	...	...	...	5	2	7
Permanent Residential Care	...	...	...	2	2	4
<i>Nursery Class—</i>						
Kelbourne School	...	...	...	3	—	3
Parkhouse School	...	...	...	1	—	1
Kelvin School	...	...	...	—	2	2
Problem resolved	...	...	...	1	—	1
<i>Children's Department Cases—</i>						
Assesment Complete	...	...	...	2	2	4
Transferred outwith Area	...	...	...	11	5	16
Home Tuition	...	...	...	1	—	1
N.A.D.	...	...	...	4	—	4
Refused to return to Centre	...	...	...	3	—	3
Died	...	...	...	2	2	4
				<hr/> 63	<hr/> 26	<hr/> 89

Voluntary Workers.—Twelve ladies continue to assist with Play Therapy, Transport and general duties. This contribution to the work of the Centre is most valuable and enables the staff to deal with the ever increasing load.

Teaching and Research.—Students are referred to the Centre for instruction in developmental paediatrics as follows :—

Post Graduate Course in Mental Deficiency, Glasgow University.

Social Science Course, Glasgow University.

Glasgow Training School for Health Visitors.

In addition, 43 architectural students visited the Centre and several students have been assisted to carry out individual projects.

Parents' Meetings.—As well as the counselling given to parents by the staff as a routine procedure, meetings have been held in the evenings. Attendances at these meetings (50 to 60 parents) prove the worth of this form of supportive service. Parents often express their appreciation of the opportunity to meet others who have similar problems.

General Remarks.—Even after five years visitors still come and are welcomed at the Centre. Among these who came were :—

A Health Education Officer from Turkey.

Two Medical Officers of Health from the United Kingdom.

A French Medical Officer.

A Scottish Nun from Japan.

Representatives from the National Society for the Blind.

Representative from the Scottish Society for Mentally Handicapped Children.

Representative from the National Bureau for the Co-operation of Child Care.

The staff have lectured to The Spina Bifida Association, Woman's Guilds and other organisations. The work of the Centre was mentioned in the BBC programme "Current Account."

Future Plans.—Attention must still be directed to the early detection and full assessment of all handicaps in order to provide the best management and treatment. In this way appropriate education or training can be provided in order that each child may reach his potential and so lead as happy and useful a life as possible.

SOCIAL PAEDIATRIC RESEARCH GROUP

Staff Changes.—Miss Nicholson left in August to take up an appointment in the Department of Medicine in relation to Computing, University of Glasgow.

Research Projects.—An outline of the research being conducted by the Group is given below. In all these investigations valuable help has been received from the University Department of Child Health and from the Health Department's medical, health visiting, maternity and clerical staff and the Corporation's computer department. 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.

1. *Linkage system for child-health records.*

The most important developments in 1969 were the introduction of an automated system of immunisation appointments and the use of the computer-held data bank to compile registers of children considered at high risk of developing a handicapping condition because of certain well-defined risk criteria.

Computer analyses were made of births in 1968 and the related perinatal deaths. Some of these data were condensed into tables for distribution to Health Department staff, consultant obstetricians and paediatricians and to members of the Scottish Home and Health Department. They showed that selection for domiciliary confinement was still far from ideal, although in some respects better than the previous year. The over-all hospital confinement rate had risen from 84.5 per cent. in 1967 to 87.6 per cent. in 1968, but only 82.0 of women having a fourth or subsequent birth were delivered in hospital (75.5 per cent. in 1967) and 87.7 per cent. of those with a history of previous stillbirth (84.3 per cent. in 1967). More than a third (34 per cent.) of all perinatal deaths occurred in fourth or subsequent births; the proportion of such births is higher in Glasgow (24 per cent.) than in the rest of Scotland (17 per cent.) or in England and Wales (17 per cent.). The wider spacing of pregnancies, a restriction of family size and better selection of cases for home confinement are important matters on which action is needed if the perinatal mortality rate in Glasgow is to be reduced significantly.

2. *The utilisation of maternity care.*

Dr. Hamilton made a detailed study of the cases handled in 1967 by the Domiciliary Midwifery Service.

3. *Studies in child development.*

Dr. White completed the visiting of a random sample of children at ages 40 and 52 weeks and began the second phase of this investigation, viz., a longitudinal study at 12-weekly intervals of a random sample of children from birth to 52 weeks. The data are being processed by computer and Mrs. Sweenie is exploring the use of clustering techniques in the analysis of such data.

4. *Confidential enquiry into infant deaths.*

Miss McIntosh completed the domiciliary visiting in this investigation of infant deaths occurring after the age of one week. Of 230 such deaths between October, 1968 and September, 1969, it has proved possible to visit 200 (87 per cent.) and the information recorded is being supplemented by health visitor, general practitioner and hospital reports.

5. *Studies of spina bifida.*

A study was begun of the surviving Glasgow children with spina bifida born in 1964-68. Miss McIntosh is interviewing the parents in order to investigate the problems presented by having a handicapped child, the services available for these children and the use being made of them. An extension of this survey will be to determine the future educational and social needs of children with spina bifida.

Other activities.—The Society for Social Medicine held its annual three-day meeting in Glasgow in September, 1969 and all members of the Group were actively involved in the organisation of the meeting in conjunction with the University Department of Epidemiology and Preventive Medicine. Dr. White read a paper on "A domiciliary investigation of child development in Glasgow" at the opening session.

Dr. Richards spoke on "Parental Attitudes and Child Health" at the annual meeting of the British Paediatric Association in Scarborough and read a paper on "Congenital Malformations in South Wales" at the Third International Conference on Congenital Malformations at The Hague.

Dr. Geneviève Massé of L'Ecole Nationale de la Santé Publique visited the Group in September.

Publications :—

Richards, I. D. G. "Rickets in Britain." *Nursing Mirror* (1969) **128**, No. 3, 26.

Richards, I. D. G. "Congenital malformations and environmental influences in pregnancy." *Brit. J. prev. soc. Med.* (1969), **23**, 218.

Richards, I. D. G., Hamilton, F. M. W. and Nicholson, M. F. "Perinatal Mortality in Glasgow." *Hlth. Bull.* (1969), **27**, 43.

HEALTH VISITING SERVICE

The year 1969 saw a further reduction in the number of staff. Nine full-time and two part-time Health Visitors were appointed and we lost twenty-five.

Two Health Visitors died.

Six retired.

One joined the Tutorial Department as Tutor to Hospital Student Nurses.

Three transferred to School Health Service.

Two were expecting babies.

One married and left the area

Ten took up posts in other areas.

Of the ten to other posts six went to East Kilbride where housing and car allowances are provided. Of fourteen Health Visitors on Contract till the end of August only six remained on the staff. We have at present twelve Health Visitors on contract until August, 1970.

Eight Health Visitors are attached to group medical practices. Many requests by general practitioners for attachment of Health Visitors have been made but because of staff shortage we are unable to satisfy these demands, and still cover the city geographically.

Five clinics now undertake family planning sessions usually in conjunction with cytology clinics. This year two more Health Visitors have taken the special course of instruction run by the Family Planning Association.

Despite fewer staff the Health Visitors have met the demands for training of student nurses, nurses doing further educational courses after registration, and students from other disciplines.

Twelve have continued to work half-time in Mental Health After-care and to assist in two evening clubs run for the clients of psychiatric units.

Seven Health Visitors are attached to Assessment Clinics for handicapped children and give support to the parents of the handicapped child.

Talks to groups, townswomen's guilds, young wives and mothers, citizens' associations, etc. dealing with home safety, use and abuse of drugs, childhood disorders, Health Visiting, etc. have been given in many places in the City and a number of these meetings take place in the evenings.

A campaign for Polio Vaccination in March to try to bring all toddlers, whose parents had failed to have them protected, into line was disappointing despite great effort expended.

Now the computer has taken over the notification of parents when their children's immunisation is due, it is to be hoped that the response will be good enough and that the follow-up of defaulters will be limited.

HEALTH AND TUBERCULOSIS VISITING

The following table shows the number of home visits and cases attended by the Health Visiting staff in 1969.

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 ...	...	...	...	...	...	...	2,278	2,278
2. Children born in 1969 ...	...	...	...	...	...	...	16,668	59,562
3. Children born in 1968 ...	...	...	...	...	...	...	16,494	56,809
4. Children born 1964-67 ...	...	...	...	...	...	...	44,820	83,082
5. School children ...	...	...	...	...	...	...	10,652	10,231
6. (a) Persons aged 65 and over ...	...	...	...	...	...	...	263	1,351
(b) Persons included above who were visited at the special request of a general practitioner or hospital							179	994
7. (a) Mental Health: care and after-care ...	...	...	...	...	...	...	863	8,725
(b) Persons included above who were visited at the special request of a general practitioner or hospital							854	5,381
8. (a) Other hospital after-care ...	...	...	...	...	...	...	47	148
(b) Persons included above who were visited at the special request of a general practitioner or hospital							—	—
9. Tuberculous households ...	...	...	...	...	...	...	7,934	8,589
10. Other infectious diseases ...	...	...	...	...	...	...	527	718
11. Other ...	...	...	...	...	...	...	—	472
Total ...							101,579	238,240

HEALTH VISITOR TRAINING SCHOOL

The 1968/69 Course of Training commenced on Monday, 2nd September, 1968, with a total of 26 students. Of this number, 12 were sponsored by the City of Glasgow Corporation and the remaining 14 were sponsored by 10 County Councils and County Burghs in Scotland. One student sponsored by the County Council of Ayrshire withdrew from the Course in February, 1969.

The vacancy created by the resignation of a member of the tutorial staff in April, 1968 has still not been filled, and this depletion of the establishment has made extra demands on the tutors still in post.

The theoretical content of the Course was covered by the excellent team of lecturers from the University of Glasgow and the University of Strathclyde, members of departmental medical staff and tutors to the Course. Other lecturers from allied statutory and voluntary services also participated. The interest and enthusiasm of all concerned is much appreciated.

Arrangements for practical work followed a similar pattern to that of the previous year. Fifteen fieldwork instructors in Glasgow and surrounding County Councils were responsible for teaching in the practical field and maintaining close liaison with the tutorial staff. Fieldwork Instructors attended a number of seminar sessions in the Training School and group discussions were arranged from time to time both in the School and at practical work centres. Other members of health visiting staff and personnel in allied services also participated in practical training thus ensuring as wide an experience as possible for the student. As in past years there was good co-operation from Local Authorities outwith Glasgow, staff of Woodilee Hospital and other agencies in making arrangements for practical work and visits of observation.

Following established procedure, in accordance with the rules of the Council for the Training of Health Visitors, each student submitted four family case studies and a project which formed the basis for the oral examination. The written and oral parts of the qualifying examination were held in May and June, 1969, the Training School staff being responsible for the organisation and general arrangements. The Moderating Committee was attended by the Internal and External Examiners to the Course. The Council for the Training of Health Visitors was represented at this Meeting by the Professional Adviser

who acts as liaison between the Council and the Training School. Dr. J. L. Burn, Medical Officer of Health for Salford and Miss M. B. Nation, Principal Health Visitor Tutor, City of Leicester, acted as External Examiners.

Twenty-three (23) students were successful in the Examination ; one passed with distinction, one was referred in one written paper and one in the oral examination. Both were successful in the re-sit examination in December, 1969.

Following the oral examination in June all students completed the required period of practical work placement, under the supervision of experienced health visitors, to qualify for the award of the Certificate of the Council. Superintendent Health Visitors and County Nursing Officers were most helpful in making arrangements for these placements.

The Prize-giving Ceremony was held in the Banqueting Hall of the City Chambers on Friday, 22nd August, 1969. The presentation of awards and Training School Certificates was made by Miss E. W. Himsworth, Interim Chief Nursing Officer, Scottish Home and Health Department. Dr. A. R. Millar, Medical Officer of Health, presided over the function.

PUBLIC HEALTH TRAINING OF STUDENT NURSES

The Public Health Training for student nurses continued at 3 Lancaster Crescent, under the organisation and administration of the Health Visitor Training School. There were 14 courses completed during the year, each course consisting of a three week programme of combined theoretical and practical tuition by various members of the Health and Welfare Department.

The Training was similar to that of previous years, with a few modifications and extensions of the syllabus content. One morning is now devoted to the work of the various Voluntary Organisations, and one afternoon to the work of the Mental Health After-Care Health Visitor.

The nurses, who were seconded from the six general hospitals in the City, expressed their appreciation of the efforts of all involved in making this secondment interesting and stimulating.

At the end of the session, 378 student nurses had completed training compared with 399 in 1968. This number included 21 male student nurses, as compared with 18 male students in the previous year.

DOMICILIARY MIDWIFERY SERVICE

In 1969 the number of registered midwives practising in the City was 74. Of these, 52 were full-time domiciliary midwives in the service of the Corporation and 5 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 five now employed are fully trained and qualified and have carried out their duties in an excellent manner. Of the remainder, 9 were Queen's Nurses engaged in full-time midwifery and other 8 midwives were employed in association with maternity homes.

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 1969, of the 2,766 applications, 264 were not made till the seventh and 218 till the eighth month of pregnancy. No less than 51 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 1,214 cases, paying 12,748 antenatal visits and 22,458 during the puerperium, while the Queen's Nurses attended 186 cases, to whom they paid 5,549 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 2,021 of these, costing 18s. 4d. each, were issued free of charge in 1969.

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.

Entonox 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 54 of the midwives are approved by the Central Midwives' Board. During the year, 284 pupils from the above hospitals attended 824 confinements and made 9,761 puerperium and 3,830 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 12 midwives are authorised to attend.

The following table shows the work carried out by the midwives during 1969.

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 confinement	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 ...	490	124	538	62	1,214
(b) Midwives employed by voluntary organisations	63	79	44	—	186
(c) Total	<u>553</u>	<u>203</u>	<u>582</u>	<u>62</u>	<u>1,400</u>

Fees to doctors attending emergency cases amounted to £6 14s.

OPHTHALMIA NEONATORUM

The number of cases of ophthalmia neonatorum notified during 1969 was 29.

The cases were classified as follows :—

Gonococcal ophthalmia	...	6
Purulent conjunctivitis	...	16
Simple conjunctivitis	...	7

Age at onset was as follows :—

- 12 hours	...	...	2
- 4 days	...	...	9
- 8 days	...	...	13
+ 8 days	...	...	5

Attendance at birth was as follows :—

General Practitioners	...	6
Institutions	...	23
District Nurses	...	—
Midwives	...	—

Bacterial examination was carried out in 24 cases with the following results :—

Gonococcus	...	6
Staph. aureus	...	2
Staph. albus	...	2
Str. viridens	...	1
Str. Alpha-haemolytic	...	1
E. coli	...	1
No pathogen found	...	11

In five cases no swab was taken prior to notification.

Eight cases were admitted to Ruchill and one to Belvidere.

Although there were eight notifications more than in 1968 it is felt that notification is far from complete. The number of gonococcal ophthalmias decreased by three.

WELFARE FOODS,

DETAILED ACCOUNT OF THE YEAR'S WORKING, 1969

The distributions 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 34 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.

A list of distribution centres and their hours of opening is attached to this Report.

The welfare price of National dried milk was increased from 10½d. to 2s. 4d. per packet 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 factor being babies now being given solid foods at a much earlier age.

National dried milk may be purchased at a price of 4s. per Packet if no valid token is available. The average weekly issues of such milk in 1969 was 188 as compared with 223 in 1968 and 262 in 1967.

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. Year 1969, Glasgow, has shown a slight increase in demand for vitamin products.

VITAMIN PRODUCTS

PERCENTAGE UPTAKE OF POTENTIAL

	1969	1968	1967	1966	1965	1964	1963
Orange Juice ...	7%	6%	6.8%	6.4%	6.2%	5.8%	4.9%
Cod Liver Oil ...	3%	3.2%	3.7%	3.7%	4.3%	4.9%	3.9%
A. & D. Tablets...	13%	11%	10%	9.7%	9.2%	9.4%	7.9%

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

Staffing has now become a major problem with a big turnover in most groups, nursing, speech therapy, ancillary medical staff as well as in medical officers. In the latter group, a large amount of the work is being carried out by young married women doctors who are prepared to give one or two weekly sessions, usually only in the forenoons. Without them the basic work could not continue. Few medical men now present themselves for whole time work in the field.

This means of staffing does not provide for that continuity of service which enables adequate advisory and supportive help to be given to teachers and parents.

While an annual time-table is prepared for every educational establishment and clinic, the staffing situation accounts for a high percentage of administrative time as gaps have to be filled at short notice, necessitating personnel moving wide distances throughout the City.

The Scottish Home and Health Department made an analysis of the 1968 figures (the first year of the computerised card) and commented on the range of defect reported by authorities. In this review, Glasgow has much lower figures than other areas for Colour Blindness, Impaired Hearing, Undescended Testes and to a lesser degree for Verruca, Enuresis, Asthma and Minor Orthopaedic conditions. On the other hand, Pediculosis and Dental Caries were each much above the national average.

The prescribed tables appended show the pattern of work. In general, fewer children have been examined medically as staff have had to be directed towards other special examinations, and aspects of work. Except for the heights of Entrant boys, heights and weights are lower than last year's figures and, as is usual, below the average for Scotland as a whole. Table 7 shows the heights and weights of Glasgow school children over the whole period of 60 years of routine medical inspection. This shows a continual rise until the 1960's when there is then a levelling out.

Pediculosis still defeats all the methods employed to eradicate it. The numbers examined and treated this year have increased as a result of transference of nurses previously employed by the Divisions.

The secondment of hospital Consultants to attend at out clinics is of great help to the Service and it is gratifying to record the increas-

ingly helpful working arrangements with the Paediatric Units, which operate on a mutual help basis to the benefit of the school child, whether it be the problem of Enuresis, a request for the School Meals Service to supply special diets for Coeliac and other conditions, or for interchange of information on children who may require special education.

The Health Education scheme which dates from 1960 continued during the year as an integral part of the work of the Service. Dr. Alison E. Mack, in an article on page 101 of this report, discusses the increasing need for health teaching. No full-time staff were wholly employed on health education but seven full-time school medical officers were partly employed and devoted 156 sessions to this work during the year. Of the part-time school medical officers, six were wholly employed and two partly employed on health education giving 524 and 121 sessions respectively. Health visitors to the number of 34 (including those in their contract year) gave part of their time to health teaching, devoting 515 sessions altogether to this work during the year. At the present time health teaching is provided in: 48 secondary and 31 primary schools, 10 schools for the handicapped, 1 approved school and 10 colleges of further education.

FACILITIES FOR 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	1	—	—	—	—
155 Craik Street, E.1	...	...	...	1	1	2	—	—	—	—
23 Acorn Street, S.E.	...	...	...	1	1	2	—	—	—	—
10 Redan Street, S.E.	...	...	...	—	—	1	—	—	—	—
22 Arnprior Quadrant, S.5	...	...	...	1	1	—	—	—	—	—
Ashtree Road, S.3	...	...	...	1	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	2	—	—	—	—
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	—	—	—	—

Two mobile dental units were functioning during the Session—No. 1 Unit at Castlemilk and No. 2 at Easterhouse.

Other treatment facilities provided were as before.

CO-ORDINATION WITH OTHER DEPARTMENTS OF THE AUTHORITY

During six weeks in July and August, 1969, 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: 84 boys and 91 girls; total 175.

MEDICAL EXAMINATION OF SCHOOL MEALS STAFF

			Numbers Summoned	Attended	Numbers Found Fit	Unfit	Number Deferred
<i>New Cases—</i>							
Full-time	...	...	1,039	758	678	55	25
Part-time	...	...	363	281	259	19	3
<i>Old cases—</i>							
Routine Examinations			418	349	347	2	—
			<u>1,820</u>	<u>1,388</u>	<u>1,284</u>	<u>76</u>	<u>28</u>

MEDICAL TREATMENT

School clinics referred to hospital 333 cases (218 boys and 115 girls), the ailments from which they suffered being as follows:—

Skin—					Boys	Girls
Wounds, etc. (minor injuries)	...	...	...	...	91	32
Fractures	...	...	...	...	28	18
Other skin conditions	...	...	...	...	56	48
General	...	...	...	...	17	9
Eye	...	...	...	...	22	5
Ear, Nose and Throat	...	...	...	...	4	3
					<u>218</u>	<u>115</u>

Glasgow Convalescent Home, Lenzie, continued to admit children during the year ending 31st July, 1969. One hundred and sixty-five children were summoned to school clinics for preliminary medical examination and, of the 122 who attended, 117 were considered suitable for admission to the Home.

During June, July and August, 18 children were summoned to school clinics for preliminary medical examination prior to going on holidays organised by the W.R.V.S. Sixteen children attended, 15 of these being considered "fit" and 1 "unfit."

(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. :

<i>Details of new cases—</i>	Boys	Girls	Total
Cuts, bruises, sprains, etc. ...	2,464	1,699	4,163
Burns and scalds ...	201	137	338
	<hr/> 2,665	<hr/> 1,836	<hr/> 4,501

The attendances are included with those for skin conditions (page 89).

(2a) DISEASES OF THE EAR

EXAMINED ONLY—	Boys	Girls	Total
Recommended operation for tonsils and/or adenoids ...	96	74	170
Other operations recommended	22	10	32
Referred to hospital ...	12	12	24
Single visit cases ...	241	207	448
	<hr/>	<hr/>	<hr/>
Totals ...	371	303	674

TREATMENT AT CLINICS—

<i>Details of new cases—</i>	Boys	Girls	Total
Chronic suppurative inflammation (Otorrhoea)—Single ...	74	67	141
Double ...	4	8	12
Results of above diseases ...	23	12	35
Retracted membrane ...	9	9	18
Chronic aural catarrh ...	18	14	32
Ceruminous collection (wax)	61	58	119
Nasal catarrh ...	28	11	39
Laryngitis ...	5	6	11
Polypus ...	2	1	3
Other diseases ...	92	80	172
	<hr/>	<hr/>	<hr/>
	316	266	582
Cases from previous session ...	370	280	650
	<hr/>	<hr/>	<hr/>
Totals ...	686	546	1,232
	<hr/>	<hr/>	<hr/>
Clinic attendances of above cases ...	6,046	5,068	11,114
	<hr/>	<hr/>	<hr/>

boys and 720 girls) were
n by aurists. Of that total
tend, the remainder being

	Girls	Total
82	177	
4	29	
51	120	
47	95	
62	130	
2	4	
290	697	
<hr/>	<hr/>	
538	1,252	

ed for audiograms and for
icers attached to ear clinics,

and 90 (52 boys and 38 girls) ;
; front seat 11 ; lip-reading
tion 8.

in the audiometric surveys, Florence Street Chest Clinic, with the results as shown. Condition.

Totals		Totals	
Boys	Girls	Boys	Girls
4	22	18	40
1	10	5	15
2	4	7	11
—	3	—	3
—	3	—	3
—	—	—	—
7	42	30	72
—	—	—	—

(2b) DEFECTIVE HEARING

During the year ended 31st July, 1969, the work done in connection with cases of defective hearing was as follows :—

Classification—Pupils to the number of 660 (380 boys and 280 girls) were summoned with a view to grading as regards special education and, of that total, 406 (238 boys and 168 girls) attended, 7 being graded for deaf classes and 16 for partly deaf classes. The specialist also made the following recommendations :—

Audiogram, 32 ; hearing aid, 33 ; clinic treatment, 7 ; front seat in class, 30 ; lip-reading, 34 ; tonsil/adenoid operations, 22 ; aphasia class, 5 ; speech therapy, 11 ; and other recommendations, 10.

Hearing Aids—47 children (25 boys and 22 girls) had hearing aids recommended and supplied. Proprietary aids were recommended by the specialist for 5 boys attending the school clinic.

Audiograms—1,246 (728 boys and 518 girls) were tested by audiogram at Florence Street Audiometric Clinic.

(3) DISEASES OF THE EYE, EXCLUDING DEFECTIVE VISION

<i>Details of new cases—</i>	Boys	Girls	Total
Blepharitis	234	204	438
Hordeolum (Stye)	126	126	252
Conjunctivitis, catarrhal ...	79	72	151
Conjunctivitis, muco-purulent	7	4	11
Ophthalmia, strumous (includes Phlyctenular conjunctivitis and keratitis)	—	—	—
Keratitis (interstitial) ...	—	—	—
Corneal ulcers	—	—	—
Corneal opacities	—	—	—
Dacryocystitis	1	—	1
Epiphora	—	—	—
Injuries	36	10	46
Other diseases	18	23	41
Single visit cases	194	204	398
	<hr/> 695	<hr/> 643	<hr/> 1,338
Cases from previous session ...	19	22	41
	<hr/> 714	<hr/> 665	<hr/> 1,379
Clinic attendances of above cases	3,236	3,025	6,261

(4a) DISEASES OF SKIN, EXCLUDING RINGWORM AND FAVUS

<i>Details of new cases—</i>				Boys	Girls	Total
Scabies ... ..	...	...	...	701	646	1,347
Pediculosis capitis ... ..	...	...	...	24	49	73
Impetigo contagiosa ... ..	...	...	...	1,053	693	1,746
Ped. cap. and imp. cont. ... ..	...	...	...	65	72	137
Ecthyma ... ..	...	...	...	16	13	29
Dermatitis seborrhoeica ... ..	...	...	...	39	56	95
Eczema ... ..	...	...	...	52	68	120
Alopecia areata ... ..	...	...	...	1	5	6
Psoriasis ... ..	...	...	...	6	8	14
Herpes zoster (shingles) ... ..	...	...	...	27	35	62
Lupus ... ..	...	...	...	5	1	6
Ulcers and abscesses ... ..	...	...	...	506	342	848
Urticaria ... ..	...	...	...	334	396	730
Warts ... ..	...	...	...	610	776	1,386
Other skin diseases ... ..	...	...	...	308	340	648
Single visit cases ... ..	...	...	...	2,111	1,917	4,028
				5,858	5,417	11,275
Cases from previous session ... ..	...	...	...	270	257	527
Totals ... ..	...	...	...	6,128	5,674	11,802
Clinic attendances of above and ringworm cases ... ..	...	...	...	60,777	56,456	117,233
<i>Special Cleansing Clinics—</i>						
New Cases, 1,623 ; Attendances, 4,924.						

(4b) SPECIAL SKIN CLINIC	Boys	Girls	Total
New cases	29	15	44
Attendances	131	214	345
(4c) BATH TREATMENT OF SCABIES	Boys	Girls	Total
Cases receiving baths	951	1,001	1,958
Baths given	3,377	3,241	6,618

(B) DEFECTIVE VISION

(a) CASES DEALT WITH AT REFRACTION CLINICS

Subjected to refraction—				Boys	Girls	Total
Spectacles prescribed ... ..	...	...	...	2,526	2,204	4,730*
Spectacles not prescribed—						
For further treatment ... ..	...	...	...	...	...	2,524
No treatment required ... ..	...	...	...	...	...	977
						8,231
Not subjected to refraction—						
For further treatment ... ..	...	...	...	...	...	194
No treatment required ... ..	...	...	...	...	...	170
Postponed ... ..	...	...	...	...	...	352
						716
Total number dealt with at refraction clinics ... ..	...	...	...	...	...	8,947
Number of clinics held ... ..	...	...	...	...	...	894
Average number of children per clinic ... ..	...	...	...	...	...	10
Average number subjected to refraction at each clinic ... ..	...	...	...	...	...	9.2

* See page 90

At school clinics, five new occlusion cases were put on treatment while an additional 393 children were kept under observation. The number of children referred to hospital for further treatment was 225 and a further 887 were put off treatment.

At the end of the school session approximately 11,726 children were awaiting refraction, distributed as follows :—

New cases, 672 ; " failed to attend," 8,695 ; retests, 2,359.

*Classification of refraction errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	M.xA.		
1,042	1,654	903	481	603	47	4,730

(b) PROVISION OF SPECTACLES

New cases were supplied with spectacles under the scheme to the total of 4,404. The nickel type was provided in 1,107 instances free of charge and the cellulose acetate in 3,297 on payment by each parent of a contribution towards the cost. In addition one child who was allergic to nickel was supplied free of charge with the cellulose acetate type.

Replacements and repairs totalled 1,182, the details being as follows :—new lenses, 216 ; replaced lenses, 318 ; frames, sides, etc., 648 (nickel 170, cellulose acetate 478). A contribution towards the cost of replacement or repair was made by the parent in 445 instances. The other 33 had minor repairs done to the cellulose acetate type without the necessity of asking the parent to pay anything.

(c) KEYSTONE VISION CASES DEALT WITH AT REFRACTION CLINICS

Included in the figures in (a) on previous page are 907 cases which emanated from the testing of children's vision in schools by the Keystone apparatus. Of these, 867 were subjected to refraction, *422 (208 boys and 214 girls) of these having glasses prescribed, whilst 269 were referred for further treatment and 176 were considered as not requiring treatment. The remainder, 40, were not subjected to refraction and were noted " for further treatment " (14), " no treatment required " (12) and " postponed " (14).

*Classification of refraction errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	M.xA.		
114	173	65	22	47	1	422

At the end of the school year 1,013 children were awaiting refraction, all in the category " failed to attend."

The results of Keystone screening in schools are given on page 130.

(d) CONSULTANT AT KELVIN SCHOOL

Dr. William Wilson, Consultant Ophthalmologist, attended Kelvin School during the year on 7 occasions and the treatment was as follows :—

<i>Subjected to refraction—</i>	Boys	Girls	Total
Spectacles prescribed ...	17	10	27*

*Classification of refraction errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	M.xA.		
6	7	5	9	—	—	27

(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 1968-69.

	Boys	Girls	Total
Mearns Kirk Hospital	243	236	479
Ear, Nose and Throat Hospital	50	36	86
	<u>293</u>	<u>272</u>	<u>565</u>
Clinic (including Hospital) attendances	...	...	1,335

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 operations 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, 1969 (including a number recommended other forms of treatment before operation) totalled 610 (357 boys and 253 girls).

(ii) OTHER EAR, NOSE AND THROAT OPERATIONS

In addition to those treated for tonsils and/or adenoids, children to the number of 75 (39 boys and 36 girls) were admitted to Mearns Kirk and Ear, Nose and Throat Hospitals 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	Total
Number of children examined by School Medical Officers ...	490	464	954
Orthopaedic Surgeon ...	759	620	1,379
Number of attendances of " old cases " reporting for observation	1,019	784	1,803

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

	Boys	Girls	Total
<i>Details of new cases put on treatment at Clinics—</i>			
Deformities of spine (kyphosis, lordosis, scoliosis) ...	111	122	233
Paralysis, infantile and other	36	19	55
Flat-foot and other deformities of the foot ...	177	177	354
Wry-neck (torticollis) ...	5	5	10
Deformities of chest ...	101	36	137
Knock-knees ...	66	70	136
Others ...	9	16	25
	<hr/> 505	<hr/> 445	<hr/> 950
Cases from previous session ...	210	144	354
	<hr/> 715	<hr/> 589	<hr/> 1,304

	Boys	Girls	Total
<i>Discharged from Orthopaedic Clinic—</i>			
Fit ...	374	328	702
For Hospital treatment ...	3	1	4
Transferred to other clinic or treated by appliances ...	14	11	25
For other reasons (leaving school, improved, etc.) ...	130	94	224
	<hr/> 521	<hr/> 434	<hr/> 955
Number still on treatment ...	138	120	258
Number of attendances made by children for treatment	7,291	6,151	13,379

DEFORMITIES TREATED IN SPASTIC UNIT

Treatment provided in the two departments was as follows :—

	No. of Cases Treated			No. of Treatments		
	Boys	Girls	Total	Boys	Girls	Total
Physiotherapy	27	17	44	5,388	2,692	8,080
Occupational Therapy	27	17	44	3,820	3,285	7,105

Of the 8 children (all boys) discharged during the year, two had attained school leaving age, five were excluded and one admitted to Westerlea.

Admissions during the Session were nine boys and three girls.

(E) OTHER DISEASE

(a) CASES DEALT WITH AT THE REGULAR CLINICS FOR "GENERAL" DISEASES :—

	Boys	Girls	Total
<i>Details of new cases—</i>			
Bronchitis and bronchial catarrh	294	199	493
Anaemia and/or debility ...	599	663	1,262
Rickets	2	7	9
<i>Tubercular conditions—</i>			
Pulmonary (including contacts)	—	—	—
Non-pulmonary	2	1	3
Paralysis	1	2	3
Heart disease	12	10	22
Chorea	1	—	1
Enlarged tonsils and/or adenoids	32	33	65
Adenitis	5	6	11
Rheumatism	10	11	21
Enuresis	494	427	921
Malnutrition	4	13	17
Epilepsy	6	2	8
Digestive disorders	25	36	61
Infectious diseases	6	5	11
Mental deficiency	6	—	6
Nervous disorders	30	27	57
Others	340	359	699
Single visit cases	2,314	1,954	4,268
	<u>4,183</u>	<u>3,755</u>	<u>7,938</u>
Clinic attendances of above cases	8,384	7,631	16,015

(b) SUPPLY OF MEDICINES

<i>Details of new cases seen elsewhere than at "General" Clinics—</i>	Boys	Girls	Total
Sent from school inspection for immediate supply	78	59	137
Sent from skin, eye and ear clinics	1,849	1,783	3,632
Additional attendances at "General" Clinics for medicine	3,525	3,189	6,714
Totals	<u>5,452</u>	<u>5,031</u>	<u>10,483</u>

(c) ARTIFICIAL LIGHT TREATMENT

<i>Details of new cases—</i>	Boys	Girls	Total
Anaemia and/or debility	111	160	271
Nervous disorders	2	—	2
Chronic bronchitis	67	36	103
Rheumatism	1	—	1
Skin conditions	22	27	49
Rickets	3	—	3
Others	2	2	4
Totals	<u>207</u>	<u>225</u>	<u>432</u>
Clinic attendances of above cases	2,933	3,530	6,463

(d) CASES SEEN AT CARDIAC CLINICS

The Heart Specialist from Stobhill Hospital again attended school clinics for the purposes of examining school children specially referred by School Medical Officers and recommending any necessary treatment. During the Session, 444 children (240 boys and 204 girls) were summoned, of whom 97 (52 boys and 45 girls) failed to attend. The remainder reported as follows :—

New cases		Re-examinations		Totals	
Boys	Girls	Boys	Girls	Boys	Girls
125	100	63	59	188	159

The Specialist referred 13 children (6 boys and 7 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. Electrocardiograms were carried out at the school clinics for 84 boys and 51 girls. In addition, three girls were referred to the E.N. and T. Specialist, one girl was referred for dental treatment and one boy to the Skin Specialist.

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

June, 1969, 2.

Since the commencement of the assessment scheme in June, 1950, 475 children in all have been interviewed at these special clinics.

(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 162 children (108 boys and 54 girls) were summoned, of whom 34 boys and 12 girls failed to attend. The remainder reported as follows :—

	New cases		Re-examinations		Totals	
	Boys	Girls	Boys	Girls	Boys	Girls
	54	28	20	14	74	42
Results were :					Boys	Girls
Not to return	27	15
To be reviewed later	47	27
<i>Recommendations—</i>						
For E.E.G.	32	19
For Hearing Investigation	2	—
To attend Special School	4	—
Refer to Stobhill Hospital	—	1
For Dyslexia Class	2	—
For Change of Medicine	6	6
For Speech Therapy	2	—
For Referral to Dr. Stone	—	1
For X-ray examination	1	—

(F) TREATMENT AT SPECIAL SCHOOLS

The total treatment given by nurses were as follows :—

	Boys	Girls	Total
Ear conditions ...	1,371	1,298	2,669
External eye defects ...	989	1,137	2,126
Skin diseases ...	13,014	10,778	23,792
Uncleanliness (nits, vermin, etc.)	10,549	14,564	25,113
Medicines issued ...	18,779	16,351	35,130

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*—21 Day Schools, 1 Residential School and 11 Occupational Centres.
- (2) *Physically Handicapped*—9 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).
- (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, 1969, the number of children receiving special educational treatment in special schools administered by the Corporation was as follows :—

Physically handicapped children, 274 (including 47 in school for spastics, and 6 aphasic children); children with hearing defects, 224; children with defects of vision, 105; mentally handicapped (educable) children, 2,998; mentally handicapped (trainable) children, 429; total, 4,030.

HOSPITAL SCHOOLS

The following is a list of the Hospital schools with the number of pupils receiving tuition at 30th June, 1969.

Drumchapel Home (31); Lenzie Home (25); Mearns Kirk Hospital (20); Victoria Auxiliary Infirmary, Philipshill (19); Royal Hospital for Sick Children (55); Stobhill Hospital together with annexe at the Royal Infirmary (Burns Unit) (61); Strathblane Home (15); and Woodlands Day Centre (14).

ASCERTAINMENT OF MENTAL HANDICAP

The number of children specially examined by School Medical Officers during the year regarding *mental defects* was as follows :—

	Boys	Girls	Total
First examinations ...	361	290	651
Re-examinations ...	764	619	1,383
	<u>1,125</u>	<u>909</u>	<u>2,034</u>

Provision for After-Care in terms of the National Health Service (Scotland) Act, 1947, was continued throughout the year by the Health and Welfare Department.

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, 351; Girls, 245; Total, 596.
- (ii) Number of boys/girls ascertained as mentally handicapped and transferred to special schools or classes. Boys, 265; Girls, 176; Total, 441.
- (iii) Number of boys/girls ascertained as mentally handicapped and transferred to junior occupational centres. Boys, 36; Girls, 25; Total, 61.
- (iv) Number of boys/girls ascertained as mentally handicapped for whom no special educational facilities are available. On waiting list for Drummorie School :—Boys, 2; Girls, 2; Total, 4.
- (v) Number of boys/girls who were the subject of a report under Section 65 of the Education (Scotland) Act, 1962. Boys, 15; Girls, 7; Total, 22.

HOME TUITION SCHEME

At 30th June, 1969, the number of children participating in the Scheme was 19 and the main causes of incapacity were :—

Spina bifida, 3; arthritis, 1; asthma, 3; bowel and bladder defects, 1; miscellaneous, 11.

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—3 severely physically handicapped children.

Craigerne School, Peebles—3 maladjusted pupils (primary age).

Harmony House School, Balerno, Midlothian—3 maladjusted pupils (primary age).

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

The Mary Hare Grammar School, Newbury, Berks—1 Roman Catholic deaf girl taking courses leading to the Certificate of Education.

Trefoil School, Hermiston—2 physically handicapped boys requiring residential education.

Eastpark Homes, Glasgow and Largs—3 severely physically handicapped children requiring long-term nursing care.

- Corseford School, Johnstone*—2 spastic children requiring residential education.
Ladymary School, Edinburgh—2 Roman Catholic maladjusted children.
Castlecraig School, Peebles—3 physically handicapped pupils requiring residential education.
Kilquhanity House School, Castle Douglas—1 maladjusted boy (secondary age).
Stanmore House, Lanark—16 mentally handicapped spastic children requiring residential training.
Carsemeadow School at the Colony for Epileptics, Bridge of Weir—12 children suffering from serious epilepsy.
The Royal Blind School, Edinburgh—22 Protestant blind children.
The Royal Scottish National Hospital, Larbert—26 mentally handicapped boys.
St. Joseph's Private Hospital, Rosewell, Edinburgh—2 mentally handicapped Roman Catholic children.
St. Charles' Private Hospital, Carstairs—23 Roman Catholic mentally handicapped children.
Merchiston House Hospital, Johnstone—3 mentally handicapped pupils.
Waverley Park Hospital, Kirkintilloch—29 mentally handicapped girls.
Birkwood Hospital, Lesmahagow—3 Protestant mentally handicapped children.
Caldwell House Hospital, Uplawmoor—14 mentally handicapped children.
Bellefield Hospital, Lanark—3 mentally handicapped children.

(b) MALADJUSTED CHILDREN—CHILD GUIDANCE

(Mr. G. A. DELL, *Principal Psychologist*)

During the year under review the Child Guidance Service dealt with a total of 5,469 children. This represents a reduction of 310 over last year's figures. Total clinic attendances were 39,799, an increase of 934. These changes are accounted for principally by a further reduction in the number of cases taken on for speech treatment owing to the loss of Speech Therapists during 1968/9, while the increase in total attendances was due to an increase of about a thousand in the number of psychological testing sessions, and an increase of about fifteen hundred in the number of attendances for educational help. For other categories attendance figures have remained fairly steady. Five thousand five hundred and twenty-nine school visits were paid, and 1,422 home visits.

Of the total number of children 815 were seen in connection with ascertainment procedures. The great majority of the remainder were cases of poor adjustment or educational retardation, and treatment was offered as appropriate.

The most frequently recorded age on referral was 8 years, and the ratio of boys to girls was 2 : 1. Approximately 14 per cent. of referrals were children of secondary age. This represents a slightly older mean age of referral than in most previous years.

Schools accounted for 3,514 referrals, and medical courses for 910. The remainder were referred by other statutory or voluntary organisations, and the number of referrals from Children's Department increased very sharply. Two hundred and eight-one children were referred directly by parents or by self referral.

Among the group referred for reasons of maladjustment 512 showed symptoms of enuresis, 465 temper tantrums, 438 theft, 364 attention-seeking behaviour, 302 persistent lying, 317 truancy, 316 exaggerated defiance of authority, and 279 extreme shyness and inhibition. Other large symptom groups included over-dependent and tearful attitudes, lethargy, aggressive and violent behaviour, fears, disturbed sleep, avoidance reactions, and soiling.

Fuller information can be found in the report on the Child Guidance Service issued annually by the Education Department. Among the principal developments described in the report for 1968/9 is the re-opening of Nerston as a residential school for maladjusted children of primary age. At the end of June, 1969 approximately 20 children were in residence at Nerston, and another 23 were enrolled at the Fairfield Day School for maladjusted children.

(c) 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 ...	36 Protestant boys and girls (Secondary 1st year).
Galloway, Wigtown	112 Protestant boys and girls (Primary V, VI and VII).
Southannan, Fairlie	Partial replacement for Dalguise where lease terminated by Scottish Association of Boys Clubs.

(ii) CONVALESCENT—

Agnes Patrick/Stevenson, Ascog	58 Roman Catholic boys and girls (8-15 years).
Caol Ruadh, Colintrave ...	Closed for reconstruction.
Castle Toward, by Dunoon ...	96 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).

ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN

(a) ADMINISTRATION AND NUMBER OF MEALS

On 31st May, 1969, there were 132 kitchens preparing meals for school children. In addition, one kitchen supplied Kosher meals to Jewish children. On an average day in May, 1969 (Monday, 5th May), the total number of dinners served was 65,705 of which 26,442 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 412 dining-rooms, 393 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, 1969, was 17,373,992 compared with 18,810,659 in 1968 and 17,914,043 in 1967.

(b) FOOTWEAR AND CLOTHING

During the year 1st June, 1968 to 31st May, 1969, 1,732 children were provided with footwear and clothing as compared with 2,573 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, 1969, was 24,826,315, the reduced number issued being due to the discontinuance of milk to Secondary Schools from August, 1968. The most recent census figures showed that 94.06 per cent. of the children present in school on a particular day in January, 1969, were taking school milk compared with 95.3 per cent. in January, 1968.

Food Inspectors of the Health and Welfare Department took 117 samples of milk for examination and of that number 17 failed to pass the coliform test. The average composition of samples was satisfactory at 3.84 per cent. milk-fat and 8.84 per cent. non-fatty solids. Of 18 samples supplied for biological examination as to the presence of tubercle, all were found to be negative.

CHILD NEUROLOGY UNIT

Dr. I. T. Draper, Consultant Neurologist, remarks that in a year marked by a succession of interesting and bewildering problems it has become increasingly apparent how dependent one is upon the advice and reports of the ancillary services. So much so, that in many instances it is not possible to give any helpful advice without this information.

There are two fields where this is of particular importance. In the assessment of slowly developing defective or absent speech, reliable audiometry is essential. In an effort to overcome the problem of non-co-operation in very young children attempts have been made to do sleep audio-encephalography. This too has its technical problems—in particular the variability of the response and the occurrence of artefact. The technicians at the Institute of Neurological Sciences have been engaged in building a tone and click audiometer with external triggering which could be used with an averaging computer, but a reliable prototype has not yet been achieved.

With Dr. Margaret Clarke from Strathclyde University the children provisionally labelled as dyslexic have been reviewed and all but one have been shown to have I.Q.s falling below the minimum figure normally accepted as the definition of the condition. Specific dyslexia, far from being the common condition some of its protagonists would have us believe, has been found to be extremely rare.

Similarly in examining children with behavioural disorders I have found no increase in the occurrence of "minimal" neurological deficit, compared with that for the general population, unless there is a correspondingly low I.Q. My impression is that given a normal intelligence a child will cope with a minor neurological disability without any emotional disturbance.

HEALTH EDUCATION IN SCHOOLS

Health Education has been taught in Glasgow for a number of years, but today more than ever, there is an increasing need for Health Education in all its aspects. Today in our so called "civilised and permissive society" Health Education must be extended to the educated as well as the uneducated, the intelligent as well as the non-intelligent.

Health Education should begin in the home and at an early age. Fortunately, this does happen in some but, in the rest, for various reasons, this does not occur. There are too many children in overcrowded conditions, the parents overworked, overburdened and mothers out working. Later as the child grows up, there is failure of communica-

tion between parent and child, so it is necessary for someone else to step in and educate the child, in what is one of the most basic subjects. This is ultimately important to the well-being of Society.

The parents, of course, are the ideal people to do this, but as many fail to do so, it becomes the prerogative of the school teacher, the health visitor or the doctor. The person concerned must hold the child's interest and be able to talk frankly—without surprise or embarrassment. Failure in this, will result in the child not asking troubling questions. Children of all ages like visual aids. These are many and varied from filmstrips, films to flannelgraphs, charts, etc., and can be expanded with a little thought and homework by the teacher concerned.

More emphasis might be placed on the training of teachers in Health Education at the training colleges and while many teachers endeavour to overcome this by studying the subject at a later stage there are still too few teachers able to devote time to this very necessary subject in the curriculum. At the same time, there are aspects of the subject which lie particularly in the field of the school health visitor and school medical officer although there are too few of both of these groups to cover all the need which exists.

Classes should be small, about 10-15 because, if larger, then the children become embarrassed and reluctant to ask questions. A mixed class is probably best, as they get to know each other and become aware of how each matures and develops. The male attitude, especially to sex, tempers down the more romantic female notions. Once the class settles down there are often few disciplinary problems.

Sex education is a "must" today. When one questions 13-14 year-olds about this, about one third of the girls have been told a little about menstruation by their mother, but only the occasional boy has been given any information. Much is gleaned incorrectly and inadequately from older friends (the most frequent source) books, films, T.V.—sometimes by experience. There is little reason to believe that Michael Schofield's figures of sexual experience in young people in London do not pertain to the rest of the country, i.e. at the age of eighteen, 17 per cent. girls and 34 per cent. boys were sexually experienced. This is also reflected in questions children and teenagers ask. Work in Brook Advisory Clinics (advice to the unmarried) and Family Planning Clinics underline the need for adequate sex education. As well as imparting facts, many moral issues can be raised. Both sides of these should be discussed and the child should be left to make up his own mind.

THE STUDENT HEALTH SERVICE IN FURTHER EDUCATION COLLEGES

In Glasgow, 11 Further Education Colleges provide pre-vocational training for over 25,000 students, of whom 3,123 receive full-time training.

Every student entering a full-time course of study is required by law to have a medical examination, and for this purpose a School Medical Officer and Health Visitor visit each college at regular intervals. This aspect of the Student Health Service is becoming increasingly important as students whose health would formerly have prevented them from attending college are now able, with medical supervision and long-term treatment to benefit from further education. It is important that the medical officer should know of such students so that they may be directed away from unsuitable occupations, and receive advice if necessary. Further, a considerable number of students live in lodgings where they have no general practitioner upon whom they may call, and while they are advised to make the necessary arrangements in case of an emergency, the college doctor may be able to help with less acute conditions.

Health Education of course plays a large part in the Student Health Service.

The co-operation of college teaching staffs is greatly appreciated, and has been beneficial in presenting to these young people not just a set of rules for healthy living, but rather a much broader view to enable each to make the most of himself mentally and physically in his own particular environment.

HOSPITAL SCHEME FOR SCHOOLS

The Hospital Scheme for Schools has now been in operation for four years and provides an opportunity for girls of 14½ years of age and over to give a service to the community and at the same time widen the field of their education in a practical way.

Forty-eight schools and twenty-two hospitals participated in the Scheme this year involving approximately 900 girls. Three of the hospitals have been accepting boys also but latterly schools have found it difficult to select boys of suitable calibre who were not already involved in certificate courses in school. At present no boys are participating.

Girls who are following the Homecraft based " People and Health " Course in school are all included in the Hospital Scheme which is a decided advantage to the pupils as the term in hospital provides the practical experience required.

The duties are varied and it would appear that the service they give is particularly useful in the children's and geriatrics' wards.

The co-operation of the matrons and nursing staff of the hospitals has contributed greatly to the success of the Scheme, and girls have benefited through their contact with the nurses in the wards, staff dining room and common room which they have been privileged to use.

The Hospital Scheme is an admirable fulfilment of the recommendation laid down in the Newsom Report " Half Our Future " (Chapter 17).

NURSERY SCHOOLS

In Nursery Schools the School Medical Officer meets normal pre-school children, in moderate numbers, for the first time. It is worth considering some of the differences in dealing with this group. Usually they are seen at routine examinations without a parent and much detail of the medical history is not available. The Medical Officer's approach to the child must be such that it readily evokes co-operation, as a three-year-old will readily give vent to his feelings if he is frightened. A Nursery School, perhaps more than any other unit, lends itself to a policy of being always vigilant. The first examination, although apparently normal, should not be the last. Discussions with the staff together with the background knowledge of the Health Visitor, will contribute greatly to the sum of knowledge about any child.

Since Nursery Schools are educational establishments, early detection and possible treatment of defects affecting a child's ability to learn, are of paramount importance. By the age of three any strabismus, however slight or transient, is worthy of investigation. A " wait and see " policy should not be adopted. Testing the visual acuity is difficult at two years of age but satisfactory results should be obtained in the older children. Similarly, where there is any suspicion of a hearing defect the child should have an audiological examination. Poor speech is not an uncommon finding in pre-school children and, since speech is a very complex faculty, it requires considerable experience and patience to recognise what is within normal limits. However, for practical purposes it is useful to consider whether the defective articulation is due to a lack of hearing, a defect of speaking, or a deficiency of language. Therefore the appropriate investigations should be carried out.

The possibility of the occasional mentally retarded child in the Nursery School should always be kept in mind. He may be a border-line case and not stand out from other children. On observation this child may show no interest in toys, games or other children; never be in trouble; often the situation may be complicated by a home background which provides neither stimulation nor opportunity. The child with emotional and behaviour difficulties may also be suspected. He may be excessively shy, timid and fearful, or aggressive, jealous and may have outbursts of temper-tantrum. A close liaison with the Educational Psychologist at the Child Guidance Clinic will offer the most likely solution to many of these problems.

Acute respiratory infections are common in this age and the ears and the chest require close attention. Orthopaedic problems are less common but offer a very interesting facet of the work. Enuresis is common in Nursery School children but provided organic disease can be excluded it is still virtually physiological; in contrast encopresis is rather rare but should be considered abnormal until proved otherwise. The fairly recently introduced scheme for part-time children in Nursery School is satisfactory and well established. Even from homes in the same area, the part-time children usually come for "educational benefit" while the full-time children tend to be admitted because of "bad social background," "a broken home" or "maternal illness." Nursery School children will no longer attend Residential School. This change marks the end of an era which began early this century when the children and staff from the first Nursery School in Dobbie's Loan went for their annual holiday to the Clyde coast. Far from being a pleasant back-water where the child may pass two to three pre-school years the Nursery School may be the very corner-stone of a child's physical, intellectual, emotional and social development. It offers a great opportunity for his early ascertainment.

AUDIOMETRIC SURVEY UNIT REPORT

1968 - 1969

The report of the Audiometric Survey Unit this year opens on a tragic note in recording the deaths of Dr. John Leonard and Dr. Hugh McFarlane who had rendered years of excellent service and contributed substantially to the working of the Unit. They are greatly missed. Another medical member of the team left Glasgow to take up an appointment in general practice. Thus the medical personnel was gravely depleted and the various projects underway were slowed down of necessity.

However, two members of staff interested in this work have had in-training and one has had the opportunity of attending the Manchester University course for medical officers and the other will follow suit.

The audiology technician staff has also lost one member who went abroad and the junior member was at the Regional Hospital Board refresher course in June, so again the load fell heavily on the remaining two members. The June commitment covered the audiometry required for the National Child Development Survey. As in previous years, the staff demonstrated to doctors, health visitors, and others the working of the Unit and helped in the Regional Hospital Board training scheme for audiology technicians. They also offered their services in areas outwith the City in their off duty period where that help was required in a non-manned area. The new Kamplex Audiometer is proving very efficient and it is hoped to carry out speech audiometry with it.

This year a pilot scheme of screening five-year-old children was carried out and proved successful, thus the age of choice for screening during next Session will be lowered from the 5½-6 group to school entrants.

The case load of the Otologist, Mr. Bain, continues to increase, as most of the children seen require to be reviewed annually or biannually and so these numbers, added to the new cases, spiral. Hospitalisation for surgical procedures through this close otological linkage are easily and quickly arranged to the benefit of the children and the help and advice too of Mr. Simpson, Consultant Otologist, Victoria Infirmary, in other aspects of the audiometric scheme is greatly appreciated.

More children are appearing in the ambit of the survey scheme under the age of five with delayed speech development probably because of the increased awareness of investigating hearing in all cases of this type. Equally, the regular reports on each child seen which are sent to the appropriate general practitioner bring the knowledge of the service offered to his notice and, in turn, increase referrals.

In these cases too, where psychometric evaluation is necessary, this can be asked for through the Child Guidance Service and neurological advice can be had from Dr. Draper, Consultant Neurologist. These types of investigations are being made frequently as are case counsellings leading to the advice to the Education Authority as to recommended placing.

This year, monthly meetings have been held with the staff of the peripatetic teachers of the deaf, Speech Reading Unit, when medical and educational problems arising in children with hearing deficits in ordinary schools have been discussed.

Ascertainment of the young child with hearing deficit in the Balvicar Centre entails a monthly visit by Otologist, Medical Officer and Health Visitor and case counselling sessions are held with each child. An interesting situation arose when an Indian child with non-English speaking mother was reviewed, and the presence of an Indian medical registrar solved the language difficulty. It is difficult to disregard the factors of the language complications arising in a deaf or partially hearing child where the school language is English and house language is non-English. We have been fortunate to have the services of an Indian/English trained psychologist doing psychometric and social background reports and an Indian teacher has acted as an interpreter in one or two cases.

Health Visitors working in the Unit and in schools for the deaf and partially hearing have been doing a lot of family visiting in connection with problems arising in school and brought to the notice of the team by teachers. This is proving very valuable and parents have expressed their appreciation of the help offered.

The continuous support given by the headmasters of the Glasgow schools, the Child Guidance Service, Speech Reading Unit, Audiology Unit is, as always, much appreciated and the Special Schools Department works closely and happily with the Unit. The head teachers of the deaf schools and partially hearing schools too are firmly linked to the work of the team.

DENTAL INSPECTION AND TREATMENT REVIEW

The figures quoted in this section and detailed in Table 13 refer to school children only. A summary of dental treatment for Mother and Child Welfare patients is given elsewhere in the report. Dental figures given in Tables 2 and 3 refer solely to conditions reported by *doctors* doing *medical* examinations.

The amount of treatment carried out during the year shows that the work of the Dental Section is still expanding. Compared with the previous year, routine dental inspections increased by 12 per cent.,

the number of children treated increased by over 12 per cent., fillings increased by nearly 20 per cent. and extractions by nearly 18 per cent. These improvements were carried out with an increase of 9 per cent. in staff. An analysis of the Scottish Home and Health Department states that the work done per dental officer in Glasgow is well above the Scottish average.

The dental situation among Glasgow school children is still deplorable. Even at the age of five years, 83 per cent. require dental treatment and the overall figure of 78.3 per cent. compares very badly with the Scottish average of 68.7 per cent. requiring treatment. Because eating habits have deteriorated over the years, the compensating factors of modern knowledge, materials and equipment have been unable to improve the caries rate over the past 40 years. This rate, apart from the improvement resulting from a war time diet has remained constant at about 80 per cent. Prevention is therefore the only way to improve the situation. As a long term policy, talks were given to 50,000 children and 20,000 tooth cleaning packs were issued to new school entrants. Real benefit, however, can only be obtained within the foreseeable future by employing a much more definite and effective method such as the use of fluoride. Fluoridation is still under consideration by the Health Committee ; should it be ultimately turned down, some form of mass topical application will be essential.

PHYSICAL EDUCATION

(Mr. W. TINTO, *Adviser in Physical Education*)

The staffing situation in Physical Education during the year 1968-69, in common with all other subjects, was far short of the essential needs of a subject which has now extended far beyond the confines of the school. Many schools in addition to the normal curriculum offer their pupils a choice of outdoor activities which may take place after school hours or at weekends or may involve a group of pupils being absent from school for a week or more. Where Head Teachers find it difficult to meet the normal requirements of the school Physical Education timetable, it is only by the voluntary efforts of enthusiastic members of staff that such activities can be carried on. The time spent by members of school staffs from all departments on such activities has reached fantastic proportions and serious thought must be given by those in authority to the question of compensation in kind or in payment for the time and the effort which is freely given by these teachers to enable pupils to pursue these health giving activities.

The Education Committee continue to extend the Physical Education facilities with the opening of new schools, playing fields, games halls and swimming pools. The games halls at St. Margaret Mary's, S. Pius', Waverley and Westwood Secondary Schools will supply a growing demand for facilities for games coaching without the restrictions imposed by vicious weather conditions, whilst the swimming pools at St. Gerard's, Govan, the Glasgow High School for Girls, and at Shawlands bring this healthy aspect of Physical Education within the reach of secondary school pupils, primary pupils and also of the community. The fullest use, however, of the playing fields at Toryglen and Shieldhall still awaits the provision of adequate changing accommodation.

In the primary schools there is a growing awareness by teachers of the educative value of Inventive Movement as opposed to teacher directed activities, accompanied by a growing confidence on the part of pupils in the use of apparatus provided in the primary schools. Many primary teachers also take part in the teaching of swimming and in the teaching of games such as netball and hockey hitherto considered the prerogative of the secondary school. If this confidence on the part of the pupils is developed and maintained, it augurs well for the secondary school when the time comes for these primary pupils to take up their secondary education. There is every argument for enlisting the enthusiasm, the energy and the healthy interest of the pupil at the primary stage of his school life in the approach to all aspects of Physical Education.

STATISTICAL APPENDIX

TABLE 1

MEDICAL EXAMINATIONS OF SCHOOL CHILDREN BY
AUTHORITIES

Local Authority	ENTRANTS				LEAVERS			
	No. of Examinations		Percentage With Defects		No. of Examinations		Percentage With Defects	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Aberdeen Burgh ...	1,368	1,332	61·04	56·68	—	—	—	—
Dundee ...	1,549	1,445	47·13	41·38	1,270	1,275	48·66	47·29
Edinburgh ...	3,101	3,121	61·30	56·94	2,432	2,256	47·53	48·14
Glasgow ...	9,141	8,486	51·45	50·87	7,323	7,388	44·63	43·42
Aberdeen County ...	927	874	55·66	49·43	—	—	—	—
Angus ...	769	666	46·16	40·54	595	615	37·56	32·03
Argyll ...	391	371	65·98	50·94	331	316	51·96	50·32
Ayr County ...	3,230	2,962	42·54	38·93	2,255	2,251	40·49	39·58
Banff ...	309	290	61·49	57·93	308	301	37·01	42·52
Berwick ...	168	154	58·33	50·00	135	148	37·04	34·46
Bute ...	105	99	50·48	39·39	70	92	52·86	55·43
Caithness ...	261	265	30·65	27·92	180	198	23·33	33·84
Clackmannan ...	367	331	26·16	16·01	267	283	39·70	71·38
Dumfries County ...	663	654	58·97	52·75	606	633	57·59	54·66
Dunbarton ...	2,178	2,087	49·36	51·13	1,491	1,436	40·64	37·33
East Lothian ...	464	467	68·97	60·81	363	400	52·89	53·75
Fife ...	2,356	2,424	48·30	41·71	1,181	1,244	47·59	39·31
Inverness County ...	804	698	63·06	59·89	616	589	39·29	38·88
Kincardine ...	171	206	50·29	41·26	169	162	24·85	29·01
Kirkcudbright ...	378	339	79·89	78·76	—	—	—	—
Lanark ...	6,278	5,916	62·25	58·16	6,136	6,088	49·54	48·23
Midlothian ...	1,135	1,056	54·89	48·86	685	607	41·31	40·53
Moray and Nairn ...	440	464	38·18	34·27	395	373	35·95	34·32
Orkney ...	132	113	58·33	59·29	46	54	41·30	38·89
Peebles ...	89	106	62·92	51·89	83	79	33·73	35·44
Perth and Kinross ...	899	920	37·93	31·30	757	832	24·44	21·75
Renfrew ...	3,517	3,365	55·10	50·10	2,439	2,441	46·33	43·79
Ross and Cromarty ...	406	398	54·93	51·51	430	435	22·79	17·47
Roxburgh ...	382	362	49·21	44·20	293	239	48·46	44·35
Selkirk ...	145	133	35·86	34·59	160	136	30·63	35·29
Stirling County ...	1,926	1,816	57·94	50·22	1,411	1,366	44·72	45·97
Sutherland ...	98	104	40·82	41·35	99	87	36·36	32·18
West Lothian ...	1,052	1,058	52·09	43·38	515	721	39·61	38·00
Wigtown ...	271	241	67·53	71·78	225	237	45·78	45·57
Zetland ...	69	60	13·04	8·33	29	13	17·24	30·77
Scotland ...	45,539	43,383	53·75	49·78	33,295	33,295	44·42	43·21

TABLE 2

RATES OF DEFECTS FOUND AMONG GLASGOW SCHOOL
CHILDREN SEEN AT ROUTINE MEDICAL INSPECTION

(Rates per 100,000 examined)

DISEASE OR DEFECT Degree and Etiology	Entrants		Leavers	
	Boys	Girls	Boys	Girls
<i>Infective and Parasitic—</i>				
Viral Enteritis	—	—	—	14
Tuberculosis of Bones or Joints	11	—	—	—
Acute Poliomyelitis	—	—	14	—
Late Effects of Acute Poliomyelitis	—	—	—	14
Ringworm	22	—	410	81
Psittacosis	11	—	—	—
Trichomoniasis Urogenitalis	11	—	—	—
Pediculosis	974	2,522	1,488	4,304
Scabies	470	412	437	244
<i>Skin Disease—</i>				
Warts, Verruca	339	389	587	636
Boil or Carbuncle	33	—	55	27
Impetigo	252	224	82	14
Eczema (not specified as allergic)	449	448	437	433
Eczema (due to detergents)	11	—	—	—
Eczema (allergic)	459	295	164	95
Psoriasis	88	59	137	311
Corns	—	—	—	14
Ichthyosis	33	24	—	14
Keloid Scar	44	12	14	—
Alopecia Areata	33	24	14	27
Acne	—	12	901	1,868
Urticaria	569	389	218	135
Hairy Mole, Pigmented Naevus	66	12	55	27
<i>Teeth and Mouth—</i>				
Adontia	—	24	14	—
Impacted Teeth	—	—	55	41
Dental Caries	17,022	18,030	9,422	7,864
Attrition of Teeth	22	—	—	—
Ankylosis of Teeth	11	24	14	—
Disease of Tissue of Teeth	11	—	—	—
Dental Abscess	66	82	—	27
Atrophy of Salivary Glands	22	47	27	14
Stomatitis	11	12	27	—
Chronic Gingivitis	—	—	—	14
Cleft Palate	55	—	—	14
Hare Lip	11	35	14	—
Cleft Palate and Hare Lip	22	24	14	—
<i>Ear, Nose and Throat—</i>				
Chronic Nasopharyngitis	514	412	218	108
Deflected Nasal Septum	11	—	82	27
Nasal Polyposis	—	—	14	—
Hay Fever	—	12	123	95
Otitis Externa	11	—	—	—
Otitis Media—Acute	131	200	55	68
Otitis Media—Chronic Suppurative	219	259	328	189
Eustachian Catarrh	153	118	14	41
Acute Mastoiditis	11	—	—	—
Epistaxis	11	—	—	—
Acute Tonsillitis	88	106	27	108
Tonsillar Hypertrophy (or Adenoids)	8,424	8,308	1,407	1,949
Ménière's Disease	—	—	—	14

TABLE 2—*Continued*

DISEASE OR DEFECT Degree and Etiology					Entrants		Leavers	
					Boys	Girls	Boys	Girls
<i>Hearing Defects—</i>								
Complete loss of hearing (both ears)	...	...	...	...	44	71	68	68
Complete loss one, part deaf other	...	...	...	...	11	—	14	14
Deafness in one ear ... ..	...	...	...	...	11	24	68	68
Impaired hearing (one or both ears)	...	...	...	...	372	306	423	271
<i>Eyes—</i>								
Chalazion ... ..	...	...	...	...	—	—	14	14
Conjunctivitis ... ..	...	...	...	...	77	35	55	27
Blepharitis ... ..	...	...	...	...	416	471	847	636
Stye ... ..	...	...	...	...	33	47	68	14
Corneal Ulcer ... ..	...	...	...	...	11	—	—	—
Refractive Errors ... ..	...	...	...	...	2,144	2,416	13,273	13,305
Corneal Opacity ... ..	...	...	...	...	33	—	109	—
Strabismus ... ..	...	...	...	...	2,341	2,475	942	690
Vascular Lesions of Retina ... ..	...	...	...	...	—	12	82	—
Colour Blindness ... ..	...	...	...	...	186	12	1,830	81
Ptosis of Eyelid ... ..	...	...	...	...	—	—	—	14
Blindness (both eyes) ... ..	...	...	...	...	33	35	68	28
Blindness (one eye) ... ..	...	...	...	...	22	24	191	95
Iritis ... ..	...	...	...	...	11	—	14	—
Other Inflammation of Uveal Tract	...	...	...	...	11	—	—	—
Glaucoma ... ..	...	...	...	...	—	—	14	14
Amblyopia ... ..	...	...	...	...	—	—	14	—
<i>Speech Defect—</i>								
All forms of speech defect ... ..	...	...	...	...	1,936	978	205	54
<i>Lungs—</i>								
Acute Bronchitis ... ..	...	...	...	...	591	318	123	54
Chronic Bronchitis ... ..	...	...	...	...	624	283	191	149
Asthma ... ..	...	...	...	...	996	247	1,024	325
Bronchiectasis ... ..	...	...	...	...	—	24	14	14
Primary Tuberculous Complex ... ..	...	...	...	...	11	12	55	41
<i>Heart and Circulation—</i>								
Aplastic Anaemia ... ..	...	...	...	...	—	—	14	—
Hypochromic Anaemia ... ..	...	...	...	...	22	24	41	14
Lymphatic Leukaemia ... ..	...	...	...	...	—	—	—	14
Anaemia (unspecified) ... ..	...	...	...	...	284	247	341	365
Rheumatic Fever ... ..	...	...	...	...	—	12	—	—
Rheumatic Chorea (with heart involvement)	...	...	...	...	11	—	—	—
Rheumatic Chorea (without mention of heart involvement) ... ..	...	...	...	...	—	—	—	14
Chronic Rheumatic Heart Disease ... ..	...	...	...	...	11	—	82	135
Disease of Mitral and Aortic Valves ... ..	...	...	...	...	—	—	—	14
Aortic Septal Defect ... ..	...	...	...	...	11	—	—	—
Fallot's Tetralogy ... ..	...	...	...	...	—	—	14	14
Interventricular Septal Defect ... ..	...	...	...	...	66	71	55	41
Interatrial Septal Defect ... ..	...	...	...	...	22	12	41	14
Other Malformations ... ..	...	...	...	...	22	71	68	81
Patent Ductus Arteriosus ... ..	...	...	...	...	44	24	14	14
Coarctation of Aorta ... ..	...	...	...	...	11	—	14	—
Phlebitis ... ..	...	...	...	...	—	—	14	—
Precordial Pain ... ..	...	...	...	...	—	—	—	14
Shock without mention of trauma ... ..	...	...	...	...	—	—	14	—

TABLE 2—*Continued*

DISEASE OR DEFECT Degree and Etiology					Entrants		Leavers	
					Boys	Girls	Boys	Girls
<i>Orthopaedic—</i>								
Osteomyelitis (unspecified) ...	...	...	...	...	—	—	—	14
Osteochondrosis ...	...	...	...	...	55	12	—	—
Cervicalgia ...	...	...	...	...	11	—	—	—
Bunion ...	...	...	...	...	—	—	14	—
Bursitis ...	...	...	...	...	22	—	27	14
Infective Myositis ...	...	...	...	...	44	35	41	95
Myasthenia Gravis ...	...	...	...	...	11	12	14	—
Muscular Atrophy (idiopathic) ...	...	...	...	...	11	—	—	—
Curvature of Spine ...	...	...	...	...	208	200	533	717
Flat Foot ...	...	...	...	...	689	872	642	528
Hallux Valgus and Varus ...	...	...	...	...	11	24	55	271
Hallux Rigidus, Genu Valgum, etc. ...	...	...	...	...	963	1,638	123	325
Club Foot ...	...	...	...	...	66	130	55	54
Other Congenital Anomaly of lower limb ...	...	...	...	...	33	—	—	14
Congenital Anomaly of Spine ...	...	...	...	...	—	—	—	14
Congenital Anomaly (unspecified) ...	...	...	...	...	98	24	82	68
<i>Urogenital Conditions—</i>								
Nephrotic Syndrome ...	...	...	...	...	—	—	—	14
Chronic Nephritis ...	...	...	...	...	—	12	—	—
Infections of Kidney ...	...	...	...	...	11	35	14	27
Other Pyelonephritis ...	...	...	...	...	—	—	14	—
Undescended Testes ...	...	...	...	...	689	—	55	—
Hypospadias ...	...	...	...	...	55	—	14	—
Cystitis ...	...	...	...	...	—	82	27	14
Hydrocele ...	...	...	...	...	11	—	—	—
Paraphimosis ...	...	...	...	...	44	—	—	—
Indeterminate Sex ...	...	...	...	...	22	—	—	—
<i>Emotional—</i>								
Anxiety Neurosis ...	...	...	...	...	22	24	—	—
Paranoid (traits) ...	...	...	...	...	22	24	41	14
Emotional Instability ...	...	...	...	...	295	247	96	95
Aggressiveness ...	...	...	...	...	33	47	—	—
Passive Dependency ...	...	...	...	...	142	106	27	14
Asocial Personality (Psychopath) ...	...	...	...	...	22	12	—	—
Anxiety State ...	...	...	...	...	11	12	—	41
Astasia ...	...	...	...	...	11	12	—	—
Anorexia Nervosa ...	...	...	...	...	11	—	—	—
Enuresis ...	...	...	...	...	3,479	3,382	355	176
Transient Situational Disturbances ...	...	...	...	...	—	12	—	14
Nervousness ...	...	...	...	...	—	—	14	—
<i>Neurological—</i>								
Late effects of Intracranial Abscess ...	...	...	...	...	—	—	—	14
Progressive Muscular Dystrophy ...	...	...	...	...	—	—	14	—
Multiple Sclerosis ...	...	...	...	...	—	—	14	—
Cerebral Palsy (congenital or infantile) ...	...	...	...	...	98	47	27	68
Cerebral Palsy (due to unspecified causes) ...	...	...	...	...	22	—	—	—
Epilepsy (Petit Mal) ...	...	...	...	...	98	118	109	122
Epilepsy (Grand Mal) ...	...	...	...	...	55	71	109	176
Migraine ...	...	...	...	...	11	12	191	108
Bell's Palsy ...	...	...	...	...	—	—	27	—

TABLE 2—*Continued*

DISEASE or DEFECT Degree and Etiology	Entrants		Leavers	
	Boys	Girls	Boys	Girls
<i>Mental Retardation—</i>				
Borderline Mental Retardation—				
Following infections and intoxications ...	77	47	819	311
Following trauma or physical agents ...	11	—	41	—
Associated with gross brain disease (postnatal)	—	—	—	14
Associated with diseases and conditions due to (unknown) prenatal influence ...	11	—	14	14
Associated with prematurity	22	—	—	27
With psycho-social (environmental) de- privation	—	—	27	27
Other and unspecified	44	47	410	217
Mild Mental Retardation—				
Following infections and intoxications ...	66	47	341	447
Following trauma or physical agents ...	11	—	—	14
With disorders of metabolism, growth or nutrition	—	—	14	41
Associated with diseases and conditions due to (unknown) prenatal influence ...	11	—	—	—
With chromosomal abnormalities	11	—	—	—
Associated with prematurity	—	—	—	14
With psycho-social (environmental) de- privation	—	—	14	—
Other and unspecified	33	24	205	514
Moderate Mental Retardation—				
Following infections and intoxications ...	11	12	27	41
Following trauma or physical agents ...	—	—	—	14
With chromosomal abnormalities	—	12	41	27
Other and unspecified	22	—	27	—
Profound Mental Retardation—				
Following infections and intoxications ...	11	35	27	—
<i>Other Diseases or Defects—</i>				
Simple Goitre (unspecified)	—	12	—	27
Swollen Glands (unspecified)	208	424	41	54
Cretinism	11	12	—	—
Myxoedema	—	12	—	—
Diabetes Mellitus	—	12	27	81
Niacin Deficiency	—	—	14	—
Other Vitamin B. Deficiency	—	12	—	—
Malnutrition (Protein)	394	483	218	68
Coeliac Disease	131	130	41	27
Underweight	55	12	41	—
Obesity	241	330	1,516	2,247
Common Cold	1,225	1,061	628	596
Inguinal Hernia	252	35	27	—
Femoral Hernia	22	—	—	—
Umbilical Hernia	44	106	—	—
Appendicitis (unqualified)	—	12	14	14
Gastro-enteritis or Colitis	11	—	—	14
Constipation	11	—	—	—
Fracture of Nose	—	—	14	—
Fracture of Mandible	—	24	27	14
Fracture of Elbow	11	—	—	—
Fracture of Ankle	—	—	—	14
Traumatic Amputation of Leg (late effect)	—	12	—	—
Burn of Hand	11	—	—	—

MEDICAL EXAMINATION

TABLE 3

TABLE 3
RATES OF DEFECTS PER 100,000 EXAMINED BY SOCIAL CLASS OF GLASGOW SCHOOL CHILDREN
10 PER CENT. SAMPLE

DISEASE OR DEFECT DEGREE AND ETIOLOGY	ENTRANTS SOCIAL CLASS						Other or Not Stated	Total	LEAVERS SOCIAL CLASS						Other or Not Stated	Total
	1	2	3	4	5	1			2	3	4	5				
<i>Infective and Parasitic—</i>																
Ringworm	—	—	—	—	—	—	—	—	3,704	—	557	—	—	—	410	
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pediculosis	—	—	215	1,770	549	—	426	—	—	1,114	1,020	2,727	6,977	1,913		
	—	—	2,133	3,000	4,545	9,677	3,368	—	—	3,655	4,762	8,696	7,778	4,787		
Scabies	—	—	—	885	549	943	319	—	—	557	—	—	2,326	546		
	—	2,326	—	—	—	1,075	232	—	—	—	—	870	—	133		
Common Cold	—	2,128	1,290	885	1,099	—	1,065	—	—	279	—	1,818	—	410		
	—	—	1,422	1,000	1,136	—	1,045	—	—	783	—	870	—	532		
<i>Skin Disease—</i>																
Warts and Verruca	—	—	—	—	549	—	426	—	—	557	—	—	1,163	410		
	—	2,326	237	—	—	1,075	348	4,000	—	—	3,571	—	—	532		
Alopecia Areata	—	—	—	—	549	—	106	—	—	—	—	—	—	—		
	—	—	237	—	—	—	116	—	—	—	—	—	—	—		
Impetigo	—	—	215	—	549	—	213	—	—	—	—	—	—	—		
	—	—	474	—	568	—	348	—	—	—	—	—	—	—		
Eczema (not specified)	—	—	860	—	—	943	532	—	—	836	1,020	909	1,163	820		
	—	—	237	3,000	—	—	465	—	—	261	—	1,739	1,111	532		
Ichthyosis	—	—	215	—	—	—	106	—	—	—	—	—	—	—		
	—	—	—	—	—	—	—	—	—	261	—	—	—	133		
Eczema (allergic)	—	—	430	1,770	—	—	426	—	—	279	—	909	—	273		
	—	—	—	1,000	568	1,075	348	—	—	261	—	—	—	133		
Psoriasis	—	—	—	—	549	943	213	—	—	—	—	909	—	137		
	—	—	237	—	—	—	116	—	—	783	—	870	1,111	665		
Acne	—	—	—	—	—	—	—	—	—	279	—	—	—	410		
	—	—	—	—	—	—	—	—	—	2,089	2,381	2,609	1,111	2,261		

TABLE 3—Continued

DISEASE OR DEFECT DEGREE AND ETIOLOGY	ENTRANTS SOCIAL CLASS						LEAVERS SOCIAL CLASS							
	1	2	3	4	5	Other or Not Stated	Total	1	2	3	4	5	Other or Not Stated	Total
<i>Hearing—</i>														
Complete loss (both ears)	Boys	—	—	—	—	—	—	—	—	279	—	—	—	137
	Girls	—	—	—	568	—	116	—	—	—	—	—	1,111	133
Deafness in one ear	Boys	—	—	885	—	—	106	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	870	—	133
Impaired hearing (one of both ears)	Boys	—	—	860	549	—	532	—	—	—	—	909	1,163	273
	Girls	—	—	237	568	1,075	348	—	—	783	—	870	—	532
<i>Eyes—</i>														
Stye	Boys	—	—	215	—	—	106	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	1,190	—	—	133
Conjunctivitis	Boys	—	—	—	—	—	—	—	—	279	—	—	—	137
	Girls	—	—	—	—	—	—	—	—	—	—	—	1,111	133
Blepharitis	Boys	—	—	645	549	943	639	7,407	—	836	2,041	—	—	956
	Girls	—	2,326	474	1,136	1,075	697	—	—	783	—	870	1,111	665
Refractive Errors	Boys	—	4,255	2,366	3,297	2,830	2,662	7,407	17,308	13,092	15,306	12,727	20,930	14,344
	Girls	7,707	—	1,896	4,545	—	2,439	16,000	14,545	13,055	5,952	10,435	5,556	11,170
Corneal Opacity	Boys	—	—	—	—	—	—	—	—	—	—	—	1,163	137
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—
Strabismus	Boys	3,846	2,128	2,581	3,846	3,774	2,875	—	—	1,114	—	909	1,163	820
	Girls	—	2,326	2,133	568	1,075	1,742	—	—	783	1,190	870	—	665
Colour Blindness	Boys	—	—	215	—	943	319	3,704	3,846	1,393	1,020	909	1,163	1,503
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—
Blindness (both eyes)	Boys	—	—	—	—	—	—	—	—	—	—	—	1,163	137
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—
Blindness (one eye)	Boys	—	—	—	—	—	106	—	—	279	—	—	—	137
	Girls	—	—	—	—	—	—	—	—	261	—	—	—	133
<i>Speech Defect—</i>														
All forms of speech defect	Boys	—	—	2,581	2,198	1,887	2,023	—	—	279	—	—	—	137
	Girls	—	2,326	1,185	1,705	—	1,161	—	—	—	—	—	—	—

TABLE 3—Continued

DISEASE OR DEFECT DEGREE AND ETIOLOGY	ENTRANTS SOCIAL CLASS						Other or Not Stated	Total	LEAVERS SOCIAL CLASS						Other or Not Stated	Total
	1	2	3	4	5	1			2	3	4	5				
<i>Orthopaedic (cont.)—</i>																
Other Congenital Anomaly of lower limb	Boys Girls	— —	— —	— —	— —	— —	— —	— —	— —	261 —	— —	— —	— —	— —	133 —	
Osteomyelitis (not specified)	Boys Girls	— —	— —	— —	— —	— —	— —	— —	— —	261 —	— —	— —	— —	— —	133 —	
Unspecified Anomaly of musculo- skeletal system	Boys Girls	— —	— —	645 —	— —	— —	319 —	— —	— —	279 —	— —	— —	— —	— —	137 —	
<i>Urogenital Conditions—</i>																
Chronic Nephritis	Boys Girls	— —	— —	237 —	— —	— —	116 —	— —	— —	— —	— —	— —	— —	— —	— —	
Paraphimosis	Boys Girls	— —	— —	— —	885 —	— —	213 —	943 —	— —	— —	— —	— —	— —	— —	— —	
Undescended Testes	Boys Girls	— —	— —	860 —	885 —	1,648 —	852 —	— —	— —	— —	— —	— —	— —	— —	— —	
<i>Emotional—</i>																
Paranoid (traits)	Boys Girls	— —	— —	— —	— —	568 —	116 —	— —	— —	— —	— —	— —	— —	— —	— —	
Emotional Instability	Boys Girls	— —	— —	645 474	— —	— —	319 348	— —	1,818 —	261 —	— —	— —	1,111 —	— —	339 137	
Passive Dependency	Boys Girls	— —	— —	— —	— —	— —	106 116	943 1,075	— —	— —	— —	909 —	— —	— —	— —	
Anxiety Neurosis	Boys Girls	— —	— —	215 —	— —	— —	106 —	— —	— —	— —	— —	— —	— —	— —	— —	
Astasia	Boys Girls	— —	— —	— —	— —	568 —	116 —	— —	— —	— —	— —	— —	— —	— —	— —	
Enuresis	Boys Girls	— —	2,128 2,326	3,656 2,844	1,770 5,000	4,396 5,114	3,621 3,368	5,660 2,151	— —	279 261	— —	909 —	— —	273 133	— —	

TABLE 3—Continued

DISEASE OR DEFECT DEGREE AND ETIOLOGY	ENTRANTS SOCIAL CLASS						LEAVERS SOCIAL CLASS							
	1	2	3	4	5	Other or Not Stated	Total	1	2	3	4	5	Other or Not Stated	Total
<i>Other Diseases or Defects—</i>														
Diabetes Mellitus	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	261	—	—	—	133
Protein Malnutrition	Boys	—	—	215	—	943	213	—	—	—	—	—	—	—
	Girls	—	—	—	568	2,151	465	—	—	261	—	—	—	133
Coeliac Disease	Boys	—	2,128	—	—	1,887	319	—	—	—	—	—	1,163	137
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—
Obesity	Boys	—	2,128	—	—	—	106	—	1,923	836	2,041	1,818	—	1,093
	Girls	—	—	237	—	—	116	—	1,818	1,567	1,190	4,348	—	1,729
Constipation	Boys	—	—	215	—	—	106	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—
Inguinal Hernia	Boys	—	—	—	885	—	106	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—
Umbilical Hernia	Boys	—	—	215	—	—	106	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—
Swollen Glands (unspecified)	Boys	—	—	215	—	—	213	—	—	—	—	—	—	137
	Girls	—	—	237	—	—	116	—	—	279	—	—	—	—

TABLE 4

AVERAGE HEIGHTS AND WEIGHTS BY AUTHORITIES

Local Authority	Entrants				Leavers			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)
Aberdeen Burgh ...	43.33	43.72	43.06	42.58	—	—	—	—
Dundee ...	42.66	42.29	42.36	41.02	60.65	98.01	60.76	104.16
Edinburgh ...	43.01	42.74	42.71	41.66	60.66	98.68	60.98	106.13
Glasgow ...	42.47	42.15	42.22	41.10	59.91	97.15	59.97	110.68
Aberdeen County ...	43.66	44.52	43.15	43.15	—	—	—	—
Angus ...	44.00	45.14	43.52	43.44	61.04	103.20	61.19	107.27
Argyll ...	43.97	44.70	43.32	43.10	61.07	102.05	61.04	106.88
Ayr County ...	43.37	43.36	43.08	42.30	61.23	101.64	61.02	105.17
Banff ...	43.49	44.06	43.04	42.71	60.29	99.77	60.37	104.20
Berwick ...	42.88	42.26	42.64	41.61	61.09	102.77	61.74	110.44
Bute ...	43.26	43.42	42.90	42.53	61.19	101.97	60.74	106.00
Caithness ...	43.59	44.98	43.12	42.94	61.02	101.51	61.26	108.48
Clackmannan ...	42.29	42.31	42.01	41.57	60.04	98.16	59.92	105.81
Dumfries County ...	43.87	43.66	43.29	42.39	60.73	98.24	61.12	105.77
Dunbarton ...	43.37	42.82	42.91	41.33	60.52	99.17	60.67	104.06
East Lothian ...	43.83	44.57	43.11	42.37	60.69	102.58	61.15	108.51
Fife ...	42.84	42.49	42.48	41.22	60.84	98.73	60.83	103.59
Inverness County ...	43.10	43.65	42.69	42.36	61.33	102.81	61.03	106.68
Kincardine ...	44.17	44.50	43.59	42.31	60.64	99.66	60.86	103.46
Kirkcudbright ...	43.98	44.07	43.42	42.81	—	—	—	—
Lanark ...	43.60	43.37	43.32	42.24	61.23	100.67	61.09	105.79
Midlothian ...	44.01	43.94	43.59	42.72	61.27	101.32	60.84	105.46
Moray and Nairn ...	42.80	42.58	42.60	41.94	61.10	101.10	61.08	105.02
Orkney ...	44.70	45.20	43.96	44.63	62.09	108.37	60.91	107.70
Peebles ...	43.85	43.73	43.56	43.55	61.88	103.52	61.52	106.62
Perth and Kinross ...	43.23	43.44	42.98	42.43	61.63	104.06	61.51	109.25
Renfrew ...	43.09	42.71	42.56	41.08	60.37	98.13	60.35	102.40
Ross and Cromarty ...	42.94	43.84	42.75	43.05	61.09	104.14	61.23	108.37
Roxburgh ...	42.74	42.69	42.46	42.18	60.65	98.19	61.11	107.50
Selkirk ...	42.52	41.18	42.26	40.39	60.62	98.48	61.17	102.51
Stirling County ..	44.11	45.02	43.91	44.14	61.38	102.74	61.25	107.67
Sutherland ...	44.09	45.00	44.22	44.13	61.39	103.72	61.13	109.11
West Lothian ...	42.98	42.21	42.69	41.11	61.01	98.65	60.80	103.22
Wigtown ...	43.30	42.84	42.77	41.56	61.26	99.76	61.68	106.13
Zetland ...	45.36	48.52	44.57	46.87	62.41	114.52	63.00	112.46
Scotland ...	43.18	43.09	42.84	41.90	60.73	99.65	60.73	104.63

TABLE 5

AVERAGE HEIGHTS AND WEIGHTS BY SOCIAL CLASS

10 PER CENT. SAMPLE OF
GLASGOW SCHOOL CHILDREN

Social Class	Entrants							
	No.	Exd.	Boys		Girls			
			Height (Ins.)	Weight (Lbs.)	No.	Exd.	Height (Ins.)	Weight (Lbs.)
1	26		43.31	44.69	27		43.81	43.26
2	47		43.34	44.94	43		43.28	43.00
3	465		42.54	42.42	422		42.35	41.32
4	113		42.62	41.67	100		42.30	41.03
5	182		42.26	41.84	176		41.55	39.70
Other or not stated	106		42.19	41.69	93		41.59	40.03
Total	939		42.52	42.32	861		42.19	40.96

Social Class	Leavers							
	No.	Exd.	Boys		Girls			
			Height (Ins.)	Weight (Lbs.)	No.	Exd.	Height (Ins.)	Weight (Lbs.)
1	27		62.07	104.11	25		62.20	104.40
2	52		60.62	99.06	55		60.87	106.75
3	359		60.16	98.22	383		60.24	101.05
4	98		60.45	99.49	84		59.63	97.62
5	110		59.35	95.27	115		59.13	99.08
Other or not stated	86		59.36	95.23	90		59.16	98.42
Total	732		60.08	97.87	752		59.99	100.58

TABLE 5a

AVERAGE HEIGHTS AND WEIGHTS BY SOCIAL CLASS

10 PER CENT SAMPLE

SCOTLAND

Social Class	Entrants				Leavers			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Ins.)	Height (Ins.)	Weight (Lbs.)
1	44.18	45.36	43.71	43.21	61.94	103.21	61.87	108.48
2	43.86	44.55	43.49	43.37	61.50	104.34	61.32	106.07
3	43.19	43.11	42.89	41.95	60.79	99.92	60.84	104.30
4	43.22	43.19	42.79	41.83	60.55	99.06	60.79	105.54
5	42.55	42.09	42.06	40.34	59.83	95.45	59.94	101.49
Other or not stated	42.62	42.36	42.24	40.80	60.26	98.09	60.21	104.85
Total	43.17	43.16	42.82	41.84	60.69	99.59	60.75	104.55

TABLE 6

AVERAGE HEIGHTS AND WEIGHTS BY NUMBER IN FAMILY
OF GLASGOW SCHOOL CHILDREN

Number in Family	Entrants					
	No. Exd.	Boys Height (Ins.)	Weight (Lbs.)	No. Exd.	Girls Heights (Ins.)	Weight (Lbs.)
1	553	43-19	43-48	536	42-91	42-57
2	2,276	42-91	42-84	2,049	42-75	42-11
3	2,273	42-58	42-36	2,109	42-39	41-25
4	1,699	42-29	41-80	1,542	42-01	40-68
5	987	42-08	41-44	989	41-82	40-30
6	585	41-90	41-13	557	41-49	39-87
7	345	41-85	41-26	319	41-36	39-59
8	202	41-50	41-02	175	41-24	39-55
9	99	41-64	41-02	103	41-17	39-72
10	63	41-21	40-30	50	41-20	39-00
11	30	41-50	40-80	30	41-47	40-07
12	18	41-44	40-17	18	41-39	39-17
13	6	41-33	40-83	6	42-17	41-50
14	4	42-00	40-25	1	44-00	42-00
15	1	42-00	42-00	1	42-00	42-00
16	—	—	—	—	—	—
17	—	—	—	1	39-00	32-00

Number in Family	Leavers					
	No. Exd.	Boys Height (Ins.)	Weight (Lbs.)	No. Exd.	Girls Height (Ins.)	Weight (Lbs.)
1	412	60-62	102-90	423	60-84	108-82
2	1,450	60-70	101-09	1,498	60-78	105-96
3	1,616	60-28	98-64	1,568	60-25	102-71
4	1,363	59-65	95-39	1,273	59-84	100-29
5	875	59-61	95-65	947	59-54	99-85
6	653	59-24	93-42	646	59-28	97-71
7	397	59-05	92-98	431	59-23	97-36
8	245	58-44	90-96	264	58-95	96-69
9	150	59-19	92-69	174	58-71	96-48
10	87	58-86	94-44	79	58-78	95-89
11	31	58-42	91-77	36	58-89	95-61
12	23	59-30	95-65	22	59-36	97-82
13	10	59-50	94-40	17	59-06	97-88
14	8	58-50	89-50	5	58-40	94-00
15	1	55-00	79-00	3	61-67	107-33
16	2	61-50	109-50	1	57-00	104-00
17	—	—	—	1	57-00	72-00

TABLE 6a

AVERAGE HEIGHTS AND WEIGHTS BY NUMBER IN FAMILY
SCOTLAND

Number in Family	Entrants				Leavers			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)
1	43-64	44-04	43-33	43-07	61-77	107-25	61-30	110-28
2	43-55	43-70	43-22	42-63	61-38	103-02	61-36	107-80
3	43-23	43-15	42-93	41-98	60-94	100-20	60-95	105-35
4	42-92	42-63	42-55	41-28	60-57	98-27	60-64	103-57
5	42-66	42-18	42-31	40-86	60-20	96-97	60-26	102-05
6	42-42	41-85	42-01	40-44	59-94	95-38	60-00	100-87
7	42-36	41-74	41-83	40-20	59-56	93-90	59-80	100-03
8	42-11	41-39	41-74	39-82	59-40	93-34	59-67	100-04
9	42-14	41-55	41-61	39-61	59-47	93-37	59-72	99-24
10	41-77	41-13	41-84	40-06	59-32	93-61	59-35	97-28
11	42-00	41-19	41-49	39-85	59-54	95-48	59-33	98-59
12	41-89	41-02	41-93	40-25	59-99	96-73	59-68	99-05
13	42-09	42-14	42-37	41-63	58-79	90-08	59-42	98-19
14	42-45	41-55	41-60	40-00	59-73	95-77	58-41	91-12
15	42-50	43-50	42-25	41-75	59-80	97-80	61-00	109-80
16	46-00	45-00	40-50	34-50	59-25	94-00	57-00	86-75
17	—	—	39-00	32-00	—	—	58-50	74-50
18	—	—	—	—	—	—	—	—
19	—	—	—	—	58-00	88-00	—	—

TABLE 7

AVERAGE HEIGHTS AND WEIGHTS
OF GLASGOW SCHOOL CHILDREN SINCE 1910

	5 Years				9 years				13 Years			
	Height in ins.		Weight in lbs.		Height in ins.		Weight in lbs.		Height in ins.		Weight in lbs.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1910	40.3	39.9	39.2	38.4	45.2	44.7	48.4	47.5	—	—	—	—
1	39.7	40.0	38.8	38.2	46.5	46.7	53.5	51.9	53.7	52.4	68.7	68.4
2	40.0	40.0	38.5	38.4	48.3	47.9	56.4	53.0	—	—	—	—
3	39.7	39.2	38.1	37.4	48.2	48.2	56.8	52.0	54.8	56.2	73.2	81.8
4	40.5	40.4	37.7	37.0	47.4	48.3	54.8	54.1	55.1	56.3	76.4	79.0
1910-14	40.0	39.9	38.5	37.9	47.1	47.2	54.0	51.7	54.5	55.0	72.8	76.4
1915	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—
7	41.2	38.5	38.5	38.4	47.9	47.7	55.1	52.9	55.7	56.0	75.9	76.0
8	41.8	39.4	38.4	36.4	48.0	47.5	54.6	52.5	55.7	55.8	73.7	77.6
9	40.3	40.2	38.5	37.6	48.2	47.4	54.2	50.9	56.3	56.3	78.8	78.2
1915-19	41.1	39.4	38.5	37.5	48.0	47.5	54.6	52.1	55.9	56.0	76.1	77.3
1920	40.9	40.7	39.2	38.6	48.2	47.5	53.7	51.6	55.4	56.0	76.0	79.9
1	40.2	39.8	39.5	38.1	49.1	48.3	54.4	53.5	54.7	56.5	74.8	78.5
2	40.5	40.1	38.6	37.7	48.1	47.8	53.1	52.5	55.8	55.9	75.8	77.9
3	40.2	39.6	39.0	38.1	48.2	47.9	54.3	52.9	55.0	54.7	73.7	76.6
4	40.7	40.3	39.1	37.4	49.0	47.9	56.1	53.3	54.5	56.3	74.9	78.2
1920-24	40.5	40.1	39.1	38.0	48.5	47.9	54.3	52.8	55.1	55.9	75.0	78.2
1925	41.3	39.9	38.9	37.4	48.9	48.2	57.8	55.4	55.8	56.3	78.7	80.3
6	40.8	40.3	39.2	37.7	48.8	49.3	56.5	54.8	55.7	56.0	77.4	79.7
7	40.9	40.7	39.3	38.1	49.5	48.8	56.4	54.3	56.1	56.5	78.8	82.1
8	40.6	40.3	39.3	37.8	48.8	48.8	56.6	54.4	56.2	56.2	78.7	80.4
9	40.6	40.4	39.0	37.7	48.8	48.3	56.4	54.0	56.0	56.6	77.6	82.2
1925-29	40.8	40.3	39.1	37.7	49.0	48.7	56.7	54.6	56.0	56.3	78.2	80.9
1930	41.0	40.8	39.4	38.0	49.0	49.0	57.2	55.0	56.4	57.2	80.0	83.1
1	40.9	40.7	39.5	38.1	49.3	49.1	57.2	55.1	56.2	57.1	79.7	83.2
2	41.1	40.7	39.4	37.8	49.3	49.1	57.0	55.0	56.3	57.3	79.8	83.7
3	41.1	40.8	39.5	38.0	49.3	49.1	57.1	55.1	56.2	57.2	79.4	83.0
4	41.2	40.9	39.6	38.2	49.5	49.2	57.6	55.5	56.9	57.8	81.5	85.8
1930-34	41.1	40.8	39.5	38.0	49.3	49.1	57.2	55.1	56.4	57.3	80.1	83.8
1935	41.4	41.1	39.7	38.1	49.6	49.4	57.6	55.7	56.9	57.7	81.7	85.8
6	41.4	41.1	39.9	38.4	49.7	49.4	58.0	55.9	57.2	58.1	82.9	87.6
7	41.4	41.1	40.0	38.5	49.8	49.5	58.2	56.3	57.2	58.1	83.1	88.2
8	41.6	41.3	40.5	39.0	50.2	50.0	59.4	57.6	57.3	58.5	83.4	88.9
9	41.5	41.2	40.3	38.9	50.2	49.9	59.6	57.9	57.4	58.4	84.4	89.5
1935-39	41.5	41.2	40.1	38.6	49.9	49.6	58.6	56.7	57.2	58.2	83.1	88.0
1940	—	—	—	—	—	—	—	—	—	—	—	—
1	42.0	41.6	41.3	39.7	50.3	50.2	59.2	57.8	58.1	58.7	86.5	90.1
2	42.0	41.6	41.1	39.5	50.6	50.2	60.2	58.0	58.2	58.8	86.1	90.5
3	41.9	41.5	41.4	39.7	50.5	50.1	60.1	58.3	58.1	59.0	86.4	91.4
4	41.9	41.5	41.3	39.7	50.5	50.1	60.4	58.3	58.2	58.9	87.2	91.2
1940-44	41.9	41.6	41.3	39.6	50.5	50.2	60.0	58.1	58.1	58.9	86.5	90.8

TABLE 7—*Continued*

AVERAGE HEIGHTS AND WEIGHTS
OF GLASGOW SCHOOL CHILDREN SINCE 1910

Year	5 Years				9 Years				13 Years			
	Height in ins.		Weight in lbs.		Height in ins.		Weight in lbs.		Height in ins.		Weight in lbs.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1945	42.0	41.6	41.5	40.1	50.7	50.2	60.9	58.6	58.3	59.0	87.1	92.4
6	42.1	41.7	41.7	40.2	50.7	50.2	60.8	58.8	58.2	58.9	87.0	91.5
7	42.1	41.7	41.5	39.8	50.9	50.4	61.1	58.9	58.2	59.0	86.7	91.4
8	42.2	41.7	41.6	39.8	50.9	50.4	61.3	58.9	58.3	59.0	87.2	91.6
9	42.4	42.0	42.0	40.4	51.1	50.5	61.7	59.5	58.6	59.0	88.1	92.2
1945-49	42.1	41.7	41.7	40.1	50.8	50.3	61.2	58.9	58.3	59.0	87.2	91.8
1950	42.5	42.0	42.3	40.5	51.1	50.4	61.8	59.6	58.6	59.2	88.4	93.2
1	42.4	42.0	42.0	40.6	51.1	50.6	61.8	59.7	58.8	59.1	89.4	93.5
2	42.5	42.1	42.0	40.4	51.2	50.6	61.9	59.7	58.9	59.3	89.8	94.1
3	42.5	42.2	42.1	40.5	51.2	50.7	62.1	60.2	59.0	59.4	90.3	94.3
4	42.4	42.0	42.0	40.7	51.4	50.8	63.2	61.1	59.0	59.5	90.9	95.4
1950-54	42.4	42.1	42.1	40.5	51.2	50.7	62.2	60.1	58.8	59.3	89.8	94.1
1955	42.4	42.0	42.3	40.8	51.4	50.9	63.3	61.9	59.0	59.5	91.8	96.0
6	42.5	42.1	42.4	40.9	51.4	51.0	63.4	62.1	59.1	59.7	91.8	97.1
7	42.6	42.2	42.4	41.0	51.6	51.2	63.9	62.6	59.5	59.9	93.5	99.0
8	42.7	42.3	42.5	41.1	51.6	51.2	63.7	62.4	59.7	60.0	95.0	99.4
9	42.7	42.3	42.5	40.9	51.7	51.2	63.7	62.3	59.7	60.1	94.9	100.0
1955-59	42.6	42.2	42.4	41.0	51.5	51.1	63.6	62.3	59.4	59.8	93.4	98.3
1960	42.6	42.3	42.3	41.0	51.6	51.1	63.8	62.5	59.8	60.1	95.2	100.8
1	42.6	42.3	42.6	41.2	51.6	51.3	64.0	63.2	59.8	60.2	96.0	101.5
2	42.7	42.4	42.5	41.4	51.7	51.3	64.2	62.9	60.0	60.3	96.4	101.9
3	42.6	42.3	42.4	41.1	51.7	51.3	64.1	63.0	60.1	60.3	96.7	101.8
4	42.5	42.3	42.2	41.2	—	—	—	—	60.0	60.3	96.3	101.3
1960-64	42.6	42.3	42.4	41.2	51.6	51.2	64.0	62.9	59.9	60.2	96.1	101.5
1965	42.7	42.4	42.5	41.2	—	—	—	—	60.0	60.4	96.4	101.8
6	42.7	42.4	42.5	41.4	—	—	—	—	60.0	60.3	96.4	101.8
7	42.6	42.4	42.4	41.3	—	—	—	—	60.0	60.1	96.9	102.1
8	42.5	42.3	42.3	41.3	—	—	—	—	60.1	60.0	98.2	102.7
9	42.5	42.2	42.2	41.1	—	—	—	—	59.9	60.0	97.2	101.7
1965-69	42.6	42.3	42.4	41.3	—	—	—	—	60.0	60.2	97.0	102.0

HEIGHTS AND WEIGHTS OF 16-YEAR-OLDS

The following table shows the average measurements of Glasgow school children, aged 16 years at the time of medical inspection, arranged in quinquennial periods since 1950.

Quinquennium	Height in ins.		Weight in lbs.	
	Boys	Girls	Boys	Girls
1950-54	67.4	63.6	133.4	122.0
1955-59	67.3	63.6	134.4	122.6
1960-64	67.6	63.1	134.6	123.0
*1965-67	67.7	63.6	163.3	123.7

*Measurements of 16-year-olds not recorded after the year 1967—the figures, therefore, represent the averages for 3 years only.

TABLE 8

SYSTEMATIC EXAMINATION OF CHILDREN IN SCHOOLS
SIXTEEN-YEAR-OLDS AND OTHER AGE-GROUPS

The new medical record card only provides for statistical information relating to entrants and thirteen-year-old school children. During the year, however, the results of systematic examination of sixteen-year-olds and children in the age-groups outwith those recommended by the Scottish Home and Health Department were recorded for a selected list of defects. Altogether 3,145 pupils aged 16 years were examined and 1,438 in the other age-groups. The results were as follows :—

16-YEAR-OLD PUPILS

Numbers and Percentages of Children Suffering from Defects

Nature of Defects Found	Boys	Girls	Totals
Uncleanliness of Head (nits)	1	1	2 (0.1%)
Skin Conditions of Head or Body	157	106	263 (8.4%)
Defective Nutrition	2	4	6 (0.2%)
Dental Defects	48	17	65 (2.1%)
Naso-pharyngeal Conditions	18	24	42 (1.3%)
Eye Diseases (including Strabismus)	44	57	101 (3.2%)
Defective Vision (for refraction)	84	62	146 (4.6%)
Ear Disease (including defective hearing)	10	11	21 (0.7%)
Defective Speech	6	2	8 (0.2%)
Mental and Nervous Conditions	4	5	9 (0.3%)
Defects of Circulatory System	12	9	21 (0.7%)
Pulmonary Conditions	16	6	22 (0.7%)
Deformities	32	28	60 (1.9%)
Other Diseases or Defects	74	87	161 (5.1%)

Total number of children examined—1,898 boys and 1,247 girls; total of 3,145

OTHER AGES

	Boys	Girls	Totals
Uncleanliness of Head	1	—	1 (0.1%)
Skin Conditions	78	53	131 (9.1%)
Defective Nutrition	—	1	1 (0.1%)
Dental Defects	24	8	32 (2.2%)
Naso-pharyngeal Conditions	9	11	20 (1.3%)
Eye Diseases (including Strabismus)	21	28	49 (3.4%)
Defective Vision (for refraction)	42	30	72 (5.0%)
Ear Disease (including defective hearing)	5	5	10 (0.7%)
Defective Speech	2	—	2 (0.1%)
Mental and Nervous Conditions	2	2	4 (0.3%)
Defects of Circulatory System	6	4	10 (0.7%)
Pulmonary Conditions	8	2	10 (0.7%)
Deformities	15	14	29 (2.0%)
Other Diseases or Defects	37	44	81 (5.6%)

Total number of children examined—717 boys and 721 girls; total of 1,438

TABLE 9

VISUAL ACUITY OF CHILDREN BORN IN 1959

Results of Eyesight (Snellen) Test

		Number and Percentage				
		1969			1968	1967
		Boys	Girls	Totals	Totals	Totals
Children who wore glases at examination	With Glasses—					
	Good, 6/6	235 (4.8)	261 (5.2)	496 (5.0)	538 (5.1)	568 (5.1)
	Fair, 6/9	154 (3.2)	167 (3.3)	321 (3.2)	308 (2.9)	253 (2.4)
	Bad, 6/18	34 (0.8)	43 (0.8)	77 (0.8)	78 (0.7)	53 (0.5)
	Without glasses—					
	Good, 6/6	91 (1.9)	115 (2.3)	206 (2.1)	241 (2.3)	264 (2.4)
Children not wearing glases at examination	Fair, 5/9	144 (3.0)	151 (3.0)	295 (3.0)	298 (2.9)	283 (2.6)
	Bad, 6/18	188 (3.9)	205 (4.0)	393 (4.0)	385 (3.7)	327 (3.0)
	Good, 6/6	3,861 (79.4)	3,948 (78.0)	7,809 (78.6)	8,309 (79.6)	8,887 (80.8)
	Fair, 6/9	459 (9.4)	488 (9.6)	947 (9.5)	977 (9.4)	897 (8.2)
	Bad, 6/18	121 (2.5)	156 (3.1)	277 (2.8)	233 (2.2)	336 (3.0)
		4,864	5,063	9,927	10,443	10,994

Summary of findings (taking the better eye and with spectacles if worn at examination) :—

		Number and Percentage				
		1969			1968	1967
		Boys	Girls	Totals	Totals	Totals
	Good, 6/6	4,096 (84.2)	4,209 (83.1)	8,305 (83.7)	8,847 (84.7)	9,455 (85.9)
	Fair, 6/9	613 (12.6)	655 (12.9)	1,268 (12.8)	1,285 (12.3)	1,150 (10.5)
	Bad, 6/18	155 (3.2)	199 (3.5)	354 (3.6)	311 (3.0)	389 (3.5)
		4,864	5,063	9,927	10,443	10,994

Of those with defective eyesight 615 (296 boys and 319 girls) were recommended for refraction or retest.

TABLE 10

VISUAL ACUITY OF SEVEN-YEAR-OLD CHILDREN

A survey of seven-year-old children was undertaken during the session by the teams operating the Keystone apparatus. 127 schools were visited and 9,758 children (4,529 boys and 5,229 girls) were tested for visual acuity with the following results :—

RESULT OF TEST BY KEYSTONE APPARATUS

		Number and Percentage		
		Boys	Girls	Totals
Children who wore glasses at examination	With Glasses—			
	Good, 6/6	86 (1·8)	86 (1·6)	172 (1·7)
	Fair, 6/9, 6/12	58 (1·2)	57 (1·1)	115 (1·1)
	Bad, 6/18	47 (1·0)	45 (0·8)	92 (0·9)
	Without Glasses—			
	Good, 6/6	51 (1·1)	52 (1·0)	103 (1·0)
	Fair, 6/9, 6/12	61 (1·3)	63 (1·2)	124 (1·2)
	Bad, 6/18	79 (1·6)	73 (1·3)	152 (1·5)
Children not wearing glasses at examination	Good, 6/6	4,211 (89·2)	5,026 (92·8)	9,237 (91·1)
	Fair, 6/9, 6/12	146 (3·1)	145 (2·6)	291 (2·9)
	Bad, 6/18	172 (3·7)	58 (1·1)	230 (2·3)
		<u>4,720</u>	<u>5,417</u>	<u>10,137</u>

Summary of findings (taking the better eye and with spectacles if worn at examination) :—

		Number and Percentage		
		Boys	Girls	Totals
Good, 6/6		4,297 (91·1)	5,112 (94·4)	9,409 (92·8)
Fair, 6/9, 6/12		204 (4·3)	202 (3·7)	406 (4·0)
Bad, 6/18, etc.		219 (4·6)	103 (1·9)	322 (3·2)
		<u>4,720</u>	<u>5,417</u>	<u>10,137</u>

Of those with defective eyesight, 555 (280 boys and 275 girls) were recommended for refraction or retest.

TABLE 11

OTHER EXAMINATIONS

(i) IN SCHOOLS—	
Systematic Inspection of Nursery School Children	2,926
Other Examinations in Nursery Schools (including " at risk " cases)	1,981
1959 age-group (Visual Acuity only)—(by doctor/ health visitor team)	9,927
Special Cases (in respect of particular defects) ...	26,768
Re-inspections by Medical Officers	13,576
Leaving interviews	6,019
Examinations regarding Mental Defect	2,034
Discharges in Special Schools and Classes ...	31
Audiometric Surveys (by audiometricians) ...	16,368
Keystone Vision Screening by nurses (Survey of 7-year-olds)	10,137
Total	<u>89,767</u>
(ii) MAINLY AT CLINICS—	
Applicants for Licences under the Corporation Bye- laws for the Employment of Children	345
Adult Employees of the Corporation	1,644
Children as to fitness for School Journeys abroad, Educational Excursions, Camps, etc.	14,918
Children as to fitness for admission to Residential Schools	7,343
Pre-vocational Students	1,157
Examinations in Remand Homes	3,060
Other Special Cases	27
Total	<u>28,494</u>
(iii) CLEANLINESS AND SPECIAL EXAMINATIONS—	
Cleanliness Inspections—(by school nurses) ...	<u>303,713</u>

TABLE 12

SUMMARY OF INSPECTION AND TREATMENT STATISTICS

(of which details are given throughout Report)

A. INSPECTION

Type	Cases
Systematic Examinations	36,921
Other Examinations in Schools	89,767
Other Examinations mainly in Clinics ...	28,494
Cleanliness Examinations	303,713
Dental Inspections	51,060
Total	<u>509,955</u>

TABLE 12—*Continued*

B. TREATMENT					Cases	Attendances
Disease or Defect						
(a) MINOR AILMENTS—						
<i>Ear—</i>						
Examined only	...	...	...	...	674	11,114
Clinic Treatment	...	...	...	...	1,232	
Aurists' Examinations	...	...	...	...	1,252	1,252
Aurists' Classifications	...	...	...	...	406	406
Audiometric Survey	...	...	...	...	1,008	1,008
Audiometric Ear Cases	...	...	...	...	90	90
					4,662	13,870
<i>Eye</i>	...	...	...	...	1,379	6,261
<i>Skin—</i>						
Cuts, minor injuries, etc.	...	...	...	...	4,501	117,233
Clinic Treatment	...	...	...	...	11,802	
Cleansing Clinics	...	...	...	...	1,623	4,924
Specialists' Cases	...	...	...	...	44	Included under " clinic treatment "
						above
Scabies Baths	...	...	...	...	1,958	6,618
					19,928	128,775
(b) DEFECTIVE VISION—						
Clinic Treatment	...	...	...	...	8,595	8,947
Spectacles supplied	...	...	...	...	4,404	5,586
					12,999	14,533
(c) EAR, NOSE AND THROAT—						
Tonsils, and Adenoids and other						
E.N.T. Operations	...	...	...	...	640	1,335
					640	1,335
(d) ORTHOPAEDIC—						
Examined only	...	...	...	...	1,383	1,383
Treated by Exercises	...	...	...	...	1,304	13,379
Treated in Spastic Unit	...	...	...	...	44	8,080
					2,731	22,842
(e) OTHER DISEASES—						
General	...	...	...	...	7,938	16,015
Supply of Medicines	...	...	...	...	3,769	10,483
Artificial Light	...	...	...	...	432	6,463
Cardiac Cases	...	...	...	...	225	347
Neurological Cases	...	...	...	...	116	116
					12,480	33,424

TABLE 12—*Continued*

B. TREATMENT—Continued—

Disease or Defect				Cases	Attendances
(f) DENTAL—					
Ordinary (incl. Emergency Cases)				23,079	76,762
Orthodontic	...	...	...	206	4,573
				23,285	81,335
(g) REMAND HOME	...	...	...	221	221
(h) DEFECTIVE SPEECH	...	...	...	749	5,043
(i) OCCUPATIONAL THERAPY	...	...	...	44	7,105
Totals	...	...	...	79,118	314,744

TABLE 13

DENTAL INSPECTION AND TREATMENT

(1) GENERAL STATISTICS :

Age in Years		Number of Children seen at Routine Dental Inspection				Total Number Made Dentally Fit	Emerg- ency Cases Number Treated
		Number Inspected	With Dental Defects	Offered Treat- ment	Accept- ing Treat- ment	Total Number Treated	
5	...	6,277	4,969	4,703	1,837	1,583	452
6	...	7,120	5,722	5,490	2,360	2,390	478
7	...	7,360	6,035	5,801	2,271	2,410	481
8	...	7,496	6,160	5,907	2,206	2,511	526
9	...	7,044	5,516	5,193	1,817	2,405	482
10	...	7,058	5,340	4,948	1,627	2,306	499
11	...	6,587	4,773	4,419	1,436	2,031	422
12	...	2,054	1,422	1,331	419	1,258	405
13	...	30	17	17	15	712	346
14	...	27	19	19	20	638	299
15	...	7	7	7	2	229	80
16	...	—	—	—	1	77	21
17 and over		—	—	—	—	34	4
Totals	...	51,060	39,980	37,835	14,011	18,584	4,495

Number of attendances for treatment : 5-17 years, 76,762

(2) DETAILS OF TREATMENT (*School Children*) :

	Routine	Emergency	Total
Fillings—permanent teeth	35,180	—	35,180
deciduous teeth	11,473	—	11,473
Extractions (incl. orthodontic)—			
permanent teeth	4,069	1,054	5,123
deciduous teeth	15,664	2,301	17,965
Administrations of general anaesthetic ...	1,991	7	1,998
Other operations—permanent teeth ...	21,941	1,491	23,432
deciduous teeth	4,886	412	5,298
Dentures—partial	—	—	185
full	—	—	7
Repairs to dentures	—	—	28
Radiographs—number of exposures (not			
incl. orthodontic)—intra-oral	—	—	575
extra-oral	—	—	2

(3) ORTHODONTIC TREATMENT :

Cases continued from previous year, 391; new cases, 206: completed cases, 224; discontinued cases, 20; cases continuing at end of year, 353; attendances for treatment, 4,573.

Diagnostic examinations, 926; number or removable appliances fitted, 711; repairs to appliances, 83; radiographs: intra-oral, 126; extra-oral, 32.

(4) ALLOCATION OF TIME :

<i>Number of half-days occupied in—</i>	Dental Surgeons	Dental Auxiliaries
Routine inspection	272.42	—
Treatment—school	8,730.65	1,353.51
orthodontic	515.50	—
Dental health education	88	531
	<u>9,606.57</u>	<u>1,884.51</u>

(5) ADDITIONAL INFORMATION :

Fillings of permanent teeth included 28 crowns, 56 gold inlays, 33 root treatments; 15 pulpotomies were also carried out.

Statistics do not include Maternity and Child Welfare work.

APPENDICES

INSPECTION OF SPECIAL CASES
("NON-ROUTINE" AND "AT RISK")

Defects found in Children presented for Medical Inspection as "Non Routines"—26,768 children were presented for "non-routine" inspection (generally on account of defect observed or suspected by teachers); 24,598 of these were pupils in ordinary schools and 2,170 in special schools.

Some of these children were found on examination to have more than one defect. The individual results were: nits minor, 1,685; nits major and/or vermin, 648; skin condition, 3,568; eye conditions (including defective vision), 6,055; ear, nose and throat defects, 2,521; "general" defects, 5,578; defective teeth, 2,480; no apparent disease, 1,369; and other causes, 2,864.

Re-Inspection of "Cases at Risk"—The total number of re-inspections was 13,576. Of these, 4,312 were found to be receiving treatment at the school clinics; 3,604 were being treated elsewhere; 3,311 did not require treatment; and 2,349 had not had the necessary treatment provided.

(Details of "non-routine" and "at risk" cases examined in Nursery Schools are given on page 136).

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, 1969)

	Boys		Girls	
	Final or Number	Only Inspection Per Cent.	Final or Number	Only Inspection Per Cent.
Fit	6,482	82.9	6,253	88.1
*Fit?	1,125	14.4	761	10.7
Unfit	212	2.7	85	1.2
Totals	7,819		7,099	

* Doubtful Fitness.

CLEANLINESS INSPECTION IN SCHOOLS BY NURSES

The results of inspection by Cleanliness Inspectresses are as follows:—

<i>First Inspections—</i>		Boys		Girls	
Examined ...	104,014			100,059	
Infested ...	2,137	(2.1%)		3,971	(4.0%)
Infected ...	8,530	(8.2%)		13,529	(13.5%)
<i>Re-Inspections—</i>					
Examined ...	43,208			56,432	
Infested ...	2,421	(5.6%)		4,637	(8.2%)
Infected ...	8,592	(19.8%)		17,304	(30.7%)

In 520 instances formal notices to cleanse children within 24 hours were issued, mainly by Cleanliness Inspectresses and Senior Woman Assistants.

On re-inspection 197 were found to have been cleansed at home by the parents and 159 to have been compulsorily disinfested at school or clinic.

Under Section 61 of the Education (Scotland) Act, 1962, 17 parents were convicted during the course of the year, the fines imposed being as follows :—

15 of £1, and 2 of £2.

CLEANLINESS SUPERVISION BY SENIOR WOMEN 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)	89.7	81.2	87.6	84.3
All thirty-two selected schools ...	83.7	73.2	83.6	73.8

In the *six original schools* the boys and girls at first inspection were improved compared with last year.

For *all selected schools* percentages were reduced for boys and girls at both inspections.

The total numbers seen were :—

At first inspection—15,423 (7,464 boys and 7,959 girls).

At second inspection—15,049 (7,216 boys and 7,833 girls).

NURSERY SCHOOLS AND DAY NURSERIES

At the end of June, 1969, the Education Department was responsible for the administration of 52 Nursery Schools and Classes within the City having places for 3,480 children and of Dunclotha Nursery School, Kirn, where 23 children were accommodated.

On the same date the Health and Welfare Department had under its management 19 Day Nurseries, including two special day centres for handicapped children. The numbers in the various age groups who attend are : 0-1 year, 76 ; 1-2 years, 232 ; 2-5 years, 507 ; 6-12 years (Broomhill Centre) 16—total 831 places.

During the year children in the nursery schools to the number of 2,926 (1,497 boys and 1,429 girls) were subjected to "routine inspection." One thousand, seven hundred and thirty-nine were medically examined at the request of teachers and 242 were re-inspected. The results of these examinations are detailed below.

ROUTINE INSPECTION

Numbers and Percentages of Children suffering from Defects

Nature of Defects Found	Boys	Girls	Total
Uncleanliness of Head (nits)	6	10	16 (0.5)
Skin Conditions of Head or Body	56	53	109 (3.7)
Defective Nutrition	12	9	21 (0.7)
Dental Defects	100	76	176 (6.0)
Naso-pharyngeal Conditions	136	112	248 (7.5)
Eye Diseases (including strabismus)	44	32	76 (2.6)
Defective Vision (for refraction)	12	9	21 (0.7)
Ear Disease (including defective hearing)	21	16	37 (1.3)
Defective Speech	39	18	57 (1.9)
Mental and Nervous Conditions	18	23	41 (1.4)
Defects of Circulatory System	40	26	66 (2.3)
Pulmonary Conditions	28	9	37 (1.3)
Deformities	85	52	137 (4.7)
Other Diseases or Defects	107	92	199 (6.8)

INSPECTION OF NON-ROUTINE CASES

Children to the number of 1,739 were presented for inspection on account of defects observed or suspected by teachers. The individual results were as follows :—

Head infestation, 13 ; skin conditions, 118 ; eye conditions, 476 ; ear, nose and throat defects, 158, " general " defects, 626 ; defective teeth, 66 ; no apparent disease, 74 ; and other causes, 208.

RE-INSPECTION OF "AT RISK " CASES

Two hundred and forty-two pupils were re-inspected during the Session.

PREVENTION OF TUBERCULOSIS

TEACHERS' SICK PAY REGULATIONS

During the year ended 31st July, 1969, teachers to the number of 2,346 (1,118 males and 1,228 females) were X-rayed.

The numbers recalled for large film (including report from Chest Physicians) were 39 men and 31 women, the diagnoses being as shown :—

	Males	Females
Active Pulmonary Tuberculosis	—	—
Inactive Pulmonary Tuberculosis (including calcified or fibrotic conditions)	11	10
Inactive Pulmonary Tuberculosis (pleural thickening)	3	3
Cardiac Hypertrophy	—	1
Bone defects	1	2
No Apparent Defect	24	15
Totals	39	31

During the same year, 61 nursery assistants and seven occupational centre assistants were X-rayed.

B.C.G. VACCINATION CAMPAIGN, 1968

Total Schools visited	...	104		
Total forms issued	...	15,975		
Parental consents granted		15,501		
Total absent	...	1,024		
Total number tested	...	14,477		
MANTOUX RESULTS—				
Positive	...	1,596	1,243	2,839
Negative	...	5,738	5,900	11,638
VACCINATIONS	...	5,731	5,892	11,623

MASS RADIOGRAPHY

Details of children X-rayed by the Mass Radiography Service of Elmbank Street are given in the following tables.

Dr. T. J. R. Miller, Medical Director of the Mass Radiography Service, reports as follows :—

During the year under review, 2,296 mantoux positive pupils were X-rayed for the first time and 2,759 with a positive mantoux reaction the previous year had a repeat X-ray. The abnormalities detected in the primary and re-examination groups are recorded in tables A and B respectively.

One thousand, three hundred and one boys and 995 girls with a moderately positive reaction to the mantoux test were X-rayed for the first time. One boy and one girl, an incidence of 0.87 per thousand of this group, had active pulmonary tuberculosis. One girl was admitted to hospital with pleurisy.

One thousand, three hundred and eighty-one boys and 1,378 girls, mantoux positive the previous year, were re-examined. All were free of active pulmonary tuberculosis.

Three hundred and thirty boys and 312 girls, in all 642 pupils who missed the mantoux test were X-rayed, one girl (1.55 per thousand) with active tuberculosis was admitted to hospital (Table C).

Inactive lesions were found in 2 (0.87 per thousand) of the primary examination group, in 1 (0.36 per thousand) of the re-examination group and in two (3.11 per thousand) of the re-examination group and in 2 (3.11 per thousand) of the pupils who missed the mantoux test.

Previously diagnosed cases of pulmonary tuberculosis were noted in 3 (1.3 per thousand) of the primary and in 1 (0.36 per thousand) of the re-examination groups.

TABLE A

MANTOUX REACTORS X-RAYED FOR THE FIRST TIME
ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY SERVICE
YEAR ENDING 31st JULY, 1969

	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 (0.76)	1 (1.00)	2 (0.87)
Healed Primary	9	6	—	1	—	—	1	—	—	—	10 (7.68)	7 (7.03)	17 (7.40)
Inactive	—	—	—	—	—	1	1	—	—	—	1 (0.76)	1 (1.00)	2 (0.87)
Known Cases	—	—	2	1	—	—	—	—	—	—	2 (1.53)	1 (1.00)	3 (1.30)
OTHER PULMONARY ABNORMALITIES—													
Pulmonary fibrosis	—	—	—	—	—	—	1	—	—	—	1 (0.76)	—	1 (0.43)
Pleural Thickening	—	—	—	—	—	—	—	—	—	1	—	1 (1.00)	1 (0.43)
Acquired Heart Abnormality	—	—	—	—	1	—	—	—	—	—	1 (0.76)	—	1 (0.43)

Numbers examined : 1,301 boys and 995 girls—Total, 2,296.

TABLE B

MANTOUX REACTORS X-RAYED A YEAR PREVIOUSLY
ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY SERVICE

YEAR ENDING 31st JULY, 1969

	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 ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Healed Primary ...	11	11	—	—	—	—	1	2	—	—	12 (8.68)	13 (9.43)	25 (9.06)
Inactive ...	—	—	—	—	—	—	1	—	—	—	1 (0.72)	—	1 (0.36)
Known Cases ...	—	—	1	—	—	—	—	—	—	—	1 (0.72)	—	1 (0.36)
OTHER PULMONARY ABNORMALITIES—													
Acquired Heart Abnormality ...	1	—	—	—	—	—	—	—	—	—	1 (0.72)	—	1 (0.36)

Numbers examined: 1,381 boys and 1,378 girls—total 2,759.

TABLE C

PUPILS X-RAYED FOR THE FIRST TIME WHO WERE ABSENT FOR THE MANTOUX TEST
YEAR ENDING 31st JULY, 1969

	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 (3·20)	1 (1·55)
Healed Primary ...	1	1	—	—	—	—	—	—	—	—	1 (3·03)	1 (3·20)	2 (3·11)
Inactive ...	—	—	—	—	—	1	—	1	—	—	—	2 (6·41)	2 (3·11)
Known Cases ...	—	—	—	—	—	—	—	—	—	—	—	—	—
OTHER PULMONARY ABNORMALITIES—													
Bronchiectasis ...	—	—	—	—	—	—	1	—	—	—	1 (3·03)	—	1 (1·55)
Pulmonary fibrosis ...	—	1	—	—	—	—	—	—	—	—	—	1 (3·20)	1 (1·55)

Number examined : 330 boys and 312 girls—total, 642.

RADIOGRAPHY SURVEY OF FURTHER EDUCATION COLLEGES

During November, 1968, the Mass Radiography Service examined students in four colleges of further education. Altogether 3,230 (2,284 males and 946 females) were X-rayed, 38 (29 males and 9 females) of these being recalled for large film.

No active pulmonary tuberculosis cases were detected in the 3,230 examinees. Two male students had apparently inactive pulmonary tuberculosis. Four male and three female students with known tuberculous conditions had satisfactory X-rays.

All those with abnormalities of any significance were informed of the result and a report, together with an indication of the action considered advisable, was sent to their own doctor. Those requiring further assessment were given an opportunity of attending the local chest clinic near their homes.

The following table summarises the results :—

	Male	Female	Total
Number examined	2,284	946	3,230
Recalled for large film ...	29	9	38
<i>Pulmonary Tuberculosis—</i>			
? Inactive	1	—	1
Inactive	1	—	1
Known	4	3	7
	—	—	—
	6	3	9
	—	—	—
<i>Other Abnormalities—</i>			
Bronchial thickening and fibrosis	1	1	2
Bronchiectasis	1	—	1
Pleural thickening ...	1	—	1
	—	—	—
	3	1	4
	—	—	—

MEDICAL SUPERVISION OF REMAND HOMES

During the year ended 31st July, 1969, 1,801 boys were admitted to Larchgrove Home and 292 to Beechwood Home. Medical examinations were 2,624 boys and 436 girls and those found to be suffering from various ailments were, on the advice of the visiting School Medical Officer, disposed of as follows :—

208 boys were treated in the Home, 2 at clinic; 4 were X-rayed and 4 were removed to hospital.

2 girls were treated in the Home and 1 was removed to hospital.

IMMUNISATION CAMPAIGNS IN SCHOOLS

(i) DIPHTHERIA AND TETANUS :

Injections given by School Medical Officers :—

First	Second	Re-inforcing	Total Doses
6,288	5,275	21,232	32,795

(ii) POLIOMYELITIS :

Oral doses administered by School Nurses to children at primary schools :—

First	Second	Third	Re-inforcing	Total Doses
2,287	2,377	1,294	19,029	24,987

AUDIOMETRIC SURVEYS

A summary of the work done, in connection with Surveys Nos. XX and XXa throughout the year, are as follows :—

SURVEY No. XX (CHILDREN BORN IN 1962)

	Routine	Non-Routine	Total
Number of schools visited	—	—	207
Number "sweep" tested in schools ...	14,365	31	14,396
Number failed in "sweep" test	1,235	24	1,259
Number examined by School Medical Officer	Routine and Non-Routine		493
Number recommended for Threshold test by School Medical Officer	Routine and Non-Routine		475
Number Threshold tested	271	2	273
Number awaiting Threshold test (including 12 for tonsil/adenoid operation) ...	Routine and Non-Routine		157
Number awaiting treatment before having Threshold test	Routine and Non-Routine		23
Number did not attend for Threshold test	Routine and Non-Routine		22
Number attended for retest	3	—	3
Number awaiting retest	Routine and Non-Routine		37
Number awaiting result of Threshold test	Routine and Non-Routine		13
Number graded	Routine and Non-Routine		66
Number awaiting grading	Routine and Non-Routine		212

The results of the 66 children graded were :—

	Routine	Non-Routine	Total
Referred to Consultant	9	—	9
Graded—A	3	—	3
Graded—Normal	54	—	54
	66	—	66
	—	—	—

Most of the remainder were at the end of the year awaiting testing, retesting, clinic treatment or grading.

The Consultant Aurist classified 54 cases from the various surveys as follows :—

	Boys	Girls	Total
Normal	25	14	39
Grade A	8	4	12
Grade B	1	2	3

SURVEY No. XXa (CHILDREN BORN IN 1959)

Number of schools visited	46
Number of children "sweep" tested in schools ...	1,972
Number failed in "sweep" test	175
Number examined by School Medical Officer	32
Number recommended for threshold test by School Medical Officer	32
Number attended for threshold test	11
Number awaiting threshold test (including 1 for tonsil/adenoid operation)	13
Number awaiting clinic treatment before threshold test	4
Number did not attend for threshold test	4
Number graded	1
Number awaiting grading	3

The child graded was referred to Consultant.

Brought forward from Session 1968 were children from previous Surveys, some of whom were dealt with as follows :—

	Routine	Non-Routine	Total
Referred to Consultant	52	2	54
Graded—A	3	—	3
Graded—Normal	137	—	137
	<u>192</u>	<u>2</u>	<u>194</u>

MEDICAL EXAMINATIONS

	First Examination		Re-Examination		Total
	Boys	Girls	Boys	Girls	
Summonses	512	515	507	479	2,013
Attendances	272	253	250	233	1,008
Examinations	272	253	250	233	1,008

RECOMMENDATIONS—

Audiogram	227	206	201	187	821
Clinic treatment and audiogram	37	37	23	22	119
Speech therapy	1	—	1	—	2
Front seat in class	23	17	17	27	84
Lip-reading	—	—	2	6	8
Tonsil/adenoid operation	9	4	15	11	39
Hearing aids	—	—	2	4	6
Referred to Consultant	3	6	7	7	23
Other recommendations	1	—	—	2	3

RISK GROUP

Three hundred and eighty-six (197 boys and 189 girls) were summoned for examination and 191 (99 boys and 92 girls) attended. One hundred and sixty-eight children were recommended for audiogram tests, 13 for clinic treatment and audiogram, 14 for tonsil/adenoid operation, 10 for front seat in class and 6 for other forms of treatment.

TWINS' REGISTER

One hundred and forty-four (71 boys and 73 girls) were summoned and 72 (43 boys and 29 girls) attended. Recommendations included 60 for audiogram, 10 for clinic treatment and audiogram, 4 for tonsil/adenoid operation and 1 for front seat in class.

SPECIAL DIETS

During the session, 55 children (22 boys and 33 girls) were recommended to have special diets provided in place of the normal school meals.

The conditions were as undernoted :—

		Boys	Girls
Coeliac Disease	...	13	20
Diabetes	... ..	5	6
Obesity	... ..	3	7
Gastric Ulcer	... ..	1	—
		22	33

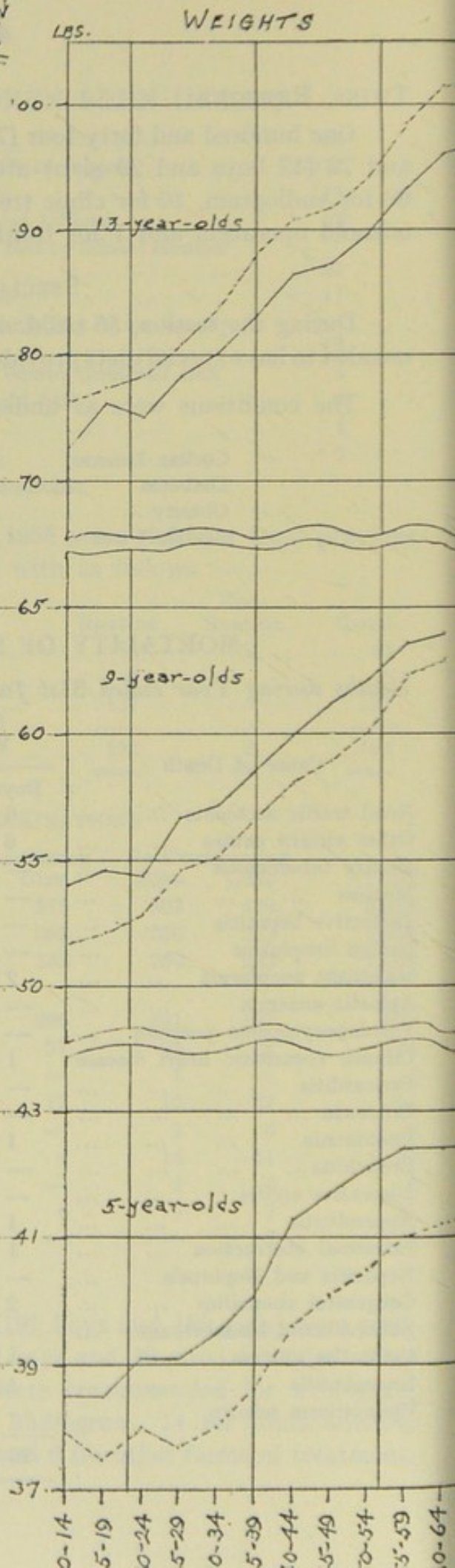
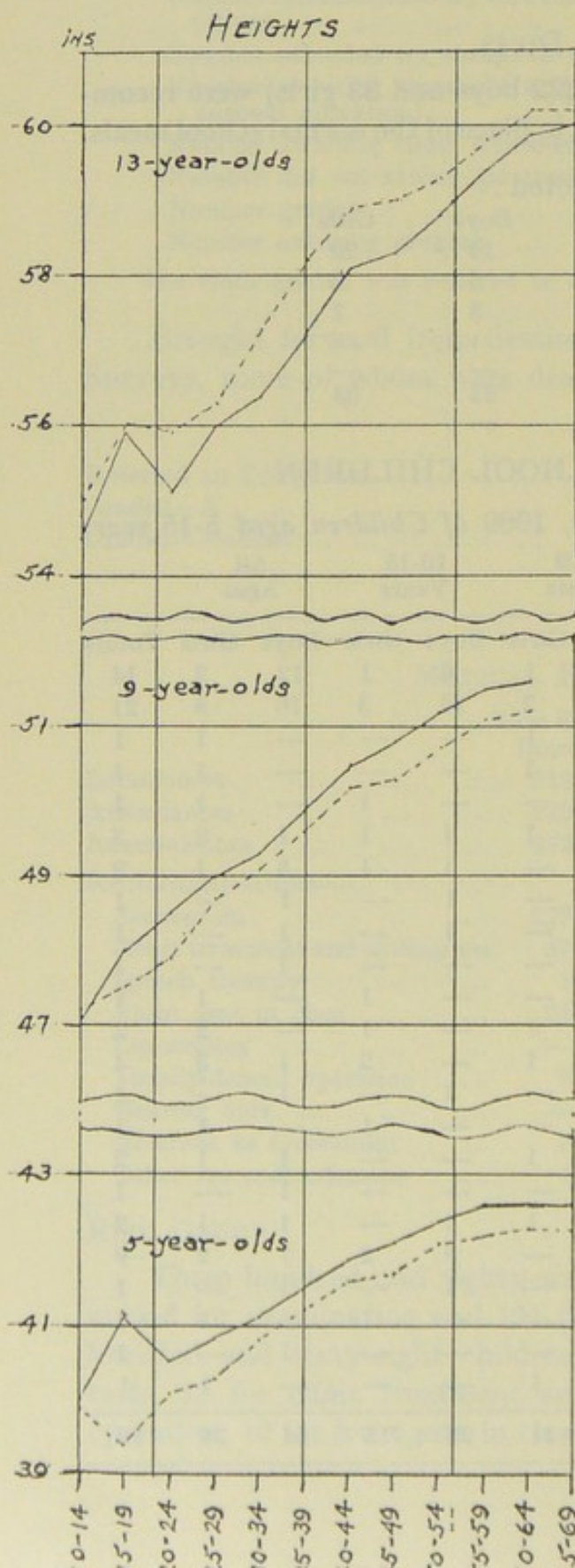
MORTALITY OF SCHOOL CHILDREN

Deaths during Year ended 31st July, 1969 of Children aged 5-15 years

Cause of Death	5-10 Years		10-15 Years		All Ages		Totals
	Boys	Girls	Boys	Girls	Boys	Girls	
Road traffic accidents	6	1	6	1	12	2	14
Other violent causes	6	2	10	3	16	5	21
Miliary tuberculosis	—	1	—	—	—	1	1
Measles	—	1	—	—	—	1	1
Infective hepatitis	—	—	—	1	—	1	1
Benign neoplasms	—	1	1	1	1	2	3
Malignant neoplasms	7	—	1	1	8	1	9
Aplastic anaemia	—	—	1	—	1	—	1
Thrombocytopenia purpura	—	—	1	—	1	—	1
Chronic rheumatic heart disease	1	—	—	—	1	—	1
Pericarditis	—	—	—	1	—	1	1
Influenza	—	1	—	1	—	2	2
Pneumonia	1	1	—	2	1	3	4
Bronchitis	—	—	1	—	1	—	1
Ulcerative colitis	—	—	—	1	—	1	1
Appendicitis	1	1	—	—	1	1	2
Intestinal obstruction	1	—	—	—	1	—	1
Nephritis and Nephrosis	—	1	1	—	1	1	2
Congenital anomalies	2	—	5	2	7	2	9
Subarachnoid haemorrhage	—	—	1	—	1	—	1
Cerebellar abscess	—	—	—	1	—	1	1
Encephalitis	1	—	—	—	1	—	1
Epileptiform seizure	—	1	—	—	—	1	1
	26	11	28	15	54	26	80

AVERAGE HEIGHTS AND WEIGHTS OF GLASGOW
SCHOOL CHILDREN IN TWELVE QUINQUENNIAL
PERIODS SINCE THE SESSION 1909-10

Boys —
 Girls ---



SECTION V

HEALTH EDUCATION

There has been increasing activity in this field throughout the year. In addition to the various projects carried out in the City, material of a national character is being received in increasing volume from the Health Education Unit of the Scottish Home and Health Department.

CAMPAIGNS

Poliomyelitis immunisation—An intensive campaign undertaken between March and June to increase the level of protection, was supported by the Lord Provost who participated in an opening ceremony in the City Chambers.

Public response for first-doses of vaccine showed an increase on the previous year but many mothers, did not return to the clinics with their children to complete the full course of three doses. Follow-up efforts by health visitors were more than usually difficult because of the great number of families who have moved to new addresses, as a result of re-housing and the aftermath of hurricane Low Q.

Motivation, or whatever is of immediate personal benefit, plays an important part in the acceptance of immunisation. It is now apparent that public response to immunisation campaigns in Glasgow between 1962 and 1970 fell into three motivational categories as follows :—

- (1) the outbreak situation,
when there is an immediate demand for vaccination by the public, a situation which has not been present in Glasgow since the early 60's,
- (2) the virus-present situation,
as in 1966, which brought a greatly increased demand from the public for protection,
- (3) the normal protection situation,
when there is no sign of an outbreak or presence of virus, produces the attitude of complacency among a large number of mothers which is now obvious in sections of the community.

It is the responsibility of every mother to ensure that her child receives protection against polio and other diseases.

Cervical Cytology—A campaign to publicise the Department's cytology service took place between August and December.

Home Safety—"Friday Night is Danger Night" campaign was organised by the Glasgow Home Safety Committee in co-operation with the Health Department. The Friday night accident rate for home accidents involving fire is 26 per cent. higher than any other evening of the week. These fires are due to such causes as cooking with fat, dropping lights such as cigarette ends, and smoking in bed. Posters were widely distributed and display units were placed in selected clinics.

Spring Clean with Safety—In co-operation with the Home Safety Committee it was agreed to co-operate in this campaign sponsored by the Scottish Health Education Unit which would take place in the spring of 1970.

Health, Hygiene and Smoking—A campaign was launched in October with the aim of seeking the co-operation of smokers in cutting down mealtime cigarettes. Support for poster displays was given by industry and commerce, government departments, nationalised industries, hospitals and food shops and general practitioners. There was good press and television publicity.

GLASGOW HOME SAFETY COMMITTEE

Contact was maintained through the Chairman with the Scottish Accident Prevention Council and the National Home Safety Committee.

The Chairman drew the attention of the Committee to the fact that there had been some concern about 3-pin plugs becoming overheated during use and a number of plugs with partially charred outer casings have reached the Home Office. In the main, these plugs are "Empire" made, but in a few instances, British made plugs with B.S. number 1363 have been involved. Overheating can be caused by :—

- (1) Poor connection of flex to terminals.
- (2) Poor quality fuses which produce excessive heat.
- (3) Poor quality fuse clips which do not make good electrical contact.

Most of the plugs marked "Empire Made" come from Hong Kong. The Hong Kong Government is now urging their manufacturers to comply with B.S.I. Standards.

Campaigns sponsored by the Royal Society for the Prevention of Accidents are Fire Prevention, Safety for Baby—The First Three Years, Summer Hazards, Scalds.

Exhibition—An exhibit featuring a Hazard House Quiz was part of the Modern Homes Exhibition in the Kelvin Hall. A Competition

on "plan a home for safety" was organised in connection with this exhibit.

Essay project—Information about this project, in co-operation with the Education Department, was circulated to schools, and winners received their prizes from the Lord Provost at a function in the City Chambers.

UNIVERSITY OF LONDON—*Diploma in Health Education*

For the third year running a programme for an overseas student and two English students was arranged consisting of visits to sections and practical work.

TALKS

During the year talks were given by the Health Education Officer to various organisations.

DISPLAY UNITS

The number of units on health topics rotating round clinics on a short-term basis was increased during the year. Subjects include burns and scalds, hygiene, immunisation, diet at two months, budgeting, cooking with fat, good neighbours, breast feeding.

COURSE

The Health Education Officer attended a course on Alcoholism at the University of Birmingham during September.

TEACHING FILM

A silent film on Spina Bifida was prepared in co-operation with the Balvicar Centre. Production involved filming specific cases, and titles and captions were edited into the film which is used for instructional purposes.

PUBLIC RELATIONS

The Department's activities were widely supported by the press and television. The Medical Officer was featured on television during the poliomyelitis immunisation campaign.

ANTI-SMOKING CAMPAIGNS

It was planned to run a series of campaigns during 1970 drawing attention to the health hazards involved in smoking. The first of these, commencing in February will coincide with the Scottish Health Education Unit's national campaign and so increase its impact on the community.

SCOTTISH HEALTH EDUCATION UNIT

The subjects to be dealt with by this Unit in 1970 include anti-smoking, clean food, dental health, alcoholism and immunisation.

SECTION VI

HOME HELP SERVICE

This service, which was originally intended to provide help in the home during a mother's confinement, now affords assistance in a variety of circumstances and without it a family may have to separate or an old or infirm person be removed to hospital for an indefinite period. Under Section 28, of the National Health Service (Scotland) Act, 1947, "A Local Health Authority may make such arrangements as the Secretary of State may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying in, an expectant mother, mentally defective, aged, or child not over school age within the meaning of the Education (Scotland) Act, 1946".

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 rose again in 1969. Despite the increase in staff from 368 in 1948 to 1,993 in 1969, the number is still inadequate to satisfy demand.

Of the 1,993 domestic helps employed, 257 were on a whole time and 1,736 on a part-time basis. Included in this total were 26 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 :—

	1964	1965	1966	1967	1968	1969
Maternity	1,961	1,709	1,331	1,144	972	702
General, etc.	6,647	7,089	6,999	7,158	7,260	7,327
Tuberculosis	121	102	85	78	57	34
Totals	<u>8,729</u>	<u>8,900</u>	<u>8,415</u>	<u>8,380</u>	<u>8,289</u>	<u>8,063</u>

The charge to individual patients for Home Help Service varies according to means. The maximum charge remained at 39s. per day for full-time help, 19s. 6d. 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 week-day 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 of cases helped in 1969. The period of help offered initially is two weeks although many cases finish after one week. The number of cases assisted in this section in 1969 was 702, of which 458 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 1969. It may also be of interest to note that 31 families who did not have the support of a father in the home received help because of confinement or illness of the mother.

Of the total 702 cases assisted, 241 had full-time and 461 part-time help. This is an increase in the proportion of households who ask for part-time help. The maximum charge was paid by 131 and the minimum rate by 171 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 was 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 1969 was 3,855, a large percentage receiving only two hours help per day: 24 received full-time help and 3,831 part-time help. The maximum charge was paid by 626 cases and the minimum by 2,416. Eight families of motherless children were also cared for under the General Scheme. The children in these families were all of school age.

EXTENDED SCHEME

In many cases 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 half-day. The number of such cases has steadily increased and in 1969 1,064 new cases were added to those already receiving this help. In all, 3,403 cases were assisted in 1969 and were given two to four hours daily help according to need. Of this total, one paid the maximum charge of 9s. 9d. while 3,402 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-three new cases came under care in 1969 and the number assisted was 69. One paid the maximum charge ; the minimum was paid by 27 persons.

TUBERCULOSIS CASES

There were 21 new cases in 1969, bringing the total number of such cases helped in 1969 to 34. All of those patients had part-time help. None paid the maximum charge while 27 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 1969, 22 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 Social Work Department for other patients whose illness has reached the terminal stage. There was, however, no demand for this in 1969.

A Sunday service was given to 154 cases, which is smaller than last year's total.

There was also a slight decrease in the number of cases helped in the evenings, of whom there were 48 in 1969.

The following table shows the illnesses or other condition in respect of which applications for domestic help under the General Scheme were made in 1969 :—

ANALYSIS OF CASES HELPED IN GENERAL SCHEME
IN 1969

<i>Illness</i>					<i>Under 40 yrs.</i>	<i>40-64 yrs.</i>	<i>65 yrs. and over</i>	<i>Total.</i>
1.	Accident	...	...	...	6	64	216	286
2.	Blindness	...	...	...	1	4	45	50
3.	Cancer	...	...	...	2	38	67	107
4.	Cardiac Disease	...	...	...	8	105	411	524
5.	Circulatory Disease	...	...	...	3	37	243	283
6.	Debility	...	...	...	—	14	519	533
7.	Diabetes	...	...	...	—	6	63	69
8.	Digestive Disorder	...	...	...	—	7	38	45
9.	Hemiplegia, Paraplegia and Paralysis	...	...	...	6	45	56	107
10.	Intracranial Vascular Lesion	...	...	...	5	78	264	347
11.	Kidney and Bladder Disease	...	...	...	1	16	41	58
12.	Nervous Disorder	...	...	...	8	59	80	147
13.	Post Operative	...	...	...	15	114	177	306
14.	Respiratory Disease	...	...	...	6	65	281	352
15.	Rheumatism	...	...	...	3	66	336	405
16.	Senility	...	...	...	—	—	37	37
17.	Other Causes	...	...	...	7	49	143	199
Totals					71	767	3,017	3,855

SECTION VII

HOME NURSING SERVICE, ETC.

With the movement of population to the Housing Schemes the work is concentrated in these areas which means more time is spent on travelling, and walking where public transport is poor. Six cars have been supplied to alleviate this problem.

The number of patients in the "over 65 years" group continues to increase as do the visits.

		1968	1969
Patients	...	6,120	6,176
Nursing Visits		200,103	204,042

The eight District Nurses attached to the Geriatric Assessment Units provide an excellent liaison between the hospital and the home. They integrate the statutory and voluntary services available to the patient on discharge from hospital, and provide a known figure, giving a feeling of security, especially to those living alone. One thousand, six hundred and eighty-two patients received 11,199 follow-up visits.

The number of Pulmonary Tuberculosis patients treated during the year shows a decrease from 1968.

		1965	1966	1967	1968	1969
Patients	...	278	284	234	238	141
Visits	...	14,921	13,454	11,781	11,241	6,732

MIDWIFERY

The number of confinements attended continues to fall sharply.

	1964	1965	1966	1967	1968	1969
	1,028	727	549	344	269	184

Nursing Appliances—The number of appliances issued on loan during the year was 3,002. Some of the items issued to patients remain in use over long periods.

District Training—January, 1969—In place of the Queen's Certificate there is a National Certificate of District Nursing awarded by the Secretary of State. The Courses of Training leading to the

Certificate are provided by a panel of assessors on which are representatives from England, Scotland, Ireland and Wales. This Body will advise the Secretary of State on the approval of Courses, and will set the Examinations.

Glasgow is one of the four Centres approved in Scotland to give both Theoretical and Practical teaching. Students can be taken on a Day Release basis for theory while practical work instruction is given within their own Local Authority Service.

Glasgow Students	...	...	26
Seconded by County	...	...	2
Day Release	...	...	9
Independent	...	...	1
			<hr/> 38 <hr/>

COURSE OF ASSESSMENT FOR STATE ENROLLED NURSES

Ten nurses took this Course and were successful in gaining the Certificate.

Midwifery Training—Student Midwives are accepted from the Glasgow Royal Maternity Hospital for extern training under the supervision of Approved Midwifery Teachers. Forty Students delivered 131 patients. In addition 34 cases were taken by Students from Glasgow Hospitals.

THE GLASGOW DISTRICT NURSING ASSOCIATION

RECORD OF WORK FOR YEAR ENDED 31ST DECEMBER, 1969

Cases on books at 1st January, 1969	...	2,811	
Number of new cases added	...	7,095	
Number of cases dismissed	...	6,839	
Number of cases remaining at 31st December, 1969	...	3,067	
<i>Dismissed—</i>		<i>General.</i>	<i>Midwifery.</i>
Treatment completed	...	3,654	238
Hospital	...	1,929	
Died	...	1,018	
Total number of visits paid by Nursing Staff	...	292,286	

TRAINING

Student Teaching Rounds	...	174
Student Assessment Rounds	...	60
State Enrolled Nurses	...	28
Visits with Trained Staff	...	29

NURSING HOMES REGISTRATION (SCOTLAND) ACT, 1938

Two new applications for registration under the above Act were received during the year but two other Homes closed down. One Home was re-registered due to a change of ownership. Two Homes re-applied for exemption from registration and this was approved in each case.

At December, 1969, the number of Nursing Homes registered was 21 and the number exempted was two.

NURSES (SCOTLAND) ACT

NURSING AGENCIES

One new application was received during the year and one agency changed its address. Satisfactory reports were made on these and the other two existing agencies which annually apply for renewal, and the licences were granted in each case.

SECTION VIII

INFECTIOUS DISEASE

Although the overall incidence of infectious disease in 1969 showed little change from the previous year, some increase was noted in one or two individual diseases.

Dysentery was more prevalent again and in view of the persistence in Glasgow of the flexner form of this disease a special report—"Social and Housing Conditions in the Epidemiology of Flexner Dysentery" for which we are indebted to Dr. O. O. Hunponu Wusu has been included in this section.

The incidence of infective jaundice was almost double the 1968 figure but this may be partly due to the fact that this disease only became notifiable in October 1968.

Measles too became notifiable on the same date and the increase in the 1969 total may in part be due to this fact, and not entirely to any change in the periodicity of this disease.

There was more primary pneumonia this year and a significant outbreak of influenza in the first three months.

Scarlet fever remained at the same low level of incidence as in 1968 and there were no cases of diphtheria or poliomyelitis.

There were fewer cases of cerebrospinal fever in 1969, and a reduced incidence of both whooping cough and chickenpox.

Cases of typhoid fever too were fewer and gastro-enteritis remained at the same level as in 1968.

There was no repetition of the outbreak which was responsible for the increase in cases of food poisoning in 1968 and the incidence was lower than in 1967.

Cases of pulmonary tuberculosis were fewer but there was a slight increase in the non-pulmonary cases.

There were no cases of anthrax or Weil's Disease but three cases of brucellosis are reported on.

The sharp increase on the incidence of scabies noted in 1968 was not maintained and the 1969 figures show an encouraging reduction in the figures.

HOSPITAL ADMISSIONS (excluding Tuberculosis)

Admissions to hospital during the year totalled 5,100 compared with 5,300 in 1968. This includes 1,692 removed to hospital and ultimately diagnosed as other non-infectious disease. Pneumonia and dysentery continue to make the heaviest demands on hospital accommodation. In 1969 cases of pneumonia treated in hospital formed 49.0 per cent. of all infectious disease cases (excluding tuberculosis) admitted as against 44.5 per cent. in 1968. The total cases of pneumonia admitted to hospital in 1969 were only five more than in 1968, but the proportion was lower, 81 per cent. as against 85 per cent. Forty per cent. of all dysentery cases were admitted to hospital compared with 43 per cent. in 1968. This is equivalent to 21.4 per cent. of all cases of infectious disease admitted during the year. In 1968 this proportion was 20.4.

Details of notifiable and non-notifiable diseases are given in Appendix Table XI.

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 1969, 2,976 travellers were inoculated against yellow fever. In 1968 the figure was 2,626. In addition, 1,100 inoculations were given against smallpox, cholera, typhus and the enteric group.

As in previous years, as a matter of convenience where crews of ships were concerned, the immunisations were carried out on board ship. This accounted for 106 of the yellow fever inoculations and 96 of the other group of procedures.

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. In addition primary vaccinations are carried out at the Child Welfare clinics and where necessary at day nurseries or children's homes. In all 4,824 primary vaccinations were done during the year as compared with 6,852 in 1968 and 6,973 in 1967.

The following table shows the age distribution of those vaccinated for the first time in each of the years from 1960 to date :—

Year of Vaccination	- 1	Age Group		Not Stated	All Ages	Revacci- nations
		- 5	5 and Over			
1969	92	4,541	1,074	—	5,707	5,445
1968	79	5,498	1,269	6	6,852	4,824
1967	110	5,624	1,237	2	6,973	3,245†
1966	130	5,331	1,083	—	6,544	1,586
1965	161	5,064	561	—	5,286	937
1964	236	3,732	552	—	4,520	956
1963*	382	1,394	702	3	2,481	2,710
1962	5,283	7,362	6,167	15	18,827	17,932
1961	5,644	3,520	555	4	9,823	3,249
1960	5,908	3,287	660	7	9,862	3,417

* 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.

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 the 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 1969.

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
1964-1969 ...	...	...	...	...	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 1969, there were ten cases, five male and five female. There were no deaths. Incidence in recent years was as follows :—

1956-60 ...	...	...	45
1961-65 ...	...	...	16
1966 ...	...	...	4
1967 ...	...	...	6
1968 ...	...	...	4
1969 ...	...	...	10

TYPHOID, PARATYPHOID AND DYSENTERY

TYPHOID

Three cases were registered this year.

In the South-Western division of the City in April, a one-year old baby girl, born in Glasgow of immigrant parents from Pakistan, was admitted to an infectious diseases hospital with a diagnosis of clinical dysentery. As well as having severe diarrhoea, the child was obviously very ill and blood culture taken soon after admission produced a growth of *Salmonella typhi* which was later also isolated from the faeces and was found to be phage type 46. It was very difficult to get a date of sickening from the parents and it was thought that the child had been ill for some time before admission to hospital. The family lived in a multiple

occupancy house, occupied mainly by immigrant families. A series of investigations of the occupants of this house failed to show any source of typhoid infection, but it was later discovered that another immigrant family had been living there for some time, whose existence was never known to this department, despite detailed questioning. The existence of this family was only admitted when a member of the staff noticed a woman, whom he did not recognise, leaving the house. This woman, aged about thirty-five, who had come to Glasgow from Pakistan about a year before, was eventually found to be a consistent excreter of *Salmonella typhi* phage type 46. She had no previous history of an acute typhoid illness and it is assumed that she must have been infected while in Pakistan and must be regarded as a chronic carrier. No further spread of infection occurred. This carrier and her family have now been rehoused by the Corporation away from the multiple occupancy house.

In the Northern Division of the City in April, a man aged 33 years was admitted to an infectious diseases hospital as a case of pyrexia of unknown origin. His job was that of a Chief Engineer with East African Railways, Mwanza, Tanzania; he left Tanzania on 27th March, 1969 and arrived in London on 11th April, 1969. That day he complained of a headache and he received treatment from the family doctor of the people with whom he stayed at Pinner, Middlesex. He stayed there for two days and then left by car for Glasgow, arriving here on 13th April, 1969. On the following day he was admitted to hospital and the diagnosis of typhoid fever was made on 16th April, 1969. He was discharged from hospital on 9th May, 1969. All his contacts had negative stools and urine specimens.

Also in the Northern Division of the City in July, a youth, aged fifteen years, had been in Spain as a member of a Glasgow Boys' Football Club, from 5th to 20th July. He arrived home on 21st July and felt well. On 4th August he left by car with his parents to go on holiday in Scotland. That night he felt shivery, sweated and had a high temperature. He stayed in a village outside Fort William. On the following day he was seen by a family doctor from Fort William who prescribed treatment and advised the family to return home. On his return home he was treated by his own doctor. On 18th August he was admitted to an infectious diseases hospital as a case of pyrexia of unknown origin. Next day the diagnosis of typhoid fever was made. He was discharged from hospital on 12th September. The urine and stool specimens from the family were all negative.

There were no deaths from typhoid.

PARATYPHOID

Two infections in one family were registered this year.

In the Eastern Division of the City a boy aged one-and-a-half years became ill on 16th November, 1969; he was admitted to an infectious diseases hospital on the following day with a provisional diagnosis of dysentery. There was cultured from his faeces *Salmonella* paratyphi B which the Central Public Health Laboratory stated belongs to phage type Dundee var 1 and to biochemical variety java; this is a very unusual combination. While the child was in hospital, the family moved to another address in Glasgow, then they moved to Manchester. On examination of the family contacts, the patient's brother, aged three years, was found to be carrying the same organism.

There were no deaths from paratyphoid.

CHRONIC CARRIERS

There are now eleven City carriers. There have been two deaths :—
J.W., Ward 5, Eastern Division—died on 28th October, 1969. He had typhoid at the age of about nine, about the year 1897 and was found to be a carrier in 1930. He died in a Glasgow hospital, aged 81 years. The cause of death was certified as :—

- I (a) Myelomatosis—two months, twenty days.
- II Bronchopneumonia.

The other death was :—

J.E., Ward 5, Eastern Division—She had been a chronic carrier of paratyphoid B since 1933. She died in a Glasgow hospital on 7th April, 1969. The cause of death was shown on the certificate as follows :—

- I (a) Carcinoma of rectum with secondaries in the liver.
- II Chronic faecal and urinary carrier of paratyphoid B.

Her age was shown on the death certificate as 77.

S.A., Ward 28, South Western Division, has been added to the Typhoid Carriers. The list is as follows :—

TYPHOID—

M.I., 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.

S.A., Ward 28, South-Western Division—She is aged about 35. She is a faecal carrier of *Salmonella typhi*, phage type 46. She is an immigrant from Pakistan in 1968, who was discovered to be a chronic carrier when in April 1969, she infected a baby living in the same multiple occupancy house. There is no history of the original typhoid illness.

M.G., Ward 5, Eastern Division—She is a chronic faecal carrier of *Salmonella* paratyphoid B, phage type 1.

J.L., Ward 17, Northern Division—This man, born 1887, was visited in 1968 but refused to submit specimens.

E.S., Ward 15, Northern Division—She is a 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.

S.M., Ward 13, Central Division—This lady is still residing at the same address with her husband and four children and previous attempts at eradication treatment with Ampicillin were abandoned due to side effects.

L.M., Ward 23, Central Division—A faecal carrier, born 1892, he was last tested in 1939; he has given up his shoemaker's business. He does not wish to submit bacteriological specimens.

D.M., Ward 24, Central Division—During the year there has been considerable correspondence regarding institutional care for this lady but it has to be stated that there are no suitable facilities for such a case. She has been seen by geriatricians in connection with this matter. She was admitted to an infectious diseases hospital for a short period to allow the family to have a rest and a holiday. During this time her specimens were still positive.

A.L., Ward 27, South-Western Division—She was born in 1902 and she was detected as a faecal carrier of *Salmonella* paratyphi B, phage type 3A in 1938. She was last found to have a positive faeces in 1967.

J.J., 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.

B.S., Ward 24, Central Division—This lady lives with her son. Her other son, whose wife contracted paratyphoid B and died in 1968, occasionally comes to live with her also.

DYSENTERY

There were 1,830 registrations as compared with 1,783 last 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 from Exchange, Park, Kelvinside, Partick (East) and Langside, while 134 cases were registered from Shettleston and Tollcross. There were 121 cases in Knightswood, 112 in Provan, 111 in Mile End and 110 in Calton. Every other Ward was affected with between ten and seventy cases each.

Seasonal incidence was as follows :—

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Home	375	316	477	542	1,710
Institutional	51	19	20	30	120

The fourth quarter was the worst.

More than half the non-institutional cases stayed at home, the number removed to hospital being 608.

The annual institutional figure for dysentery was 120. Twenty-three institutions were concerned—nine medical institutions, eight children's institutions and six miscellaneous residential institutions. In nine instances only a single case was notified. The largest contribution came from a children's institution where there were 22 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	180	850	325	307	48	1,710
Institutional	4	37	26	24	29	120

There were three deaths from dysentery. A female patient aged 65 living in the North Division of the City was admitted to an infectious diseases hospital on 22nd September, 1969, from the casualty department of a general hospital.

She had a history of diarrhoea of ten days duration, with occasional vomiting. Her two grandchildren had had dysentery before her admission. On examination she was grossly obese with a smell of ketones on her breath and was diagnosed as dysentery. Treatment followed bacteriological confirmation of the dysentery (*Shigella flexneri*, type 2a) but she gradually became more drowsy and incontinent. Her fluid intake was poor and her blood urea rose rapidly. She was accordingly treated with intravenous fluid replacement but remained semi-conscious with acidotic breathing and blood and albumen in her urine. On 26th September, 1969, she had a small haematemesis and melaena and it was decided to transfuse her but she died before this could be done. Post mortem report shows that there was extensive ulceration of the lower ileum and the large intestine, especially the sigmoid colon and rectum, with evidence of recent haemorrhage. There was also a congested oesophagus and two acute erosions in the pyloric end of the stomach. Her kidneys showed the presence of chronic pyelo-nephritis. The final cause of death was put down to circulatory failure due to gastro-intestinal haemorrhage due to *Shigella flexneri* dysentery.

A female patient aged 59 living in the Eastern Division of the City was admitted to an infectious diseases hospital on 30th September, 1969. She gave a two day history of diarrhoea. Her previous medical history was that she had had a cerebral vascular accident about five years ago leaving her with a left sided hemiplegia and dysarthria. E.C.G. examination showed a controlled atrial fibrillation. Although dysarthric certain communication was possible.

She had been breathless for five years and had a cough and yellow sputum for the past few days. She had been incontinent of urine for five years and incontinent of faeces for several days. On 1st October, 1969, she became more breathless and cyanosed and was passing blood per rectum. On 2nd October, 1969, her condition steadily deteriorated throughout the evening with continuous diarrhoea and blood. She died on 2nd October, 1969, the death certificate stating the cause of death as bacillary dysentery (Flexneri) seven days duration; hypertensive cardiac failure and atrial fibrillation.

In the Eastern Division of the City a baby boy was born in a maternity hospital on 19th September, 1969, and was transferred to an infectious diseases hospital on 22nd September, 1969 with his mother who had dysentery. The baby was isolated but developed diarrhoea immediately and this was quite severe. *Shigella flexneri* (type 3a) was isolated from the baby's stools and he was put on treatment. The diarrhoea settled for a time but he was slow to feed and failed to thrive, his weight dropping from 5 lb. at birth to 4 lb. 3 oz. by 4th October, 1969. He then developed a relapse of his diarrhoea with abdominal distention and died suddenly on 5th October, 1969 aged two weeks. Post mortem was carried out and showed marked inflammation of the gastro-intestinal tract without ulceration or perforation. No other cause was found to explain the baby's death.

SOCIAL AND HOUSING CONDITIONS IN THE EPIDEMIOLOGY OF FLEXNER DYSENTERY

BY DR. O. O. HUNPONU WUSU

Over the past half century bacillary dysentery has been prevalent in Scotland. In Glasgow the flexner variety has been constantly present and, in consequence, a study was undertaken to investigate the medico-social aspects in the epidemiology of this disease and to elicit any aetiological factors for its high incidence.

Retrospective studies of bacillary dysentery from notifications and bacteriological isolations for domiciliary and hospital patients during the fifty years 1919-1968 were carried out to ascertain the incidence rates and the different serological types prevalent in the City; subsequently, detailed epidemiological studies were undertaken of patients suffering from flexner and sonne dysentery and admitted to the two hospitals, Belvidere and Ruchill during the seven-month period April to November, 1968. Patients with flexner dysentery were regarded as the "cases" and contrasted with those suffering from sonne dysentery—the "controls"—in an attempt to distinguish any differing

epidemiological factors. Only the salient social and housing conditions in the investigation are described in this report.

Of the 360 patients studied 132 (36·7 per cent.) were affected by flexner and 228 (63·3 per cent.) by sonne dysentery. Thus, in the whole survey there were 58 patients with flexner for every 100 with sonne dysentery. The majority of the patients (88·1 per cent.) in the survey were children, i.e., persons under 15 years.

Male patient admissions were 14 per cent. more in Ruchill than in Belvidere, partly due to administrative reasons as in Glasgow adult males suffering from suspected dysentery are generally admitted to Ruchill, and adult females to Belvidere.

Five out of eleven possible serotypes and sub-serotypes of *Shigella flexneri* were isolated from the 132 patients with flexner dysentery, viz. : types 2, 2a, 3a, 6 and X. Type 3a (56·8 per cent.) was commonest, followed by type X (37·9 per cent.), and all the remaining three types accounted for only 5·3 per cent..

Of the 360 patients, 129 flexner and 207 sonne patients lived in Glasgow, and only three flexner and 21 sonne patients came from outside the City. One flexner and 25 sonne patients came from residential institutions—children's homes and nurseries—all but two of these patients were from Glasgow.

All contacts of flexner and sonne patients lived in Glasgow. Only one of the 132 flexner patients had been out of Glasgow in the week preceding infection. These findings would appear to suggest that the introduction of flexner dysentery from sources outside Glasgow cannot account for the high incidence of the disease in the City.

Municipal wards distribution varied between 0 to 17 for flexner and 0 to 29 for sonne patients, and the mean number of flexner and sonne patients for the wards were 3·4 and 4·9 respectively. In 14 of the 37 Municipal wards the number of flexner patients was greater than the mean number for all the wards, 15 wards had lower values and eight wards had no patients with flexner dysentery. Among sonne patients the number was greater than the mean for all wards in nine of the 37 wards, 25 wards had lower values than the mean, and three wards were not affected. This distribution appears to indicate that flexner dysentery is possibly localised in some wards but that sonne dysentery is widely scattered throughout the City.

The type of house occupied by the patients was classified into one of seven groups. One hundred and twenty-nine (97·6 per cent.) of the 132 flexner patients and 180 (78·9 per cent.) of the 228 sonne patients

occupied tenements, and of these tenement dwellers 70 (53 per cent.) flexner and 75 (32.9 per cent.) sonne patients stayed in houses with an outside water closet. This value of 53 per cent. among flexner patients is significantly different from that of 32.9 per cent., among sonne patients ($P < 0.001$).

The majority of flexner patients lived in tenements with an outside water closet and, in addition, all these houses had no wash-hand basins or fixed baths. The majority of sonne patients lived in houses with their own inside water closet and adequate ancillary facilities. This basic but elemental difference in the type of house and its concomitant circumstances compared to that in which patients with flexner dysentery resided was very striking. A high incidence of one or two apartment houses, a high children's occupancy in such houses, and a gross inadequacy of toilet facilities were more frequently found in flexner than in sonne households. There would seem to be no doubt that the unsatisfactory housing and living conditions found in the present survey are important factors especially conducive to the existence and spread of flexner dysentery, and probably contributing largely to the high incidence of the disease in Glasgow.

Bacillary dysentery has traditionally been associated with the least fortunate sections of the community. The social class distribution in the present survey showed that the highest incidence of flexner patients occurred in Social Classes III, V and 'VI'. Social Class 'VI', i.e., persons unemployed for a period of over three months, was the largest social class among flexner patients and was 9.4 per cent. higher than among sonne patients.

The reasons for admission of patients to hospital were classified into two groups—medical and social. Medical reasons for admission were the severity of illness and the incidental isolation of *Shigella* from patients in non-infectious disease hospitals with other illnesses. Social reasons for admission to hospital included unsatisfactory housing conditions, danger of infection to others, presence of food handlers in the households, parents in full-time employment, elderly patients staying alone, and persons transferred from residential institutions. Social reasons must be taken into consideration in assessing the value of hospital isolation in the control of dysentery in Glasgow. The housing conditions—overcrowded homes, shared water closets of most of the patients—were such that hospital isolation was essential as, irrespective of the severity of the illness, almost 50 per cent. of all patients were admitted to hospital purely on social grounds.

A history of previous hospital admission on account of dysentery was given by 31 of the 360 patients, and in all instances this occurred

in children whose previous admissions had been within two years of the latest episode. Some patients were infected with flexner dysentery and a few months later readmitted to hospital with the same disease. These patients were undoubtedly convalescent carriers who were passing viable bacilli in their faeces. Such a group constitutes an important reservoir of flexner dysentery from which other persons in the community can be readily infected. This is probably an (important) factor in the high incidence of the disease in Glasgow.

Glasgow Corporation has been carrying out improvements in the housing and social conditions in various parts of the City. It is hoped that the schemes for provision of new housing and accompanying social amenities presently being developed in some of the municipal wards with previously high flexner dysentery rates will favourably affect the prevalence of the disease in Glasgow. Attention still needs to be paid to the reservoir of infection, especially among school children who are convalescent carriers in whose case cleanliness and hygienic standards taught at school cannot at present be applied in the home.

Much effort is still needed before complete eradication of flexner dysentery is achieved in Glasgow.

I am grateful to Professor T. Anderson, Henry Mechan, Professor of Public Health, the University of Glasgow, in whose department this study was undertaken, to Dr. A. P. Curran, Senior Lecturer, for help and advice in preparing this paper, and to Dr. A. R. Miller, Medical Officer of Health, Glasgow, for including this article in his annual report.

DIARRHOEA AND ENTERITIS

(GASTRO 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 1965 but is not a complete picture of the incidence of diarrhoeal infection in the City :—

Age in Years ...	Age Distribution				
	1969	1968	1967	1966	1965
- 1 ...	316	301	203	336	309
- 2 ...	38	38	23	25	38
- 5 ...	22	20	6	6	25
5 and over ...	38	57	34	25	30
	<hr/> 414	<hr/> 416	<hr/> 266	<hr/> 392	<hr/> 402

The seasonal distribution of cases in the past five years is as shown :—

	1969	1968	1967	1966	1965
1st Quarter ...	80	59	39	53	114
2nd Quarter ...	82	119	55	97	91
3rd Quarter ...	138	105	67	129	99
4th Quarter ...	114	133	105	113	98
	<u>414</u>	<u>416</u>	<u>266</u>	<u>392</u>	<u>402</u>

Following the recent revision of the International Classification of Causes of Death, Enteritis, formerly included under the heading of "Gastritis, duodenitis, enteritis and colitis" was reclassified in 1968 as "Enteritis and other diarrhoeal diseases". Also allotted to this new group are deaths from Diarrhoea of the Newborn, formerly included in "Infections of the Newborn".

In 1969 the Registrar General attributed 34 deaths to Enteritis, distributed by sex and age as follows :—

	Males	Females	Both Sexes
Under 4 weeks ...	4	2	6
Under one year ...	12	8	20
Under five years ...	2	3	5
Under ten years ...	—	—	—
Under 65 years ...	—	—	—
65 and over ...	1	2	3
	<u>19</u>	<u>15</u>	<u>34</u>

FOOD POISONING

The number of incidents of food poisoning notified to the Department during 1969 was 137 and the number of cases was 289. During the last three years the incidents and cases have been as follows :—

	Incidents			Cases		
	1967	1968	1969	1967	1968	1969
Community Outbreaks	9	5	5	204	598	111
Family Outbreaks ...	20	39	24	52	112	70
Sporadic ...	61	163	108	61	163	108
Total ...	<u>90</u>	<u>207</u>	<u>137</u>	<u>317</u>	<u>873</u>	<u>289</u>

In May, 1969, there was an outbreak affecting 47 people in a factory in the Eastern Division. These people complained of abdominal pain, sometimes severe diarrhoea and nausea. They had eaten steak and sausage pie in the canteen about twelve noon and the symptoms occurred between midnight and 7 a.m., an incubation period of 12 to 19 hours. The illness was due to the toxin of *Clostridium welchii*.

In October, 1969, 49 people in three schools complained of food poisoning symptoms, mainly vomiting, three to six hours after eating a meal. The conclusion reached was that the culpable food was cold tongue which had become contaminated with toxic-poisoning staphylococci.

There were no deaths from food poisoning.

TYPE OF ORGANISM

		Family Incidents	Outbreaks Cases	Community Incidents	Outbreaks Cases	Sporadic Cases	Total Cases
Salmonellae	...	16	45	1	5	84	134
Staphylococci	...	—	—	1	49	—	49
Clostridium welchii	...	—	—	1	47	—	47
Unknown	...	8	25	2	10	24	59
Total	...	<u>24</u>	<u>70</u>	<u>5</u>	<u>111</u>	<u>108</u>	<u>289</u>

SALMONELLA ORGANISMS

Salmonella—						
abony	...	...	...	...	...	1
anatum	...	...	...	...	...	1
bredeney	...	...	...	...	...	7
dublin	...	...	...	...	...	6
enteritidis	...	...	...	...	...	1
havana	...	...	...	...	...	2
heidelberg	...	...	...	...	...	1
infantis	...	...	...	...	...	1
montevideo	...	...	...	...	...	7
newport	...	...	...	...	...	2
panama	...	...	...	...	...	13
senftenberg	...	...	...	...	...	14
stanleyville	...	...	...	...	...	3
typhimurium	...	...	...	...	...	68
not yet identified	...	...	...	...	...	6
bovis morbificans	...	...	...	...	...	1
						<u>134</u>

The number of cases whose aetiology remained unknown this year was 59.

SCARLET FEVER

Two hundred and nineteen cases of scarlet fever were registered in Glasgow during 1969. Only 15 patients (6·8 per cent.) were treated in hospital, the smallest number and the smallest percentage on record.

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
1965	...	240	52	3	185
1966	...	175	35	1	139
1967	...	249	38	2	209
1968	...	212	25	—	187
1969	...	219	15	—	204

Of the 219 patients, 60 (27·4 per cent.) were under the age of five, though only two were under the age of one ; 143 (65·3 per cent.) were aged between 5 and 15 years ; and 16 (7·3 per cent.) were over 15, only one being over 25, and none being over 35.

No cases occurred in the Anderston Ward (for the fourth year in succession) or in the Exchange Ward (for the third year in succession). The Townhead, Cowcaddens, Partick West, Yoker, Hutchesontown and Fairfield Wards had one case each. The wards with the largest number of cases were Knightswood with 41 cases, Provan with 26 cases and Shettleston and Tollcross and Cathcart with 15 cases each.

There have been no deaths from scarlet fever since 1956.

ERYSIPELAS

There were 31 cases of Erysipelas in 1969, one more than in 1968. Of this total, 12 were males and 19 females.

The age distribution of the cases was as follows :—

- 15 years	...	4	- 45 years	...	4
- 25 years	...	1	- 65 years	...	12
- 35 years	...	2	65 + years	...	8

There was one death in 1969.

The decline in mortality in recent years is as follows :—

	Deaths		Deaths
1930-39 (average)	... 46	1961-64	... 1
1940-45 do.	... 8	1965	... —
1946-50 do.	... 6	1966	... 1
1951-56 do.	... 1	1967	... —
1957 ...	... 1	1968	... —
1958-60	... —	1969	... 1

PUERPERAL FEVER AND PYREXIA

As in previous years these conditions have been discussed in the section "Maternity and Child Welfare" (page 140). 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 1969.

The 1968 figures are shown for comparison.

Vaccine used	Under 5 years		Over 5 years	
	1969	1968	1969	1968
Diphtheria only ...	37	24	9	3
Diphtheria and Pertussis	9	1	—	—
Diphtheria and Tetanus	75	151	4,575	5,944
Pertussis, Diphtheria and Tetanus ...	6,390	12,601	165	196
*Quadruple ...	—	2	—	—
	<hr/> 6,511	<hr/> 12,779	<hr/> 4,749	<hr/> 6,143
All ages ...	1969=11,260		1968=18,922.	

The numbers who received maintenance inoculations in these two years were as follows :—

	Under 5 years		Over 5 years	
	1969	1968	1969	1968
Diphtheria only ...	15	72	35	156
Diphtheria and Pertussis	2	—	2	1
Diphtheria and Tetanus	173	180	21,438	21,717
Pertussis, Diphtheria and Tetanus ...	4,035	4,652	783	897
*Quadruple ...	—	—	—	—
	<hr/> 4,225	<hr/> 4,904	<hr/> 22,258	<hr/> 22,771
All ages ...	1969=26,483.		1968=27,675.	

* Diphtheria, Pertussis, Tetanus, Polio.

See also page 143 of the School Health Service section of this Report.

CEREBROSPINAL FEVER (MENINGOCOCCAL INFECTION)

Twenty-six cases were known to the Department, which is the second lowest figure ever recorded in the City.

The age incidence was :—

Under 1 year	1-5 years	5-15 years	Over 15 years
12	8	5	1

The cases were distributed fairly evenly throughout the City and throughout the year.

The clinical presentation of the disease was :

Meningococcal meningitis	...	...	19 cases
Meningococcal septicaemia	...	...	7 cases

Deaths from Meningococcal Infection.—Six deaths were recorded, three under one year and three between one and five years.

The incidence and deaths from Meningococcal infection since 1951 is as follows :—

Year	Cases	Deaths
Average 1951-55	107	13
Average 1956-60	65	8
Average 1961-65	52	6
1966	28	7
1967	24	8
1968	30	4
1969	26	6

POLIOMYELITIS

During the year no case of poliomyelitis occurred in the City.

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 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 and indeed simulate the picture of poliomyelitis.

During the year 1969 there were 36 cases of virus meningitis occurring in the City, a decrease of two from 1968. Cases domiciled outside the City, although treated in Glasgow hospitals, are not included in the analysis.

Age Group	-1		-2		-5		-10		-15		-25		-35		Total	
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Mumps ...	—	—	—	—	3	—	3	—	—	—	—	—	1	—	7	—
Echo type 9 ...	—	—	—	—	1	—	1	—	—	—	2	—	—	—	2	2
6 ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Coxsackie Type B1 ...	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	1
A9 ...	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—
Herpes Simplex ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Virology Negative ...	—	1	—	—	4	—	—	1	2	2	—	2	7	—	13	6
	—	1	—	—	9	—	5	1	4	4	—	4	8	—	26	10
															36	

Of the total of 36 cases there were 26 male and 10 female ; children and young persons were principally affected, the youngest being a girl of two months.

Nineteen cases did not have positive virology, but the cerebrospinal fluid (C.S.F.) findings together with the symptoms confirmed the diagnosis. There were seven cases where the mumps virus was implicated, various types of Coxsackie and Echo virus accounted for nine cases and one case was due to the Herpes Simplex virus. There were in addition two cases which presented as meningitis with C.S.F. findings compatible with virus meningitis but serological studies proved the aetiological agent to be *L. Canicola*.

Virus			1965	1966	1967	1968	1969
Mumps ...	...	...	9	6	9	5	7
Measles ...	...	...	—	—	1	—	—
Coxsackie type A5 ...	...	...	—	—	—	1	—
A7 ...	...	...	—	—	1	—	—
A9 ...	...	...	3	—	—	—	2
B1 ...	...	...	—	—	—	—	2
B3 ...	...	...	2	—	2	—	—
B4 ...	...	...	1	—	—	—	—
B5 ...	...	...	13	—	—	1	—
B6 ...	...	...	1	—	3	—	—
Echo type 1 ...	...	...	1	1	—	—	—
3 ...	...	...	—	—	2	1	—
6 ...	...	...	2	3	—	—	1
9 ...	...	...	1	—	—	1	4
14 ...	...	...	—	—	1	—	—
19 ...	...	...	—	—	—	2	—
27 ...	...	...	1	—	—	—	—
30 ...	...	...	—	1	—	—	—
Adeno-virus ...	...	...	2	2	—	1	—
Herpes simplex ...	...	...	—	1	1	—	1
Unclassified ...	...	...	1	—	—	—	—
Unidentified ...	...	...	—	1	—	—	—
Virology Negative ...	...	...	32	14	31	26	19
			69	29	51	38	36

1. One case had not only mumps antibodies but also Coxsackie type A7 and Echo type 11 isolated from faeces ; one other had also Echo type 9 on faeces culture.

2. Mumps and Herpes Simplex antibodies.

Cases of virus meningitis occurred throughout the year but with a peak incidence during the late summer and autumn months as will be seen from the following table :—

SEASONAL DISTRIBUTION

	Mumps	Coxsackie		Echo		Herpes Simplex	Virology Negative	Total
		A9	B1	Type 6	Type 9			
January ...	—	—	—	—	—	—	2	2
February ...	—	—	—	—	—	—	3	3
March ...	2	—	—	—	—	—	1	3
April... ...	1	—	—	—	—	—	—	1
May ...	—	—	1	—	—	—	1	2
June ...	—	—	—	—	—	—	1	1
July ...	—	—	—	—	1	—	—	1
August ...	—	—	1	—	1	—	4	6
September ...	2	—	—	—	1	1	2	6
October ...	—	2	—	1	—	—	2	5
November ...	2	—	—	—	1	—	2	5
December ...	—	—	—	—	—	—	1	1

Cases of virus meningitis were scattered throughout the City but without any significant distribution.

POLIOMYELITIS VACCINATION

During 1969, 12,221 persons were given a primary course of vaccination and 19,082 persons a reinforcing dose.

PRIMARY POLIOMYELITIS VACCINATIONS GIVEN IN 1969

Year of Birth		Age at 31.12.69		Number Vaccinated in 1968
1969	...	Under 1 year	...	422
1968	...	1 year	...	6,753
1967	...	2 years	...	1,615
1966	...	3 years	...	919
1965	...	4 years	...	477
1964 or earlier	...	5 years and over		2,035
				<hr/> 12,221 <hr/>

The number and percentage of vaccinated children under five years of age is given below, the number vaccinated being expressed as a percentage of the births less the deaths under one year for the relevant years.

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE VACCINATED AND
THE NUMBER EXPRESSED AS A PERCENTAGE OF THE BIRTHS MINUS THE
DEATHS UNDER ONE YEAR

Year of Birth	Age at 31.12.69	Births minus Deaths under 1 year	Number Vaccinated at 31.12.69	Percentage Vaccinated at 31.12.69
1969	0	16,935	422	2.5
1968	1	18,322	10,463	67.1
1967	2	18,858	13,009	59.0
1966	3	19,168	13,627	71.1
1965	4	20,260	16,733	82.6

The percentage of primary vaccinations by the Child Welfare Service was 57.6, by General Practitioners 30.8 and by the School Health Service 11.6, and the percentage of reinforcing or maintenance doses by the School Health Service 81.2 and by General Practitioners 16.1.

SOURCES OF VACCINATION IN 1969

	Primary Vaccination		Reinforcing Doses	
	Number	Per cent.	Number	Per cent.
Child Welfare Service	7,039	57.6	508	2.7
General Practitioners	3,767	30.8	3,078	16.1
School Health Service	1,415	11.6	15,496	81.2
	<u>12,221</u>	<u>100.0</u>	<u>19,082</u>	<u>100.0</u>

This year has seen the introduction of an appointment system under computer control first as a pilot scheme in the Drumchapel area for children born in and after November, 1968 and later for the City for children born in and after May, 1969. The system provides for direct communication with parents and in the case of default for repeated communications which should increase the proportion of children protected. It also allows for the satisfactory handling of the new schedule of immunisation for young children which extends the primary course of immunisation with triple and oral poliomyelitis vaccines from two to six months and defers the age of commencement to six months.

In the interests of children born before the introduction of the computer controlled appointments system, a campaign was mounted in the Spring encouraging parents to seek protection for their children and publicising the facilities available for poliomyelitis vaccination within the City. The initial response was a fifteen per cent. increase in first doses given compared with 1968 but this response was not sustained possibly in part the result of the extended time schedule but probably mainly the result of poor family management. Further reference to the campaign is made in the section on "Health Education", page 147.

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 1969, but two deaths, a woman of 69 and a 17 year old youth.

Post-Encephalitis Lethargica.—A group of cases, 19 in number, the remaining survivors of a Glasgow epidemic which affected 70 persons in all, have 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 17 cases in the Spring of 1970 :—

PHYSICAL CONDITION

			Males	Females	Total
Fit for housework	...	...	—	4	4
Fit for employment	...	...	4	—	4
Unfit but going about	...	...	3	3	6
Bedridden at home	...	...	—	—	—
Cases in General Hospital	...		1	—	1
Cases in Mental Hospital	...		—	—	—
Cases untraced	...	...	1	1	2
			<hr/> 9	<hr/> 8	<hr/> 17

These are classified as follows :—

				Spring 1969	Spring 1970
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	...		8	10
Group III.	Perversion of Conduct	...		—	—
Group IV.	Parkinsonians :—				
	Class A. Normal Mentality	...		3*	3*
	Class B. Abnormal Mentality			2	5
Group V.	Died	...	...	—	1
				<hr/> 18	<hr/> 18

* One not traced.

There was no change in the classification of these 18 cases during the year but four of them showed further physical and/or mental deterioration. Details of these cases are as follows :—

A 56 year old man in Group II, Class C (Nervous Instability) is still very troubled with asthma and is now definitely unfit for work.

A 69-year-old woman, Group IV, Class A (Parkinsonian 1924) has more difficulty in walking and has a constant tremor of the right arm.

The mental condition of a 52-year-old man, Group II, Class B continued to deteriorate. He is very excitable, incoherent of speech, and eyesight and memory are poor.

A 58-year-old man, Group IV, Class B (Parkinsonian 1928) is still in hospital. He has lost weight, is slow and incoherent of speech, and unable to feed himself.

The one death was a 55-year-old man, Group IV, Class B (Parkinsonian 1951) who had been hospitalised since 1968 and died from pneumonia in November.

Some improvement has been observed in a 70-year-old woman, Group II, Class C, (Nervous Instability) who suffers from Polioarthritis of the right hand. She now has much more power in this hand and uses it quite freely. She goes out occasionally.

MEASLES

Measles became notifiable from 1st October, 1968. Previous to that date, measles cases were registered mainly on information from Head Teachers and School Attendance Officers. There were 1,908 cases in 1969, an increase of 532 from the previous year; 110 cases were admitted to hospital. There were no deaths.

The recorded incidence of measles during the last five years was :

Year	Registered Cases	Deaths	Fatality per cent.
1965	1,332	1	—
1966	2,000	3	0.15
1967	642	3	0.47
1968	1,376	1	0.07
1969	1,908	—	—

The quarterly percentage incidence of measles during 1969 and the previous two years was :

PERCENTAGE OF YEAR'S TOTAL			1967	1968	1969
1st Quarter	...	...	72	7	39
2nd Quarter	...	...	21	26	37
3rd Quarter	...	...	1	9	16
4th Quarter	...	...	6	58	8

The age and sex distribution in 1969 was :

Age		Male	Female
- 1	...	75	60
- 5	...	541	492
- 15	...	380	342
15 +	...	6	12

Live measles vaccine is now available and the schedule for immunisations recommends that it be given at 15 months of age.

RUBELLA (GERMAN MEASLES)

Rubella is not notifiable and cases are registered mainly on information from school sources. The incidence during the past five years was :

1965	...	35
1966	...	25
1967	...	27
1968	...	30
1969	...	20

The age and sex distribution was :

Age		Male	Female
- 1	...	1	2
- 5	...	4	1
- 15	...	3	8
15 +	...	—	1

A vaccine against rubella is in the course of preparation.

WHOOPING COUGH

There was again a decrease in the incidence of whooping cough in 1969, 160 cases being notified compared with 369 in the previous year. The 1969 figure is the lowest since whooping cough became notifiable in 1950. Of the 1969 cases, 19 per cent. were under one year of age and 32 per cent. between one and five years ; 29 cases were admitted to hospital. There were no deaths.

The annual incidence of whooping cough since 1940 has been as follows :

		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
1968 ...	...	369	—	—
1969 ...	...	160	—	—

CHICKENPOX

The number of cases of chickenpox brought to the notice of the Department in 1969 was 852 a decrease of 197 from the previous year's total.

1950-54 (average)	7,154	1964	3,247
1955-59 (average)	5,109	1965	2,431
1960	8,989	1966	993
1961	3,180	1967	1,360
1962	3,558	1968	1,049
1963	2,149	1969	852

Cases are removed to hospital only in special circumstances, e.g., when occurring in institutions, children's homes, etc. During 1969, 62 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 throughout the five divisions of the City was as follows :

	1969	1968
Central ...	46	25
Northern ...	135	133
Eastern ...	106	174
South-Eastern ...	217	277
South-Western ...	327	395
Institutions and Harbour ...	21	45
	<u>852</u>	<u>1,049</u>

The incidence was greatest in the first quarter of the year when there were 444 cases, of which 203 were recorded in March.

There were no deaths from chickenpox in 1969.

PEMPHIGUS NEONATORUM

For the eighth 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 1969, 1968 and 1967 was as follows :—

	1969	1968	1967
Injured by dogs	987	902	752
Injured by Horses	1	4	3
Injured by other Animals ...	1	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 1963.

Year	Number of New Cases Notified	Definite Cases
1963	5	5
1964	2	2
1965	2	2
1966	3	3
1967	2	2
1968	—	—
1969	—	—

During the year five cases were removed from the register, two having left the district and three being discharged.

At the end of 1969 the total number of cases on the register was 39.

Year	Definite Cases	Total
1963	67	67
1964	64	64
1965	60	60
1966	53	53
1967	50	50
1968	44	44
1969	39	39

At a special clinic patients made a total of 308 attendances and the nurses carried out 72 home visits.

No home contacts developed the disease during the year. No patient required treatment in hospital.

A review of the trachoma position in Glasgow from 1914 to 1968 was published in the *Health Bulletin*, Vol. XXVII, No. 3, July, 1969, "The Incidence of Trachoma in Glasgow, 1914-1968", by T. S. Wilson.

ANTHRAX

No cases were notified during 1969.

Since 1960, when Anthrax became notifiable, there have been two cases in 1965, one in 1966 and one in 1967.

LEPTOSPIROSIS

Incidence		Serogroup Involved	
Year		<i>L. icterohaemorrhagica</i>	<i>L. canicola</i>
1956	1960	—	2
	1961	—	1
	1962	2	2
	1963	—	6
	1964	1	4
	1965	1	4
	1966	—	1
	1967	1	—
	1968	—	3
	1969	—	2

The two cases, a boy aged 10 and a girl aged 17, were admitted to hospital in August, the boy having a history of anorexia, nausea and vomiting for eight days and signs referable to the central nervous system. Investigation revealed the cause to be *L. canicola* and the probable source could have been a dog which played around the patient's home. With regard to the girl, her occupation was selecting, sorting and measuring sheep and pig's intestines and as pigs are known to carry this infection, this would have been the probable cause.

INFECTIVE JAUNDICE

Under the Public Health (Infectious Diseases) (Scotland) Amendment Regulations, 1968, infective jaundice became notifiable from 1st October, 1968. Previous to notification, cases of infective jaundice were recorded which had been mainly hospital admissions. The number of cases reported were as follows :

1956	96	1963	64
1957	80	1964	218
1958	90	1965	135
1959	117	1966	149
1960	274	1967	185
1961	152	1968	357 (225 from 1st October, 1968)
1962	57	1969	661

There has been a considerable increase since notification and, in addition, there may be mild sub-clinical cases only recognised by special investigation. Two hundred and twenty cases were admitted to hospital.

The quarterly incidence in 1969 compared with 1968 was as follows :

	1968	1969
1st Quarter	27	187
2nd Quarter	47	136
3rd Quarter	58	124
4th Quarter	225	214

The age and sex distribution in 1969 was as follows :—

Age Group	-1	-5	-15	-25	-35	-45	-65	65 +	Total at all Ages
Males	2	45	192	49	26	10	8	6	338
Females	—	41	195	49	19	12	4	3	323

There were three deaths—one male aged 46 and two females aged 14 and 47.

BRUCELLOSIS

Returns from bacteriological laboratories show that three recognised cases of brucellosis occurred in Glasgow during 1969.

The first case was one of chronic brucellosis of recent onset with an acute illness following accidental inoculation with brucellosis vaccine. The patient was a 35-year-old veterinary surgeon. During 1968, after attending a cow with contagious abortion, he developed symptoms which resembled those of a recurrent upper respiratory infection but were considered to be due to chronic brucellosis. In February, 1969, he accidentally injected himself with live brucellosis vaccine. Eighteen hours later he developed a malaria-like rigor, with a temperature of 103·8°F., a pulse rate of 120 per minute and considerable emotional disturbance. Subsequently a firm nodule appeared at the site of injection, with lymphangitis and epitrochlear and axillary lymphadenitis. Antibodies to *Brucella abortus* were present at a titre of 1 : 640. There was a leucopenia, the white blood count being 2,100 per cubic millimetre. He was treated with penicillin for eight days and thereafter with "Septrin" (trimethoprim sulphamethoxazole). After the treatment with "Septrin" he felt better than he had been for months. On enquiry in May, 1970, it was learned that he remained fairly well.

A 22-year-old veterinary student was admitted to hospital in April, 1969, with a history of one week's illness, his symptoms having been headache, general malaise, pyrexia up to 102°F. and sweating in the late afternoons. He had been working with brucella-infected herds

and had recently been on vacation at his home on a farm in Yorkshire where he had drunk unpasteurised milk. No abnormality was found on clinical examination but antibodies to *Br. abortus* were present at a titre of 1 : 2560, rising a few days later to 1 : 5120. His temperature settled within two days of the start of treatment with tetracycline. He was in hospital for ten days and the tetracycline was continued for a further two weeks. At follow-up examination in June, 1969, and again in January, 1970, he reported that he was keeping well.

A 25-year-old engineer became ill in November, 1969, towards the end of a five-week business visit to the Netherlands. He had pain in the chest, breathlessness and slight diarrhoea. After he returned home he continued to have a tightness in the chest in the evenings and it was found that he had pyrexia at the same time. Antibodies to *Br. abortus* were present at a titre of 1 : 960. His symptoms cleared on treatment with paracetamol, and antibiotics were not given. He was off work for two or three weeks. On enquiry in May, 1970, it was learned that he remained well. The milk supplied to his home in Glasgow was pasteurised but his work with X-ray equipment took him to hospitals in various parts of Scotland and he toured the North of Scotland on holiday in August, 1969. He may have drunk unpasteurised milk during his travels and it is known that he had eaten yoghurt while in the Netherlands.

SCABIES

The number of cases of scabies treated by the nurses has decreased by 954.

Division	Number of Families			Number of Cases		
	1969	1968	1967	1969	1968	1967
Central	260	979	179	450	1,949	370
Northern	530	468	311	1,100	937	848
Eastern	493	224	216	812	464	462
South-Eastern ...	158	243	96	319	504	180
South-Western ...	262	125	122	488	269	250
	<hr/> 1,703	<hr/> 2,039	<hr/> 924	<hr/> 3,169	<hr/> 4,123	<hr/> 2,110

For many years now no reception centre arrangements have existed in the City and cases have had to be treated within their own homes. Children at school are treated at Florence Street and Glenbarr Street Clinics and also in the district clinics.

SCHOOL CHILDREN TREATED IN CLINICS FOR SCABIES

Month			Boys	Girls	Total
January	...	...	149	143	292
February	...	...	130	155	285
March...	...	...	116	114	230
April ...	...	...	74	91	165
May ...	...	...	160	166	326
June ...	...	...	67	70	137
July ...	...	...	24	32	56
August	...	...	42	44	86
September	...	...	170	180	350
October	...	...	228	223	451
November	...	...	162	127	289
December	...	...	59	73	132
			<u>1,381</u>	<u>1,418</u>	<u>2,799</u>

The figures given for school children treated at clinics are in addition to the divisional figures quoted. The total for the equivalent group for 1968 came to 8,230.

A review of the scabies position in Glasgow from 1919 to 1968 was published in "The Medical Officer" of 29th August, 1969, No. 3188, Vol. CXXII, No. 9, pages 125 to 127, "Scabies and Pediculosis, A Study of the Incidence in Glasgow from the Early Nineteen Twenties", by T. S. Wilson.

INFLUENZA

There was evidence of a significant outbreak of influenza in the first quarter of the year and the virological evidence indicates that this was due to virus of the A2/Hong Kong/68 variant.

As the disease is not notifiable an estimate of its incidence must be taken from the following sources :—

1. Isolation 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 Department of Health and Social Security.
3. Notified cases of Influenzal Pneumonia.
4. Deaths from Influenza.

ISOLATION OR IDENTIFICATION OF INFLUENZA VIRUS, 1969

		Serology				Isolation			
		A	A2	B	C	A	A2	B	C
1st Quarter	...	62	—	—	—	—	27	—	—
2nd Quarter	...	67	—	—	3	—	6	—	—
3rd Quarter	...	1	—	—	1	—	1	—	—
4th Quarter	...	6	—	—	—	2	11	—	—
Total	...	136	—	—	4	2	45	—	—

These figures indicate the presence of a significant amount of influenza virus type A in the first quarter of the year. A considerable proportion of the isolations were shown to be of the A2/Hong Kong/68 variant. There seems to have been a persistence of influenza virus during the second quarter of the year but an almost complete absence during the summer.

WEEKLY RETURNS FOR 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. More than seven thousand new claims were made in the twelve weeks between 11th January and 29th March, the figures thereafter falling rapidly to the normal level for the remainder of the year. The figures, however, never exceeded 10,800 new claims and only exceeded 10,000 for three weeks. This is much lower than the figure for new claims in previous outbreaks of influenza which indicates that clinically the illness was not of a very severe kind. The figures, however, indicate the presence of illness, probably due to influenza, in the first quarter of the year.

MONTHLY DISTRIBUTION OF NOTIFIED CASES OF INFLUENZAL PNEUMONIA, 1969

January ...	...	5	July ...	...	—
February ...	...	5	August ...	...	—
March ...	...	6	September ...	...	—
April ...	...	1	October ...	...	—
May ...	...	1	November ...	...	—
June ...	...	—	December ...	...	7
Total					25

These figures, however, are of no great significance as it is recognised that most cases of pneumonia due to influenza are never notified unless hospital admission is required. The number of notifications during January and February do not correspond to the considerable number of new claims for sickness benefit during this period.

DEATHS FROM INFLUENZA (REGISTRAR GENERAL'S FIGURES) 1969

Age Group				Total
Under five years	...	...	...	3
5—15 years	...	...	...	1
15—55 years	...	...	...	8
55—65 years	...	...	...	9
65—75 years	...	...	...	11
75—85 years	...	...	...	4
over 85 years	...	...	...	1
Total				<hr/> 37 <hr/>

This is a comparatively low figure for deaths from influenza and much lower than that in previous outbreaks of influenza, indicating that the type of virus present was causing comparatively few deaths as well as a comparatively low rate of unfitness for work.

It is, of course, recognised that any outbreak of influenza has the effect of accelerating the deaths of many frail and elderly persons who may have been expected to die from other conditions within a comparatively short time, and the certified death rate is not a true indication of the seriousness of an epidemic.

The available figures are not an accurate indication of the incidence of the disease, but it can be seen that there was a significant outbreak of influenza in the first quarter of 1969 due to the virus type A2/Hong Kong/68.

RESPIRATORY DISEASE OTHER THAN TUBERCULOSIS

Of the 2,037 cases of pneumonia notified during the year, 1,664, 81·7 per cent. were treated in hospital. Almost one third of the notifications were in children under school age and rather more than one third in persons over 65. There were 553 deaths from pneumonia, 15 per cent. being in children under one and 69 per cent. in persons over 65.

Of the 794 deaths from bronchitis, two thirds occurred in persons over 65 and almost one third in persons between 45 and 65 years.

The death rate per million for respiratory diseases other than tuberculosis was 1,609.

TABLE A

AGE AND SEX DISTRIBUTION OF
NOTIFICATIONS OF PRIMARY PNEUMONIA

Age Group	Males	Females	Both Sexes	Percentage of totals
Under 1 year	242	167	409	20.1
1-4 years ...	150	112	262	12.8
5-44 years ...	155	158	313	15.4
45-65 years ...	212	138	350	17.2
65 years and over	338	365	703	34.5
All ages ...	1,097	940	2,037	100.0

The percentage of deaths from pneumonia over 45 years of age was 80.8, 44.7 per cent. of the deaths being males, and of bronchitis 98.1, 75.5 per cent. of the deaths being males.

TABLE B

AGE AND SEX DISTRIBUTION OF DEATHS FROM
PNEUMONIA AND "BRONCHITIS, EMPHYSEMA AND ASTHMA"
(Percentages of Column Totals given in Brackets)

DATA FROM REGISTRAR GENERAL'S ANNUAL RETURN

Age in Years	Pneumonia			Bronchitis, Emphysema, and Asthma		
	Male	Female	Both Sexes	Male	Female	Both Sexes
Under 1 ...	50 (19.0)	33 (11.4)	83 (15.0)	— (—)	— (—)	— (—)
1-4 ...	2 (0.7)	3 (1.0)	5 (0.9)	— (—)	— (—)	— (—)
5-44 ...	11 (4.2)	7 (2.4)	18 (3.3)	7 (1.2)	8 (4.1)	15 (1.9)
45-64 ...	32 (12.2)	33 (11.4)	65 (11.7)	194 (32.5)	58 (29.4)	252 (31.7)
65 and over ...	168 (63.9)	214 (73.8)	382 (69.1)	396 (66.3)	131 (66.5)	527 (66.4)
All ages	263(100.0)	290(100.0)	553(100.0)	597(100.0)	197(100.0)	794(100.0)

The percentages of deaths from pneumonia and bronchitis in the first quarter of the year were 36.3 and 37.3 compared with 48.6 and 42.1 in 1968 and 29.8 and 30.1 in 1967.

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).

Period	Primary Pneumonia				Influenza		Bronchitis, Emphysema and Asthma	
	Notifi- cations	% of Total	Deaths	% of Total	Notifi- cations	Deaths	Deaths	% of Total
1st Quarter	771	37.8	202	36.3	16	12	291	37.3
2nd Quarter	407	20.0	121	21.8	2	3	151	19.4
3rd Quarter	234	11.5	97	17.4	—	—	98	12.6
4th Quarter	625	30.7	136	24.5	7	23	239	30.7
	<u>2,037</u>	<u>100.0</u>	<u>556</u>	<u>100.0</u>	<u>25</u>	<u>38</u>	<u>779</u>	<u>100.0</u>

With the 8th Revision of the International Classification of Disease, pneumonia since 1968 includes pneumonia of the newborn while capillary bronchitis is classified under bronchitis and deaths from emphysema and asthma are now grouped with bronchitis.

TABLE D

DEATHS FROM RESPIRATORY DISEASE OTHER THAN TUBERCULOSIS,
1960-1969

(REGISTRAR GENERAL'S ANNUAL RETURNS)

Year	*Pneumonia	†Bronchitis	Influenza	Other Respiratory Diseases	Totals
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
1968	592*	715†	66	104	1,477
1969	553*	794†	37	109	1,493

* Pneumonia of the newborn included since 1968.

† Bronchitis deaths since 1968 include deaths from capillary bronchitis, emphysema and asthma.

Using departmental data, 11.2 per cent. of recorded deaths from pneumonia and 5.9 per cent. from bronchitis occurred in institutions. The Northern Division had the highest combined death rate.

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

(DEPARTMENTAL DATA)

Division	Pneumonia		Bronchitis, Emphysema and Asthma		Death Rate per 100,000 of Estimated Population	
	Number	Per Cent.	Number	Per Cent.	Pneumonia	Bronchitis
Eastern	95	19.1	195	25.2	43.8	89.9
Northern	81	16.3	172	22.2	46.3	98.3
Central	115	23.1	140	18.1	59.4	72.3
South-Eastern	96	19.3	108	14.0	47.0	52.9
South-Western	55	11.0	113	14.6	39.8	81.8
Institutions	56	11.2	46	5.9	—	—
	<u>498</u>	<u>100.0</u>	<u>774</u>	<u>100.0</u>	<u>53.7</u>	<u>83.4</u>

TUBERCULOSIS

Incidence.—The table which follows shows a continued improvement in the incidence in 1969.

	Pulmonary	Non-Pulmonary	Total
1936-39 (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
1968	525	55	580
1969	455	59	514

With 455 new pulmonary cases in 1969 there is a reduction of 13.3 per cent. compared with 1968, a somewhat larger fall than in recent years.

Non-pulmonary notifications have levelled off at about half the figure for the early 'sixties.

The next table shows age and sex distribution of cases notified in 1969 compared with 1968.

Age groups	Pulmonary				Non-Pulmonary			
	Males		Females		Males		Females	
	1969	1968	1969	1968	1969	1968	1969	1968
- 5	10	6	2	5	—	—	—	3
- 15	8	24	13	13	2	2	3	1
- 25	24	24	24	31	3	5	10	6
- 35	26	42	26	28	2	5	12	4
- 45	33	42	26	38	3	3	6	9
- 55	62	57	23	20	2	3	3	3
- 65	56	93	17	12	1	—	2	5
+ 65	80	58	25	32	3	1	7	5
	<u>299</u>	<u>346</u>	<u>156</u>	<u>179</u>	<u>16</u>	<u>19</u>	<u>43</u>	<u>36</u>

With the continued decrease in adolescents and young adults, pulmonary tuberculosis is becoming predominantly a disease of those over 45 years of age. This is more so in males where two-thirds of the cases occur in men past that age. The former high incidence in young females has disappeared and incidence is almost level in all decennial age groups from 15 years upwards.

As usual, in recent years pulmonary disease is twice as common among males as females and vice-versa in the number of non-pulmonary cases. Three of these were cases of tuberculous meningitis.

PULMONARY TUBERCULOSIS

Comparative Incidence.—The case rate per 100,000 population in Glasgow and other large Scottish and English cities is shown.

PULMONARY TUBERCULOSIS : GLASGOW AND OTHER LARGE TOWNS

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Glasgow ...	109	103	97	89	84	80	72	65	59	56	49
Edinburgh ...	59	55	56	47	48	37	39	40	36	41	42
Aberdeen ...	73	48	46	34	26	26	30	32	31	30	24
Dundee ...	135	57	71	63	67	49	50	35	25	42	56
Liverpool ...	215	58	54	59	53	37	34	33	33	32	27
Manchester ...	71	59	58	59	47	49	48	44	43	43	30
Birmingham ...	64	71	64	65	56	57	51	53	48	46	42

Over a number of years Glasgow has held an unenviable position in this table and has been a place apart as regards its high incidence. It is heartening to note that it is now falling into line with the other large towns.

Mortality.—There were 80 deaths from pulmonary tuberculosis in 1969 compared with 88 in 1968. The death rate for both years is about 9 per 100,000. This remains higher than in other cities and reflects Glasgow's high prevalence in the past.

There were 25 deaths from non-pulmonary tuberculosis. It is likely that the increase over 1968 when 13 died is a chance occurrence.

It is interesting that no death from tuberculosis occurred under 25 years of age. Such a statement would have seemed impossible twenty years ago. The majority of the deaths occur in men above middle age.

DEATHS FROM TUBERCULOSIS

Age	Pulmonary			Non-Pulmonary*		
	Male	Female	Total	Male	Female	Total
Under 25 ...	—	—	—	—	—	—
Under 35 ...	1	2	3	1	—	1
Under 45 ...	7	5	12	—	—	—
Under 55 ...	7	8	15	3	1	4
Under 65 ...	11	3	14	5	4	9
Under 75 ...	19	2	21	5	2	7
Under 85 ...	12	—	12	2	2	4
85 + ...	1	2	3	—	—	—
	<u>58</u>	<u>22</u>	<u>80</u>	<u>16</u>	<u>9</u>	<u>25</u>

* Other tuberculosis, including late effects.

PULMONARY TUBERCULOSIS : GLASGOW AND OTHER LARGE TOWNS

DEATH RATES PER 100,000 — 1959-1969

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Glasgow ...	20	19	18	18	21	14	14	10	10	9	9
Edinburgh ...	4	5	3	3	3	2	3	2	1	2	2
Aberdeen ...	6	5	5	2	4	1	3	2	3	3	2
Dundee ...	7	5	6	3	7	4	2	2	3	2	1
Liverpool ...	14	11	11	10	7	5	6	6	6	6	4
Manchester ...	12	12	8	11	8	8	7	8	7	6	4
Birmingham ...	9	7	7	7	7	5	4	4	3	4	2

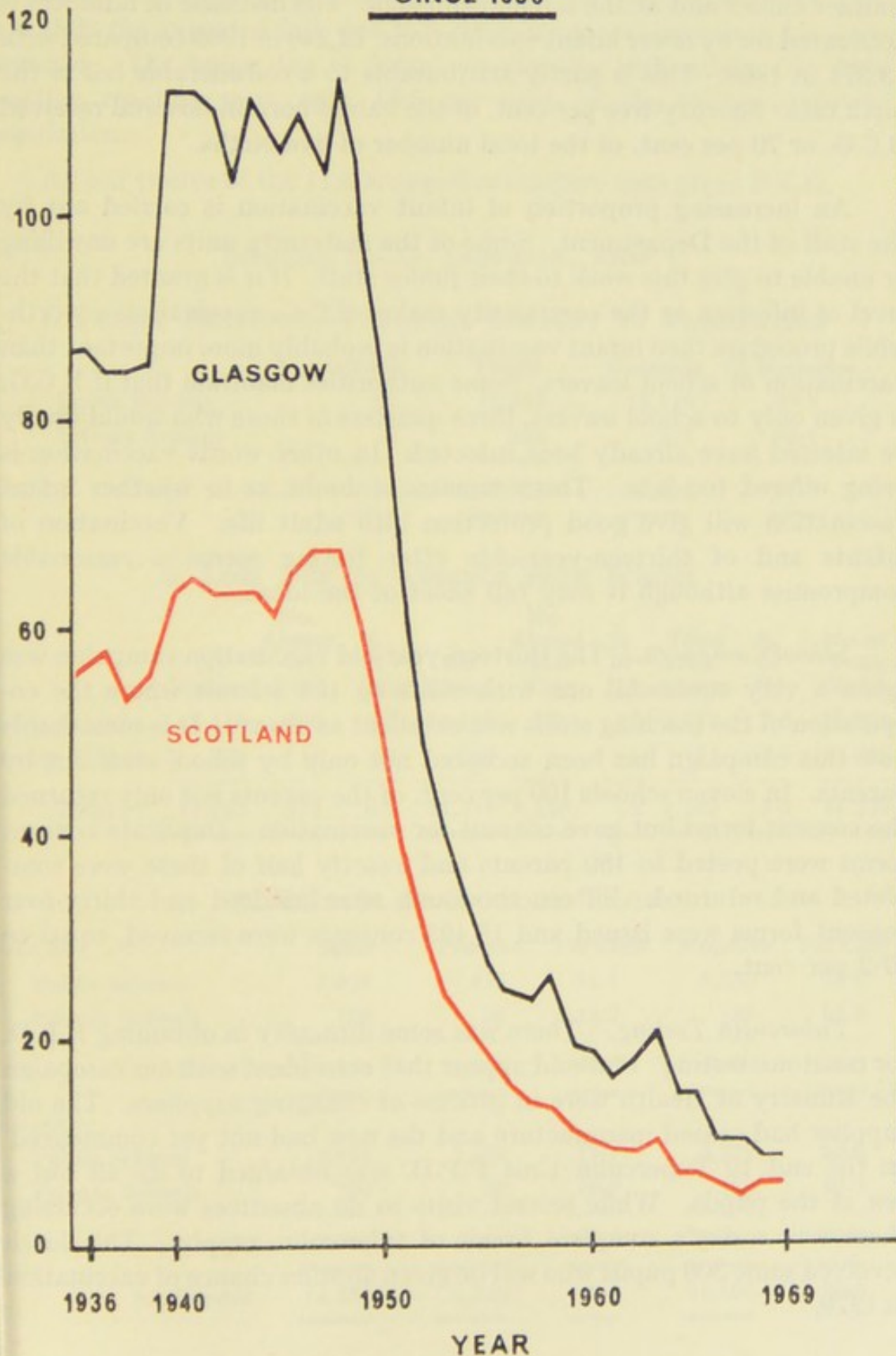
Intimations of Primary Tuberculosis.—These may be taken as complementary to the pulmonary notifications in children included in a previous table. There were 28 intimations in 1969 comprising 18 boys and 10 girls compared with 38 in 1968.

PULMONARY TUBERCULOSIS
GLASGOW and SCOTLAND

Deathrates per 100,000

Rate
per
100,000

SINCE 1936



B.C.G. VACCINATION

B.C.G. vaccinations in 1969 decreased to 26,950 compared with the record total of 27,731 in 1968. A study of the table which concludes this section shows a slight fall in numbers vaccinated at the outdoor contact clinics and at the school campaign. The decrease in numbers is accounted for by fewer infant vaccinations, 12,240 in 1969 compared with 13,371 in 1968. This is partly attributable to a considerable fall in the birth rate. Seventy-five per cent. of the babies born in hospital received B.C.G. or 70 per cent. of the total number of live births.

An increasing proportion of infant vaccination is carried out by the staff of the Department. Some of the maternity units are unwilling or unable to give this work to their junior staff. If it is granted that the level of infection in the community makes B.C.G. vaccination a worthwhile procedure then infant vaccination is probably more important than vaccination of school leavers. Some authorities maintain that if B.C.G. is given only to school leavers, three quarters of those who would finally be infected have already been infected. In other words vaccination is being offered too late. There remains a doubt as to whether infant vaccination will give good protection into adult life. Vaccination of infants and of thirteen-year-olds after testing seems a reasonable compromise although it may fall short of the ideal.

School Campaign.—The thirteen-year-old vaccination campaign was again a very successful one with visits to 104 schools where the co-operation of the teaching staffs was excellent as always. It is remarkable how this campaign has been accepted not only by school staff but by parents. In eleven schools 100 per cent. of the parents not only returned the consent forms but gave consent for vaccination. Duplicate consent forms were posted to 150 parents and exactly half of these were completed and returned. Fifteen thousand, nine hundred and thirty-four consent forms were issued and 15,493 consents were received, equal to 97.2 per cent.

Tuberculin Testing.—There was some difficulty in obtaining P.P.D. for mantoux testing. It would appear that coincident with our campaign the Ministry of Health were in process of changing suppliers. The old supplier had ceased manufacture and the new had not yet commenced. In the end 10 Tuberculin Unit P.P.D. was obtained to do all but a few of the pupils. While second visits to do absentees were occurring there was a day's complete break of tuberculin supply. This hitch involved some 300 pupils who will be given another chance of vaccination in 1970.

Fourteen thousand, three hundred and thirty pupils were tested and 2,730 were positive, a reactor rate of 19.1 per cent. In 1968 those tested with a 10 Tuberculin Unit dose had a reactor rate of 20.9 per cent. During the three years 1965-67 there was a rise in the reactor rate due to infancy vaccinated children reaching the age of thirteen. In 1968 and 1969 the expected fall, due to a drop in natural infection, has been resumed. The bulge due to infant vaccination still exists. In 1964 positive reactors were only 16.5 per cent. of the thirteen-year-old population.

All but twelve of the 11,600 negative reactors were given B.C.G.

SCHOOLS B.C.G. CAMPAIGN, 1969

1. PUBLIC RESPONSE—PARENTAL CONSENT TO VACCINATION

		Schools	Pupils	Consents	% Response
Public Schools	...	98	15,551	15,116	97.2
Private Schools	...	6	383	377	98.4
Total	...	<u>104</u>	<u>15,934</u>	<u>15,493</u>	<u>97.2</u>

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	15,116	966	6.4	14,150	186	1.2	1,152	7.6	13,964
Private Schools	377	11	2.9	366	—	—	11	2.9	366
Total	<u>15,493</u>	<u>977</u>	<u>6.3</u>	<u>14,516</u>	<u>186</u>	<u>1.2</u>	<u>1,163</u>	<u>7.5</u>	<u>14,330</u>

3. RESULTS OF MANTOUX TESTS

MALE—		Tests	Positive	Per Cent.	Negative	Per Cent
Public Schools	...	7,005	1,475	21.1	5,530	78.9
Private Schools	...	159	29	18.2	130	81.8
Total	...	<u>7,164</u>	<u>1,504</u>	<u>21.0</u>	<u>5,660</u>	<u>79.0</u>
FEMALE—						
Public Schools	...	6,959	1,187	17.1	5,772	82.9
Private Schools	...	207	39	18.8	168	81.2
Total	...	<u>7,166</u>	<u>1,226</u>	<u>17.1</u>	<u>5,940</u>	<u>82.9</u>
All Results		<u>14,330</u>	<u>2,730</u>	<u>19.1</u>	<u>11,600</u>	<u>80.9</u>

4. B.C.G. VACCINATION

				Negative Reactors	Not Vaccinated	%	Vaccinated
MALE—							
Public Schools	...	...		5,530	4	0.1	5,526
Private Schools	...	...		130	—	—	130
Total	...	...		5,660	4	0.1	5,656
FEMALE—							
Public Schools	...	...		5,772	8	0.1	5,764
Private Schools	...	...		168	—	—	168
Total	...	...		5,940	8	0.1	5,932
Both Sexes	...	...		11,600	12	0.1	11,588

Routine Vaccination Scheme.—There was little change in numbers attending the divisional contact clinics. Although only 665 children were vaccinated at these clinics they include those at special risk and every effort is made to maintain a complete coverage of child contacts.

The addition of 26,950 vaccinations in 1969 now brings the total of B.C.G. vaccinations to over four hundred thousand in twenty years.

B.C.G. VACCINATIONS—GLASGOW, 1950/69

Group	Centre	1950/64	1965	1966	1967	1968	1969	Total
Indoor Contacts	Moffat Street	895	—	—	—	—	—	895
	Carnbooth	567	3	—	3	1	—	574
	Millbrae	701	15	2	11	—	1	730
	Millbrae	1,022	16	—	1	1	—	1,040
Total		3,185	34	2	15	2	1	3,239
Outdoor Contacts	Health Department	19,384	738	598	537	682	665	22,604
	R.H.S.C.	1,009	—	—	—	—	—	1,009
	Total	20,393	738	598	537	682	665	23,613
Nurses	Hospitals	2,319	119	121	83	125	202	2,969
	Langside College Trainees	193	45	30	29	16	20	333
	Logan and Johnston Trainees	247	33	47	2	—	—	329
	H.V. Trainees	18	—	—	—	—	—	18
	Total	2,777	197	198	114	141	222	3,649
Students	University	842	—	10	37	27	34	950
	Others	93	—	—	—	—	—	93
	Total	935	—	10	37	27	34	1,043
Total Primary Groups		27,290	969	808	703	852	922	31,544
N.B. Infants	Maternity Hospital	29,430	2,899	1,721	2,506	2,831	2,771	42,158
	Robroyston Hospital	16,701	1,769	1,819	1,833	1,731	1,443	25,296
	Stobhill Hospital	14,995	1,591	1,879	1,649	1,496	1,361	22,971
	Western District Hospital	10,937	828	—	—	—	—	11,765
	Southern General Hospital	5,431	474	275	613	1,017	961	8,771
	Eastern District Hospital	4,289	533	326	404	886	530	6,968
	Redlands Hospital	3,636	726	1,006	1,072	1,042	996	8,478
	Maternity Hospital— Ross Annexe	11,550	1,531	1,691	1,645	1,474	1,473	19,364
	Belvidere Hospital	1,819	783	929	883	952	942	6,308
	Queen Mother's Hospital	1,424	1,660	1,903	1,820	1,942	1,763	10,512
Total		100,212	12,794	11,549	12,425	13,371	12,240	162,591

B.G.G. VACCINATIONS—GLASGOW, 1950/69—*Continued.*

Group	Centre	1950/64	1965	1966	1967	1968	1969	Total
Scholars	Schools	122,050	11,542	10,879	11,232	11,623	11,588	178,914
Others	Various	17,077	2,007	2,189	2,116	1,885	2,200	27,474
	Total	139,127	13,547	13,068	13,348	13,508	13,788	206,388
Total Secondary Groups		239,338	26,343	24,617	25,773	26,879	26,028	368,979
Total All Groups		266,629	27,312	25,425	26,476	27,731	26,950	400,523

Cumulative Total — 400,523

X-RAY SECTION

In spite of some trouble with the aging X-ray apparatus the standard of work was well maintained. The X-ray tube had to be replaced towards the end of the year.

About 800 fewer miniature films were taken, accounted for by a similar deficit in teachers' sick pay examinations. The teachers are X-rayed at two year intervals.

The following table shows the recall rates :—

	Males	Females	Total
Miniature	4,148	4,589	8,737
Recalled	214	155	369
Recall Rate	5.2%	3.4%	4.2%

The corresponding rates for 1968 were 4.8 per cent. (male), 2.9 per cent. (female) and 3.9 per cent. (total). There may have been some deterioration in the diagnostic quality of the miniatures. The increased travelling for the clients and the increased expense are unsatisfactory.

The 8,737 miniature films taken in 1969 are classified below:—

MINIATURE FILMS, 1969

	Males	Females	Total
1. Contacts, New	226	293	519
2. Contacts, Return	5	4	9
3. Superannuation	2,115	1,001	3,116
4. Sick Pay	476	1,000	1,476
5. School Children	—	1	1
6. Special Surveys	67	241	308
7. Nationalised Services	—	1	1
8. Entrants to Homes	1	7	8
9. Other Local Authorities	1	5	6
10. Miscellaneous	530	1,119	1,649
11. School Teachers	727	917	1,644
	<u>4,148</u>	<u>4,589</u>	<u>8,737</u>

The 660 full-size films consisted of 369 recalls and 291 primary full-size films. In 1968 there were 590 large films made up of 369 recalls and 221 primary. The increase in the primary category is due to the decision to avoid recalling old folks X-rayed before entry to the Corporation Homes.

The findings for 1969 are classified as follows :—

FULL-SIZE FILMS, 1969

Groups	Phthisis			Root Lesions	Non-Pulm. Lesions	Neo-plasm	N.A.D.	Total
	Active	Inactive	Pleurisy					
MALE—								
1. Contacts, New ...	1	1	1	3	2	—	7	15
2. Contacts, Return ...	—	—	—	—	—	—	—	—
3. Superannuation ...	11	33	16	2	20	1	56	139
4. Sick Pay ...	10	14	9	7	10	1	15	66
5. School Children ...	—	—	—	—	—	—	—	—
6. Special Surveys ...	—	1	—	—	—	—	3	4
7. Nationalised Services ...	—	—	1	—	—	—	4	5
8. Entrants to Homes	2	13	11	2	6	—	29	63
9. Other Local Authorities ...	—	—	—	—	—	—	—	—
10. Miscellaneous ...	1	5	4	1	4	—	44	59
11. School Teachers ...	1	3	2	—	1	1	7	15
	<u>26</u>	<u>70</u>	<u>44</u>	<u>15</u>	<u>43</u>	<u>3</u>	<u>165</u>	<u>366</u>
FEMALE—								
1. Contacts, New ...	4	6	—	—	1	—	7	18
2. Contacts, Return ...	—	—	—	—	—	—	1	1
3. Superannuation ...	4	10	6	—	9	1	8	38
4. Sick Pay ...	8	22	8	2	9	1	23	73
5. School Children ...	—	—	—	—	—	—	—	—
6. Special Surveys ...	—	—	—	—	—	—	2	2
7. Nationalised Services ...	—	—	—	—	—	—	—	—
8. Entrants to Homes	1	6	—	—	24	1	64	96
9. Other Local Authorities ...	—	—	—	—	—	—	—	—
10. Miscellaneous ...	1	10	9	—	5	1	25	51
11. School Teachers ...	3	—	1	—	1	—	10	15
	<u>21</u>	<u>54</u>	<u>24</u>	<u>2</u>	<u>49</u>	<u>4</u>	<u>140</u>	<u>294</u>

In 47 of those examined, a diagnosis of active pulmonary tuberculosis was suggested compared with 63 in 1968. Some of them are already under treatment or surveillance.

A tentative diagnosis of lung cancer was made in seven cases, three men and four women. Again, as in 1968, there is an increase over all previous years.

The non-pulmonary lesions include bony abnormalities and heart abnormalities there being 57 of the latter.

VENEREAL DISEASE

The increase in the number of new patients attending the Venereal Diseases Clinics in Glasgow, noted annually since 1962, continued in 1969 when there were 6,504 compared with 6,009 in 1968. The number of patients transferred in decreased from 180 in 1968 to 155 in 1969 so that in all, 8,461 patients were dealt with during the year. As far as the disposal of patients is concerned 3,534 were dismissed while only 2,628 defaulted, and 526 were transferred out to other clinics. This is the second year running that the numbers of dismissed has exceeded those defaulting. The number of patients carried over to 1970—1,773—is less than in 1968—1,802—but this is not significant. The figures for the admission and the disposal of patients from 1964 to 1969 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. In 1969 there was an increase in the number of both male and female patients—403 and 92 respectively. While there was a continued drop in the number of male patients with syphilis and gonorrhoea, there was an increase in the number of female patients with those diseases. The difference between trends of males and females suffering from gonorrhoea is now significant. Once again there was an increase in the number of patients treated for other venereal conditions. There was an increase in the number of male patients found to be free from venereal conditions but a decrease in the number of females.

NON-SPECIFIC URETHRITIS

The continued increase in the number of new patients attending the clinics with non-specific urethritis continued to 1969 when 1,283 new patients were dealt with. For the last two years, numbers of patients with this infection continued to exceed those found to be suffering from gonorrhoea. It is now the most common cause of urethritis in men in Glasgow. Ten (0·8 per cent) of these patients had arthritic complications. This incidence is lower than in 1968 (1·9 per cent).

TRICHOMONAS INFECTIONS

During 1969, 23 male patients were found to be suffering from trichomonas infections. This number is very low when compared with that of female patients suffering from this condition, the numbers of which rose from 411 in 1968 to 485 in 1969, the increase reflecting the increased number of female patients from whom urethral and cervical cultures were taken when they were examined at the clinics. This has

caused a considerable increase in the work load of the female clinics in 1969.

OTHER VENEREAL INFECTIONS

The rise in the number of male patients treated for other venereal infections continued in 1969, 1,445 compared with 1,217 in 1968. Only one man was found to be suffering from lymphogranuloma venereum. The rise in the number of female patients was proportionally greater than that for males, 213 in 1969 compared with 159 in 1968. One hundred and forty-eight men and 8 women were treated for phtherius pubis infestation and 106 men and 7 women for scabies. The continued rise in the numbers of patients with sexually transmitted diseases is an indication of the rise in number of casual promiscuous associations within the area.

NON-VENEREAL CONDITIONS

During 1969 there was a continued increase in the number of male patients attending the clinics who were found to be free from venereal conditions—1,131 compared with 1,100 in 1968, but only 384 women compared with 448 in 1968. It is very satisfying to know that people are coming for examination when they feel that they are at risk and one feels that with better all-round advertising to the general public these numbers could be increased appreciably. Once again there was a drop in the number of babies referred to have serological tests for syphilis carried out prior to adoption; 142 males and 131 females.

The number of women on whom cervical exfoliative cytology was carried out rose in line with the increased number of patients found to have gonorrhoea and trichomoniasis. The number of cervical smears taken from 707 women was 978 compared with 603 smears from 507 women in 1968. The results of the smears from 6 women were sufficiently abnormal to warrant further investigation by a gynaecologist but so far only 2 have attended for examination—one was found to have a carcinoma in situ. The problem of the non-attendance of women for examination by these departments is a cause for grave concern as, to our knowledge, over the years some of these women who have refused further examination by a gynaecologist have progressed to clinical carcinoma and we must now think of other methods of arranging continuity in management.

SYPHILIS

The types of syphilis diagnosed in new patients from 1964 to 1969 are set out in Table III. There was an increase in the number of male and female patients with contagious syphilis as compared with 1968. Of the 40 male patients 6 were homosexuals, 4 acquired their infections

locally and 2 in London. There were 8 merchant seamen, 1 acquired his infection locally, 3 elsewhere in the United Kingdom and 4 abroad. Of the other men, 9 acquired their infections locally, 11 elsewhere in the United Kingdom, and 6 abroad. Seven attended as contacts of patients already attending.

Once more it is noted that holidaymakers and tourists import these infections into our locality to a greater extent than merchant seamen. It is evident that there is a great danger when young people go on holiday on their own, be it to holiday camps in Britain or touring abroad.

All 10 women with contagious syphilis acquired their infections locally, 9 attending as contacts of men already under treatment.

Only 19 male and 13 female patients attended with late syphilis. This is in accord with the numbers that have been treated over the past few years in the department. Once again only 3 patients were found to be suffering from congenital syphilis. All were aged 15 and over, in fact all were aged over 35 years.

ANTE-NATAL BLOOD TESTS

There was a decrease in the number of ante-natal serological tests for syphilis carried out in Glasgow during 1969, 23,814 compared with 25,433 in 1968, but as is now the established custom, all sera giving doubtful or positive results to the various non-specific tests used were subjected to one or more of the specific diagnostic tests. The City Laboratory tested 2,793 sera from ante-natal clinics, 17 (0.61 per cent) giving positive results to the non-specific tests of which 3 were confirmed by specific tests. This Laboratory also tested 3,508 sera from ante-natal patients attending their general practitioners, 8 (0.23 per cent) giving positive non-specific results none of which was confirmed by the specific tests. The other Laboratories in Glasgow carried out tests on a further 17,513 sera from ante-natal patients, 44 (0.25 per cent) giving positive non-specific results, 7 of which were confirmed by the specific tests. In all 10 (15.4 per cent) of the 69 positives or doubtfuls by the non-specific results were confirmed giving an overall incidence of syphilis among these ante-natal patients of 0.042 per cent. This is a drop from 0.051 per cent in 1968.

GONORRHOEA

Seven cases of gonococcal ophthalmia neonatorum were referred to the Department of Venereal Diseases during 1969. This is a welcome drop from 12 cases seen in 1968 but it is apparent that there are still deficiencies in the ante-natal management of the mothers. Two children

were referred with gonococcal vulvo-vaginitis. The number of cases by age groups and sex of those with sexually transmitted gonorrhoea attending from 1964 to 1969 are set out in Table IV. Once more there was a slight drop in the number of male cases treated, 1,037 compared with 1,051 in 1968 but the numbers of female patients increased from 386 in 1968 to 411 in 1969. The figures in Table IV indicate the number of infections and as some patients attended on more than one occasion with infections of gonorrhoea the actual number of male patients was 937 and of female patients, 367. This means that there was a slight increase in the number of male patients attending with gonorrhoea as compared with 1968 when 923 were treated. There was a drop in the number of female patients from 372 in 1968 to 367 in 1969 indicating an increase in the number of promiscuous women with multiple infections.

THE SENSITIVITY OF GONORRHOEA TO THE ANTIBIOTICS

Full sensitivity reports were received from the City Laboratory on 1,168 strains of *N.gonorrhoea* during 1969. This report included the sensitivity or resistance to streptomycin, sulphonamides, kanamycin and tetracycline as well as to other antibiotics associated with drug trials being carried out in the Department. On all strains a quantitative estimation of the sensitivity to penicillin G was estimated. Penicillin by injection remains the drug of choice in the treatment of gonorrhoea unless the patient has had a previous reaction to it. 50.5 per cent of strains were sensitive to 0.03 µg/mls penicillin G compared with only 41 per cent of strains in 1968. 10.1 per cent required a concentration of 0.3 µg/mls or more compared with 9.4 per cent in 1968 and 9.2 per cent in 1967. Contrary to reports from elsewhere in the United Kingdom, as well as abroad, there appears to be no increase in the resistance of strains of *N.gonorrhoea* seen in Glasgow. The *in vitro* resistance of the other antibacterial agents, by quarters, is set out in Table V. 72 per cent were sensitive to all agents, 24.2 per cent were resistant to streptomycin and 5.3 per cent to sulphonamide. There has been a drop in the number of strains resistant to streptomycin from 34.2 per cent in 1968 but a rise in resistance to sulphonamide from 3.25 per cent. One strain in 1969 was resistant to tetracycline but once again there were no strains resistant to kanamycin. This is, of course, of the greatest importance as kanamycin is used as the drug of choice when penicillin is contra-indicated, in all our clinics.

ATTENDANCE OF SEAMEN AT VENEREAL DISEASES CLINICS

There was a rise in the number of seamen attending the clinics in 1969, 474 compared with 416 in 1968 and, as usual, the vast majority attended for reassurance only, a large number having received

antibiotic treatment on board ship, but on no occasion were slides taken before treatment to be examined at the clinic, although this management is laid down quite clearly in the Ship Captain's Medical Guide. The amount of contagious syphilis and gonorrhoea found in seamen as compared with the total males for Glasgow is set out in Table VI. Eight seamen attended with contagious syphilis, one infection was acquired locally but in all, these infections accounted for only 20 per cent of males with contagious syphilis. Only 54 seamen attended with gonorrhoea. This is compared to 65 in 1968 and 75 in 1967. Once again, the incidence of gonorrhoea in seamen (11.4 per cent) was lower than that for the total male patients attending the clinics (20.9 per cent) probably because an amount of gonorrhoea had been successfully treated on board ship.

CONTACT TRACING

Of the 1,077 men with infectious venereal disease, 27 attended as contacts of patients already attending. Interrogation of male patients concerning female sexual contacts showed that of 261 contacts out of the area, there was only sufficient information on 41 to inform the relevant clinics. Of 882 local contacts 378 (42.9 per cent), were located. This reflects the efficiency of our contact tracing system and the related deficiencies of our interrogation facilities. We have not, as yet, anyone able to interrogate patients, and reinterrogate where necessary when the initial information is false or inadequate. The outcome of the local contact tracing is set out in Table VII which shows that of those located all but 21 attended for examination. The amount of promiscuity of the female contacts found to be suffering from gonorrhoea is set out in Table VIII. Of the 424 women with sexually acquired venereal diseases, 298 attended only as a result of contact tracing, the information being obtained either from the local male clinics or elsewhere. The diagnosis of these contacts is set out in Table IX.

CASE HOLDING

The number of promiscuous women attending our clinics remains high but we now know that there appears to be a larger number of women who are moderately promiscuous and few who are highly promiscuous. This appears to be due to a change in our society, as few men now have to find a prostitute who demands money and more men who have casual intercourse with an increasing number of women who will have intercourse without payment.

The Health Visitors are faced with an increasing number of women to seek and the amount of work in this is increasing each year. Together with this increase and the large number of clinic sessions at which

Health Visitors are in attendance and owing to sickness of staff the default work has had to be curtailed. During 1969, 251 default visits were made compared with 475 in 1968 but despite these difficulties the average number of attendances by male and female patients were 5.8 and 5.7 respectively, there being very little change from 1968 and 1967. The efforts made to persuade defaulters to reattend in 1969 are set out in Table X. There was a drop in the number of male and female default episodes among those suffering from gonorrhoea and this reflects the good management by all the staff in the clinics who, by their treatment of these patients prevent default. There were 507 male default episodes compared with 571 in 1968 and 467 female episodes compared with 566 in 1968. There was a drop in the number of false names and addresses given by male defaulters, 75 (8.7 per cent) compared with 21.0 per cent in 1968 but a rise in the number of false names and addresses given by female defaulters, 87 (22.1 per cent) compared with 16.4 per cent in 1968.

TABLE I

ADMISSION AND DISPOSAL OF PATIENTS 1964-1969

		1964	1965	1966	1967	1968	1969
On register at 1st January	...	1,047	933	1,545	1,700	1,586	1,802
New Patients	...	4,846	5,089	5,492	5,875	6,009	6,504
Other cases admitted	...	244	147	102	115	180	155
Total	...	6,137	6,169	7,139	7,690	7,775	8,461
Discharged	...	2,829	2,325	2,727	2,740	3,114	3,534
Defaulted	...	1,690	1,737	2,256	2,789	2,333	2,628
Transferred	...	685	562	456	575	526	526
On register at 31st December	...	933	1,545	1,700	1,586	1,802	1,773

TABLE II

NEW PATIENTS BY DIAGNOSIS, 1964-1969

Sex	Year	Syphilis	Gonorrhoea	Non Specific Urethritis	Trichomonas Infection	Other Venereal Infections	Non Venereal Conditions	Total
Male	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
	1968	65	1,058	1,118	22	1,217	1,100	4,580
	1969	60	1,041	1,283	23	1,445	1,131	4,983
Female	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
	1968	20	391	—	411	159	448	1,429
	1969	25	414	—	485	213	384	1,521

TABLE III

TYPES OF SYPHILIS IN NEW PATIENTS, 1964-1969

Year	Contagious		Late acquired		Congenital			
	M	F	M	F	Under 1 yr.	1-4 yrs.	5-14 yrs.	15 yrs. & over
1964	25	10	24	11	—	—	1	5
1965	6	5	39	15	—	1	—	11
1966	15	10	32	7	—	—	—	10
1967	46	16	24	11	1	—	—	6
1968	36	9	27	10	—	—	—	3
1969	40	10	19	13	—	—	—	3

TABLE IV

SEXUALLY ACQUIRED GONORRHOEA BY AGE GROUPS 1964-1969

Sex	Year	Under 15	15-19	20-24	25-34	35-44	45 & over	Total
Male	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
	1968	—	131	301	392	140	87	1,051
	1969	—	97	318	414	137	71	1,037
Female	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
	1968	4	87	135	113	33	14	386
	1969	4	94	133	129	48	3	411

TABLE V

Antibacterial Agent	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Streptomycin ...	72	28.2	69	22.9	70	24.1	72	22.4	283	24.2
Sulphonamide ...	7	2.7	20	6.6	24	8.3	11	3.4	62	5.3
Kanamycin ...	0	—	0	—	0	—	0	—	0	—
Tetracycline ...	0	—	0	—	0	—	1	0.3	1	0.01
No. of strains examined	255	100.0	301	100.0	291	100.0	321	100.0	1168	100.0
No. of strains sensitive to all agents ...	177	69.4	220	73.1	203	69.8	241	75.1	841	72.0

TABLE VI

THE INCIDENCE OF CONTAGIOUS SYPHILIS AND GONORRHOEA IN SEAMEN COMPARED WITH TOTAL MALES OVER THE PAST SIX YEARS

Year	Contagious Syphilis			Gonorrhoea		
	Total	Seamen	%	Total	Seamen	%
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
1968	36	7	19	1,051	65	6.2
1969	40	8	20	1,037	54	5.2

TABLE VII
THE OUTCOME OF CONTACT TRACING EFFORTS

Notification	Status	Total	Not Traced		Notified	Located Locally	Refused	Diagnosis	
			Else-where	Local	Else-where			Con-firmed	Not Con-firmed
From Local	Marital	166	0	0	7	159	0	133	26
Clinics	Other	934	220	482	34	198	17	152	29
From Elsewhere	Marital	0	0	0	0	0	0	0	0
	Other	43	0	22	0	21	4	13	4
Total		1,143	220	504	41	378	21	298	59

TABLE VIII
THE PROMISCUITY OF FEMALE CONTACTS ATTENDING WITH GONORRHOEA

Named by one Man	...	257
Named by 2 Men	...	27
Named by 3 Men	...	2
Named by 4 Men	...	3
		289

TABLE IX
THE DIAGNOSIS OF CONTACTS ATTENDING THE CLINICS

Sex		Syphilis	Gonorrhoea	Other Venereal	Non Venereal	Total
				Infections	Conditions	
Male	...	7	20	10	15	52
Female	...	9	289	67	30	395
Total	...	16	309	77	45	447

TABLE X
ATTEMPTS TO GET DEFAULTERS TO RE-ATTEND IN 1969

Sex	Diagnosis		Nos. at Default		Re-attending		Efforts	Needed
			Risk	Episodes	No.	%	Visits	Letters
Male	Gonorrhoea	...	1,313	507	247	49	3	605
	Contagious Syphilis		115	91	81	89	7	148
	Late Syphilis	...	126	74	66	89	—	102
	Congenital Syphilis		9	2	2	100	—	3
	Total	...	1,563	674	396	59	10	858
Female	Gonorrhoea	...	631	467	136	29	218	348
	Contagious Syphilis		43	28	17	61	17	33
	Late Syphilis	...	90	14	11	79	4	15
	Congenital Syphilis		43	6	5	83	2	6
	Total	...	807	515	169	33	241	402

SECTION IX

MENTAL SERVICES

Community mental services have been realigned by the Social Work (Scotland) Act, 1968. When the new Social Work Departments came into being in November, 1969 they were given responsibility for community care of the mentally disordered.

Prior to the Mental Health (Scotland) Act, 1960 discussions took place in Glasgow about feasible methods of undertaking community care of the mentally disordered and particularly of the mentally ill. In England, it would appear, there was a nucleus of staff on which to build. In Scotland although after-care was recognised as desirable, some would say essential, social work services in relation to mental illness were vestigial. Even in some of the large mental hospitals there were no psychiatric social workers. On the local authority side there were experienced welfare officers in Glasgow well suited to do such work. They were not given any commitment in the after-care of mental illness but were restricted to occasional statutory duties as mental health officers.

The Medical Officer of Health and the Professor of Psychological Medicine with support from many others, set out to prepare the medical and nursing staff of the local authority for their new role in community mental health. Courses on psychiatry and mental deficiency were given for medical officers and of special importance was the six months full time course for health visitors. Officers from other parts of Scotland attended. The Medical Officer of Health at any rate in Glasgow, took on no additional staff so that one might say that the public received this new service at no extra cost to themselves, a remarkably rare event in recent years.

As might be expected a service planned so economically has had limited achievement but significant contributions have been made in two sectors namely, the assessment and training of mentally defective children and the after-care of the mentally ill after discharge from hospital.

At the end of November a new day centre for the assessment and training of mentally handicapped children was opened at Drumoyne in the south-west of the City. This is similar to the Broomhill centre

but the new one was specially designed whereas Broomhill was an adaptation. The children should benefit from the bright and spacious accommodation provided. A third centre at Croftcroighn in the east end is planned and there is an urgent demand for its completion.

CARE OF MENTAL DEFECTIVES

Child Development Clinics—The ascertainment of mental deficiency in children was the only mental health service specifically excluded from the social work services under the new Act. The work of the medical officers and health visitors centred on Glenfarg Street and the Balvicar Clinic has continued to expand.

	1969		1968
	Male	Female	Both Sexes
New Patients Attending ...	178	112	290
Total Patients Attending ...	361	255	616
Total Attendances ...	834	566	1,400
			907

As with other services of this type, increased provision seems to create increased demand. The number of patients and attendances has more than doubled since the first full year of work in 1965. The specially trained Health Visitors attached to these clinics made 1,370 visits to handicapped children in their own homes.

Balvicar Nursery Centre—At the end of the year there were 14 boys and 11 girls attending and as always the 25 places were filled. The system of using one bus so that those who come first in the morning leave first in the afternoon continues to operate. Over the year there was an average attendance of 20.5 pupils. Eight five year olds were taken on by the Education Department, two in special schools and six in occupation centres. One was admitted to hospital, two moved from the area and one ceased to attend. Only one went home with no immediate prospect of continued care.

Broomhill Nursery and Junior Centre—This centre also is full to capacity and there is always a considerable waiting list. Many of the children come from the east of the City and this means that much time including staff time is spent on travelling.

	1969			1968		
	Male	Female	Both Sexes	Male	Female	Both Sexes
Under 5 years	18	7	25	11	10	21
Over 5 years	10	7	17	13	8	21
	—	—	—	—	—	—
Total	28	14	42	24	18	42
	—	—	—	—	—	—

It will be noted that in 1969 there was an increased proportion of the younger group. If the unit is functioning satisfactorily this should be the tendency. There is evidence that the aim of preparing the children for admission by the Education Department is being met. Of the 24 dismissals during the year 18 were transferred to the Education services, 11 to Occupation Centres, six to schools for the physically handicapped and one to normal school. Two of the others were transferred to residential care, two left the area, one died and one left when the R.S.P.C.C. became involved.

Drumoyne Nursery and Junior Centre—This purpose built centre was opened on 24th November, 1969 and at the end of the year seven children were attending the nursery section, five boys and two girls. Matron from Balvicar Centre took charge and her deputy took over at the Balvicar Centre.

Laurieston House Centre—In theory the opening of new places in local authority centres where the children get five day care should relieve the pressure on Laurieston House. The Voluntary Workers of the Scottish Society for Mentally Handicapped Children provide one or two days' work per week here. In practice there are always children waiting who are not receiving any form of care and the point has not yet been reached when the load on Laurieston House has been lightened.

One hundred and seven children attended and it was found possible to give nine of them a second day.

	Male	Female	Both Sexes
Under 5 years	20	13	33
Over 5 years	44	30	74
	—	—	—
Total	64	43	107
	—	—	—

Fifteen children were transferred to local authority centres and a further three to occupational centres of the Education Department. Six were admitted to residential care, three were withdrawn by their parents and two died during the year.

Short-Stay Homes—The Scottish Society also run two short-stay holiday homes. The Stewart Home for girls and young children admitted 217 from Glasgow in 1969. Viewpark Home, Alyth, gave holidays to 79 Glasgow boys.

DEFECTIVES UNDER GUARDIANSHIP AND INFORMAL CARE

Two specialised welfare sections have given community care to adult mental defectives in the past. The Mental Welfare Section, long established, looked after guardianship cases and since the Mental Health (Scotland) Act, 1960 have given care to informal patients. The numbers under guardianship and informal care have been roughly equal in recent years. Also the After-Care Section looked after physically handicapped and mentally handicapped school leavers, the latter being in the majority. These were higher grade defectives mostly suitable for employment as manual workers.

Since November, 1969 the After-Care Section has been disbanded and the Mental Welfare Section depleted to provide staff for the district social work teams. These teams in turn have taken over the work of the two sections within the City boundary.

Two Medical Officers are attached to the Mental Welfare Section. Even before the Social Work Act they spent very little time on office work but devoted their energies to visiting their patients. The care of mental defectives has been provided to a great extent by them and much of their work is social work. Since generic social work and the district teams have been introduced the Medical Officers have been trying to establish liaison with the social workers many of whom have little knowledge of mental deficiency.

The following table gives the numbers under guardianship at the end of 1969 compared with similar figures for 1968.

			Mental Defectives		Mentally Ill	
			1969	1968	1969	1968
Guardianship	Male	...	107	119	4	3
in Glasgow:	Female	...	94	103	3	3
Guardianship	Male	...	85	86	2	4
out of Glasgow:	Female	...	59	58	1	2
Both Sexes			<u>345</u>	<u>366</u>	<u>10</u>	<u>12</u>

CARE OF THE MENTALLY ILL

Medical Officers of the Department examined and certified 15 mentally ill people for compulsory admission to hospital. This compares with 14 certified in 1968 and 22 in 1967. The numbers are small but the service is of great importance to those requiring treatment.

AFTER-CARE BY HEALTH VISITORS

This excellent service built up over several years by the hard work of the health visitors and their tutors is now in decline. The number employed in the service fell from 19 to 16 in 1968 and was reduced to 12 at the end of 1969. Some have chosen to discontinue the work, others have been promoted or have left the area. Those who remain are still much appreciated by their hospital colleagues.

Health visitors, because of their basic medical training and their experience in home visiting are eminently suited for after-care work. They were given an intensive full time course over a period of six months in psychiatry and psychiatric social work. This has since been supplemented by several years of in-service experience of mental illness. They are now specialists in social work in the field of mental illness. Although local government employees they were in fact seconded to the hospital service for this work. They were thus enabled to learn from and consult with experienced hospital staff.

The new Social Work Services now have the statutory responsibility of providing after-care.

At its strongest in 1966 and 1967 with 19 health visitors involved on a half time basis the after-care service was incomplete. Employment could have been found for double that number, nevertheless, it may be assumed that the patients allocated were those deemed most in need. Some such patients will now be without this support when they leave hospital.

There seems no immediate prospect of staff to replace the health visitors and it is evident that to produce a comparable service will need considerable time and expense.

Because of the reduction in staff there was a considerable fall in the numbers receiving care from 474 at the end of 1968 to 382 at the end of 1969.

	Male	Female	Both Sexes
Discharged from Hospital	57	278	335
Referred from Out-Patient Clinics	5	42	47
	—	—	—
	62	320	382
	—	—	—

The ratio of female to male patients is somewhat higher than in previous years; over 5 to 1. The average case load for the twelve

health visitors is about 32 patients each. This is greater than in the past and no doubt reflects an effort to compensate for loss of staff.

There were 385 new referrals (87 men and 298 women). This again compares unfavourably with the 529 new referrals in 1968.

Here follows a diagnostic classification of the cases in care at the end of this year.

	Male	Female	Both Sexes
Schizophrenia ...	25	99	124
Affective Psychosis	10	69	79
Psychoneurosis ...	12	90	102
Organic States ...	8	20	28
Geriatric	1	13	14
Addiction	5	17	22
Others	1	12	13
	—	—	—
	62	320	382
	==	==	==

There is a higher proportion of schizophrenics in the total than in previous years. Because of advances in treatment more schizophrenics are now being discharged from hospital. They are very liable to relapse, disinclined to visit doctors who in turn have not time to chase after them. Apart from more serious consequences they give a lot of unnecessary work to police, gas board officials, water board officials, town councillors and members of parliament. They require skilled after-care.

After-care visits in 1969 totalled 6,212. In 1968 the total was 7,196.

Social Clubs—The social club in Fernbank Street Clinic attended by former patients of Woodilee continues. Health Visitors along with hospital staff run these clubs on the basis of voluntary unpaid overtime. Woodilee are fortunate in still having four health visitors attached. The Eastern District Hospital is not so fortunate. They had three health visitors who were for a time in charge of all the social work services of the unit. Only one health visitor remains and apart from the fall in home visitation it has been difficult to continue the club evening at Orr Street Clinic.

SECTION X

BLIND PERSONS

In 1969, in the Area of the Joint Committee for the Blind for Glasgow and South-West Scotland, of the 1,287 persons examined 781 (60·7 per cent.) were first examinations and 648 (52 per cent.) were seen at home.

Of the initial examinations 417 (53·4 per cent.) were certified blind and 258 (33·0 per cent.) partially sighted. Of the re-examinations 221 (43·7 per cent.) were certified blind and an equal number, 221, partially sighted, 64 falling into neither category.

The age and sex distributions of persons certified blind, either initially or on re-examination and of persons certified partially sighted initially are shown in Table I.

TABLE I

*Age and Sex Distribution of Persons Certified Blind in 1969,
either on initial or on re-examination and
Certified Partially Sighted on initial examination*

Age in Years	Initial Examinations						Re-Examinations		
	Certified Blind			Certified Partially Sighted			Certified Blind		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
0- 1	1	4	5	—	—	—	—	—	—
2- 4	3	1	4	1	2	3	1	1	2
5-15	4	7	11	3	2	5	6	3	9
16-29	10	1	11	1	9	10	4	3	7
30-39	5	1	6	5	1	6	4	1	5
40-49	9	5	14	1	6	7	4	3	7
50-59	8	18	26	13	15	28	6	7	13
60-69	39	49	88	24	36	60	17	42	59
70 and over	70	182	252	35	104	139	37	82	119
	149	268	417	83	175	258	79	142	221

Of the persons examined 37·5 per cent. resided in Glasgow, 38·8 per cent. of those initially examined and 35·4 per cent. of those re-examined, and 25·5 per cent. resided in Lanarkshire, 25·6 per cent. of those initially examined and 25·3 per cent. of those re-examined.

The local authority distribution of persons examined for the first time is given in Table II.

TABLE II
Initial Examinations, 1969
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	55	104	159	35	81	116	8	20	28
Airdrie	1	5	6	3	1	4	1	1	2
Coatbridge	6	9	15	3	10	13	3	2	5
Hamilton	2	2	4	3	2	5	1	1	2
Motherwell and Wishaw	7	2	9	2	4	6	2	3	5
Rutherglen	2	6	8	—	1	1	1	—	1
Other Lanarkshire...	14	45	59	9	27	36	7	12	19
Greenock	6	4	10	1	2	3	—	—	1
Paisley	5	11	16	3	8	11	2	—	2
Port Glasgow	1	3	4	2	1	3	—	—	—
Other Renfrewshire	8	6	14	2	10	12	—	4	4
Dumbarton	2	1	3	1	—	1	1	1	2
Clydebank	3	4	7	2	2	4	—	—	—
Other Dumbartonshire	3	10	13	2	4	6	1	1	2
Falkirk	4	1	5	—	4	4	1	2	3
Stirling	—	1	1	1	—	1	2	2	4
Other Stirlingshire ...	3	12	15	5	5	10	4	4	8
Ayr	2	5	7	1	3	4	1	3	4
Kilmarnock	3	2	5	—	—	—	—	2	2
Other Ayrshire	12	19	31	5	7	12	4	6	10
Argyll County	6	6	12	—	1	1	—	2	2
Bute County	3	3	6	1	2	3	—	—	—
Dumfries Burgh	1	7	8	2	—	2	—	—	—
	<u>149</u>	<u>268</u>	<u>417</u>	<u>83</u>	<u>175</u>	<u>258</u>	<u>40</u>	<u>66</u>	<u>106</u>

At the request of the examining surgeon, or at their own request or due to altered circumstances 506 persons were re-examined during the year the classification in 133, 26 of whom were blind, remaining unchanged and being changed in 112, 100 of whom were now blind.

The causes of blindness in the persons examined are shown in Table III, Cataract, Arteriosclerosis, glaucoma, myopia, diabetes and congenital abnormalities accounting for 82.5 per cent. of all causes.

TABLE III

*Initial and Re-examinations, 1969**Cause of Blindness*

	Initial Examina- tions	Re- Examina- tions
<i>Congenital and Undetermined—</i>		
Congenital Abnormalities	19	11
Abiotrophies, etc.	18	3
Tumour of globe or orbit	2	1
Myopia	37	43
Glaucoma, Primary	74	20
Cataract, Primary	95	57
Other causes	5	1
<i>Infectious and Toxic—</i>		
Exogenous : Ophthalmia Neonatorum ...	1	2
Trachoma	1	—
Other causes	2	—
Endogenous : Syphilis, Congenital ...	—	2
Measles	2	1
Herpes Ophthalmicus	1	—
Bacterial Infections	—	1
Protozoal and Metazoal infections not specified ...	1	1
Phlyctenular, strumous, etc. ...	3	2
Chronic Septicaemia, etc. ...	4	6
Other causes	4	1
<i>Traumatic and Chemical—</i>		
Non-industrial injuries	1	3
Industrial injuries	3	1
Sympathetic ophthalmia	—	1
Chemico-toxic	1	2
<i>Systemic Diseases—</i>		
Diabetes	28	21
Hyperthyroidism	2	—
Other endocrine disease	—	2
Nephritis	1	—
Essential hypertension	9	6
Arteriosclerosis	70	22
Cerebral arteriosclerosis	4	5
Vascular disease not otherwise specified ...	14	2
Intracranial neoplasm	4	—
Disseminated sclerosis	2	2
Hydrocephalus	1	1
Other disease of Central Nervous System	2	1
Disease of skin	1	—
Not Otherwise Classified	5	—
	<hr/> 417	<hr/> 221

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

Blind

	Treatment Carried Out				Treatment not Carried Out				Follow-up not yet Complete Total	
	Still Blind	Partially Sighted	Now Sighted	Not Yet Re-exam.	Dead	Unfit	Unwilling	Others		
Surgical	2	—	—	5	5	4	25	—	15	56
Medical	—	—	—	—	—	—	—	—	—	—
	<u>2</u>	<u>—</u>	<u>—</u>	<u>5</u>	<u>5</u>	<u>4</u>	<u>25</u>	<u>—</u>	<u>15</u>	<u>56</u>

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

The advent of the container as a form of food transport presented new problems for inland health authorities concerned with the health clearance of imported foodstuffs.

Food containers discharged at terminals for despatch to transit depots may be subject to a cursory examination at these depots before continuing their journey. In some instances, if they have been cleared by Customs at the docks they may bypass the depots and proceed direct to their destination.

This makes more work for the staff at the terminal, the depot and the local authority and requires the close co-operation of all three. Standardisation of procedure is essential. Complaints by local health authorities of the non-arrival of containers at their destination are not uncommon, as, for example, when the container has been redirected or resold to another buyer.

Many problems of procedure and communication can arise and unless attention is paid to these matters a serious break-down may occur in the essential examination of imported foodstuffs.

Although the number of food containers dealt with at Glasgow docks since the opening of the container terminal downriver at Greenock has been small the tonnage of "breakbulk" food cargoes has increased by over 200,000 tons.

There has been a decrease in the number of foreign and coastwise vessels entering the port. Two thousand, nine hundred and eighty vessels, with an aggregate tonnage of 6,010,023 entered the port during 1969 compared with 3,007 and 6,051,081 respectively in 1968.

One thousand, two hundred and seventy-seven vessels came from foreign ports, 556 of them from ports in infected areas (178 direct and 378 via home ports). The remaining 721 vessels came from foreign ports in non-infected areas.

Particulars of arrivals are given in the following table :—

NATIONALITY OF VESSELS ARRIVING DURING 1969

Nationality				Ships	Crews	Passengers
American	...	...	...	1	101	20
Argentinian	...	...	...	4	162	—
Belgium	...	...	...	2	44	—
Brazilian	...	...	...	2	79	—
British	...	...	...	609	26,530	161
Cypriot	...	...	...	6	87	—
Danish	...	...	...	49	876	21
Dutch	...	...	...	144	1,983	33
Egyptian	...	...	...	2	67	—
Finnish	...	...	...	3	88	1
French	...	...	...	8	191	5
German	...	...	...	122	1,696	14
Gibraltar	...	...	...	2	87	—
Greek	...	...	...	29	835	8
Icelandic	...	...	...	1	11	—
Indian	...	...	...	8	531	—
Israeli	...	...	...	3	107	1
Italian	...	...	...	3	78	1
Japanese	...	...	...	10	440	—
Liberian	...	...	...	55	1,940	7
Monrovia	...	...	...	5	131	—
Nigerian	...	...	...	4	191	—
Norwegian	...	...	...	102	2,861	56
Pakistani	...	...	...	5	275	—
Panamanian	...	...	...	10	237	3
Philippino	...	...	...	1	42	—
South African	...	...	...	12	597	—
Spanish	...	...	...	1	13	1
Swedish	...	...	...	50	1,529	14
U.S.S.R.	...	...	...	7	230	—
Yugoslav	...	...	...	15	441	—
Zambian	...	...	...	2	80	—
				<u>1,277</u>	<u>42,560</u>	<u>346</u>

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS, 1966

No quarantinable diseases and only a very few minor illnesses were reported during the year.

CASES OF ILLNESS REPORTED ON VESSELS ON ARRIVAL AT GLASGOW

Disease	Hospital	Home	Clinic	Remained on Board	Died	Total
Infective Hepatitis	1	—	—	—	—	1
Influenza ...	—	—	—	46	—	46
Malaria ...	2	—	—	—	—	2
Pneumonia ...	1	—	—	—	—	1
Tuberculosis ...	1	—	—	—	—	1
Others ...	5	—	—	2	—	7
	<u>10</u>	<u>—</u>	<u>—</u>	<u>48</u>	<u>—</u>	<u>58</u>

CASES OF ILLNESS REPORTED OCCURRING ON VESSELS DURING THE VOYAGE

Appendicitis	...	...	1 to hospital at Belfast
Gastro Enteritis	...	...	1 to hospital at Walton
Heart Attack (2 cases)			1 to hospital at Dakar ; 1 buried at sea
Tonsillitis	...	...	1 to hospital at Greenock
Venereal Disease	...	...	3 to clinic at Liverpool

WATER SUPPLY

Routine water sampling is carried out from vessels and water points in the various dock areas.

Requests for water supplies to ships are made to the Clyde Port Authority and their mobile van tours the dock areas attending to requirements.

No adverse reports were received from other ports on drinking water supplies.

(a) Chemical

Sixteen samples of water from dock hydrants and vessels were examined and reported suitable for human consumption although three were a little high in iron content.

(b) Bacteriological

Thirty-six samples from water points and vessels were examined. Two from one vessel were reported as unsatisfactory.

Copies of reports on the examination of drinking water samples taken aboard British vessels are forwarded to the Board of Trade Provisions Inspector.

ALIENS ORDER, 1953

There was an increase both in the number of vessels carrying alien passengers and in the number of aliens landed at the port. The comparable figures for the year 1969 were 95 vessels with 217 alien passengers as against 81 vessels with 150 passengers in 1968.

NATIONALITY

American	...	...	...	...	...	50
Danish	...	...	...	...	...	19
Dutch	...	...	...	...	...	34
Finnish	...	...	...	...	...	1
French	...	...	...	...	...	6
German	...	...	...	...	...	13
Greek	...	...	...	...	...	14
Israeli	...	...	...	...	...	2
Italian	...	...	...	...	...	2
Norwegian	...	...	...	...	...	61
South African	...	...	...	...	...	1
Spanish	...	...	...	...	...	6
Swedish	...	...	...	...	...	8
						<hr/> 217 <hr/>

MEDICAL EXAMINATION OF ALIEN AND COMMONWEALTH IMMIGRANTS

Shipping companies give advance notice of all passengers on incoming vessels. The Port Medical Officer on duty is notified of the number of passengers expected, name of vessel, dock area and time of disembarkation. Close co-operation is maintained with H.M. Immigration Officers.

There were no rejections on medical grounds during the year.

Notification is also received from shipping agencies and airports of crew members flying in from infected areas to join vessels in the Clyde. These crew members are subject to daily visits until such time as the vessel sails or the incubation period has expired.

HYGIENE IN CREW'S ACCOMMODATION

Inspection and re-inspection of the vessels arriving in the port revealed a number of defects in the crew accommodation. In most instances the majority of them were remedied before the vessels left the area.

Nine intimations issued in terms of Section 19 of the Public Health (Scotland) Act, 1897, were served on the masters of vessels and 131 verbal warnings were given in respect of minor faults.

A total of 2,580 initial visits and 198 revisits were made by the inspectors to vessels during the year.

SUMMARY OF STRUCTURAL AND OTHER DEFECTS

Accumulation of refuse on decks	...	...	31
Drinking water tanks requiring cleansing	...	...	1
Food lockers broken or dirty	...	...	1
Galleys dirty	...	...	8
Paintwork dirty—requiring cleansing and re-painting	...	...	1
Quarters—verminous	...	...	70
Scuppers choked	...	...	19
Ventilation defective	...	...	1
Wash basins—broken or defective	...	...	1
Wash basins—foul or dirty	...	...	2
Water closets—flushing apparatus defective	...	...	2
Water closets—foul or choked	...	...	10

IMMUNISATION OF SEAMEN

The Port Medical Staff provided 106 seamen with immunisation against yellow fever, 68 against cholera, 23 against smallpox and 26 against typhoid and paratyphoid fevers.

DANGEROUS DRUGS

During the year only one request was received to authorise the purchase of scheduled drugs. This was for a foreign-owned vessel restocking medical stores whilst in port.

VENEREAL DISEASE

The special clinics at the Southern General Hospital and Black Street continued to operate as follows:—

Monday to Friday	...	09.30 - 12.30 hrs.
		14.00 - 18.30 hrs.
Saturday	...	09.30 - 12.00 hrs.

Details are recorded in the Infectious Disease Section on page 205.

HYGIENE IN DOCK AREAS

The Dock and Harbours Act of 1966 makes provision for Welfare amenities in dock areas. Washing facilities, including spray baths, have been provided in some of these. All w.c. accommodation has been modernised and new canteens have been opened in the busy areas.

These features were long overdue and now with proper attention and supervision they should be a valuable asset to dock workers.

Regular and systematic cleansing of dock sheds is essential where such a wide variety of goods are handled, e.g., carbon black, chemicals, hides and skins, whisky butt staves, which leave a residue of contamination. It is not always possible to wash down cargo sheds, although this is requested wherever possible; but regular sweeping of these sheds must be maintained.

One intimation and five verbal warnings for nuisances in dock areas were sent out to the Clyde Port Authority and remedied without delay.

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 31.12.69			No. of Premises Inspected during Year			No. of Visits		
Non-Mech.	Mech.	Total	Non-Mech.	Mech.	Total	Non-Mech.	Mech.	Total
19	1	20	19	1	20	27	2	29

THE FOOD HYGIENE (SCOTLAND) REGULATIONS, 1959-66

No. of Premises	No. of Premises Inspected	No. of Visits
5	5	29

RAT DESTRUCTION

The total number of rats destroyed during the year was 155. Of that total, 98 were destroyed on board foreign-going vessels—82 as result of fumigations and 16 by trapping.

On shore premises traps were set in dock areas and 57 rats were caught.

Thirty-nine specimens of rats, 10 from vessels and 29 from shore premises were submitted to the bacteriologist for examination. All were reported negative for *Pasteurella Pestis*.

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.	...	...	—	—	—	—	—	—	—	—	—
Methyl Bromide	...	...	27	15	27	13	—	—	—	—	82
Trapping	...	...	3	2	7	4	—	—	—	—	16
			30	17	34	17	—	—	—	—	98

The rodent operators made 2,485 visits to vessels and 1,990 visits to shore premises.

IN SHEDS AND OTHER PREMISES

	Male	Female	Total
R. Rattus	21	17	38
R. Norvegicus ...	9	10	19
	<hr/>	<hr/>	<hr/>
	30	27	57
	<hr/>	<hr/>	<hr/>

INTERNATIONAL DERATTING AND DERATTING EXEMPTION CERTIFICATES

The total number of certificates issued during the year was 323.

Deratting Certificates were issued to seven vessels, six after fumigation with Methyl Bromide and one with H.C.N. Gas.

Eight Exemption Certificates were issued to new vessels at the request of the builders or shipping companies and thirty-five Exemption Certificates to vessels berthed at outlying ports at Ardrossan, Bowling, Coulpport, Dumbarton, Faslane, Finnart, Irvine, Old Kirkpatrick and Troon.

PREVENTION OF DAMAGE BY PESTS ACT, 1949, AND APPLICATION TO SHIPPING ORDER, 1951-56

Rodent Control Exemption Certificates were issued to 17 coasting vessels during the year.

It has been noticed that some small coasting vessels arriving at the Port produce invalid Rodent Control Certificates, or carry no certificate. The masters are notified, especially when these vessels carry food cargoes.

RAGS, HAIR, HIDES AND BONES

One hundred and thirty-one samples of bones, hides, wool, blood, and hair were submitted for bacteriological examination for anthrax. Twenty-four bone and two wool samples were reported positive. This information is passed to H.M. Medical Inspector of Factories and all parties concerned.

There has been some concern among the dockers who handle anthrax-hazard cargoes. Stevedoring firms have made some attempt to provide protective clothing, gloves, medical masks, etc., and although there is no actual refusal to handle these products at the Glasgow docks it is known that other ports have experienced difficulty and even refusal to handle bone cargoes.

The following table shows the amount of imported rags, hairs, hides, bones, wool and dried blood with the country of origin :—

Country of Origin	Rags		Hair		Hides		Bones		Wool		Dried Blood	
	Ships	Bundles	Ships	Bundles	Ships	Bundles	Ships	Bundles	Ships	Bundles	Ships	Bundles
America ...	2	150	—	—	6	175	—	—	1	4	—	—
Argentina ...	—	—	2	32	1	9	4	79,751	1	27	1	1,270
Australia ...	—	—	1	65	12	3,367	—	—	12	2,298	—	—
Belgium ...	—	—	—	—	2	111	—	—	1	117	—	—
Canada ...	1	20	4	132	7	451	—	—	—	—	—	—
China ...	2	138	—	—	1	3	—	—	9	1,333	—	—
Colombia ...	—	—	—	—	1	207	—	—	—	—	—	—
East Africa ...	—	—	—	—	3	736	—	—	—	—	1	500
Egypt ...	1	471	—	—	—	—	—	—	—	—	—	—
India ...	—	—	—	—	3	104	19	37,347	14	8,697	—	—
Italy ...	1	5	—	—	1	1	1	450	7	221	—	—
Ireland ...	—	—	—	—	—	—	—	—	5	56	—	—
Japan ...	1	82	—	—	10	1,967	—	—	8	1,194	—	—
Kenya ...	—	—	—	—	2	2,373	—	—	—	—	4	1,300
Lebanon ...	—	—	—	—	—	—	2	1,350	3	450	—	—
Morocco ...	—	—	—	—	1	—	1	4,179	—	—	—	—
New Zealand ...	—	—	—	—	2	37	—	—	11	5,956	2	800
Pakistan ...	—	—	2	27	—	—	9	14,455	7	3,785	—	—
Portugal ...	—	—	—	—	—	—	2	2,200	—	—	—	—
Singapore ...	—	—	—	—	—	—	—	—	3	544	—	—
South Africa ...	—	—	—	—	5	496	—	—	2	239	—	—
Tanzania ...	—	—	1	45	2	98	—	—	—	—	—	—
Thailand ...	—	—	—	—	1	164	—	—	—	—	—	—
W. Indies ..	—	—	1	5	—	—	—	—	—	—	—	—

IMPORTED FOOD (SCOTLAND) REGULATIONS, 1968

The inspection of imported food products demands close attention in the interest of the consumer, and for this reason a great deal of time is devoted to it. In most instances the bulk of the cargo is released for distribution without delay. On the other hand, damage may be extensive and separating out the damaged part of the cargo can hold up a consignment.

There was an increase in the tonnage of foreign imports over the year of 272,369 tons. Coastwise cargoes continued to decrease as a result of the Irish trade being diverted through the ports of Preston and Ardrossan.

The overall standard of imported foodstuffs continues to improve and very few problems were encountered. One of these relates to imported Indian and Chinese provisions which in many cases contravene the food regulations. Importation of these foodstuffs increases yearly and every endeavour is being made to assist shippers and importers to comply with the requirements.

Six hundred and fifty-three samples of foodstuffs were submitted to the City Analyst and 39 were reported as unsatisfactory.

Five hundred and seventy-six samples were submitted to the Bacteriologist and all were reported satisfactory.

A total of 262 tons of foodstuffs were condemned as unfit for human consumption.

PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) (SCOTLAND) REGULATIONS, 1962

A consignment of Oyster Sauce from Hong Kong was detained as samples submitted to the City Analyst were reported to show evidence of benzoic acid. The consignment was returned to Hong Kong.

COLOURING MATTER IN FOOD (SCOTLAND) REGULATIONS, 1966

Consignments of Indian Chilli Powder and Chilli and Oyster Sauce from both India and China contained non-permitted colouring matter. All these shipments were either returned to the country of origin or destroyed under the supervision of the Port Health Authority.

OFFICIAL CERTIFICATES FOR IMPORTED MEAT PRODUCTS

There was one contravention of the Regulations which referred to a consignment of Pork Luncheon Meat from China which carried no official certificates. The London importer was informed that the

consignment was detained pending a decision. The authorities in China were contacted by the importer and 2,000 certificates were flown in within a few days accompanied by a covering letter from the veterinary inspector apologising for the oversight.

Three consignments of bulk lard from the Continent were dealt with during the year. The new type of certificate for bulk lard imports from Europe accompanied these consignments. One consignment was found to contain 580 p.p.m. B.H.T. antioxidant, which was 380 p.p.m. over the permitted amount.

IMPORTED FOOD (SCOTLAND) REGULATIONS, 1968

The following statement indicates the work done under the Foreign Meat Regulations during 1969 :—

				EXAMINED.	
<i>Beef</i>				Carcases ...	184
				Quarters ...	860
				Cuts ...	923
				Cartons ...	13,871
<i>Mutton</i>				Carcases ...	10,043
				Cuts ...	150
				Cartons ...	4,327
<i>Lamb</i>				Carcases ...	95,235
<i>Beef Offal</i>	Lungs ...	...	...	Cartons ...	9,876
	Livers ...	...	...	Cartons ...	2,669
	Kidneys ...	...	...	Cartons ...	1,199
	Tails ...	...	...	Cartons ...	26
	Casings ...	...	...	Tierces ...	30
	Mixed Offal ...	...	...	Bags ...	1,205
<i>Mutton Offal</i>	Lungs ...	...	...	Cartons ...	195
	Livers ...	...	...	Cartons ...	4,491
	Kidneys ...	...	...	Cartons ...	381
	Spleens ...	...	...	Cartons ...	129
	Casings ...	...	...	Tierces ...	297
	Mixed Offal ...	...	...	Bags ...	2,400
<i>Lamb Offal</i>	Hearts ...	...	...	Cartons ...	1,788
	Livers ...	...	...	Cartons ...	8,645
	Sweatbreads ...	...	...	Cartons ...	191
	Mixed Offal ...	...	...	Bags ...	1,679
<i>Inedible Offal</i>	for animal feeding			Cartons ...	134,041
	Lobster tails ...	...	...	Cartons ...	260
	Prawns ...	...	...	Cartons ...	75
	Turkey Breasts ...	...	...	Cartons ...	415
	Turkey Rolls ...	...	...		100

EXAMINATION FOR SALMONELLA IN IMPORTED BONELESS BEEF AND MUTTON

Eight hundred and forty-five representative samples were taken. One of these was positive, revealing the presence of *Salmonella* give. The one positive carton was seized as unfit.

SECTION XII

HOUSING

The total number of municipal houses completed during 1969 was 4,577. The following table shows the rate of completion since 1965 by the Corporation and the Scottish Special Housing Association :—

Year	Direct Labour	Contractors	Scottish Special Housing Assoc.	Total Municipal Houses from all Sources
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
1968	1,802	2,257	440	4,499
1969	1,458	2,492	627	4,577

RENT ACT, 1957

Return of applications made to the Local Authority during the year :—

Applications for Certificate	...	...	...	1
Of which—				
Granted	...	...	...	—
Refused	...	...	...	1
Cancelled	...	...	...	—
Outstanding	...	...	...	—
Applications for Revocation of Certificates	...			Nil

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
1956/65	2,336	2,300
1966	53	34
1967	30	42
1968	36	25
1969	27	14
	<u>11,705</u>	<u>8,271</u>

TABLE II

Recommendations, 1934 to December, 1969 ...	...	11,705
Number of families Rehoused :—		
Rehousing ...	...	2,309
Intermediate ...	...	1,968
Ordinary } ...	...	3,491
Super Ordinary }	...	
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 ...	...	922
Patient Deceased ...	...	1,592
Still to be dealt with ...	...	11,668 37

TABLE III

SUMMARY OF TUBERCULOUS FAMILIES REHOUSED SINCE 1943

Recom- mended	1934/59	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	Total
1934/58 ...	7,357	57	11	6	2	1	—	—	—	—	—	7,434
1959 ...	86	100	17	2	—	—	—	—	—	—	—	205
1960 ...		78	66	3	4	—	—	1	—	—	—	152
1961 ...			86	51	13	4	—	—	—	1	—	155
1962 ...				57	30	3	—	—	—	—	—	90
1963 ...					29	20	2	—	—	—	—	51
1964 ...						41	11	—	—	1	—	53
1965 ...							19	17	1	—	—	37
1966 ...								16	24	1	1	42
1967 ...									17	7	—	24
1968 ...										15	9	24
1969 ...											4	4
	7,443	235	180	119	78	69	32	34	42	25	14	8,271

SECONDARY PRIORITY SCHEME

During 1969, 437 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, 6,204 dwellings were represented under the 1969 Act by the Medical Officer of Health to the Housing Committee as failing to meet the tolerable standard and requiring demolition. The wastage of houses over the last ten years is shown in the following table :—

Year	Closing Order	To be rendered			Treatment Area for Demolition	Total
		Demolition Order	Fit for Human Habitation	Slum Clearance		
1960/64	4,681	4,460	—	798	—	9,939
1965	1,019	1,060	—	—	—	2,079
1966	1,194	1,293	—	—	—	2,487
1967	1,279	1,772	—	—	—	3,051
1968	2,840	3,054	—	—	—	5,894
1969	2,918	3,229	—	—	57	6,204
	<u>13,931</u>	<u>14,868</u>	<u>—</u>	<u>798</u>	<u>57</u>	<u>29,654</u>

The number of houses condemned by the Master of Works as dangerous in 1969 was 800.

SUPERVISION OF TENANTS IN HOUSING SCHEMES

This work is now undertaken by supervisors of the Housing Management Department.

SECTION XIII

THE CITY LABORATORY

After the previous year's recurring calamities (the most worrying of which, of course, was the well-remembered outbreak of enteritis due to *S.typhimurium* phage type 32), the Laboratory's work in 1969 proceeded at a more even pace. Although the number of examinations—and the percentage of positive results obtained—for both salmonellosis and bacillary dysentery remained at what might be termed a "high average" (for Glasgow) there was only one notable incident of communicable disease which required investigation; this was a school outbreak of food poisoning. Yet the total number of examinations performed was marginally higher than in 1968, and, to compare like with like (in this case the most recent "normal" year), approximately ten thousand more than in 1967.

The reason for this continuing upward trend in the workload is the increasing volume of clinical pathology which the Laboratory attracts, and it is a development at which no responsible person will cavil. Clinical bacteriology and so-called "public health bacteriology" are merely different aspects of a single discipline and should not be regarded as independent specialties to be practised separately. This was recognised by the Dunlop Committee*, and it is confirmed by the policy pursued for many years now by the Public Health Laboratory Service of England and Wales (which, incidentally, "inherited" all the former local health authority laboratories in its territory)—a policy of close co-operation (even integration) with hospital laboratories. At the present time, for geographical reasons, only a negligible number of specimens are sent directly from hospitals to the Glasgow City Laboratory but the "clinical" content of its work, as will be seen from the following pages, is amply assured by the requests for examinations received from general practitioners and the numerous clinics (Maternity and Child Welfare, Venereal Diseases etc.) and nurseries in the City.

COMMUNICABLE DISEASES—EPIDEMIOLOGICAL INVESTIGATIONS

Bacterial infections of the Upper Respiratory Tract.—For the fifth year in succession none of the 561 throat swabs examined (cf. 475 in 1968) yielded a growth of *C.diphtheriae*. Unlike the previous year,

* "The Organisation of Laboratory Services". Report by a Committee appointed by the Scottish Health Services Council (1958), H.M.S.O. Edinburgh.

during which there occurred an institutional outbreak of haemolytic streptococcal infections, necessitating many more examinations than usual, *Strep.pyogenes* was encountered only sporadically in 1969. But the isolation rate was higher; thus the organism was isolated from 145 (24.8 per cent.) of 585 swabs, compared with 149 (14.2 per cent.) of 1,046 in 1968. The tetracycline-resistance rate of the strains isolated remained unchanged at 20 per cent. (cf. 20.3 per cent.) showing that the improvement noted in the last three years has been maintained; if the inference is that broad-spectrum antibiotics are being less readily prescribed for undiagnosed minor ailments, this is all to the good. A haemolytic streptococcal infection, however, can never be dismissed as a "minor ailment" and, if correctly diagnosed (which necessarily means a *laboratory* diagnosis) it must be treated with penicillin, to which all strains of *Strep.pyogenes* are sensitive.

Smears of 578 throat or mouth swabs were also examined microscopically and the two symbiotic pathogens *B.vincenti* and *F.fusiforme* were identified in 36 of them, indicating that the incidence of this infection continued at the same low rate as in 1968 when 19 of the 482 swabs examined were found to be positive.

Staphylococcal Infections.—*Staph.aureus* was isolated on 274 occasions from various swabs and secretions and 209 (76.3 per cent.) of the strains were resistant to penicillin, compared with 172 (71.4 per cent.) of the 241 strains isolated in the previous year. Penicillin-resistance among the pathogenic staphylococci isolated at this Laboratory has tended to increase significantly in the last three years; it may be that there are more "migrant" strains from hospitals at large among the general community nowadays but a number of other factors could equally well account for this shift.

Glandular Fever.—The slide test is now accepted as a rapid and reliable method of screening sera for the so-called heterophile antibodies diagnostic of glandular fever and it was performed on 114 specimens; sera which gave a positive or doubtful result, or those from cases with a suggestive blood picture even though "slide-test negative", were then submitted to the full Paul-Bunnell tube test and 21 of them gave a positive result (cf. 11 out of 62 in 1968).

Brucellosis.—Again relatively few sera, 17 in all (cf. 6 in 1968), were received for the diagnosis of suspected brucellosis and the results of the three tests routinely performed on each one were negative.

Enteric Fever.—Stool specimens received for examination, specifically, for typhoid or paratyphoid organisms totalled 653 (cf. 407

in 1968). *S.typhi* was isolated from 4 and *S.paratyphi B* from 8 but, as some of these were repeat specimens, the number of infected individuals was only 5. *S.typhi* was the infecting organism in two cases, an adult and an infant, both members of one immigrant family; *S.paratyphi B* was isolated from two new cases—these were two brothers aged 2 and 3—and from one previously known carrier.

Widal tests were performed on 255 sera (cf. 189 in 1968); unequivocal positive results were obtained with those from some of the cases mentioned in the previous paragraph and their immediate contacts, and highly suggestive results from a few of their other contacts; the remainder, which included 180 (cf. 183 in 1968) from Water Department employees, gave clear negative results; additionally, from this group of workers, 376 stool specimens (cf. 282 in 1968) were received for examination but no enteric or other pathogen was isolated from any of them.

Food Poisoning due to other Salmonellae.—As already mentioned, a large number of stool specimens were examined for salmonellae, 12,472 (cf. 12,691 in 1968), and although isolations were fewer—as might be expected—than in the previous year, 178 (cf. 959), they were more numerous than in any of the three preceding “non-epidemic” years 1965-67. It must be added that 83 of the “positives” were reisolations; thus the number of individuals found to be excreting salmonellae was 95; the comparable figures for the previous eleven years are shown in the following table.

	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958
<i>S.typhimurium</i>	53	403	17	24	44	68	35	52	70	93	73	40
<i>S.typhimurium</i> var. <i>copenhagen</i>	3	5	1	—	—	—	—	—	—	—	—	—
<i>S.enteritidis</i>	—	1	3	6	—	1	4	—	—	—	8	3
<i>S.enteritidis</i> var. <i>jena</i>	—	—	—	—	6	—	—	—	15	—	—	—
<i>S.newport</i>	—	7	—	—	—	—	—	—	—	1	—	—
<i>S.thompson</i>	—	—	—	—	—	—	—	—	—	—	1	2
<i>S.saint-paul</i>	—	—	—	—	—	1	—	—	—	—	—	—
<i>S.montevideo</i>	4	4	—	—	—	—	—	—	—	1	—	—
<i>S.bovis</i> morbificans	1	—	—	—	—	2	1	1	—	—	1	—
<i>S.san diego</i>	—	—	—	—	—	—	—	—	—	—	—	1
<i>S.senftenberg</i>	7	—	—	—	—	—	—	—	—	—	—	—
<i>S.bredeney</i>	—	10	7	—	—	—	—	1	—	—	—	—
<i>S.stanleyville</i>	3	—	—	—	—	—	—	4	1	—	—	—
<i>S.stanley</i>	—	—	—	6	—	—	—	28	—	4	—	—
<i>S.anatum</i>	1	—	7	2	2	3	3	—	—	—	—	—
Carried forward	72	430	35	38	52	75	43	86	86	99	83	46

Food Poisoning due to other *Salmonellae*—continued

	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958
Brought forward	72	430	35	38	52	75	43	86	86	99	83	46
<i>S. cholerae suis</i> var. <i>Kunzen-</i> <i>dorf</i>	—	—	—	—	—	—	2	—	—	—	—	—
<i>S. cholerae suis</i> var. <i>American</i> type	—	—	—	—	—	—	—	—	—	1	—	1
<i>S. derby</i>	—	1	—	—	—	—	—	—	3	1	2	—
<i>S. heidelberg</i>	3	—	—	4	—	—	—	1	1	—	7	—
<i>S. oranienberg</i>	—	—	—	—	—	—	—	—	—	1	—	—
<i>S. unidentifiable</i>	—	1	—	—	—	—	—	—	2	—	—	—
<i>S. panama</i>	6	6	—	1	—	2	—	—	—	—	—	4
<i>S. vancouver</i>	—	—	—	—	—	—	—	—	—	—	5	—
<i>S. dublin</i>	6	—	1	3	2	—	—	—	—	—	1	—
<i>S. bleedon</i>	—	—	—	—	—	—	—	—	—	—	1	—
<i>S. meleagridis</i>	—	—	—	—	—	—	—	—	—	2	—	—
<i>S. hvittingfoss</i>	—	—	—	—	—	—	—	—	2	1	—	—
<i>S. loma-linda</i>	—	—	—	—	—	—	—	—	—	1	—	—
<i>S. infantis</i>	—	2	—	22	2	10	3	2	2	—	—	—
<i>S. cubana</i>	—	1	—	—	—	—	—	1	—	—	—	—
<i>S. bareilly</i>	—	—	—	—	—	—	—	1	—	—	—	—
<i>S. ibadan</i>	—	—	—	—	—	—	1	—	—	—	—	—
<i>S. blockley</i>	—	—	—	—	—	—	1	—	—	—	—	—
<i>S. essen</i>	—	—	—	—	—	—	1	—	—	—	—	—
<i>S. chester</i>	—	—	—	—	—	1	—	—	—	—	—	—
<i>S. london</i>	—	—	—	—	—	1	—	—	—	—	—	—
<i>S. congo</i>	—	—	—	—	—	14	—	—	—	—	—	—
<i>S. livingston</i>	—	2	—	—	1	—	—	—	—	—	—	—
<i>S. budapest</i>	—	—	—	6	1	—	—	—	—	—	—	—
<i>S. decatur</i>	—	—	—	—	1	—	—	—	—	—	—	—
<i>S. reading</i>	—	20	6	—	—	—	—	—	—	—	—	—
<i>S. haifa</i>	—	—	1	—	—	—	—	—	—	—	—	—
<i>S. ealing</i>	—	—	1	—	—	—	—	—	—	—	—	—
<i>S. abony</i>	—	2	—	—	—	—	—	—	—	—	—	—
<i>S. virchow</i>	—	2	—	—	—	—	—	—	—	—	—	—
<i>S. havana</i>	2	—	—	—	—	—	—	—	—	—	—	—
<i>S. duisburg</i>	1	—	—	—	—	—	—	—	—	—	—	—
<i>S. agona</i>	1	—	—	—	—	—	—	—	—	—	—	—
<i>S. 4,12 : d</i>	4	—	—	—	—	—	—	—	—	—	—	—
	95	467	44	74	59	103	51	91	96	106	99	51

The one isolate of *S. bovis morbificans*,* a serotype rarely encountered in Scotland, was obtained from a twelve year old boy who developed enteritis shortly after returning home from a holiday in Spain. Concurrently *S. typhimurium* was also isolated from him and Dr. E. S. Anderson's (Enteric Reference Laboratory) report on this strain was : " Phage type U129. This type is commonly associated with patients recently returned from holiday in Spain ". This case therefore was of interest, not merely because of the double infection, but also as a reminder that the risk of contracting salmonellosis calls

* At this Laboratory it had not been isolated from a human excreter since 1964, although it had been found in a few samples of imported boneless beef etc., in the intervening years.

for extra circumspection in the choice of food and drink when travelling in some foreign countries.

As for the rest of the table, the only serotype not previously isolated at the Laboratory, was *S. agona*.

The number of additional specimens received from individuals residing beyond the City boundary (in Stirlingshire) was small in 1969, 14 (cf. 395 in 1968) and only one patient, from whom the organism was isolated on seven separate occasions, was found to be excreting a salmonella viz. *S. muenchen*.

Food poisoning due to other organisms.—Reference has already been made to a school incident of food poisoning—the only one of its kind to occur during the year. On 23rd October, 50 individuals (43 pupils, 1 teacher and 6 kitchen/dining-room attendants) developed acute gastroenteritis 3 to 6 hours after school dinner. Only seven of those affected attended the larger school (H), in the kitchen of which meals were prepared for its own needs as well as for those of two other schools (P and N) attended by the majority (43) of the individuals who had symptoms.

Two menus, A and B, were offered at school H on 23rd October but only A at the other two schools. In all, 625 meals were prepared and their distribution and the incidence of gastroenteritis among those who ate them were as follows :—

School.	Menu A			Menu B	
	No. of individuals served	affected	"Attack rate" per cent.	No. of individuals served	affected
H	200	7	3.5	259	0
P	126	34	27.0	0	0
N	40	9	22.5	0	0
	<hr/> 366	<hr/> 50	<hr/> 13.7	<hr/> 259	<hr/> 0

If, as seemed likely, the incident had been caused by that day's school dinners it could be inferred, on a *purely epidemiological* basis, that : (1) the illness, because of its short incubation period, was almost certainly staphylococcal food poisoning (and the symptomatology corroborated this), (2) the offending food must have been served with Menu A only, (3) something must have happened to the food to make it much more "poisonous" by the time it was eaten at schools P and N, where the attack rate was 22-27 per cent., than it had been at school H, where only 3.5 per cent. of the diners had been affected, and (4) probably what did happen was that staphylococci multiplied, and produced toxin, in the food and the greater delay between preparation of the food and its consumption at schools P and N plus the fact that it was transported thither in *warm* (not hot) containers afforded greater opportunity for the elaboration of toxin more abundantly.

Starting from these presumptions bacteriological investigations were therefore concentrated on a search for staphylococci in the samples submitted and, in the event, coagulase-positive strains of *Staph.aureus* were isolated from : 10/45 faeces specimens from affected persons, 8/11 samples of suspected foods and/or kitchen utensils, and 9/16 nose and/or hand swabs from kitchen/dining-room attendants at school H. It would have been gratifying to be able to report that all 27 strains had similar antibiograms and were of the same phage type ; alas, epidemiological investigations seldom parcel up quite as tidily as that, and neither did this one. Nevertheless four of them were phage type 42E/47/53/75/85/+ (a type belonging to Group 3, which includes the recognised " food poisoning " staphylococci) and were proved to be producers of staphylococcal enterotoxin A, the tests for which were kindly performed by Dr. R. J. Gilbert by a newly available technique at the Food Hygiene Laboratory, Colindale.

These four significant isolates were obtained from : a sample of cold tongue (the main course of Menu A) and a swab of the machine used to slice it, and from the nasal swabs of two kitchen attendants. The tongues had been cooked (indeed well cooked) on 22nd October and, after initial gradual cooling, stored in a refrigerator overnight. At 7.0 a.m. the next day they were taken out and sliced ; at 10.40 a.m. 166 individual portions were placed in insulated containers for delivery to schools P and N ; the remaining slices were returned to the refrigerator and, later, 200 portions of these were sent to the dining-room at school H about an hour before dinner was served. The probable sequence of events therefore was : the tongues were contaminated by staphylococci (from the hands or noses of one or more of the kitchen attendants) when they were sliced on the morning of 23rd ; the portions for schools P and N then lay either at room temperature or in warm boxes for about 5 hours—ample time for the elaboration of a large quantity of toxin, hence the high attack rate among the diners at these two schools ; but the portions for school H presented less of a hazard, because they had lain at room temperature only for two periods each of an hour or so, separated by about 1½ hours in the refrigerator, and this was why only 7 of the 200 individuals who dined at that school developed symptoms.

Apart from this major incident, investigations were requested only for a few isolated cases, or small groups of cases suspected of having suffered from staphylococcal or *Cl.welchii* food poisoning. Thus in all these investigations only 162 stool specimens (cf. 228 in 1968) required to be examined for *Staph.aureus* and/or *Cl.welchii*, and the former was found in 11 of them and the latter in 15 (cf. 4 and 5 respectively in 1968).

Foodstuffs (or food "utensils") suspected of having caused (or conveyed) Food Poisoning.—The number of samples of foods etc. examined in the course of the kind of investigations described in the last paragraph was, likewise, smaller than in the previous year, only 70 (cf. 167 in 1968). *Staph.aureus* was isolated from 20 but no *Cl.welchii* or salmonella from any of them.

Dysentery.—The number of specimens examined for shigellae increased by nearly a thousand as compared with 1968 and the number of isolates (not counting reisolations) by 200. The detailed figures, with the corresponding figures for 1968 in brackets, were as follows:—

	Specimens	No. Positive	% Positive
From suspected cases and contacts ...	14,668 (13,832)	1,151 (1,233)	12.4
From repeat specimens for clearance ...		681 (222)	

Of the new cases 73.3 per cent. (cf. 80.7 per cent. in 1968) were caused by *Sh.sonnei* and 26.6 per cent. (cf. 19.3 per cent.) by various serotypes of *Sh.flexneri*. Thus, as will be seen from the table showing all the Glasgow cases of bacillary dysentery diagnosed at this Laboratory since 1946, the ratio of Flexner/Sonne strains rose again to 0.36/1:—

Year	Number of (new) isolates			Flexner/Sonne Ratio*
	<i>Sh.sonnei</i>	<i>Sh.flexneri</i>	Totals	
1946	111	158	269	1.42
1947	66	39	105	0.59
1948	434	386	820	0.89
1949	501	374	876 (including 1 <i>Sh.schmitzii</i>)	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 <i>Sh.boydii</i>)	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	1,104	0.36
1967	471	440	911	0.93
1968	767	183	950	0.24
1969	844	307	1,151	0.36

* 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.

The table illustrates yet again the puzzling prevalence in this City of infecting strains of *Sh.flexneri* which, elsewhere in the United Kingdom, have been almost completely ousted by *Sh.sonnei*. The situation is such that, whatever the explanation might be, Flexner dysentery could now almost be called "the Glasgow disease". It will also be seen from the table that four years had elapsed since as many shigella isolations of all types had been obtained as in 1969; there were no particular outbreaks to account for this—merely a steady endemicity.

Additionally, *Sh.sonnei* was isolated from 2 out of 9 specimens received from cases residing in Stirlingshire (cf. 12 out of 302 in 1968).

Amoebic Dysentery.—Very few stool specimens were received for examination for *E.histolytica*, only 30 (cf. 118 in 1968) and, as in the previous year, the results were all negative.

Venereal Diseases.—The number of blood samples received for serological tests for syphilis was 16,756 (cf. 18,323 in 1968); of these 12,531 were sent primarily for "screening" tests and included 6,401 routine antenatal specimens. It was the decrease of 2,102 in the last-mentioned group (resulting from the transfer, mentioned in last year's Annual Report, of one antenatal clinic's work to its own hospital laboratory) which accounted for the overall reduction of 1,567 in the total number of sera received. The remaining 4,225, with also 266 "screen-positive" sera, were submitted to the full range of tests, viz. the *quantitative* VDRL test, the Reiter Protein CF test and, where indicated, the FTA 200 test—during the first half of the year, but, from July onwards, this was superseded by the more specific FTA-ABS (fluorescent treponemal antibody, absorption) test. The grand total of all these serological tests was 39,020, about 2,200 fewer than in 1968. It is not the practice to divulge the number of positive results (which, in the absence of the relevant clinical information, would be a meaningless figure anyway), apart from those obtained with the antenatal sera; among these the "true" positive rate was 0.03 per cent., less than half the corresponding figure for the previous year. One antenatal case not included in this last group was an immigrant whose blood tests and clinical history indicated that, in the past, she had suffered from yaws, a treponematosis not infrequently seen in certain tropical countries, which is emphatically *not* sexually transmitted but which is serologically indistinguishable from syphilis.

The number of spinal fluid specimens received for these tests and the Colloidal Gold Test was only 26 (cf. 66 in 1968).

Gonococcal Infections.—*N.gonorrhoeae* was isolated from 1,577 out of 12,815 genital swabs received (cf. 1,617 out of 10,452 in 1968) but the actual number of cases diagnosed was nearer the thousand mark, because some of the positive swabs were repeat specimens and in some (especially female) cases the organism was isolated from more than one site.

The gonococcal CFT was performed on 63 sera during the year and 2 of these yielded positive results (cf. 11 out of 124 in 1968).

Trichomoniasis.—The number of genital swabs examined for evidence of this infection increased to 22,216, and *T.vaginalis* was found by direct or cultural examination in 1,590 (7.15 per cent.). Allowing for repeat specimens and "double specimens" (cervical and urethral swabs) from women, these represented 9,137 patients, 574 (6.03 per cent.) of whom were reported positive. The corresponding figures in 1968 were: 17,942 swabs—1,613 (9.0 per cent.) positive, and 7,020 patients—616 (8.78 per cent.) positive.

Eye infections in Infancy.—Only one case of gonococcal ophthalmia was diagnosed bacteriologically during the year, an improvement on the previous year when 5 such cases were encountered, but other pathogens, notably *Staph.aureus*, *Strep.pneumoniae* and *Haemophilus spp.* were isolated from a significant number of conjunctival swabs from neonates or older infants, of which 232 were received (cf. 195 in 1968).

Tuberculosis.—There was a decrease, to 220 (cf. 281 in 1968) in the number of sputum specimens examined for this infection; *M.tuberculosis* was isolated on culture from 14 of them (cf. 29 in 1968) but, as six of these were first or second repeat specimens, the number of positive cases was only 7 (cf. 12 in 1968). An atypical mycobacterium (finally identified, at the Mycobacteria Reference Laboratory, as *M.kansasii*) was isolated from the sputum of another patient and there was one other man whose sputum proved negative on culture although acid-fast bacilli had been seen on direct microscopic examination of the specimen.

Tubercle bacilli were isolated on culture from 4 out of 340 other (mostly urine) specimens (cf. 239 in 1968). One of these was a sample of B.C.G. vaccine submitted because a number of neonates who had been given the vaccine had developed mild pyrexia and various other symptoms, but aerobic and anaerobic cultures for pathogens were

sterile; nothing but the avirulent vaccine strain was recovered and it was concluded that there must have been some other reason for the babies' symptoms which, in any case, quickly subsided. The other cultures were typical *M.tuberculosis* isolated from the urines of 3 patients not previously known to be infected, one of them a pregnant woman who was discovered, on routine examination, to have pyuria without "significant bacteriuria". Acid-alcohol fast bacilli were seen on microscopic examination of urine samples from 2 other patients but no mycobacteria were isolated on culture.

Biological tests (guinea-pig inoculations) were performed on 14 specimens and *M.tuberculosis* was recovered from lesions caused in the animal by one of them, a specimen of gastric washings from a child.

The total number of bacteriologically proven (culture-positive) cases of tuberculosis diagnosed during the year was thus 11 (cf. 24 in 1968), and four of these, as far as it can be ascertained, were new cases.

CLINICAL PATHOLOGY

Urine examinations.—The number of these specimens continued to increase—10,482 (cf. 9,251 in 1968) for the diagnosis of pregnancy, and 11,059 (cf. 9,602 in 1968) for quantitative bacterial cultures. As usual, the latter group of specimens revealed that a great many patients, especially women, had symptomless bacteriuria but, regrettably, it must be added that in some of these cases, where there were doubts about the quality of the samples, several repeat specimens had to be asked for in order to establish the diagnosis beyond peradventure. It cannot be too often stressed that, for reliable results, these specimens must be collected with scrupulous cleanliness and delivered to the laboratory *forthwith* (or at least stored in a refrigerator until they can be quickly brought). No one should be given chemotherapy on the result of bacteriological culture of urine unless it was a clean, fresh specimen, but it is no less distressing to have to report: "a significant bacteriuria—significant, that is, if the specimen could be relied upon; if the quality (or the age) of the specimen was in doubt it should be repeated before contemplating treatment"; a consequence of this may be unwarranted delay in starting much-needed therapy.

A strong case can be made out for establishing a van delivery for the rapid transport of specimens to the Laboratory. Something along

these lines will have to be arranged eventually but, in the meantime, the co-operation of all doctors and patients (and/or their relatives) is earnestly requested to ensure the proper collection, and prompt conveyance to the Laboratory, of these—and, indeed, all other—specimens.

Haematology.—There was a further slight drop to 6,560 (from 8,536 in 1968) in the number of antenatal specimens received for ABO blood-grouping, Rhesus typing and “screening” for blood-group antibodies. The decrease occurred (for the reason already given in the section on syphilis serology) in the number received from antenatal clinics, which was 2,793 (cf. 4,690 in 1968); the proportion sent by general practitioners, 3,767 samples in 1969, has remained constant for the last few years (cf. 3,846 in 1968). Of the clinic specimens 432 were Rhesus (D) negative as were 927 of those sent by general practitioners, so that 19·2 per cent. of the total (cf. 20·8 per cent. in 1968) were D-negative. When the 151 sera which gave positive results on screening, were examined at the Regional Blood Transfusion Centre, the presence of blood group antibodies was confirmed in 52, 44 of them involving the Rhesus system.

There was a slight levelling off in the number of blood samples submitted for haemoglobin estimations, the total being 19,154 (cf. 19,339 in 1968) and 3,741 of these (cf. 4,885) required further investigation for anaemia and other blood dyscrasias.

Miscellaneous Investigations.—These totalled approximately 29,000 and included various serological tests, such as the estimation of antistreptolysin O titres, Rose-Waaler tests, antibiotic sensitivity tests, tests for protein, glucose etc. in urine and for occult blood in faeces. There were also 24 requests for examination of stool specimens or perianal swabs for helminths and *Taenia saginata* (beef tapeworm) was found in one of these and *Oxyuris vermicularis* (threadworms) in two others.

PUBLIC HEALTH—GENERAL CONTROL

Milk Supply. Bacterial content.—Fewer milk samples were received than in the previous year—1,727 (cf. 1,923). As will be seen from the table, the results of these examinations showed some improvement in the standards of raw milk on sale to the public which those who despise the heat-treatment of milk will doubtless find comforting.

But, irrespective of personal tastes, no one can take any comfort at all from the figures for pasteurised milk, which were less satisfactory in 1968 than in the previous year and deteriorated further in 1969.

		Number of Samples	No. complying with standards	Percentage complying in 1969	Percentage complying in 1968
<i>Hospitals Supplies—</i>					
Raw { Premium Milk	...	0	—	—	—
Milk { Standard Milk	...	3	2	66.6	91.3
Pasteurised Milk	...	292	236	80.8	84.4
<i>Public Supplies—</i>					
Raw { Premium Milk	...	95	65	68.4	64.1
Milk { Standard Milk	...	98	84	85.7	72.8
Pasteurised Milk	...	821	732	87.9	90.2
Ultra heat-treated Milk	...	32	32	100	96.4
Raw Ordinary Milk	...	12	11	91.6	91.6
<i>School Supplies—</i>					
Pasteurised Milk	...	90	80	88.8	93.1
<i>Milk from Dispensing Machines—</i>					
Pasteurised Milk	...	112	46	41.9	61.7
<i>Miscellaneous</i>					
...	...	172	—	—	—

Equally disheartening are the indications that the long-awaited improvement, commended in these pages last year, in the standard of milk from dispensing machines proved short-lived, as the following figures show in greater detail ;—

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 ...	23	4	27
10,000 - 50,000 ...	17	8	25
50,000 - 200,000 ...	6	14	20
200,000 - 1,000,000 ...	0	22	22
Over 1,000,000 ...	0	18	18
Total ...	46	66	112

* Absence of coliforms from 1/100ml.

The number of milk samples submitted for similar investigations, by the County Health Department, Argyll increased slightly to 935 (cf. 910), and 12 additional samples were sent for the assay of penicillin residues in milk.

Examination of Milk for M.tuberculosis.—Biological tests for tubercle bacilli were requested on 39 samples of milk from Glasgow and 12 from outside authorities (cf. 47 and 4 respectively).

Examination of Milk for evidence of Br.abortus infection.—Of the 325 (cf. 323) samples of milk from sources in Glasgow tested by the Milk Ring Test (MRT) 96 (cf. 86) gave varying degrees of positive results, and *Br.abortus* was isolated from 8 out of 21 of the MRT-positive samples which were inoculated on culture media (cf. 2 out of 14).

In addition, 1,035 (cf. 1,226) samples were received from Argyll, Bute and Wigtownshire for the MRT and, when indicated, the Whey Agglutination Test and culture for *Br.abortus*.

Examination of Milk Bottles, Dairy Equipment etc.—Only 36 washed milk bottles were received for bacteriological appraisal and 34 (94·6 per cent.) of these complied with the standards; in 1968 the respective figures were 118 and 108 (91·5 per cent.). The results of bacteriological examinations of rinses from milk cans were also better than in 1968, although rather fewer were requested—72 (cf. 104), of which 66 (91·6 per cent.) were classed as satisfactory, 1 (1·4 per cent.) fairly satisfactory and 5 (7 per cent.) unsatisfactory. Far fewer swabs and rinses from other items of dairy equipment were received, only 78 (cf. 177 in 1968).

Similar investigations conducted for the County Councils of Argyll and Bute totalled 40.

Cream.—The results of bacterial counts on 290 samples of dairy cream, as the table shows, were somewhat better than those for the 268 samples examined in 1968 and the "failure-rate" in the coliform test remained unchanged :—

Bacterial count per gram	No. of Samples	Percentage 1969	Percentage 1968
0 - 50,000 ...	249	85·9	79·5
50,000 - 200,000 ...	19	6·3	7·5
200,000 - 1,000 000 ...	16	5·5	7·8
Over 1,000,000 ...	6	2·0	5·2
Coliform bacilli in 1/100 g.	45	15·5	15·3

Ice-Cream.—Fewer samples of ice-cream were received—377—but the results did not differ significantly from those given by the 433 samples examined in 1968 :—

Bacterial count per gram	No. of Samples	Percentage 1969	Percentage 1968
0 - 50,000 ...	317	84·0	76·2
50,000 - 200,000 ...	34	9·0	10·6
200,000 - 1,000,000 ...	15	4·0	11·0
Over 1,000,000 ...	11	3·0	2·0
Coliform bacilli in 1/100 g.	82	21·7	14·6
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. ...	274	72·6	70·9

Imitation Cream.—Likewise the 77 samples of imitation cream yielded results very similar to those in the previous year when 84 were examined :—

Bacterial count per gram	No. of Samples	Percentage	
		1968	1967
0 - 50,000 ...	67	87.0	89.2
50,000 - 200,000 ...	5	6.5	4.7
200,000 - 1,000,000 ...	3	4.0	2.3
Over 1,000,000	2	2.5	3.6
Coliform bacilli in 1/100 g.	9	11.7	9.5

Bottles other than Milk Bottles.—Only 20 of these (cf. 31 in 1968) were brought for examination and 5 (25 per cent.) of them failed to comply with the standards, compared with a failure rate of 9.7 per cent. in the previous year. Admittedly comparisons based on such small figures are not statistically valid but the fact that as many as one in four bottles were bacteriologically sub-standard cannot be lightly dismissed because, although micro-organisms may not multiply as readily in the beers, mineral waters etc., which these bottles are intended to contain, as they will, for example, in milk (an excellent culture medium for many bacteria) consumers in this day and age are entitled to expect reasonable standards of hygiene in the manufacture and marketing of all these beverages.

Public Water Supplies.—Approximately the same number of samples were received as in the previous year, 1,982 (cf. 1,998). The total comprised : 1,772 routine samples from reservoirs and points in the distribution system, 38 samples from ships' tanks and dock standpipes, and 172 miscellaneous samples (including 46 from Loch Lomond, submitted by the Clyde River Purification Board).

As usual, the largest group consisted of samples of chlorinated water from the Loch Katrine and Gorbals supplies and these, predominantly, gave satisfactory results, as the following table shows :—

Supply	No. of Samples	Average bacterial count per ml. at 37°C/24hrs. 22°C/72hrs.		Most Probable Number in 100ml.							
				Coliform bacilli				Typical ("faecal") <i>Esch. coli</i>			
				0	1	3	5	0	1	3	5
				or more				or more			
Loch Katrine ...	948	1	56	883	47	6	12	929	17	1	1
Gorbals ...	470	19	72	451	8	6	5	460	5	3	2

Swimming Baths.—The number of samples of pond water again increased—to 472 (cf. 447 in 1968). As in the previous year, there was

one sample which gave a particularly bad result but the rest compared favourably with those obtained over the past few years. The detailed results were :—

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") <i>Esch. coli.</i>
Public Ponds ...	212	16	10	1	0 (10 samples)
School Ponds ...	192	17	8	<div style="display: inline-block; vertical-align: middle;"> $\left\{ \begin{array}{l} 1 \\ 2 \\ 3 \\ 13 \\ 160 \end{array} \right.$ </div>	<div style="display: inline-block; vertical-align: middle;"> $\left\{ \begin{array}{l} 0 \\ 0 \\ 3 \\ 1 \\ 1 \end{array} \right.$ </div> (4 ") (1 sample) (1 ") (1 ") (1 ")
Private Ponds ...	68	2	1	1	0 (1 ")

In nearly all the samples giving poor results the concentration of free chlorine was below the recommended levels.

Foodstuffs (fitness for consumption) and related miscellaneous samples.—These samples totalled about the same as in the previous years; the numbers received from the various sources (with the corresponding figures for 1968 in brackets) were as follows :—

Corporation Chief Veterinary Officer 852 (916), Port Health Inspectors 631 (901), City Food Inspectors 722 (412).

The samples submitted by the Veterinary Officer consisted of : 609 samples of imported boneless meat, from only one of which was a salmonella, *S.give* isolated ; 32 samples of organs removed from animals immediately after slaughter and these included 7 samples of pig viscera from which salmonellae were isolated—*S.typhimurium* (5) and *S.bredeney* (2) ; and 211 abattoir drain swabs in 6 of which salmonellae were found—*S.typhimurium* (2), *S.anatum* (2), *S.bredeney* and an un-named (but well-recognised) salmonella with the antigenic structure 4,12 : d -. It is of interest that all 5 strains of *S.typhimurium* isolated from the pig specimens were phage type 32 but, fortunately, there were no signs of a recurrence of any outbreak of infection due to this now notorious type among the citizens of Glasgow in 1969.

Of the samples received from the Port Health and Food Inspectors the two largest categories of imported foodstuffs were, as usual, desiccated coconut, 506 samples (cf. 448 in 1968) and egg albumin etc., 63 (cf. 312) all of which were examined with negative results, this being the sixth consecutive year in which no salmonella was isolated from the imported coconut and the second year in which none were found in the egg products either. From the remainder of the samples

of a great variety of foods tested, the only significant isolate was *S. montevideo* from a sample of dog meat; this was submitted because it was found stored in a refrigerator alongside food intended for human consumption, but it was not connected with any reported illness.

In addition to the items listed in the last paragraph, 26 samples of shellfish were examined (12 of them at the request of the Medical Officer of Health for Bute). They included whelks, mussels, clams, scallops and the shellfish known in the trade (locally, if not elsewhere) as "clabby doos"—a term which may sound amusing to the uninformed but which, derived as it is from the Gaelic, *clab dhu* (black mouth), is really very descriptive, because they look rather like outsize mussels. On the results of the bacteriological tests 21 of the shellfish samples were classed Grade 1 (satisfactory), one Grade 2 (suspicious) and four Grade 3 (unsatisfactory).

Other Investigations and Services for the Health Department, Port Health Authority, etc.—The number of doses of yellow fever vaccine issued increased again to 3,295 (cf. 2,125 and 3,175 in 1968 and 1967 respectively); 37 rats (cf. 35 in 1968) caught in ships' holds, or on the docks, were examined for *P. pestis*—with negative results; and *S. anatum* was isolated from one of 26 samples of animal feeding-stuffs examined for salmonellae (the 26 comparable samples examined in 1968 had all been negative). The number of samples of imported materials submitted for examination for *B. anthracis* increased to 153 (cf. 70 in 1968) and anthrax bacilli or spores were found in 31 of them (cf. 3 in 1968); these were :—

Bones, bone meal etc.	...	...	...	99 (26 positive) *
Wool	...	...	...	21 (2 positive)
Goatskin	...	...	...	13 (2 positive)
Other hides, animal hair etc.	...	...	...	11
Dried blood, blood meal etc.	...	...	...	9 (1 positive)
				<hr/> 153 (31 positive) <hr/>

Thus, of all the various categories of raw materials imported for industrial use, animal bones (whether imported as "pieces", grist or meal) still seem to be the main hazard as far as anthrax is concerned.

Over and above the day to day laboratory work summarised in the foregoing pages members of the graduate and senior technical staff were, as ever, heavily engaged in teaching and other outside activities

* Six of these (3 positives) were at the request of Greenock Health Department.

concerned with the control of infection. One such commitment however was relinquished during the year, because "editorial" responsibility for the weekly CDS (Communicable Diseases, Scotland) Reports, which, since their inception in February 1967, had been borne (with Professor Grist's assistance and support) by the Laboratory Director, was transferred to Dr. D. Reid who, in August 1969, took up his appointment as the first full-time Consultant Epidemiologist in charge of the CDS Unit, Ruchill Hospital. But, as all bacteriology laboratories are (or should be) epidemiologically orientated—and this is perhaps especially true of the City Laboratory—the close association with the CDS Unit which developed during these 2½ years has been maintained and will undoubtedly be fostered even more in the future.

T. F. ELIAS-JONES

Director.

PUBLICATIONS, REPORTS, ETC.

"Gonorrhoea in Glasgow in 1968".

Schofield, C.B.S. and Elias-Jones, T. F. (1969), Communicable Diseases Scotland Reports, CDS 69/11.

"*Salmonella typhimurium* phage type 32 infection in Glasgow and the West Central area of Scotland".

Miller, A. R., Elias-Jones, T. F., Nicolson, N., and Wilson, T. S., (1969), The Medical Officer, 121 223.

"The bacterial zoonoses".

Elias-Jones, T. F. (1969), J.roy.Coll.gen.Pract., 18, Supp.No.2, 18.

TOTAL EXAMINATIONS FOR YEAR 1968

CITY OF GLASGOW

INFECTIOUS DISEASES

<i>Diphtheria and General Throat Infections—</i>						<i>Positive</i>	<i>Total</i>
Diphtheria	...	...	Suspects	...	...	0	561
Streptococcal Infections	...	...	Suspects and control	...	...	145	585
Vincent's Infections	...	...	Suspects and control	...	...	36	578
Pernasal swabs	...	...	...	...	...	0	3
Staphylococcal Infections	...	...	Suspects and control	...	...	274	274
<i>Gastro-intestinal Infections—</i>							
<i>Enteric Fever—</i>							
(Typhoid, ... paratyphoid)	...	...	Suspects and control	...	...	12	653
	...	...	Water Works employees	...	...	0	556
<i>Food Poisoning—</i>							
(Salmonellosis)	...	...	Suspects and control	...	...	178	12,472
	...	...	Foodstuffs	...	...	0	45
	...	...	Miscellaneous swabs	...	...	13	243
(Staphylococcal)	...	...	Suspects and control	...	...	11	78
	...	...	Foodstuffs	...	...	20	68
(Clostridial)	...	...	Suspects and control	...	...	15	84
	...	...	Foodstuffs	...	...	0	70
<i>Dysentery—</i>							
Bacillary	...	...	Suspects and Control	...	...	1,832	14,668
	...	...	Colicine-typing of <i>Sh.sonnei</i>	...	...		1,395
Amoebic	...	...	...	...	...	0	30
Specific <i>Esch.coli</i>	...	...	...	...	...	39	1,446
<i>Tuberculosis—</i>							
	...	...	Sputa	...	...	14	220
	...	...	Other specimens (micros. exam.)	...	...	3	340
	...	...	Various specimens (biological exam.)	...	...	1	14
	...	...	Various specimens (culture)	...	...	20*	560
<i>Venereal Diseases—</i>							
	...	...	Serological Tests for Syphilis (W.R., etc.)	...	...		39,020
	...	...	Lange's Colloidal Gold Test	...	...		26
	...	...	Gonococcal Complement Fixation Test	...	...		63
	...	...	Smears and cultures of Urethral and Cervical Exudates for <i>N.gonorrhoea</i>	...	...	1,577	12,815
	...	...	Ophthalmia Neonatorum (smears and cultures)	...	...	1	232
	...	...	Carry forward	...	...		87,099

* Including 1 strain of *M.kansasii* and a culture of B.C.G. from a sample of the vaccine sent for special examination.

			Positive	Total
	Brought forward	...		87,099
OTHER EXAMINATIONS—				
Blood—Rh factor	...	...		6,560
Blood—ABO grouping	...	...		6,560
Blood—group antibody tests	...	...		6,615
Blood—general haematology, cell counts, haemoglobin, etc.	...	...		19,154
Blood—cultures, Paul-Bunnell tests, etc	...	...		217
Urines, etc.	...	...		19,951
Exudates—various	...	...		331
Faeces for worms	...	...	3	24
Faeces for occult blood	...	...	7	32
Swabs for Trichomoniasis	...	...	1,590	22,216
Pregnancy tests	...	...		10,482
Antibiotic sensitivity tests	...	...		8,285
Miscellaneous	...	...		14
Identification of insects	...	...		2
GENERAL PUBLIC HEALTH—				
City Milk Supplies (plate count and coliforms)	...	...		1,432
City Milk Supplies (<i>Br.abortus</i>)	...	...		325
Hospital Milk Supplies (plate count and coliforms)	...	...		295
Milk (biological tests)	...	...		39
Miscellaneous swabs and rinses	...	...		78
Milk bottles (bacterial counts)	...	...		36
Swabs from milk cans	...	...		72
Ice-cream	...	...		377
Foodstuffs—fitness for consumption:—				
Imitation cream, cream, etc.	...	...		367
Miscellaneous foods, dried egg, etc.	...	...		722
Shellfish	...	...		14
Beer and mineral water bottles	...	...		20
Water Supplies—routine	...	...		1,944
Water from swimming ponds	...	...		472
Meat, etc., from Chief Veterinary Officer...	...	...	14	852
Animal feeding stuffs	...	...	1	26
PORT HEALTH AUTHORITY—				
Anthrax (hides, skins, hair, bone, etc.)	...	...	31	153
Plague (examination of rats)	...	...	0	37
Foodstuffs—fitness for consumption	...	...		631
Water samples	...	...		38
OUTSIDE AUTHORITIES—				
Gastro-intestinal infections	...	...	24	
Throat infections	...	...	6	
Antibiotic sensitivity tests	...	...	5	
Shellfish	...	...	12	
Identification of insects	...	...	1	
Milk (biological tests)	...	...	12	
Milk samples for <i>Br.abortus</i>	...	...	1,035	
Milk samples (plate counts)	...	...	935	
Ice-Cream	...	...	3	
Milk bottles (bacterial counts)	...	...	7	
Miscellaneous swabs	...	...	33	
Milk, assay of penicillin in	...	...	12	2,085
				197,557

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, 1969

Regulations becoming operative or reaching the Statute Book this year were :—

- The Canned Meat Product (Scotland) Regulations, 1967, as amended.
- The Artificial Sweeteners (Scotland) Regulations, 1969.
- The Solvents in Food (Scotland) Regulations, 1968.
- The Food (Control of Irradiation) Amendment Regulations, 1969.
- The Soft Drinks (Scotland) Order, 1969.
- The Sausage and Other Meat Product (Scotland) Amendment Regulations, 1968 and 1969.
- The Meat Pie and Sausage Roll (Scotland) Regulations, 1967.

The coming into force of the Meat Pie and Sausage Roll (Scotland) Regulations entailed a wide range of sampling these products and an endeavour to include as many as possible of the manufacturers baking these products.

One hundred and sixty-five samples were obtained and submitted for analysis to ascertain the meat content. Thirty-two pies were found to be deficient in meat content. It is interesting to note that no sausage roll failed to reach the statutory standard. Letters were sent to all bakers whose products failed, detailing the deficiency. Repeat samples proved satisfactory in consequence of which the requirements of the law were met and the taking of formal samples was unnecessary. The exercise, of course, will be continued.

THE FOOD AND DRUGS (SCOTLAND) ACT, 1956

INSPECTION OF FOOD AND FOOD PREMISES

Ten thousand, three hundred and twenty-one visits were paid to food premises during which 1,872 lots of food were examined, which amounted to 172 tons, 5 cwts., 30½ lbs., 54 tons, 15 cwts. and 79½ lbs., less than last year.

Another heavy responsibility was placed on inspectors, namely the importation of food by Container Service. These containers are

packed with food in the country of origin and arrive at various depots. From there they are delivered by road to warehouses and wholesalers throughout the City. These deliveries started in mid-August and by the end of the year 274 containers were examined. The contents included canned fruit, canned meats, dried and fresh fruits, butter, chocolate crumb, flour, rice, onions and sultanas from Australia, Canada and Northern Ireland. Samples were drawn for chemical and bacteriological examination.

GLASGOW CORPORATION ORDER CONFIRMATION ACT, 1963

It will be recalled that last year and for some time previous, complaints had been received of live poultry being kept in shops under unsuitable conditions, thus giving rise to noise and smell nuisances. Consequently, this Act was drafted and clauses incorporated in it enabling proper control to be kept of premises used for keeping, slaughtering and dressing poultry.

The Jewish community have had for many years central slaughtering and dressing premises which are well conducted. The Pakistani and Indian poulterers opposed this measure. It was argued that their customers, according to their religion, had to see the birds alive and then killed, but this reason does not hold good in respect of mutton (they do not eat beef or pork). They were all issued with Forms of Application and each application was considered. Traders continuing this practice were warned and subsequently it was necessary to have court action taken against five traders who ignored the warnings. Three had two convictions and one had five convictions and a total of £104 in fines was imposed. Each had pleaded guilty.

THE FOOD AND DRUGS (SCOTLAND) ACT, 1956, SECTION 9 SUSPECTED FOOD

The number of complaints was slightly reduced, a mere 69, from last year's figure, still considerable. Complaints of soft drinks were fewer due to the greater use of non-returnable stoppers. Complaints of wasps in preserves on the other hand were quite numerous. It appears 1969 was a good year for wasps and it is almost impossible to keep wasps out of jam factories. A nut and bolt was found in a can of stewed steak. There were seven complaints of diluted spirits, each of which proved to be unfounded. In addition there were numerous cases of mould in foodstuffs, mostly due to faulty handling of stock and tiny holes in cans. Many alleged faults in food were without foundation.

THE FOOD AND DRUGS (SCOTLAND) ACT, 1956

TABLE SHOWING NATURE AND NUMBER OF TOAL SAMPLES
PROCURED AND EXAMINED DURING 1969

Article	Informal		Formal	
	Number Taken	Number Non- Genuine	Number Taken	Number Non- Genuine
Baking Powder, Golden Raising Powder	2	—	—	—
Bread	—	—	—	—
Butter	6	—	11	—
Cheese (including spreads and processed cheese)	19	1	3	—
Coffee (including essences and mixtures)	2	—	2	—
Cream (including single, double and sterilised)	172	11	—	—
Dried and Preserved Fruit ...	7	—	42	1
Fish Cakes	—	—	—	—
Fish Pastes and Spreads	14	—	2	—
Flour and Self-Raising	4	—	13	3
Flour Mixtures (cake, pudding, sponge mixtures and cake flour)	37	—	38	—
Fruit Conserves (e.g., tinned and bottled fruit)	5	2	—	—
Gelatine	1	—	—	—
Ice Cream	263	7	5	—
Ice Lollies	1	—	—	—
Jams, Jellies and Fruit Curds ...	18	—	5	—
Margarine	3	—	17	—
Meat Pies, Pastries and Sausage Rolls	168	32	—	—
Meat Pastes and Spread (chopped and potted)	59	—	13	—
Milk (excluding dried, condensed, evaporated and flavoured, etc., milk)	1,585	28	537	1
Milk (condensed and dried) ...	16	—	2	—
Mince	7	3	36	8
Saccharin	—	—	—	—
Salad Cream and Mayonnaise ...	4	—	—	—
Sausage and Sausage Meat ...	23	3	133	11
Soft Drinks (excluding fruit juices)	48	2	3	—
Spices and Condiments	110	—	39	—
Spirits	1	—	10	2
Suet	1	1	2	—
Sugar and Confectionery	16	—	12	—
Synthetic Cream	—	—	—	—
Table Jellies	49	—	5	—
Tomato Ketchup and Sauces ...	19	—	2	—
Other Articles (including all articles not named above)	558	17	202	—
	<u>3,218</u>	<u>107</u>	<u>1,134</u>	<u>26</u>

THE MILK AND DAIRIES (SCOTLAND) ACT, 1914

THE MILK (SPECIAL DESIGNATIONS) ACT, 1949, AND
THE MILK (SPECIAL DESIGNATIONS) (SCOTLAND) ORDER, 1965-66

Two completely new creameries were built during the year to replace creameries which had become too congested for the work being carried out. They may be described as show places.

On the production side, three farmers disposed of their cattle but retained their Certificate of Registration because they may go back to milk production. The number of byres still remains at 29 and provide accommodation for 937 cows but the average number of cows housed over the year was 670. Visits of inspection and sampling numbered 216.

There are now 1,806 registered dairies compared with 1,829 last year and 5,052 visits of inspection were made to these premises where hygienic practices and conditions were noted.

Formal and informal samples totalled 2,122. The average fat and solids-not-fat were 3.58 to 4.14 and 8.73 to 8.93 per cent. respectively. Designated milk samples during the year totalled 1,046.

The *Ultra High Temperature* milk plant continues to operate satisfactorily. All of the 32 samples taken passed the tests. Some U.H.T. milk was exported to the Middle East.

Sterilised Milk.—No milk is sterilised in the City creameries. Eleven samples were obtained and were found to conform to the prescribed tests. The average fat and solids-not-fat contents were 3.60 per cent. and 8.55 per cent. respectively.

Standard Milk.—Approximately 50 gallons are sold daily. Ninety-five samples were obtained and examined. The average composition was 4.18 per cent. fat and 8.69 per cent. solids-not-fat.

Pasteurised Milk.—The average daily sales of heat treated milk rose slightly to 99.19 per cent. of the total. The average fat content was 3.76 per cent. and non-fatty solids 8.69 per cent.—favourable with previous year's figures.

MILK SUPPLIED TO THE HOSPITALS OF THE
REGIONAL HOSPITAL BOARD

		Examined	Failed
" Premium "	...	—	—
" Standard "	...	3	1
" Pasteurised "	...	292	56
		<hr/> 295	<hr/> 57

Milk for School Children.—Pasteurised milk only is supplied to the City schools, this year by four contractors. Ninety samples were examined in terms of the Milk (Special Designations) Order. Ten failed the coliform test while twelve samples subjected to the biological test all gave negative results. The total consumption was reduced by 254,716 gallons from 1,279,480 to 1,024,764 gallons. The quality was maintained, 3.71 and 8.86 per cent. fat and solids-not-fat respectively.

Milk Dispensing Machines.—One hundred and twelve samples were examined of which 66, or 58.92 per cent., failed the coliform test prescribed in the 1965 Order for Pasteurised milk.

Dairy Cream—Food Standards (Cream) Order, 1951

There were 290 samples of dairy cream examined bacteriologically and 65 of these were considered unsatisfactory because of high count (over 50,000 per gr.) and/or the presence of coliform organisms. In addition 172 were examined in terms of the Order; 10 failed to conform because of minor deficiencies of fat. The figure of 172 is higher than last year but the failures are fewer.

The results of all samples were reported to the dairymen concerned.

The efficient washing of bottles and cans was again satisfactorily carried out at the City creameries. Fewer bottles are being used and cartons are being used more.

The Ice-Cream (Scotland) Regulations, 1948, and

The Ice-Cream (Scotland) (Amendment) Regulations, 1948 to 1961

Registered ice-cream dealers on the register now number 327 while 448 Certificates of Registration are held in respect of vehicles. Certificates of Authorisation issued and recorded during the year numbered 294, being 57 more than last year. Inspections of ice-cream premises and vehicles numbered 1,816.

During the summer months, the exercise of inspecting ice-cream vehicles on Sunday afternoons was continued and is obviously affecting an improvement on the general standard.

Three hundred and seventy-seven samples were obtained, of which 270, or 71.61 per cent., were satisfactory, compared with 433, or 71.14 per cent., last year. This year 107 (28.38 per cent.) of the samples failed in count or coliform. Of the 377 informal samples taken, 261

were subjected to both chemical and bacteriological examination, while 116 were sent for bacteriological examination only. Of the 261 samples, 7 (2.30 per cent.) failed to comply with the legal chemical standard. No sample failed in both fat and milk solids-not-fat.

Samples which failed any of the tests were followed up with advice and repeat samples taken invariably complied.

*The Labelling of Food Orders, 1953-1961, and
The Food and Drugs (Scotland) Act, 1956, Section 6*

Scrutiny of labels affixed to prepacked foods disclosed a number of omissions and discrepancies.

- (1) Royal Instant Pudding was found to contain Ponceau SX, a non-permitted colouring matter. Enquiries revealed that this was of very old stock—stock was withdrawn from sale.
- (2) Glace Angelica was found to contain an unspecified non-permitted colouring matter. It was discovered that a similar product packed for the French market had inadvertently found its way into a consignment for Britain.
- (3) Ginger Pieces bore a mark but not a Registered Trade Mark. The packers agreed to have this rectified.
- (4) Barbecue Beef—the label bore no name and address nor a list of ingredients.
- (5) Fruit Flip—the ingredients were not declared in the proper order. New pack satisfactory.
- (6) Cereals—ingredients not specified. The cereals had been filled into a clear packet and not a printed one.
- (7) Dripping had been filled into a carton with no name and address of the packer. The butcher had done this in ignorance of the regulations.
- (8) Hamburgers (canned) deficient in meat content—found to have been canned prior to the coming into force of the regulations.
- (9) Cornish Pastry Filling—pictorial design misleading. New labels printed which complied.
- (10) Savory Chicken Mince deficient in chicken content. The label had been used for some time prior to the meat standard becoming obligatory. New receipt formulated and new labels printed.

Public Health (Meat) Regulations (Scotland), 1932, Section 15

Eight certificates of approval, the same number as last year, were granted in respect of storage accommodation and 104 copies of these certificates, two more than last year, were issued for vehicles operating from these premises.

Imitation Cream

Food and Drugs (Scotland) Act, 1956, Section 6

The number of samples taken was 77 compared with 84 last year. Sixty-seven, or 88.31 per cent., were satisfactory compared with 74, or 88.07 per cent., last year. Results were sent to traders concerned.

Egg—The Liquid Egg (Pasteurised) (Scotland) Regulations, 1963

The one breaking-out plant in the City continues to operate satisfactorily, the 23 samples taken being reported "No Salmonella isolated and conforming to the amylase test."

The Colouring Matter in Food (Scotland) Regulations, 1966

The following table indicates the kinds of colour and the number of instances in which the colour was found.

Colour	Occasions on which colour was found		Colour		Occasions on which Colour was found	
	1968	1969			1968	1969
Ponceau MX ...	5	5	Tartrazine ...	...	70	33
Ponceau 4R ...	2	1	Yellow 2G ...	...	5	3
Carmoisine ...	9	3	Sunset Yellow FCF		10	3
Amaranth ...	27	8	Oil Yellow XF ...	...	—	—
Red 10B ...	5	—	Green S ...	...	8	3
Erythrosine BS	6	8	Blue VRS ...	...	—	—
Red 2G ...	5	—	Indigo Carmine ...	...	—	—
Red 6B ...	—	—	Violet BNP ...	...	2	2
Red FB ...	1	—	Brown FK ...	...	—	1
Ponceau SX ...	1	—	Chocolate Brown FB		1	—
Fast Red E ...	—	—	Chocolate Brown HT		—	—
Orange G ...	—	—	Black PN ...	...	—	—
Orange RN ...	15	15	Black 7964 ...	...	—	—
Oil Yellow GG	2	—				

A trial sample of a proposed new product (Cucumber Salad) to be introduced from the Continent was examined. It was found to contain copper salt for colouring. Such an ingredient is a contravention of the Colouring Matter in Food (Scotland) Regulations, 1966. The idea was shelved.

Bye-Laws for Regulating Street Trading

The standard of street trading vehicles continues to improve and the number of persons and vehicles so engaged remains practically the same as in previous years, with slight fluctuations. Open fish barrows were refused permission some years ago to trade on the streets. This year attention was turned to fruit barrows. It was considered that something could be done with them rather than put them off the road. Discussions took place with the Street Traders Association and it was agreed that these barrows be fitted with sheets of perspex on three sides and an over-hanging sheet on the roof. This enabled fruit

to be displayed and yet protected. This arrangement proved very successful.

Inspections of vehicles and storage accommodation totalled 2,760. All persons so engaged were issued with a summary of the requirements of the Hygiene Regulations in respect of vehicles and persons.

The attention of street traders was directed by letter to infringements of the Bye Laws and the Food Hygiene (Amendment) Regulations. Seventy-two such letters, listing 229 faults, were sent.

Food Hygiene (Scotland) Regulations, 1959-1966

Twenty-nine complaints alleging malpractices in food premises were received. These included chipped glasses and cups, imperfectly cooked meals, a dirty shop, dirty tablecloth and dirty public conveniences in cafes.

Inspections under the regulations numbered 2,755 during which circumstances were noted and shortcomings were remedied by advice and written intimation. Twenty-four intimations listing 84 contraventions were sent to owners and occupiers of food premises.

The classes on Food and Food Hygiene conducted by the Extra-Mural Studies Department of the University of Glasgow continue to be fully subscribed. A wide variety of food handlers took advantage of these courses. Talks continue to be given to Women's and Men's organisations, School Meals Service and Trade organisations.

SPECIAL SANITARY OPERATIONS

(a) *Food and Drugs, etc.*—

	1963	1964	1965	1966	1967	1968	1969
1. <i>Dairies</i> —							
Registered during year ...	197	162	264	270	175	209	173
Removed from Register ...	153	161	272	307	166	148	196
On Register at 31st December	1,796	1,797	1,771	1,751	1,758	1,829	1,794
Number of Inspections ...	6,561	5,895	6,552	6,123	5,132	5,346	5,052
Contravention of Orders, Acts and Byelaws ...	1	2	12	13	5	—	—
Prosecutions for same ...	—	2	11	13	2	—	—
Repairs or Improvements effected ...	1	—	—	—	—	—	—

SPECIAL SANITARY OPERATIONS—*Continued**Food and Drugs, etc.—Continued—*2. *Dealers in Ice-Cream—*

	1963	1964	1965	1966	1967	1968	1969
Registered during year :							
Premises	23	15	16	17	11	9	12
Vehicles	102	81	60	80	58	49	89
Removed from Register :							
Premises	29	31	42	39	36	11	25
Vehicles	106	180	88	67	41	45	54
On Register at 31st Dec. :							
Premises	432	416	390	368	343	341	327
Vehicles	504	405	377	390	407	411	448
Number of Inspections ...	2,564	2,192	2,299	1,983	1,940	2,063	1,816
Contravention of Acts, Orders or Byelaws ...	—	5	111	70	37	40	—
Prosecutions for same ...	—	1	—	4	—	—	—
Repairs or Improvements effected	—	4	—	70	37	40	—

3. *Byres for Milch Cows—*

Number of Dairy Byres as at 31st December	37	36	36	31	29	29	29
Number of Cows Licensed for	1,166	1,025	1,025	969	937	937	937
Average Number kept ...	879	741	768	733	783	721	670
Number of Inspections ...	228	234	221	251	251	248	216

4. *Unwholesome Food—*

Number of Inspections ...	9,243	9,406	9,636	9,494	9,558	9,391	10,321
Number of Lots dealt with ...	2,069	2,173	2,037	2,115	2,089	1,946	1,872
Nature of Food destroyed at Inspector's instance with	Tons	Tons	Tons	Tons	Tons	Tons	Tons
Owner's consent	107	143	126	188	230	227	172
	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.
Assorted Foodstuffs	8	11	8	13	4	—	5
	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.
	$\frac{1}{2}$	75 $\frac{3}{4}$	106 $\frac{1}{2}$	32	110 $\frac{1}{4}$	110	30 $\frac{1}{2}$

5. *Food and Drugs (Scotland) Act—*

Informal Samples analysed ...	3,692	3,601	3,841	3,536	3,474	3,416	3,218
Statutory Samples analysed	1,371	1,355	1,411	1,349	1,304	1,233	1,134
Statutory Samples found non- genuine	24	32	29	33	47	35	26
Proceedings instituted ...	25	20	18	22	37	24	19
Number of Convictions ...	25	20	18	22	37	24	18
Amounts of Fines imposed ...	£155	£135	£100	£120	£185	£152	£115
Number dismissed or found " Not Guilty "	—	—	—	—	—	—	1
Number Deserted Simpliciter	—	—	—	—	—	—	—
Number No Action	1	—	—	—	—	—	1
Number Dismissed	—	—	—	—	—	—	—
Number Admonished	—	—	—	—	2	—	—
Number Acquitted	—	—	—	—	—	—	—

ABSTRACT OF COURT PROCEEDINGS

ADULTERATED SAMPLES AND CONTRAVENTIONS DURING 1969

No. of Com- plaints	Nature of Complaints and Alleged Offence	No. of Convic- tions	Amount of Fines Imposed	No. Admonished	No. Deserted	No. Action
<i>Food and Drugs (Scotland) Act, 1956</i>						
9	<i>Sausages—</i> Contained an excess of preserv- ative	9	£52	1	—	—
7	<i>Mince—</i> Contained preservative during pre- scribed period	7	43	—	—	—
16		16	£95	1	—	—
1	<i>Sweet Milk—</i> Not of substance demanded ...	1	£10	—	—	—
1	<i>Cheese—</i> Unfit for human consumption	1	10	—	—	—
2		2	£20	—	—	—

*Other than Food and Drugs Act**The Milk and Dairies (Scotland) Act, 1914*

2	Carrying on the business of a Dairyman without a Certificate of Registration	2	£15	—	—	—
---	---	---	-----	---	---	---

Glasgow Corporation Order Confirmation Act, 1963

13	Using premises for keeping, slaugh- tering and dressing poultry without a Licence	13	£104	1	—	—
33	<i>Grand Total</i>	33	£234	2	—	—

SECTION XV

AIR PURIFICATION

The City's Clean Air Campaign continues. While there is no doubt that the extension of the Smoke Control Areas has brought about 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.

As ten years have elapsed since Glasgow inaugurated its first smoke control area, this is perhaps an appropriate time to assess the progress made so far.

The Corporation's proposals to have the whole City smoke free by the mid 1970's are being steadily implemented. The Whiteinch and Fairfield Smoke Control Areas came into force on the 21st October, 1969, bringing the total number of premises under Smoke Control Area Orders to 157,653. An Order in respect of Yoker Ward was approved by the Secretary of State on the 1st October, 1969, with the date of operation 30th November, 1970. The total number of premises under Smoke Control Area Orders will then be 169,045.

Preliminary survey work in respect of Kelvinside is complete. Further survey work is being undertaken in the Maryhill Ward. It is hoped to place Orders for these Wards before the Corporation in the Spring and Autumn of 1970 respectively.

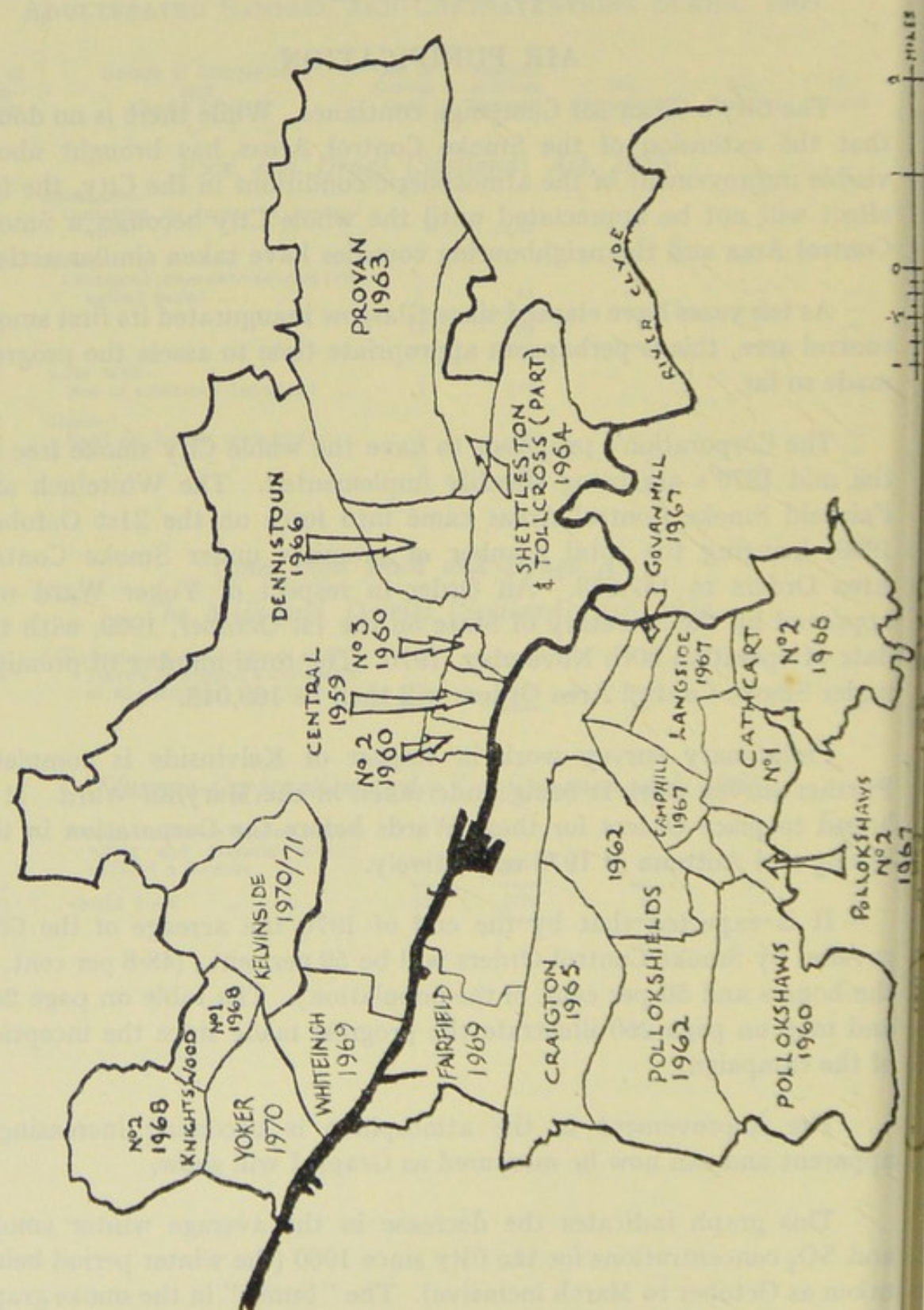
It is expected that by the end of 1970 the acreage of the City covered by Smoke Control Orders will be 59 per cent., (48.6 per cent. of the houses and 50 per cent. of the population). The table on page 262 and map on page 260 illustrate the progress made since the inception of the campaign.

The improvement in the atmosphere is becoming increasingly apparent and can now be measured as Graph I will show.

This graph indicates the decrease in the average winter smoke and SO_2 concentrations for the City since 1960 (the winter period being taken as October to March inclusive). The "bump" in the smoke graph for the winter period 1964/65 was due to a large number of misty periods, which caused a build up of contaminants in the air. Table I indicates the number of days during the period in which the stated concentrations were exceeded.

CORPORATION OF THE CITY OF GLASGOW

CLEAN AIR ACT, 1956 — SMOKE CONTROL AREAS



Average winter smoke and SO_2 concentrations for the City

(Winter Period: October to March inclusive.)

Smoke
 SO_2

GRAPH 1

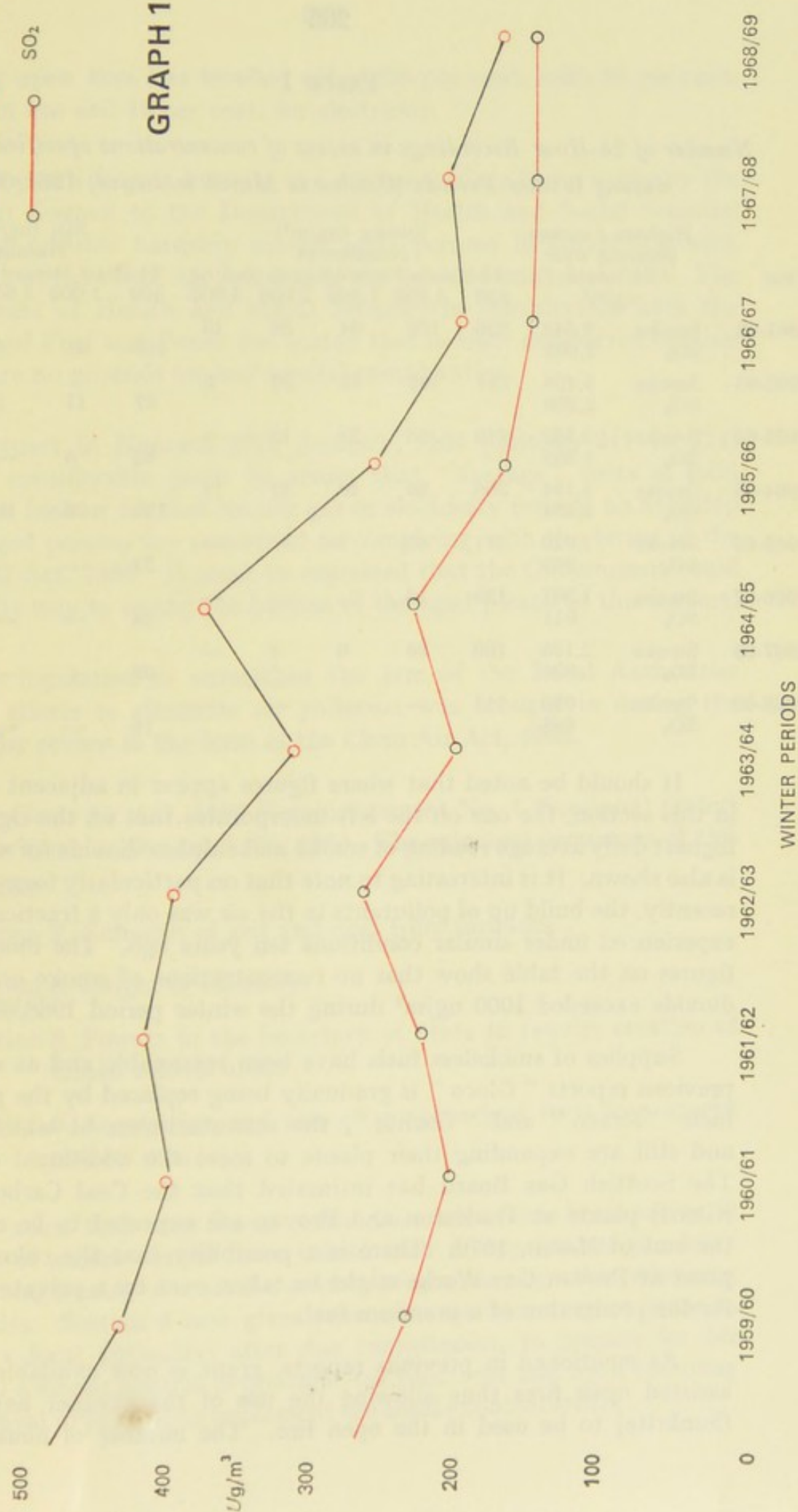


TABLE I

Number of 24-Hour Recordings in excess of concentrations specified in table during Winter Periods (October to March inclusive) 1961-69

Year	Highest Average Reading over 24 hours ug/m ³		SMOKE (ug/m ³) Number of 24-Hours Recordings exceeding					SO ₂ (ug/m ³) Number of 24-Hour Recordings exceeding				
			500	1,000	1,500	2,000	3,000	500	1,000	1,500	2,000	3,000
1961-62	Smoke	5,343	236	109	64	39	13	108	23	8	2	—
	SO ₂	2,693										
1962-63	Smoke	5,435	291	102	52	30	6	87	11	1	1	—
	SO ₂	2,206										
1963-64	Smoke	2,552	210	63	33	13	—	62	8	—	—	—
	SO ₂	1,388										
1964-65	Smoke	4,154	306	86	49	27	15	109	23	10	3	—
	SO ₂	2,254										
1965-66	Smoke	1,920	211	43	7	—	—	31	—	—	—	—
	SO ₂	963										
1966-67	Smoke	1,367	139	16	—	—	—	24	—	—	—	—
	SO ₂	911										
1967-68	Smoke	2,135	160	35	6	1	—	38	—	—	—	—
	SO ₂	899										
1968-69	Smoke	950	111	—	—	—	—	15	—	—	—	—
	SO ₂	668										

It should be noted that where figures appear in adjacent columns in this section, the one on the left incorporates that on the right. The highest daily average reading of smoke and sulphur dioxide for each year is also shown. It is interesting to note that on particularly foggy periods recently, the build up of pollutants in the air was only a fraction of that experienced under similar conditions ten years ago. The most recent figures on the table show that no concentrations of smoke or sulphur dioxide exceeded 1000 ug/m³ during the winter period 1968/69.

Supplies of smokeless fuels have been reasonable and as stated in previous reports "Gloco" is gradually being replaced by the premium fuels "Rexco" and "Coalite", the manufacturers of which, have, and still are expanding their plants to meet the additional demand. The Scottish Gas Board has intimated that the Coal Carbonisation (Gloco) plants at Tradeston and Provan are expected to be closed at the end of March, 1970. There is a possibility that the coke making plant at Provan Gas Works might be taken over by a private concern for the production of a premium fuel.

As mentioned in previous reports, grant is now available for fan assisted open fires thus allowing the use of the cheaper hard cokes (Sunbrite) to be used in the open fire. The number of householders

retaining open fires has levelled off at 26 per cent. with 58 per cent. opting for gas and 16 per cent. for electricity.

Last year's Report outlines the representations being made by the Clean Air Council to the Department of Health and Social Security regarding possible hardship among aged persons in complying with the terms of the Clean Air Act due to the price of smokeless fuels. The Department of Health and Social Security in consultation with the Ministry of Fuel and Power has stated that in their considered opinion there were no grounds for any special consideration.

A report in *Hansard* 27th January, 1969 (Column 211 to 214) goes to considerable pains to stress that "average" costs of solid smokeless fuels or for that matter gas or electricity present no hardship where aged persons are concerned in complying with the terms of the Clean Air Act, 1956. It must be regretted that the Government could not see its way to easing the burden of the aged person in this respect.

New legislation to strengthen the arm of the Local Authorities in their efforts to eliminate air pollution was brought in during the year under review in the form of the Clean Air Act, 1968.

The Clean Air Act, 1968 (Commencement No. 1 (Scotland) Order) came into force on the 1st April, 1969. The principal provisions of this Order are—

Section 2. Emission of grit and dust from furnaces.

Section 6. Height of chimneys.

Section 8. Powers to the Secretary of State to require creation of smoke control areas.

Section 9. Acquisition and sale of unauthorised fuels in a smoke control area.

For some time now Local Authorities who have been active in the field of smoke control have voiced their disapproval of the delay in the inauguration of a smoke control programme by other adjoining authorities. Section 8 now gives powers to the Secretary of State to require a local authority, after due consultation, to prepare for his approval a smoke control programme for their area and upon receiving his approval to proceed to implement the smoke control orders.

At long last Local Authorities have been given powers under Section 9 of the Clean Air Act 1968 to take action against the irresponsible merchants who have been selling bituminous coal in the smoke control areas. The householder who acquires an unauthorised fuel for use in a smoke control area is also liable to be prosecuted under this Section of the Act. It is to be regretted that the new legislation does not prohibit the sale of prepacked bituminous coal over the shop counter in smoke control areas—the purchaser however could contravene the Act by buying it.

Section I of the Clean Air Act 1968, which came into force with the Commencement No. 2 (Scotland) Order on the 1st October 1969, prohibits the emission of dark smoke arising from the burning of waste material on the open ground in connection with an industrial or trade process.

The other sections of the Act are commented on later in this Report. By and large this new Act contains useful provisions to secure further improvement in the quality of the air we breathe.

SUMMARY OF DISTRICT WORK DONE BY SMOKE INSPECTORS DURING 1969

The following summary indicates the extent and general pattern of the work carried out by the staff during the year under review.

Number of observations	...	...	...	...	...	...	4,873
Number of inspections of steam boiler and other furnaces	...						1,558
Number of intimations given	...	...	...	...	...		622
Number of applications for approval under the terms of Clean Air Act 1956, Section 3 and Clean Air Act 1968, Section 6 ...							99

The above figures do not include the numerous visits made to domestic premises within the smoke control areas.

Routine and special observations were made on the various industrial plants throughout the City, including the harbour areas. For administrative purposes the city is divided into districts, each of which is the responsibility of an individual Inspector. These Inspectors are fully conversant with the Industrial plant within their districts and are frequently called upon to advise managements on problems involving smoke and grit abatement.

INVESTIGATION OF COMPLAINTS

Previous reports have stressed the importance of this part of the work and also the amount of time required on such investigations. The uncertainty of the actual times of the contraventions often necessitates several visits.

With the introduction of the new provisions under the Clean Air Act 1968, most of the complaints received referred to householders buying coal and coal merchants who were selling this unauthorised fuel in the Smoke Control Areas. Since the coal merchants had received ample notice of the implications and operative date of the new Act from the National Coal Board and also their Association, action was taken immediately against the defaulters. A small number of these merchants persist in retailing this unauthorised fuel in the areas, regardless of the number of prosecutions taken against them. The work entailed in obtaining evidence against these unscrupulous merchants is onerous and frequently requires weekend duties. It is to be hoped that the Magistrates will enforce the maximum fine of £20 as a deterrent.

A number of complaints against scrap dealers who were burning car bodies etc. to reclaim the metal were dealt with during the year. Most of the dealers in this trade have been visited by the district Inspectors and notified that this type of burning is a contravention of Section I of the Clean Air Act 1968, and will no longer be tolerated. The response we have had from these merchants has been good and it is only occasionally that there is a recurrence of this complaint.

The burning of wood from demolition operations is exempt from Section I of the new Act, provided the best practicable means are utilised to minimise any smoke emission.

GRIT, DUST AND FUME

In an urban area associated with the heavy industries, the problem of grit and dust "fall out" is well known. For years now it has been accepted that if one resided in an area in which foundries and other heavy industries were located, the inhabitants would have to put up with a great deal of grit and dust. The major obstacle to the betterment of these conditions has been the cost of the grit arrestment plant and the operating difficulties involved with some of the processes. Up till recently the legislators took these points into consideration and only

required Industry to use the "best practicable means" to minimise any emission of grit and dust. The new Sections of the Clean Air Act 1968, which deal with the control of grit and dust emission, now give the Local Authority added powers to reduce this nuisance.

Section 3 of the Clean Air Act 1968 requires new furnaces above a certain rating to fit grit and dust arrestment plant. Certain furnaces, provided the material being heated does not contribute to the dust emission, are exempt from this section, viz. gas and oil fired units and furnaces designed to burn solid fuel at a maximum rate of 25lb/hr./square foot of grate surface and at a total rate of less than 1 ton/hr.

Apart from the notable exceptions of Braehead and Dalmarnock Power Stations and occasionally the Municipal Incinerators, there has been a decrease in the number of complaints of grit and dust during 1969.

The Secretary of State is due to reconsider the application from the South of Scotland Electricity Board for the conversion of Braehead Power Station to oil firing next year. In the meantime every effort is being made to minimise the emission of dust. (The type of fuel being supplied has not helped the problem as it has a high ash content.).

The use of low quality small grade fuel under forced draught conditions in industrial boiler installations accounted for the majority of complaints. In some cases, more frequent flue cleaning of these steam boiler plants resulted in an abatement of recurring nuisances. The build up of soot and ash at the chimney base is a common cause of grit trouble. Changes in fuel and draughting conditions often led to improvements.

Foundry and metal refining again figured in the complaints. Since these processes come under the jurisdiction of the Alkali Inspectorate, Scottish Development Department, a report is sent to the Chief Alkali Inspector for his attention. Consultations are at present being held between the management of a well known foundry in the East End of the City and the District Alkali Inspector, with a view to having a modern arrestation unit fitted to an arc furnace. The installation of such an arrester would bring a welcome relief from the grit and dust burden to the long suffering tenants in neighbouring properties. The Alkali Inspectors also dealt with a number of complaints of fumes during the year. Chemical and metal processing accounted for the majority of these complaints. In all instances, advice was given as to the best practicable method of minimising the nuisance.

SHIPPING IN DOCK AND HARBOUR AREA

Systematic observation was maintained in the dock and river areas throughout the year. Special early and late duties were carried out on several occasions resulting in "last warning" notices being sent to a number of Shipping Companies.

Since most of the shipping now has oil fired boilers, the maladjustment of the controls can lead to heavy emissions of dense smoke. The most frequent time for these lapses occurs during the period preparatory to the ship's departure or when it is berthing. Marine stokehold practice varies considerably from that on shore and the Smoke Inspectors, being qualified Marine Engineers, are able to ascertain what practicable steps can be taken to minimise any smoke emissions.

A number of foreign registered vessels were visited and their Masters notified of the regulations covering the emission of smoke. Printed leaflets have been distributed among the Shipping Agents throughout the City notifying them of the smoke regulations under Section 20 of the Clean Air Act 1956.

During the year 36 notices were served on vessels in the harbour area for excessive smoke emissions.

PRIOR APPROVAL APPLICATIONS

CLEAN AIR ACT 1956 SECTION 3 (2)

CLEAN AIR ACT 1968 SECTION 6

Section 3 of the Clean Air Act 1956 has been a valuable addition to the legislation governing the control of air pollution. The "jerry built" furnace is no longer acceptable and it is now mandatory that Local Authorities be notified of any proposed furnace installation above the rating of 55,000 B.Th.U/hour. If the appropriate committee is satisfied that the plant can operate as far as practicable smokelessly when burning a fuel for which it was designed, approval is granted.

Section 6 of the new Act introduces a new control by Local Authorities over the height of chimneys, and replaces Section 10 of the Principal Act. The new Section applies to chimneys serving furnaces which burn pulverised fuel or other solid matter at a rate of 100 lbs. or more per hour. It also applies to any liquid or gaseous matter which is burned at a rate equivalent to $1\frac{1}{4} \times 10^6$ B.Th.U/hour or more.

There is no longer any exemption, as there was with Section 10 of the Clean Air Act 1956, for offices, shops and residences.

The control applies when :—

- (1) A new chimney is built to serve a new or existing boiler plant.
- (2) A furnace serving an existing chimney is enlarged.
- (3) A furnace served by an existing chimney is replaced by a larger unit.

Each application requires a visit to the site of the proposed furnace installation ; particular attention being made to the height and nature of the surrounding property, since this affects the required chimney height.

PLANT IMPROVEMENTS NOTED DURING THE YEAR 1969

As the nature and condition of plant is an important factor in the reduction of pollution, the Smoke Inspectorate has always taken a keen interest in any improvements carried out. The Prior Approval Section, previously mentioned, enables the department to keep an accurate record of such improvements. Many of the improvements were extensive, involving the installation of a completely new boiler-house and chimney, while others were of a more modest nature. All have contributed to the reduction in the amount of impurities discharged into the atmosphere.

It would appear that the recent trend towards the modernisation of Boiler plant has been affected by the present credit squeeze since the number of notifications relevant to boiler and chimney renewal and alteration dealt with, has been considerably reduced on last year's figures.

In the majority of cases these new boilers are oil fired. Oil fuel has much to commend it, but it should be borne in mind that if the plant using it is not properly operated and maintained the result can be a heavy emission of smoke.

The following table indicates the various improvements that have been recorded during the year 1969.

Number of new boilers installed to give increased capacity ...	98
Number of oil fired air heaters	28
Number of mechanical stokers fitted to steam boilers	4
Number of new chimneys erected or existing chimneys heightened	32
Number of steam boiler or process furnaces converted to oil firing	10
Number of other improvements not included under the above headings	9

It has been the practice in these Annual Reports to cite a few examples of noteworthy improvements which have been effected during the year under review. Some such examples are quoted for 1969.

A Division of the Upper Clyde Shipbuilders which lies within the Fairfield Ward, found that a number of their steam boilers would not meet the requirements of the Clean Air Acts 1956 and 1968, when the Fairfield Smoke Control Area came into force on the 31st October 1969. After due consultation with this department, three hand fired boilers were fitted with mechanically operated chain grate stokers burning small coal. Apart from the initial teething problems, these units have functioned very successfully without smoke emission.

In some instances it requires punitive action against a defaulter before any effort is made to bring the boiler plant up to standard. A good example of this occurred during the year under review when Court action was taken against a hotel in the City centre. This resulted in a modernisation of the boiler plant at the hotel in question. Conditions are now good.

The Industrial Estates, which are under the control of the Board of Trade, operate many of the boilerhouses for the Blocks in these Estates. For some time now there has been concern about the frequency of heavy emissions of smoke from the chimneys serving the solid fuel fired boilers. Since all these units are within Smoke Control Areas strong protests were lodged with the Scottish Industrial Estates Management about these unsatisfactory conditions. A joint meeting between the Maintenance Department of the Industrial Estates and this Section was arranged and it was agreed that a number of these boiler units would be converted to oil firing using a low sulphur content oil. During the year 1969, three conversions were carried out in the Queenslie Industrial Estate and another two in the Thornliebank Estate. These conversions have made a significant improvement in the amenity of their respective areas.

A Corporation Hall situated in the South Side was heated by a hand fired Cornish type boiler. Many complaints of smoke emissions were received against this plant and all were found to be justifiable. Several grades and types of coal were tried to eliminate this problem but were not entirely satisfactory. This hand fired boiler has been replaced by a modern oil fired package boiler using gas oil. Conditions are now excellent.

When an oil fired boiler plant using a heavy grade of fuel with a high percentage of sulphur is proposed, care is taken that the chimney

height serving this plant is sufficient to disperse the SO_2 from the effluent into the atmosphere without causing any inconvenience or discomfort to the tenants in the locality. In the case of a new hospital in the West End of the City, this department was rather concerned about the chimney serving the new boiler installation as it was in close proximity to a tower medical block. After due consideration with the Consultant Engineers it was decided that the most accurate method of determining the chimney height in this instance was by wind tunnel tests. These tests were duly carried out and the outcome was a chimney of 210 ft. This chimney serves a battery of 4 package type boilers, fully instrumented. This project was an excellent example of what can be achieved by close co-operation between Local Authorities and Consultant Engineers.

The Heating and Ventilating Section of the Corporation has been active during the year with its conversion programme for boiler installations in Corporation property throughout the City. The majority of these conversions were for the replacement of solid fuel fired systems by that of low sulphur content oil fired units. This conversion work was carried out in a number of schools with great success.

PROSECUTIONS TAKEN DURING THE YEAR

Most of the cases dealt with during the year related to the emission of smoke from domestic premises in contravention of Section 11 (Sub Section 2) of the Clean Air Act 1956.

It is normal practice to issue warning letters to tenants in newly inaugurated smoke control areas, if they are found to be contravening the regulations during the first few weeks. If the warning letters are without effect punitive action is taken. In the case of old age pensioners who are living on a limited income and those who are suffering genuine hardship advice is given by the Inspectors on the best method of burning smokeless fuel. A total of 385 warning letters were sent to first offenders in smoke control areas during the year 1969.

Two hundred and twelve prosecutions were taken in respect of domestic smoke offences in the smoke control areas. All cases were dealt with by the Stipendiary Magistrates at either the Central or the Marine Police Courts. The following are the findings of the Courts :—

- 33 Pled guilty and were each fined £1
- 89 Pled guilty and were each fined £2
- 50 Pled guilty and were each fined £3
- 30 Pled guilty and were admonished
- 3 Failed to appear—warrants issued
- 7 Cases deserted *pro loco*

In the Industrial field, Court action was taken against two firms for contravention of Section 1 of the Clean Air Act 1956; one being fined £10, the other £5.

Action was also taken against two ships in the docks for contravention of Section 20 of the Clean Air Act 1956. In both cases the fine imposed by the Court was £5.

As mentioned earlier in the Report this department has been active in implementing Section 9 of the Clean Air Act 1968, dealing with the sale of unauthorised fuel in the smoke control areas by coal merchants. During the year under review 33 cases in this category were dealt with by the Stipendiary Magistrates. Of these :—

- 4 Pled guilty and were each fined £2
- 13 Pled guilty and were each fined £5
- 10 Pled guilty and were each fined £7
- 3 Pled guilty and were each fined £10
- 2 Pled guilty and were admonished
- 1 Failed to appear—warrant issued

ATMOSPHERIC POLLUTION ESTIMATION, RECORDING AND INSTRUMENTATION

The testing of the atmospheric conditions prevailing throughout the City is another important section of the work dealt with by this department. The duties entailed in this field are the responsibility of a technical assistant and include the supervision, analysis and recording of data obtained from the monitoring instruments. Assistance is also given by the Nursing Staff where the apparatus is situated in a clinic. This work is carried out in co-operation with the Department of Technology, to which all readings obtained are forwarded for inclusion in the National Survey of Air Pollution.

The technical assistant acts as a liaison officer to Colleges, Schools or other interested parties on matters pertaining to atmospheric pollution.

The apparatus at present in use for recording purposes consists of 17 volumetric units dealing with daily smoke and SO₂ concentrations and 14 Standard Deposit Gauges which register the precipitation of soot grit and dust etc.

Nine of the volumetric units are now fully automatic giving daily readings for one week without attention. These automatic units are excellent time saving devices.

Eleven of the deposit gauge sites lie within the City boundaries with three additional country sites at Mugdock, Darnley Waterworks and Loch Katrine. The country sites afford a comparison with conditions prevailing in the City. These deposit gauges are uplifted monthly for analysis.

The figures at the end of this report have been calculated from the data submitted by the Corporation Chemist in his analysis of the monthly samples from the various stations.

The deposit figure for the year 1969 shows a reduction on the previous year.

EDUCATIONAL ACTIVITIES—TRAINING OF OPERATIVES COURSES IN BOILERHOUSE PRACTICE AND SMOKE ABATEMENT

As in the past the various Departments of the Glasgow Corporation and Industrial concerns within the Glasgow area were circularised of the arrangements being made for the resumption of the classes. A number of neighbouring Local Authorities who have always shown an interest in this course were also advised.

The 54th annual winter session, under the joint auspices of the Scottish Division of the National Society for Clean Air and the Corporation of Glasgow, commenced on 28th October, 1969, and finished on 26th March, 1970.

Two lectures were given weekly on Tuesdays and Thursdays between the hours of 7.30 p.m. and 9.15 p.m., a total of 38 for the session. Technical film shows covering such subjects as oil fuel burning, operation of mechanical stokers, the washing and grading of coal and Clean Air, were given on two evenings. In addition to this, two class visits were made to Provan Gas Works and Dalmarnock Power Station. The fee for the course was the nominal sum of 7/6d.

The total enrolment for the session was 32 made up of 26 in the first year and six in the advanced class. Considering the difficulties involved due to shift work, the weekly attendance was good, namely 79 per cent. in the ordinary class and 76 per cent. in the advanced.

The class examination was held on 7th April 1970 in the Lecture Room, Health Department, 20 Cochrane Street, Glasgow, C.1, between the hours of 7.00 p.m. — 9.30 p.m. A total of 18 attended, 15 in the ordinary class and three in the advanced. Book prizes donated by the Society, together with the merit certificates, were presented to the students at a meeting attended and addressed by members of the Corporation and the Scottish Division of the Clean Air Society.

CLEAN AIR ACT, 1956 — SMOKE CONTROL AREAS.

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 Dec. 1958	15th April, 1959	15th Oct., 1959	201	420	3,546	253	34
Central No. 2 (Ex-tension West of Central)	24th Dec., 1959	29th Mar., 1960	15th Oct., 1960	160	113	2,154	634	45
Central No. 3 (Ex-tension East of Central)	24th Dec., 1959	29th Mar., 1960	15th Oct., 1960	91	48	341	1,436	15
Pollokshaws ...	24th Dec., 1959	29th Mar., 1960	15th Dec., 1960	2,794	36	85	10,620	203
Pollokshields ...	9th June, 1960	26th April, 1961	15th May, 1962	1,239	22	252	3,810	81
Pollokshields (No. 2)	22nd Dec., 1960	29th Aug., 1961	30th Sept., 1962	2,010	3	54	6,630	49
Provan	21st Dec., 1961	4th April, 1962	15th May, and 16th Aug., 1963	4,845	40	185	22,168	66
Craigton	20th Dec., 1962	27th May, 1964	30th Sept., 1965	1,566	29	244	12,257	87
Shettleston & T'cross	29th April, 1963	24th Oct., 1963	30th Sept., 1964	610	19	53	5,420	20
Dennistoun ...	19th Dec., 1963	17th March, 1965	31st Oct., 1966	689	38	495	8,644	74
Cathcart (No. 1) ...	10th Sept., 1964	12th March, 1965	31st Aug., 1966	641	4	387	5,260	57
Cathcart (No. 2) ...	10th Sept., 1964	12th March, 1965	31st Aug., 1966	2,096	3	300	13,797	36
Pollokshaws (No. 2)	10th Sept., 1964	6th June, 1966	31st Aug., 1967	288	Nil	39	1,931	7
Camphill	23rd Dec., 1965	30th Aug., 1966	30th Nov., 1967	481	16	761	8,039	143
Govanhill	23rd Dec., 1965	30th Aug., 1966	30th Nov., 1967	365	10	587	9,165	29
Langside	23rd Dec., 1965	30th Aug., 1966	30th Nov., 1967	801	10	495	9,326	192
Knightswood (No. 1)	15th Sept., 1966	23rd Aug., 1967	30th Sept., 1968	544	12	87	3,944	85
Knightswood (No. 2)	15th Sept., 1966	23rd Aug., 1967	30th Sept., 1968	1,070	5	162	9,994	222
Whiteinch	12th Aug., 1968	28th Oct., 1968	31st Oct., 1969	790	30	324	6,759	105
Fairfield	12th Aug., 1968	28th Oct., 1968	31st Oct., 1969	1,299	63	151	4,034	64
Yoker	22nd July, 1969	1st Oct., 1969	30th Nov., 1970	1,213	37	185	11,064	291

AVERAGE DEPOSIT OF EACH ELEMENT OF ATMOSPHERIC POLLUTION FOR EACH MONTH OF 1968

ENGLISH TONS PER SQUARE MILE

	Month	Rainfall in millimetres	INSOLUBLE MATTER						Included in Soluble		TOTAL SOLIDS					
			Tar	Carbonaceous less Tar	Ash	Total Insoluble Matter	Total Soluble Matter	Sulphate as SO ₄	Chloride as Cl.	Total Solids, 1968	1968	1967	1966	1965	1964	1963
Mean of 9 Stations	January	...	0.37	3.31	7.37	11.05	6.29	1.69	1.01	17.35	28.44	11.57	21.37	20.86	19.25	20.85
Mean of 11 Stations	February	...	0.20	1.92	3.96	6.08	4.59	1.17	1.17	10.67	8.73	18.38	23.62	10.11	14.22	7.62
Mean of 11 Stations	March	...	0.22	3.02	6.62	9.86	3.25	1.07	0.49	13.11	20.92	23.34	15.63	24.51	20.09	23.64
Mean of 8 Stations	April	...	0.16	2.20	4.31	6.67	4.02	0.87	0.69	10.68	9.45	11.56	12.17	16.99	21.38	14.59
Mean of 11 Stations	May	...	0.26	1.53	4.22	6.11	5.19	2.42	0.49	11.30	14.21	13.76	16.42	11.37	13.50	14.73
Mean of 10 Stations	June	...	0.20	4.14	4.02	8.36	4.68	1.38	0.39	13.04	9.14	12.52	14.85	15.01	14.87	12.12
Mean of 9 Stations	July	...	0.18	1.36	2.85	4.39	2.44	0.69	0.35	6.83	8.29	6.62	9.10	10.35	12.96	10.08
Mean of 7 Stations	August	...	0.16	2.02	1.80	3.98	4.29	1.69	0.43	8.27	7.94	7.72	14.74	13.37	16.49	11.36
Mean of 9 Stations	September	...	0.34	0.95	3.46	4.75	4.91	1.34	1.23	9.66	17.06	6.76	11.14	13.52	12.71	13.63
Mean of 10 Stations	October	...	0.21	2.24	4.04	6.49	4.80	1.36	1.10	11.29	12.27	17.79	13.18	19.79	16.56	10.00
Mean of 11 Stations	November	...	0.17	2.26	4.28	6.71	6.75	1.91	1.93	13.46	12.03	9.20	27.78	13.80	18.80	23.62
Mean of 11 Stations	December	...	0.28	2.55	6.08	8.91	5.86	1.60	0.70	14.78	9.70	9.86	17.73	20.27	18.35	17.25
Yearly Deposit in Tons per square mile		829	2.75	27.50	53.01	83.36	57.07	17.19	9.98	140.44	158.18	149.08	194.73	189.95	199.18	179.49
Monthly Mean of All Gauges ...		69	0.23	2.30	4.42	6.97	4.76	1.43	0.83	11.70	13.18	12.42	16.23	15.83	16.60	14.95

SECTION XVI

GENERAL SANITARY OPERATIONS

The five Public Health Divisions are made up 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 1969 were as follows :—

			Area		Population	Density
Central	...	...	7,050	acres	193,606	27
North	...	...	8,172	"	174,959	21
East	...	...	8,855	"	217,005	24
South-East	...	...	8,246	"	204,262	24
South-West	...	...	7,402	"	138,116	18
City	...	...	39,725	"	927,948	23

North of the River—585,570 South of the River—342,378
City Total—927,948

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, 1969 —

		Number of Houses		
		Occupied	Empty	Total
Central	...	65,187	2,480	67,667
North	...	60,106	3,671	63,777
East	...	69,304	3,369	72,673
South-East	...	66,786	2,118	68,904
South-West	...	44,603	1,896	46,499
City	...	305,986	13,534	319,520

For a summary of the work done see Appendix Table XII—
“Operations of Sanitary Section”.

During 1969 the staff were again stretched despite most of the work caused by storm damage having been overtaken. The divisions concentrated on overtaking those arrears of work which had had to be deferred. This change of emphasis is reflected in the statistics for the year as shown in Appendix Table XII.

The Housing (Scotland) Act, 1969 and the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968 which became law in 1969 laid additional duties on the sanitary inspector. In the former it meant new unfitness criteria, programmes for individual Closing and Demolition of houses and Treatment Areas while, in the latter, a new duty involving problems of safety in hoists and lifts.

PUBLIC HEALTH (SCOTLAND) ACT, 1897

With the release from storm damage work the number of nuisances remedied during the year increased by 15,000 over the previous year. It reflects considerable credit on the staff that some 69,103 nuisances were abated with consequent improvement in living conditions in many houses and back areas throughout the City. Two nuisances are worthy of special mention :—

An unusual incident of sewage sludge travelling five to six miles and causing nuisance in the South-Western Division occurred at an area near the southern approaches to the Linthouse/Whiteinch Tunnel. The sanitary inspector in the Linthouse area received a complaint from Post Office Engineers that a manhole on their line of cables was being flooded with sludge and requested the Department's assistance. In the course of the investigations, all house drains in the area were colour tested but no positive results were obtained. The drainage system of the Linthouse Tunnel was also investigated but this was not the cause of the nuisance either.

A sample of the contents from the manhole was taken and its similarity to digested sludge became noted. Attention was immediately directed to the pipe conveying digested sludge under pressure from Dalmarnock Sewage Works to Shieldhall Sewage Works where it is finally loaded into boats for dumping at sea. The analytical chemist at Shieldhall Sewage Works, to whom this sample was then submitted

reported that it was identical with the sludge conveyed under pressure from Dalmarnock.

The defect in the sludge pipe was dealt with by the appropriate Department.

Following a request from the City Estates Department who were negotiating for the purchase of the ground formerly occupied by a chemical works, samples were taken from the surface of the area and from metal containers found partly buried in the ground. The brick buildings which had comprised the premises had been empty for some time and had become dangerous. The buildings had been demolished and the material bulldozed into a deep depression situated between the factory and an adjoining railway embankment on the north side of the site.

The Analyst's report indicated the presence of arsenic contamination ranging from 0.01 per cent. to 56.14 per cent. Due to the high toxicity the site was considered to be dangerous and a hazard to health. Since the actual depth of contamination was unknown and due to the high cost of obtaining sample soil cores of the site it was recommended that the site be infilled to a depth of approximately eight to ten feet utilising the high surrounding ground as infill levels. This would have the effect of sterilising the site for building operations other than buildings of light construction and shallow foundations.

Statutory proceedings in terms of the Public Health (Scotland) Act, 1897, were instituted against the owners of the ground and following proceedings in the Sheriff Court the nuisance conditions were abated.

This was achieved after consultation between the Department and the contractor, part of the site being excavated to a depth of approximately twenty feet and all loose contaminated material buried in the excavation which also received the top soil from the contaminated areas, scraped off to a depth of approximately two feet. The entire site was then levelled.

No development on the site will take place without consultation with this Department. Precautions were taken to protect the operators during the operations.

The cost of the work involved was in the region of £1,500 and the Corporation were awarded £5 5s. modified expenses.

Following the increase in nuisance work the number of cases before the Sheriff also increased and is shown below.

NUMBER OF NUISANCES ABATED

Division			1959
Central	...	...	12,810
Northern	...	...	19,982
Eastern	...	...	16,678
South-Eastern	...	...	7,226
South-Western	...	...	12,407
City	...	...	<u>69,103</u>

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			Expenses		
					£	s.	d.	£	s.	d.
Central ...	78	48	—	22	1,765	13	3	189	0	0
Northern ...	105	42	—	63	228	5	9	174	6	0
Eastern ...	14	14	—	—	108	18	6	64	1	0
South-Eastern ...	1	1	—	—	—	—	—	—	—	—
South-Western ...	13	9*	—	6	236	1	3	68	5	0
City ...	<u>211</u>	<u>114</u>	—	<u>91</u>	<u>£2,338</u>	<u>18</u>	<u>9</u>	<u>£495</u>	<u>12</u>	<u>0</u>

* Two cases continued from 1968.

THE GLASGOW CORPORATION ORDER CONFIRMATION ACT, 1959

Some 15,828 notices were issued in respect of choked drains, a decrease of 1,626 from the previous year. In 18 per cent. of the cases it was necessary to have tradesmen employed by the Corporation to clear the drains and for the Department to recover the cost from the owner.

This is most effective legislation and abates intolerable conditions very much more quickly than action taken in terms of the Public Health (Scotland) Act, 1897.

Division			Number of Notices Issued	Cleared by Owner within Statutory Period		Cleared by Corporation	
				No.	Percentage	No.	Percentage
Central	...	...	1,918	1,310	69.0	602	31.0
Northern	...	...	4,717	3,740	79.0	1,000	21.0
Eastern	...	...	5,015	4,577	91.27	438	8.73
South-Eastern	...	...	1,357	978	71.0	379	29.0
South-Western	...	...	2,821	2,688	95.3	133	4.7
City	...	...	<u>15,282</u>	<u>13,293</u>	<u>82.0</u>	<u>2,552</u>	<u>18.0</u>

THE HOUSING (SCOTLAND) ACTS, 1966-69

The momentum of slum clearance was continued during the year when some 6,147 houses were subject to Closing and Demolition Orders. This figure represented an increase of 253 houses over the remarkable figure of the previous year. An interesting point emerging from this programme is that at the time of inspection about one-fifth of the total number of houses represented in a property were unoccupied, and a further number of families moved to other houses of their own accord. In consequence the Housing Manager had to find alternative accommodation for just over two-thirds of the original families. The last two years have made such an impact on the slum clearance programme that at the end of the year a new five-year programme was in preparation based on the current rate of progress. If maintained, the back of the housing problem will be well and truly broken at the end of 1975.

The new Housing (Scotland) Act, 1969, became law in the autumn of the year, almost immediately involving additional work.

Pollokshaws "Old Swan" Treatment Area (Improvement) and Weir Street Treatment Area (Demolition) were surveyed (Section 4 (2) a and c). Section 44 (1) makes provision for the conversion of existing controlled tenancies to regulated tenancies provided the house satisfies the local authority in certain respects.

It is estimated that there are about 16,000 controlled tenancies in private property, an indication of the future workload.

Criticism has been expressed in the past of Glasgow not using the slum clearance provisions of older Housing Acts but such has been the state of the City's housing stock that much faster progress was made by representation of houses in individual properties by Closing and Demolition Order procedure.

In addition, because of the condition of so many properties it was possible to represent houses in properties contiguous with one another and in so doing clearing whole streets and areas of unfit houses.

The following tables indicate Housing Statistics in the City at the end of 1969.

CLOSING/DEMOLITION AND CLEARANCE OF PROPERTIES

Year	Closing Order	Demolition Order	Slum Clearance	Total
1945-49 ...	192	271	—	463
1950-59 ...	3,831	5,499	504	9,834
1960-69 ...	13,924	14,875	*855	30,452
	<u>17,947</u>	<u>20,645</u>	<u>1,359</u>	<u>40,749</u>

* Includes 57 houses for demolition under Treatment Area procedure of the Housing (Scotland) Act, 1969.

DETAILS OF HOUSES DEALT WITH DURING 1969 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 ...	607	99	18	1,178	2,206
Northern ...	1,997	98	13	1,330	3,438
Eastern ...	2,213	79	14	82	2,388
South-Eastern ...	465	52	—	671	1,188
South-Western ...	922*	11	14	185	1,132
City ...	<u>6,204</u>	<u>339</u>	<u>59</u>	<u>3,446</u>	<u>10,352</u>

* Includes 57 houses dealt with under Treatment Area procedure Section 4 (2)a of the Housing (Scotland) Act, 1969.

HOUSING STATISTICS IN THE FIVE SANITARY DIVISIONS AT 31.12.69

	Central	Northern	Eastern	S. Eastern	S. Western	Total
Number of Standard Houses	50,657	39,941	46,088	56,278	31,608	224,572 (71%)
Number of Sub-Standard "A" Houses	10,481	11,268	7,972	3,184	3,673	36,578
Number of Sub-Standard "B" Houses	3,255	11,563	12,798	6,986	9,100	43,702
Houses unfit (on existing three-year list)	766	1,650	3,787	2,943	1,176	10,332
	<u>65,169</u>	<u>64,422</u>	<u>70,645</u>	<u>69,391</u>	<u>45,557</u>	<u>315,184</u>
Housing at 31.12.69						
Total number of houses	65,169	64,422	70,645	69,391	45,557	315,184
Number of Houses with internal water supply	65,169	64,422	70,645	69,391	45,447	315,184
Number of Houses with internal water closet	63,814	51,513	54,815	65,512	41,502	227,028 (88%)
Number of Houses with external water closet	1,355	12,909	15,830	3,879	4,055	38,028 (12%)
Number of Houses with internal bath	53,437	41,081	46,616	56,278	32,858	230,270 (73%)
Number of Houses without bath	11,732	23,341	24,029	13,113	12,699	84,914 (27%)

ABANDONED PROPERTIES

There was a considerable decrease in the number of abandoned properties during the year, the slum clearance programme accounting for most of the 21 properties demolished leaving 24 properties containing 167 houses. In this total there are some houses which will not be dealt with by this Department in the foreseeable future and could be acquired by the Corporation and rents charged in order to defray the costs involved in maintaining the houses.

NUMBER OF PROPERTIES AND HOUSES RECORDED
AS ABANDONED AS AT DECEMBER, 1969

Division	Number of Properties	Number of Houses
Central	4	19
Northern	7	53
Eastern	5	43
South-Eastern	1	10
South-Western	7	42
City	<u>24</u>	<u>167</u>

GLASGOW CORPORATION (GENERAL POWERS) ORDER CONFIRMATION
ACTS, 1960-62

BYELAWS MADE THEREUNDER

REDECORATION OF WALLS OF CLOSES AND STAIRS

Considerable work was done by the staff during the year and made up to some extent for the limited attention given in 1968.

There is always the feeling of work well done when painting and lime-washing is carried out as this encourages the tenants to maintain the property in which they live in good condition.

Division	As a Result of Notice	Voluntary by Owners	Total
Central	441	170	611
Northern	882	122	1,004
Eastern	252	400	652
South-Eastern	112	73	185
South-Western	384	99	483
Total	<u>2,071</u>	<u>864</u>	<u>2,935</u>

CLEANSING OF CLOSES AND STAIRS

The failure of many occupiers to take their turn of cleansing closes and stairs in tenement property, whether owned by the Corporation or private landlords, is to be regretted. In all rent books there is a clause which places a responsibility on tenants or occupiers to take their turn of maintaining closes and stairs in a cleanly condition yet in many cases this is ignored. It therefore falls on the sanitary inspector to intervene and issue notices to the occupiers concerned. Some people have to be forced to keep the close or stairs on their own doorstep clean and too much of the inspectors' valuable time is taken up seeking the co-operation of occupiers to do what is after all their responsibility.

New byelaws which will impose a duty on all occupiers of dwelling houses or other premises within a tenement are at the final stages of preparation and it is hoped that they will come into operation during 1970. Rotation cards in the form of a notice were issued on 941 occasions.

FARMED-OUT HOUSES

There was a decrease of one in the total number of farmed-out houses on the Register.

Court action was taken in four instances resulting in two defendant being admonished after remedying the contraventions of the byelaws. In the two remaining cases one defendant was found guilty, and fined and the other case is still pending, despite the fact that this matter has been before the court nine months.

Division	No. of Declared Farmed-out houses during year ended 31.12.69	No. of Farmed- out houses Regd. during year ended 31.12.69	No. of Farmed- out Houses deleted during year ended 31.12.69	Total No. on Register as at 31.12.69
Central ...	—	—	—	—
Northern ...	5	—	1	5
Eastern ...	7	—	—	7
South-Eastern	—	—	—	—
South-Western	1	—	—	1
	—	—	—	—
Total ...	13	—	1	13
	==	==	==	==

GLASGOW CORPORATION ORDER CONFIRMATION ACT, 1963

Court proceedings were taken during the year on fifteen instances because occupiers were keeping, slaughtering or dressing poultry without a licence. Thirteen were found guilty, one admonished and twelve occupiers fined a total of £108. Two cases were pending at the end of the year.

D.D.T. UNIT

This unit which absorbed the rodent control work in the City in the latter part of 1968 is now established and has been redesignated the Pest Control Unit.

Because of staff shortage the unit had teething troubles in absorbing the tremendous amount of work in rodent control, and although the staffing position has not changed it is to the credit of the staff that through much hard work the problems of rat infestation in the City are being vigorously tackled. I am confident that this good work will be reflected in the figures for the ensuing year.

The tremendous changes and redevelopment in the City have not made the situation any easier. There are still too many slum properties in the City which have the traditional wash-house and ashbin shelter in the back court. Since the advent of the washing machine and laundrette most wash-houses are not used and are in a dilapidated condition and provide one of the main sources of harbourage for rats with a readily available food source at the ashbins nearby.

The major sources of infestations are all north of the River Clyde extending from Drumchapel in the west to Partick, Springburn and Maryhill to the Eastern Division. The accompanying tables show that mice infestations predominate in the East and South-East Divisions of the City.

During the year two large block control exercises were carried out with considerable success.

Details of the Unit's work are as follows :—

RODENT CONTROL

The table indicates the number of infestations, etc., in the various Divisions of the City.

Division	Complaints Received	Premises Infested and Treated		Total Premises Infested	Premises Rat-Proofed
		Rats	Mice		
Central ...	3,410	1,873	75	1,948	549
Northern ...	2,245	1,769	53	1,822	476
Eastern ...	1,629	476	709	1,185	134
South-Eastern	1,138	407	304	711	108
South-Western	1,005	776	59	835	354
City ...	<u>9,427</u>	<u>5,301</u>	<u>1,200</u>	<u>6,501</u>	<u>1,621</u>

In addition to the above two block control areas were carried out in the Northern Division of the City.

Area No. 1—Part of North Kelvin Ward—

Number of properties inspected ...	488
Number of properties infested ...	213
Number of houses in area ...	4,475
Number of houses infested ...	20
Number of Sewer manholes treated	206

The operation lasted eighteen days. The bait used was Racumin 57, the total amounting to 2,835 lbs.

Area No. 2—Continuation of North Kelvin Ward—

Number of properties inspected	...	235
Number of properties infested	...	92
Number of houses in area	...	2,574
Number of houses infested	...	10

A total of 900 lbs. of bait Racumin 57 was used and the work lasted for a month.

During the year the Parks Department asked for help in dealing with foxes and rats on the island in Hogganfield Loch which is used as a bird sanctuary. By the use of snares and Cymag Gas two foxes were killed and the rat population eliminated.

On another occasion a frantic call from a tenant whose house was over-run with mice turned out to be five pet mice which had escaped from some other house in this or adjacent property. The mice were collected and suitable homes found for them all.

An escaped hamster in a school was also dealt with.

DISINFESTATION

The work has been maintained at the same level, the total number of apartments treated again showing an increase on previous years.

The following table shows the amount of work carried out in each Division :—

TABLE I
NUMBER OF APARTMENTS TREATED

Division	Tenants		Bug Infestation	Being rehoused	Cockroach infestation	Other insects	Total
Central	16	—	81	985	1,082
Northern	27	3	59	995	1,084
Eastern	73	39	49	1,546	1,707
South-Eastern	7	3	73	679	762
South-Western	26	1	125	605	757
City	149	46	387	4,810	5,392

OTHER INSECTS

This aspect of the Unit's work continued as in previous years showing a considerable increase in both the number of visits and apartments treated.

The following table shows the amount of work carried out in each Division in respect of other insect infestations.

TABLE II

NUMBER OF APARTMENTS TREATED

Division	Verminous Bedding	Flea Infestation	Fly Infestation	Other Insects	Total
Central	87	522	21	355	985
Northern	14	544	8	429	995
Eastern	15	1,094	4	433	1,546
South-Eastern	14	391	6	268	679
South-Western	11	302	8	284	605
City	<u>141</u>	<u>2,853</u>	<u>47</u>	<u>1,769</u>	<u>4,810</u>

OTHER PREMISES

In addition to the work shown in the previous tables, 513 treatments of other premises (shops, schools, Public Baths, etc.) were carried out for numerous kinds of insect pests.

Following requests from the Police, Housing Manager, Schools and householders the Unit successfully dealt with 204 wasps' nests which either were 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	...	169
Cockroach Infestation	... ..	683
Verminous Bedding	... ..	167
Flea Infestation	... ..	1,192
Fly Infestation	... ..	106
Other Insect Infestation	... ..	1,960
		<u>4,277</u>

I again record thanks to the staff of the Zoology Department, Glasgow University, for the help so willingly given throughout the year.

DISINFECTING

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 diseases. It also serves the public by lending equipment and supplying materials so that the tenants themselves can do cleaning, whitewashing or distempering.

DISINFECTION OF PREMISES, ETC.

The following table shows the number of premises and books dealt with on account of infectious diseases :—

Houses, etc. disinfected	...	...	2,152
Library and School Books disinfected			217

The amount of materials used for these purposes and also issued to the public is shown below :—

Formaldehyde, 40 per cent.	...	10 gallons
Naphthalene Powder	...	497 lbs.
Disinfectant (crude)	...	24½ gallons.
Whiting	...	14 lbs.
Colour (dry)	...	2 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 664 vehicles. In addition to the above work 140,116 articles of second-hand clothing were disinfected before export to other countries.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

In all Divisions, with the exception of the Central Division, the initial general inspections have been carried out and further visits are being made to reduce outstanding contraventions. Generally speaking, the degree of compliance varied with the type of premises. Contraventions in offices were remedied more quickly than in shops, especially small shops with only one or two employees. Total disregard for the initial correspondence relating to contraventions was not uncommon and reminder letters had to be sent.

In the Central Division the major problems arise with so many varied and multi-occupied buildings. Some 28 per cent. or 1,781 of a

known total of 6,293 premises have received a general inspection. The emphasis on a general inspection and follow up visits thereafter has been changed in an effort to overcome the back log of general inspections despite the fact that it may take longer to have contraventions remedied.

Two hundred and seventy-four accidents were reported in the City, an increase on the previous year, but this figure bears no relationship to the total number occurring as many occupiers fail to notify such incidents.

One accident of note which occurred during the year deserves mention :—

Early in November, 1969, a 1½ gallon electric water-heater was installed in licensed premises consisting of a public bar and small lounge in the South-Western Division of the City.

This heater is designed for under sink fitting, is of a non-pressure type and the makers stress in their literature and on a warning displayed on the heater that under no circumstances should any obstruction be introduced into the hot outlet system. They recommend the use of their patent Lidomat tap system which provides for expansion. When installed as a multi-point heater using standard tap fittings, the unit must be fed from a storage cistern and fitted with a vent pipe.

The heater, in this case, was located under the bar counter and was required to supply hot water to a sink and a washhand basin situated approximately six feet apart. The hot outlet was connected by means of a " T " piece to the existing hot taps from which the jumpers and washers had been removed, the flow being controlled by the cold water supply valve at the heater.

It was found, as might be expected, that hot water was being delivered simultaneously at the sink and washhand basin and the plumber was asked to make alterations in order to secure separate control at these points. For this purpose he introduced a gate valve on either side of the " T " piece so that the supply of hot water could be shut off from either outlet. At the same time, he instructed the manager of the premises that at least one of the valves should be left in the open position at all times.

The system appears to have worked satisfactorily for a few weeks, until the heater exploded with great force some twenty minutes after

being switched on. An area nine feet by four feet of the bar counter was destroyed, gantry fittings and ceiling plaster were damaged and a plate glass window measuring nine feet by six feet was shattered. The heater itself completely disintegrated.

One member of the staff received injury and scalding of the right leg and along with four customers suffering from shock, was removed to the hospital. Fortunately, there were very few customers in the premises at the time and none was near to the position of the water heater.

It would appear that this accident resulted from the unit not being fitted in accordance with the makers' instructions. The installation was by no means fool-proof since, despite advice to the contrary, both valves could be inadvertently closed preventing normal expansion with consequent risk of explosion.

On the 28th May, 1969, the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968 came into operation. This was an entirely new field for sanitary inspectors and during the six months in which the Regulations have been in force, the inspectors responsible, particularly in the Central Division where the greatest burden in respect of Hoists and Lifts has fallen, have gained considerable experience.

The Forms F54 received from Insurance Companies reporting on Hoists and Lifts were at first not always accurate and discussions have taken place with engineers about their presentation. Form F54 is a document of considerable importance which necessitates the occupiers of buildings either to have repairs, alterations or renewals carried out within the time stated or the lift in question rendered inoperative pending the completion of repairs, etc.

In all, some 89 Forms F54 were received during the six months of operation of the Act, 79 of which were in respect of the Central Division. As a result of these notifications some 34 lifts were rendered inoperative because of failure to complete repairs, etc., within the time stated and on one occasion when the occupier refused to do so an application was made to the Sheriff Court in terms of Section 22 of the Offices, Shops and Railway Premises Act, 1963.

Statistics of the work done in terms of the Act during the year are as follows :—

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963
ANNUAL REPORT, 1969

	Class of Premises—in Divisions					TOTALS	Analysis of Employees—in Divisions					TOTALS
	C.	N.	E.	S.E.	S.W.		C.	N.	E.	S.E.	S.W.	
Offices ...	123 3,505	5 321	21 570	7 487	5 307	161* 5,190	1,613 57,143	144 5,371	449 4,511	334 4,548	197 4,036	2,727* 57,609
Retail Shops ...	220 1,921	1 1,075	21 1,277	23 1,395	9 832	274* 6,500	973 22,447	16 4,361	61 5,388	213 6,835	25 3,116	1,288* 42,147
Wholesale Shops or Warehouse ...	17 465	3 53	51 172	1 103	1 60	73* 853	286 8,246	123 999	503 2,039	5 1,109	11 1,846	928* 14,239
Catering ...	14 392	— 181	1 272	— 208	3 178	18* 1,231	143 6,858	— 1,344	6 1,959	8 1,475	7 952	164* 12,588
Canteens ...	— 9	— 6	— 3	— —	— 1	— 19	12 896	1 151	— 46	3 55	— 5	16* 1,153
Fuel Stores ...	— 1	— 1	— —	— 1	— 1	— 4	— 18	— 16	— 27	— 4	— 22	— 87
Totals ...	374 6,293	9 1,637	94 2,294	31 2,194	18 1,379	526* 13,797	3,027 95,608	284 12,242	1,019 13,970	563 14,026	240 9,977	5,133* 145,823
* New Registrations, 1969 (Included in totals)						MALES ...	1,316	165	643	347	80	2,551*
						FEMALES	42,280	6,038	6,434	6,066	4,513	65,331
						13,797—Total premises	1,711 53,328	119 6,204	376 7,536	216 7,960	160 5,464	2,582* 80,492
						Total employees—145,823						

HOISTS AND LIFTS REGULATIONS, 1968
CITY RETURN. CONTRAVENTIONS REMEDIED DURING 1969. ALL DIVISIONS

Regulation	Passenger Automatic Division			Passenger Attendant Division			Goods Automatic Division			Goods Attendant Division			Dumb Waiter Division			Others Division		
	C.	N.	E.	S.E.	S.W.	Total	C.	N.	E.	S.E.	S.W.	Total	C.	N.	E.	S.E.	S.W.	Total
3(2)(a)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3(2)(b)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3(3)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	16	—	—	—	—	16	19	—	—	—	—	19	28	13	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7(1)	—	—	—	—	—	—	5	7	—	—	—	5	7	4	2	—	—	—
7(2)	—	—	—	—	—	—	2	—	—	—	—	2	—	1	2	4	—	—
7(3)(a)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7(3)(b)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7(4)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9(1)(a)	2	—	—	—	—	2	—	—	—	—	—	2	—	1	1	—	—	—
9(1)(b)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9(2)(a)	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—
9(2)(b)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9(3)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	18	—	—	—	—	18	26	38	—	—	—	26	38	24	18	—	—	4
	18			26			38			26			18			4		

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963
 NOTIFIABLE ACCIDENTS—FORMS O.S.R.2 RECEIVED
 AND VISITS MADE 1969

Type of Premises	Quarters of year	C.		N.		E.		S.E.		S.W.		Total Accidents	Total Visits
		Forms		Forms		Forms		Forms		Forms			
		Visits	Visits	Visits	Visits	Visits	Visits	Visits	Visits	Visits	Visits		
Offices	1	3	3	3	3	—	—	1	—	—	—	7	6
	2	4	4	—	—	—	—	—	—	—	—	4	4
	3	8	8	—	—	—	—	—	—	—	—	8	8
	4	35	9	1	1	—	—	2	2	—	—	38	12
	Total	50	24	4	4	—	—	3	2	—	—	57	30
Shops	1	21	21	1	1	2	2	3	3	1	1	28	28
	2	20	20	2	2	2	2	4	3	2	2	30	29
	3	24	24	—	—	6	4	2	2	—	—	32	30
	4	25	25	4	4	4	3	1	1	4	4	38	37
	Total	90	90	7	7	14	11	10	9	7	7	128	124
Wholesale Dept. or Warehouse	1	4	4	—	—	3	2	4	3	1	1	12	10
	2	1	1	1	1	3	3	1	1	6	6	12	12
	3	6	6	2	2	1	1	2	2	3	3	14	14
	4	2	2	1	1	1	—	2	2	3	3	9	8
	Total	13	13	4	4	8	6	9	8	13	13	47	44
Catering Establ's	1	8	8	—	—	1	1	—	—	—	—	9	9
	2	8	8	—	—	—	—	—	—	—	—	8	8
	3	4	4	1	1	—	—	—	—	—	—	5	5
	4	10	10	—	—	—	—	—	—	—	—	10	10
	Total	30	30	1	1	1	1	—	—	—	—	32	32
Staff Canteens	1	1	1	—	—	—	—	—	—	—	—	1	1
	2	2	2	—	—	—	—	—	—	—	—	2	2
	3	2	2	—	—	—	—	—	—	—	—	2	2
	4	5	4	—	—	—	—	—	—	—	—	5	4
	Total	10	9	—	—	—	—	—	—	—	—	10	9
Fuel Depots	1	—	—	—	—	—	—	—	—	—	—	—	—
	2	—	—	—	—	—	—	—	—	—	—	—	—
	3	—	—	—	—	—	—	—	—	—	—	—	—
	4	—	—	—	—	—	—	—	—	—	—	—	—
	Total	—	—	—	—	—	—	—	—	—	—	—	—
Totals	...	193	166	16	16	23	18	22	19	20	20	274	239

FOOD HYGIENE (SCOTLAND) REGULATIONS, 1959-61

There was an increase in the number of inspections and visits to premises during the year but because of a shortage of staff this very important work does not receive the full attention desirable. While in many instances premises have been brought up to the structural standard required by the Regulations, education aimed at the food worker is all important whether it be top management or the employees.

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	1,147	203	517
Northern	588	67	670
Eastern	927	102	221
South-Eastern	1,030	469	1,419
South-Western	528	200	647
City	4,220	1,041	3,474

FACTORIES ACT, 1961

There was a decrease of 185 in the overall number of factories registered in the City in the previous year. Some 2,142 inspections were carried out involving 4,826 visits. The following table reveals the distribution of factories throughout the City.

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 31.12.69					Number of Inspections			
Central	1,000	47	56	1,103	321	5	56	382
Northern	379	11	43	433	299	8	43	350
Eastern	570	47	12	629	428	18	12	458
South-Eastern	430	36	11	477	430	36	11	477
South-Western	391	15	16	422	428	20	27	475
City	2,770	156	138	3,064	1,906	87	149	2,142

DRAINAGE

Every year there is a continuing development in the plastics industry bringing with it more and more varied types of fittings and pipes.

Division	No. of Consultations re Drainage Schemes	No. of Applications
Central	1,110	468
Northern	336	867
Eastern	218	459
South-Eastern	256	436
South-Western	460	382
	<hr/>	<hr/>
City	2,380	2,612
	<hr/>	<hr/>

RAG, FLOCK AND OTHER FILLING MATERIALS ACT, 1951

At the end of the year eight additional premises had been registered over the previous year and one licensed premises deleted. The following table shows the position in each Division.

Division	Registered Premises	Licensed Premises
Central	6	1
Northern	4	—
Eastern	10	1
South-Eastern	14	—
South-Western	14	—
	—	—
City	48	2
	<hr/>	<hr/>

AGED AND INFIRM PERSONS

The public health nurses associated with the sanitary divisions are now devoting all their attention to visiting aged and infirm persons on their register. Names of aged and infirm persons are being added continually and officials of other Departments and members of the general public, should report to the Health Department any such person seen in the course of visits or observations who might require care and attention. This constant vigilance may prevent those tragic developments which occur when elderly people are too proud to ask for assistance. With the ever increasing cost of living, many aged

persons must be feeling the pinch and consequently cut down on fuel and food.

Division	Males	Females	Total	Houses Cleaned	Compassionate Washings
Central ...	715	1,774	2,489	52	1,549
Northern ...	707	1,501	2,208	67	1,969
Eastern ...	550	1,460	2,010	90	1,430
South-Eastern ...	496	1,137	1,633	187	362
South-Western ...	383	956	1,339	21	57
City ...	<u>2,851</u>	<u>6,828</u>	<u>9,679</u>	<u>417</u>	<u>5,367</u>

NOISE ABATEMENT ACT, 1960

During the year some 56 "noise" complaints were received, an increase of four from the previous year. Most of the complaints concern extraction fans in business premises under houses, refrigerant machinery in food premises under houses, pneumatic drills and compressors, piling operations and the use of heavy machinery on building sites.

A rather unusual noise complaint was dealt with during the year when several complaints were received from tenants in close proximity to a British Railways Workshop where diesel locomotives are repaired and tested.

During the investigations an elderly lady living alone complained that she was unable to sleep due to the noise of the diesel locomotives. No noise level reading could be recorded in the bed-recess in the kitchen where she slept. A distinct humming noise could be heard when one's ear was applied to the wall of this bed-recess. The cause of the complaint was traced to the electricity meter in the lobby and on the wall common to the bed-recess. The noise was being conducted through the wall to the bed-recess and was being greatly exaggerated by the quietness of the house during the night. The matter was referred to the South of Scotland Electricity Board for their attention.

LIST OF VARIOUS COMPLAINTS UNDER HEADINGS

	Central	Northern	Eastern	South Eastern	South Western	Total
Industrial ...	4	5	6	2	1	18
Commercial ...	5	—	—	5	4	14
Dwelling-houses	3	1	—	1	—	5
Others ...	12	4	—	—	3	19
City ...	<u>24</u>	<u>10</u>	<u>6</u>	<u>8</u>	<u>8</u>	<u>56</u>

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.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1969 FOR THE COUNTY OF
THE CITY OF GLASGOW *

PRESCRIBED PARTICULARS ON THE ADMINISTRATION
OF THE FACTORIES ACT, 1961

PART I OF THE ACT

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

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities†	156	87	27	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,770	1,906	582	1
(iii) Other Premises in which Section 7 is enforced by the Local Authority‡ (including out-workers' premises)	138	149	5	—
	<u>3,064</u>	<u>2,142</u>	<u>614</u>	<u>1</u>

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").

Number of cases in which defects were found

Particulars	Found	Remedied	Referred		Number of cases in which prosecutions were instituted
(1)	(2)	(3)	To H.M. Inspector	By H.M. Inspector	(6)
Want of cleanliness (S.1)	12	2	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	1	—	—	—	—
Inadequate ventilation (S.4) ...	3	1	1	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	23	18	—	7	1
(b) Unsuitable or defective ...	1,032	518	—	36	—
(c) Not separate for sexes ...	42	25	—	—	—
Other offences against the Act (not including offences relating to Out-work) ...	234	208	—	2	—
Total ...	<u>1,347</u>	<u>770</u>	<u>1</u>	<u>46</u>	<u>1</u>

* 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) (1) (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 prosecu- tions 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 ...	—	—	—	—	—	—
Household Linen ...	—	—	—	—	—	—
Lace, lace curtains and nets ...	—	—	—	—	—	—
Curtains and furniture hangings ...	—	—	—	—	—	—
Furniture and upholstery	—	—	—	—	—	—
Electro-plate ...	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling ...	—	—	—	—	—	—
Iron and steel cables and chains ...	—	—	—	—	—	—
Iron and steel anchors and grapnels ...	—	—	—	—	—	—
Cart gear...	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc. ...	—	—	—	—	—	—
Artificial flowers ...	—	—	—	—	—	—
Nets, other than wire nets	—	—	—	—	—	—
Tents ...	—	—	—	—	—	—
Sacks ...	—	—	—	—	—	—
Racquet and tennis balls	—	—	—	—	—	—
Paper bags ...	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper ...	—	—	—	—	—	—
File making ...	—	—	—	—	—	—
Brush making ...	—	—	—	—	—	—
Pea picking ...	—	—	—	—	—	—
Feather sorting ...	—	—	—	—	—	—
Carding, etc., of buttons, etc. ...	—	—	—	—	—	—
Stuffed toys ...	—	—	—	—	—	—
Basket making ...	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—
Cosacques, Christmas cra- ckers, Christmas stock- ings, etc. ...	—	—	—	—	—	—
Textile weaving ...	—	—	—	—	—	—
Lampshades ...	—	—	—	—	—	—
Total ...	—	—	—	—	—	—

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. Three thousand, nine hundred and eighty seven persons were examined for the first time and 714 were examined for the second or subsequent occasion. The remainder were 67 retiral examinations and 81 examinations carried out by special request of Corporation Departments and on behalf of other local authorities making a total of 4,849.

Table I shows how these examinations were distributed by Scheme and Department.

TABLE I

Eight hundred and eighty (22 per cent.) of 3,987 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

Seven hundred and fourteen persons who had been found unfit at previous medical examinations were re-examined and of those 260 (36.4 per cent.) were again found to be unfit. Forty-five 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 two

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.

Sixty-seven persons were examined with a view to premature retirement on health grounds. Six of these examinations were carried out at the employees' homes. In four 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

The total number of persons examined during 1969 was 4,849 compared with 5,270 in 1968, a decrease of 7.9 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.

In May, 1969, a questionnaire medical assessment was introduced. This new method was used for Entry, Sick Pay and Superannuation. The employee is asked to fill in a questionnaire answering questions about height and weight, present state of health and past medical history. The employee attests that the answers are correct so far as is known and that no medical information has been withheld. The form is then scrutinised by a medical officer and those persons who have been in good health and have satisfactory height and weight measurements are passed fit for Sick Pay and Superannuation after a satisfactory chest X-ray.

Those persons who have significant medical histories are called for examination. The numbers of those referred in this way for examination are included in the total number of examinations for the year.

Apart from the routine medical examinations, 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.

TABLE I

MEDICAL EXAMINATIONS CARRIED OUT AT
20 COCHRANE STREET DURING 1969

Department	Entrance		Sick Pay		Super-annuation		Retiral		Special		Re-examination		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Airport ...	17	4	—	—	1	—	1	—	1	—	4	—	24	4
Architects ...	13	5	—	—	3	3	1	—	—	—	5	1	22	9
Baths ...	—	—	21	3	76	11	—	2	—	—	29	5	126	21
Building... ..	17	6	69	3	253	2	6	—	10	—	86	—	441	11
Children's ...	—	1	—	—	12	15	—	—	—	—	—	—	12	16
City Assessor ...	3	4	14	—	—	3	—	—	—	—	5	2	22	9
City Chamberlain	14	13	—	—	8	4	1	—	—	—	1	6	24	23
Civil Defence ...	—	—	—	—	—	—	—	2	—	—	—	—	—	2
Cleansing ...	3	—	107	7	498	3	5	2	4	—	142	2	759	14
Curator ...	2	7	—	3	3	12	1	—	—	—	1	6	7	28
Education ...	163	228	62	454	35	100	1	8	—	5	25	142	286	937
Estates ...	8	—	1	—	2	—	—	—	—	—	1	—	12	—
Halls ...	—	2	1	—	3	7	—	—	1	—	2	2	7	11
Health & Welfare	2	11	12	396	39	80	7	9	1	—	12	71	73	567
Highways ...	15	—	18	—	126	—	1	—	—	—	24	—	184	—
Office of Public Works	15	1	—	—	—	1	1	—	—	—	5	—	21	2
Sewage ...	—	—	7	1	35	—	1	—	—	—	10	—	53	1
Housing Managmt	44	12	7	10	7	5	2	—	1	—	7	2	68	29
Libraries ...	8	29	1	4	1	15	—	—	—	3	1	8	11	59
Lighting... ..	33	2	—	—	64	—	9	2	8	—	17	—	131	14
Markets ...	—	—	—	—	17	—	—	—	—	—	5	—	22	—
Museums ...	4	5	2	1	5	1	—	—	—	—	—	1	11	8
Parks ...	25	1	82	—	310	1	1	—	1	—	63	—	482	2
Planning ...	4	—	—	—	1	7	—	—	—	—	—	—	5	7
Printing ...	—	—	9	4	17	9	1	—	—	—	4	3	31	16
Probation ...	2	2	—	—	—	3	—	—	2	—	—	—	4	5
Procurator Fiscal	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Registrars ...	—	—	—	—	3	1	—	—	—	—	—	—	3	1
Town Clerk ...	5	4	—	—	1	2	—	—	—	—	—	—	5	6
Veterinary Surgeon	1	—	—	—	1	—	—	—	—	—	—	—	2	—
Lower Clyde Water Board...	8	3	8	—	83	1	3	—	2	—	14	—	118	4
Weights and Measures ...	4	—	—	—	—	—	—	—	1	—	—	—	5	—
Blind Workshops	—	—	5	21	5	1	—	—	1	8	—	—	11	30
Scottish Society for Mentally Handicapped Children ...	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Organisation and Methods Dept.	2	1	—	—	—	—	—	—	—	—	—	—	2	1
Bellahouston Sports Centre	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Notre Dame College ...	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Kelvin Hall ...	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Scottish Epilepsy Association ...	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Outside Appointments	—	—	—	—	—	—	—	—	17	15	—	—	17	15
413 342 426 907 1,609 290 42 25 50 31 463 251 3,003 1,846														

Total ... 4,849

TABLE II

CLINICAL CONDITIONS FOUND IN PERSONS EXAMINED FOR THE FIRST TIME WHICH CAUSED THEM TO BE FOUND UNFIT.

	Male	Female
Tuberculosis, active, new cases	2	—
Tuberculosis known cases	11	2
Other Radiological chest lesions requiring investigation	33	9
Chronic bronchitis and bronchiectasis	16	4
Cardiac disease	17	9
Hypertension	64	83
Varicose veins	19	7
Hernia	25	3
Indigestion and peptic ulcer	4	—
Arthritis	—	1
Organic nervous diseases	6	—
Mental illness	7	2
Glycosuria	20	3
Albuminuria	3	5
Skin Diseases	5	2
Obesity	53	176
Dental Caries	184	34
Ear diseases	10	6
Defective vision	1	1
Others	31	22
Total	<u>511</u>	<u>369</u>

TABLE III

CLINICAL CONDITIONS CAUSING EARLY RETIRAL

	Male	Female
Chronic Bronchitis	6	1
Asthma	1	—
Cardiovascular Disease—		
Ischaemic heart disease	8	—
Hypertension	—	5
Arteriosclerosis	2	—
Valvular heart disease	1	—
Central Nervous System—		
Cerebral thrombosis	5	—
Disseminated sclerosis	—	1
Musculo skeletal—		
Spondylosis	3	1
Arthritis	5	4
Disc lesion	1	—
Endocrine disease	—	1
Carcinoma—		
Genito urinary system	—	1
Psychiatric illness... ..	5	2
Poor vision	2	—
Pylo nephritis	—	1
Skin disease	—	1
Diverticulitis	—	1
Parkinsonism	—	1
Anaemia	—	1
Others	2	1
Not retired	1	3
Total	<u>42</u>	<u>25</u>

SECTION XVIII

WELFARE SERVICES

RESIDENTIAL ACCOMMODATION

The available residential accommodation at 31st December, 1969, was as under :—

		No. of beds
Foresthall, 657 Edgefauld Road	(1,116 beds, of which 507 are at the disposal of the Western Regional Hospital Board) ...	609
Crookston, 837 Crookston Road	Wards ... 342 Annexe ... 14 Cottages ... 136	492
<i>Small Homes—</i>		
	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 Muirsketh 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 Arden Craig Road ...	22nd April, 1958 ...	40
Davislea, 100 Mallaig Road ...	18th October, 1962	60
Glenwood Lodge, 160 Castlemilk Drive	3rd June, 1965 ...	42
Tinto House, The Hurlet, Glasgow Road	11th April, 1968 ...	30
Patrick House, 35 Sherbrooke Avenue	22nd April, 1968 ...	19
		687
<i>Holiday Homes—</i>		
Frognall, Southwood, Troon ...	5th September, 1957	33
Templeton House, 40 Racecourse Road, Ayr ...	1st April, 1968 ...	20
		53
		1,841

Foresthall.—On 31st December, 1969, there were 389 residents in Foresthall and 464 in the Hospital Wards, a total of 853. Total admissions during the year numbered 952, of whom 450 were admitted to hospital wards and the remaining 502 to residential accommodation. The average age on admission was 66·49 years for men and 72·76 years for women. There were 651 discharges and 295 deaths, the average age at death being 75·26 for men and 79·75 for women. The age groups in residential accommodation in Foresthall were as detailed hereunder :—

				Male	Female	Total
Under 60 years	...	...	...	44	10	54
60-65	...	...	...	37	9	46
66-70	...	...	...	34	7	41
71-75	...	...	...	48	27	75
76-80	...	...	...	36	42	78
81-85	...	...	...	9	30	39
86-90	...	...	...	10	30	40
91-95	...	...	...	4	2	6
96-100	...	...	...	1	2	3
				<u>223</u>	<u>159</u>	<u>382</u>

Of the 54 under 60, the majority were within the category of disabled or handicapped.

During the year 98 persons were transferred from residential accommodation to the hospital section and 79 were discharged from the hospital section to residential accommodation.

Crookston Home.—There were 101 deaths in the Home, 25 more than in 1968, nine more than in 1967 and five more than in 1966. Of the 342 persons resident in the Main Home at the end of the year, 14 were registered blind persons, 14 were confined to wheelchairs and 39 were ambulant only with the aid of Zimmer walking aids.

The age groups in the Main Home were as detailed hereunder :—

				Male	Female	Total
Under 60	...	...	...	1	1	2
60-65	...	...	...	3	3	6
66-70	...	...	...	14	11	25
71-75	...	...	...	26	16	42
76-80	...	...	...	25	33	58
81-85	...	...	...	40	54	94
86-90	...	...	...	29	52	81
91-95	...	...	...	8	21	29
96-100	...	...	...	—	5	5
Over 100	...	...	...	—	—	—
				<u>146</u>	<u>196</u>	<u>342</u>

The age groups in the Cottages in Crookston are detailed as follows :

				Male	Female	Total
Under 60	...	...	...	—	—	—
60-65	...	...	...	—	—	—
66-70	...	...	...	—	6	6
71-75	...	...	...	1	13	14
76-80	...	...	...	2	30	32
81-85	...	...	...	5	29	34
86-90	...	...	...	1	15	16
				9	93	102

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 the kindness and hospitality of these local organisations is greatly appreciated and adds to the pleasure of the holiday makers in the Home.

Templeton House.—A similar Holiday Home to Frognal provided the same service for similar groups as enjoyed the holiday at Frognal and once more the pleasure of their holiday was added to by the support of local voluntary organisations.

Small Homes.—The 21 Small Homes in the City were used to capacity during the year. Details of admissions and discharges are shown in Table 1 on page 311.

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 his team of physicians in the hospital Geriatric Units who have been so helpful with emergencies arising among the aged in our Eventide Homes.

WELFARE SERVICES FOR THE HANDICAPPED

Eight domiciliary occupational therapists, one technician and one occupational assistant were employed during the year, visiting home-bound handicapped persons known to the Department to assess their

need for aids, to increase their independence and to improve their morale. On their visiting list at the end of the year were 1,476 persons in the following classifications :—

Rheumatoid Arthritis ...	...	...	342
Cerebro-Vascular Accident ...	...	...	257
Multiple Sclerosis ...	...	...	187
Osteo-Arthritis ...	...	...	166
Amputees ...	...	...	71
Cerebral Palsy ...	...	...	55
Paraplegia ...	...	...	50
Quadriplegia ...	...	...	7
Tetraplegia ...	...	...	2
Poliomyelitis ...	...	...	36
Chest and Heart ...	...	...	35
Spinal Condition ...	...	...	33
Muscular Dystrophy ...	...	...	31
Parkinsonism ...	...	...	24
Brain Lesions ...	...	...	21
Spina Bifida ...	...	...	14
Congenital Deformities ...	...	...	11
T.B. Bone ...	...	...	5
Ankylosing Spondylitis ...	...	...	4
Circulatory Diseases ...	...	...	4
Rickets ...	...	...	3
Others ...	...	...	118
<hr/>			
			1,476
<hr/>			

This shows an increase of 259 patients over the previous year.

Structural alterations to houses to increase the independence of the handicapped are supplied 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 £3,808 13s. 3d.

The After Care Section continues to follow up the leavers from junior occupation centres and special schools for the handicapped by home visitation. During the year 251 new cases were enrolled and the total at 31st December, 1969, on the live register was 1,653. Home visits by this section during the year totalled 2,537, school visits 62 and office interviews 194.

The Department's social clubs for handicapped persons still meet three afternoons weekly in Laurieston House and the voluntary organisations who cater for the wide range of handicaps continue to provide excellent social facilities for the physically handicapped and enable them to lead a fairly full life.

Once more the demand for chiropody treatment has increased with particular emphasis on requests from house-bound patients.

The number of treatments given at the various centres is as follows :

Residential Homes, 3,266 treatments
Domiciliary Visits, 4,387 treatments
Whiteinch Clinic, 2,098 treatments
Harrington Street Clinic, 1,666 treatments
Denmark Street Clinic, 619 treatments
St. Mungo Club, 422 treatments
David Cargill Club, 413 treatments
Drumchapel Clinic, 435 treatments
Laurieston House Clinic, 296 treatments
Pearce Institute, 291 treatments

The Denmark Street Clinic was a new Clinic opened in July of this year.

On the contractual side of the service 41 private chiropodists gave a total of 61,065 treatments in their own surgeries to approximately 18,000 old people at a cost to this Department of £33,750 12s. 6d.

At 31st December, 1969, there were 2,053 registered blind persons ordinarily resident in Glasgow. Of this number, 860 were males and 1,193 were females. Of the 208 new registrations 79 were males and 129 were females. 5,853 domiciliary visits were paid, 293 of these for the purpose of lessons in embossed types and handcrafts.

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 the Banqueting Hall of the City Chambers in conjunction with the domiciliary occupational therapists and the Social Workers for the Blind, was once more an enormous success.

GENERAL WELFARE SERVICES

During the year the Welfare Section undertook investigations on behalf of the Education Department (222), the Home Help Section (5,203), the Smoke Control Section (1,377) and the Child Welfare Section (339). Applications for admission to the Department's Eventide Homes totalled 1,097 and 43 applications for supplementation of payments in Voluntary Homes for the Aged were made. At the request of the Lord Provost, reports were prepared on 429 applications for assistance from charitable funds at his disposal. In all, 10,991 applications to the Section were recorded.

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 Department of Health and Social Security, as well as meeting the requirements of the Children's Department. The value of clothing issued during 1969 was £136,803.

The three family casework units set up in 1965 in Drumchapel, Castlemilk and Easterhouse continue to function effectively. They have continued to develop their work and now make a major contribution to the local community as well as providing a meeting-place for social workers from the various services operating in the area.

The houses adapted by the Housing Department for flatlets for aged persons which are administered by the Women's Royal Voluntary Service, continue to provide valuable accommodation for aged persons to continue an independent way of life. The following flatlets have now been provided :—

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 1

SMALL HOMES: ADMISSIONS AND DISCHARGES, 1969

	Ailsa	Burnbank	Davislea	Fairfield	Glenwood Lodge	Huntly Lodge	Knowehead	Macarthur House	Mainsholm	Merrylee Lodge	Patrick House	Ravelston	Redhills	Roberton	Scott House	Stoneleigh	Tayford	Tinto House	Windlaw	Woodburn	Woodmalling	Total
Admitted from own homes ...	3	7	8	1	7	6	1	—	8	1	—	6	—	—	2	2	2	—	5	2	—	61
Admitted from care of relatives ...	4	1	3	2	—	2	1	4	14	3	—	—	—	1	1	2	1	—	1	8	2	50
Admitted from lodgings/service rooms ...	1	—	1	1	—	—	—	—	1	1	—	—	—	—	1	1	1	—	—	2	—	10
Admitted from Hospital ...	1	15	10	2	4	1	2	3	2	5	—	4	2	5	5	1	3	1	8	—	3	77
Admitted from Convalescent, Nursing or Rest Homes ...	—	—	1	—	—	—	—	—	2	—	—	—	—	—	1	1	—	—	—	—	—	5
Transferred from other Small Homes ...	—	1	4	2	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	10
Transferred from Frail Ambulant Homes—i.e. Crookston ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Burnbank ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Davislea ...	—	—	—	—	—	—	—	—	—	—	—	1	2	—	1	—	—	—	—	—	—	4
Glenwood Lodge ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Windlaw ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Transferred from Foresthall ...	—	—	1	1	—	7	—	—	3	—	3	4	1	1	—	1	—	1	—	3	2	28
Re-admitted after Hospital treatment ...	7	—	5	—	3	10	4	1	7	7	6	14	4	5	2	7	2	4	16	6	2	112
Total Admissions ...	16	24	33	9	14	26	8	8	37	18	9	30	10	13	13	15	9	6	30	21	9	358
Discharged to own home or friends ...	5	2	7	1	2	4	1	2	10	1	—	2	—	—	2	1	2	—	—	—	—	42
Discharged to Private Rest Homes ...	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	2
Transferred to other Small Homes ...	—	—	8	2	—	—	—	—	—	—	—	—	1	2	—	1	1	—	—	2	1	18
Transferred to Frail Ambulant Homes—i.e. Crookston ...	—	1	—	4	—	1	—	2	—	2	—	2	—	—	—	2	3	—	—	2	—	19
Burnbank ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Davislea ...	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	1	—	4
Glenwood Lodge ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Windlaw ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Transferred to Foresthall—Hospital or Frail Ambulant Unit ...	—	—	—	—	—	2	—	1	—	—	1	—	1	—	—	—	—	2	—	3	1	11
Transferred to Hospital ...	10	17	10	3	13	14	1	2	15	13	7	—	6	—	9	7	3	7	25	12	2	176
Died in the Home ...	—	2	8	—	4	3	1	1	2	3	—	—	2	—	5	—	—	1	2	—	1	35
Died while on Holiday or outside Home ...	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	2	—	—	5
Total Discharges ...	15	22	33	10	19	24	3	8	29	21	8	6	11	3	17	11	9	10	29	20	5	315

TABLE II

RESIDENTIAL HOMES

AGE GROUPS AT 31ST DECEMBER, 1969

Homes		65 and under	66/70	71/75	76/80	81/85	86/90	91/95	96/100	Total	Grand Total
Ailsa	M. — F. —	— —	1 1	1 4	7 3	— 3	1 1	— 1	— —	10 13	23
Burnbank	M. — F. 1	— —	— 4	— 4	— 8	— 14	— 14	— 4	— —	— 49	49
Davislea	M. — F. 1	— —	2 —	— 8	6 7	5 8	5 12	— 4	— —	18 40	58
Fairfield	M. — F. —	— —	3 2	1 —	2 —	3 4	— —	— 3	— —	9 9	18
Glenwood Lodge	M. — F. —	— —	1 3	— 2	5 3	5 7	— 11	2 —	— 2	13 28	41
Huntly Lodge	M. 1 F. —	— —	5 2	3 4	2 5	— 6	2 1	— 2	— —	13 20	33
Knowehead	M. 1 F. —	— —	1 2	5 3	3 4	8 3	1 6	1 —	— —	20 18	38
Macarthur House	M. — F. —	— —	1 1	— 3	1 —	— 4	1 2	— —	— —	3 10	13
Mainsholm	M. — F. 1	— —	— 1	4 4	5 7	5 11	1 5	— 2	— —	15 31	46
Merrylee Lodge	M. — F. 2	— —	1 1	— —	2 7	3 6	1 8	1 2	— —	8 26	34
Patrick House	M. — F. 1	— —	2 2	1 5	1 5	— 2	— —	— —	— —	4 15	19
Ravelston	M. — F. 2	— —	1 1	2 4	2 3	2 6	1 3	— 1	— —	8 20	28
Redhills	M. — F. —	— —	1 —	1 2	— 2	2 5	— 4	— —	— —	4 13	17
Roberton	M. — F. —	— —	— 2	— 3	— 3	— 4	— 2	— —	— 1	— 15	15
Scott House	M. — F. —	— —	— —	— 5	— 7	5 7	1 4	1 2	— —	7 25	32
Stoneleigh	M. — F. 1	— —	— —	— 5	2 4	1 6	— 1	— 1	— —	3 18	21
Tayford	M. — F. —	— —	— 1	1 3	4 3	1 2	— 2	— —	— —	6 11	17
Tinto House	M. — F. 1	— —	4 7	3 2	1 1	1 1	1 4	— —	— —	10 16	26
Windlaw	M. — F. —	— —	— 1	— 5	— 5	1 9	3 9	1 5	— 1	5 35	40
Woodburn	M. — F. —	— —	2 —	2 3	1 6	— 7	1 5	1 1	— —	7 22	29
Woodmailing	M. 1 F. —	— —	— —	3 4	1 1	2 3	— 2	— 1	— —	7 11	18
Crookston Main Home	M. 4 F. 4	8	14 11	26 16	25 33	40 54	29 52	8 21	— —	146 196	342
Crookston Cottages	M. — F. —		— 6	— 13	— 30	— 29	— 15	— —	— —	— 93	
Totals	M. 7 F. 14	21	39 48	87 102	54 156	72 219	49 290	15 212	5 65	325 734	1,059
All Homes Percentages	1.98	8.22	14.73	20.68	27.39	20.95	6.14	0.85			
					69.03						
					83.76						

SECTION XIX

LEGISLATION, 1969.

The following Acts of Parliament, Regulations, etc. applicable to the Health and Welfare Services in Scotland came into operation during the year :—

Education (Scotland) Act, 1969—amends the law relating to education in Scotland and for connected purposes.

Housing (Scotland) Act, 1969—among other things prescribes a tolerable standard for houses and makes provision for the treatment of houses and areas and for payments in respect of houses purchased or vacated which do not meet that standard ; makes new provision with respect to the repair of houses, etc.

CIRCULARS, REGULATIONS, ETC., ISSUED IN 1969 :

S.I.—Statutory Instrument (the date is that of coming into operation).

S.D.D.—Scottish Development Department.

S.E.D.—Scottish Education Department.

S.H.H.D.—Scottish Home and Health Department.

H.E.—Health Education.

H. & W.S.—Health and Welfare Services. This series, issued by the Scottish Home and Health Department, ceased with Circular 24 of 10th November, 1969 and Memorandum 22 of 18th November, 1969. They have been replaced by a new series under the title " Local Health Authority Services " (ref. L.H.A.S. Memo 1 of 28th November, 1969.)

S.W.—Social Work Services Group.

Accident Prevention—

1. H. & W.S. Circular 3 of 24.1.69. The Toys (Safety) Regulations, 1967.
2. H. & W.S. Circular 5 of 20.3.69. The Electrical Appliances (Colour Code) Regulations, 1969.
3. H. & W.S. Circular 22 of 8.10.69. Report " The Uses and Dangers of Oxygen Therapy ".

Atmospheric Pollution—

1. S.D.D. Memo 8 of 23.1.69. Clean Air Act, 1968. Grit, dust and Chimney heights.
2. S.D.D. Circular 9 of 20.1.69. Clean Air Act, 1956. Emissions from Cold Blast Cupolas at Iron Foundries.
3. S.D.D. Circular 10 of 6.2.69. Clean Air Act, 1956. Supplies of Smokeless Fuels.
4. S.D.D. Circular 25 of 1.4.69. Clean Air Act, 1968 (1) Clean Air (Height of Chimneys) (Prescribed Forms) (Scotland) Regulations, 1969 and (2) Clean Air (Height of Chimneys) (Exemption) (Scotland) Regulations, 1969.
5. S.I. 466 (S.39) of 1.4.69. Clean Air (Height of Chimneys) (Prescribed Form) (Scotland) Regulations, 1969.
6. S.I. 465 (S.38) of 1.4.69. Clean Air (Height of Chimneys) (Exemption) (Scotland) Regulations, 1969.
7. S.I. 686 (S.58) of 2.6.69. Smoke Control Areas (Exempted Fireplaces) (Scotland) Order, 1969.

Atmospheric Pollution—Continued—

8. S.D.D. Memo 40 of 26.6.69. The Smoke Control Areas (Exempted Fireplaces) (Scotland) Order, 1969.
9. S.I. 1006 (C.25) (S.81) of 1.10.69. Clean Air Act, 1968 (Commencement No. 2) (Scotland) Order, 1969.
10. S.D.D. Memo 49 of 7.8.69. Clean Air Act, 1968. Amendment.
11. S.I. 1388 (S.108) of . Clean Air (Arrestment Plant) (Exemption) (Scotland) Order, 1969.
12. S.I. 1389 (S. 109) of . Clean Air (Emission of Dark Smoke) (Exemption) (Scotland) Regulations, 1969.
13. S.D.D. Memo 69 of 1.10.69. Clean Air Act, 1968 Explanatory note on the emission of dark smoke.
14. S.I. 1851 (S.125) of 31.12.69. Smoke Control Areas (Authorised Fuels) (Scotland) Regulations, 1969.

Blindness—

1. H. & W.S. Circular 9 of 8.4.69. Report of the Working Party on the ascertainment of children with visual handicaps.

Deafness—

1. H. & W.S. Circular 19 and S.E.D. 730 of 15.8.69. Report of the Working Party on the ascertainment of children with hearing defects.
2. S.E.D. Circular 733 of 26.8.69. Education (Scotland) Act. Ascertainment of Handicapped Children.

Dental Health Service—

1. H. & W.S. Circular 1 of 13.1.69. Co-ordination of the Dental Services. Report.
2. H. & W.S. Memo 10 of 1.5.69. Refresher Courses for Dentists.
3. H. & W.S. Memo 14 of 17.6.69. Local Authority dental services. Orders for Stationery.
4. H.E. Circular 8 of 13.11.69. Dental Health Campaign.
5. L.H.A.S. Circular 3 of 11.12.69. Local Authority dental services. Dental Ancillaries.
6. L.H.A.S. Circular 2 of 17.12.69. Refresher Course for Dentists.

Disablement—

1. H. & W.S. Circular 12 of 7.5.69. Adaptation of patients' homes to install artificial kidney machines.
2. S.E.D. Circular 733 of 26.8.69. Education (Scotland) Act, 1969. Ascertainment of Handicapped Children.

Drugs—

1. H. & W.S. Circular 6 of 26.3.69. Dispensing in the Metric System.
2. H. & W.S. Circular 11 of 30.4.69. Advisory Committee on Drug Dependence. Report on the rehabilitation of drug addicts.

Food—

1. Foods Circular 2 of 7.8.69. The Food (Control of Irradiation) (Scotland) Amendment Regulations, 1969.
2. S.I. 263 (S.23) of 3.11.69. The Solvents in Food (Scotland) Regulations, 1968.
3. S.I. 1038 (S.84) of 1.12.69. The Food (Control of Irradiation) (Scotland) Amendment Regulations, 1969.
4. S.I. 1847 (S.163) of 18.12.69. Food and Drugs (Scotland) Act, 1956. Soft Drinks (Scotland) Amendment Regulations, 1969.
5. S.H.H.D Addenda to D.H.S. Circular 67/1958. Food and Drugs (Scotland) Act, 1956 and Agriculture (Poisonous Substances) Act, 1952. Chemical Substances use in Agriculture and Food Storage. Nos. 53 (Jan.) to 57 (Nov.) inclusive.

Health Education—

1. H.E. Circular 3 of 14.4.69. Publicity Material.
2. H.E. Circular 4. of 1.5.69. Scabies Publicity Material.
3. H.E. Circular 5 of 16.5.69. Learn to Swim Week.
4. H.E. Circular 6 of 26.9.69. Health Education Films.
5. H.E. Circular 7 of 22.10.69. Health Education Programme.
6. H.E. Circular 8 of 13.11.69. Dental Health Campaign.

Health Services—

1. H. & W.S. Circular 6 of 26.3.69. Dispensing in the Metric System.
2. H. & W.S. Circular 7 of 26.3.69. Course of Information and Management of Health Services for Senior Medical Staff.
3. H. & W.S. Memo 7 of 3.4.69. Change of Address of Local Authority Health Services and Foods Division.
4. H. & W.S. Circular 14 of 29.5.69. Capital Expenditure by Local Health Authorities.
5. H. & W.S. Circular 24 of 10.11.69. Distribution of functions in Scottish Home and Health Department.
6. L.H.A.S. Memo 1 of 28.11.69. Discontinuance of Health and Welfare Services circulars and memoranda under that title.

Health Visiting—

1. H. & W.S. Circular 20 of 20.8.69. Attachment of Local Authority Nursing Staff to General Practice.
2. L.H.A.S. Circular 1 of 28.11.69. Attachment of Local Authority Nursing Staff to General Practice.
3. L.H.A.S. Memo 3 of 23.12.69. Refresher Course for uncertificated health visitors.

Housing—

1. S.D.D. Circular 57 of 21.8.69. Housing (Scotland) Act, 1969.
2. S.I. 1419 (S.111) of 9.10.69. Landlord and Tenant Rent Control, etc. (Scotland). The Rent Regulation (Forms, etc.) (Scotland) Regulations, 1969.
3. S.I. 1420 (S.112) of 16.10.69. Housing Scotland. The Housing (Forms) Scotland) Regulations, 1969.
4. S.I. 1424 (S.113) of 16.10.69. Housing, Scotland. The Housing Forms (Scotland) (No. 2) Regulations, 1968. Amendment Regulations, 1969.
5. S.D.D. Circular 93 of 19.12.69. The New Scottish Housing Handbook. Bulletin 2. Slum Clearance and Improvements.

Immunisation—

1. H.E. Circular 2 of 21.2.69. Immunisation Publicity.
2. L.H.A.S. Circular 4 of 29.12.69. Vaccination and Immunisation Record and Claim Form.

Maternity and Child Welfare—

1. H. & W.S. Circular 4 of 24.3.69. Nurseries, Child Minding and Private Fostering.
2. H. & W.S. Circular 8 of 2.4.69. Screening for Phenylketonuria.
3. Foods Memo 3 of 24.7.69. Welfare Foods.
4. H. & W.S. Memo 18 of 4.8.69. Maternity Benefits.
5. H. & W.S. Circular 21 of 10.9.69. Nursery Staffing.

Meat Inspection—

1. Foods Circular 1 of 25.3.69. Food and Drugs (Scotland) Act, 1956. The Canned Meat Product (Scotland) Amendment Regulations, 1969. The Sausage and Other Meat Product (Scotland) Amendment Regulations, 1969.
2. S.I. 326 (S.27) of 31.5.69. Food and Drugs (Scotland) Act, 1956. Canned Meat Products (Scotland) Amendment Regulations, 1969.
3. S.I. 327 (S.28) of 31.5.69. Food and Drugs (Scotland) Act, 1956. Sausage and Other Meat Products (Scotland) Amendment Regulations, 1969.
4. Foods Circular 3 of 15.8.69. The Slaughter of Poultry Act, 1967.
5. Imported Food Circular 1 of 29.5.69. Imported Food (Scotland) Regulations. Gazette Notices and Official Certificates.
6. Public Health (Imported Food) (Scotland) Regulations, 1968. Forty-eight Circulars were issued during the year. 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 Health—

- | | |
|---------------------------------------|---|
| 1. H. & W.S. Memorandum 1 of 22.1.69 | } Mental Health (Scotland) Act, 1960. Changes in the list of Medical Practitioners approved under Section 27. |
| 2. H. & W.S. Memorandum 8 of 17.4.69 | |
| 3. H. & W.S. Memorandum 16 of 17.7.69 | |
| 4. H. & W.S. Memorandum 20 of 9.10.69 | |

Milk—

1. S.I. 1721 (S.152) of 18.12.69. Food and Drugs Milk and Dairies Scotland. The Milk (Special Designations) (Specified Areas) (Scotland) Order, 1969.
2. Addenda to D.H.S. Circular 6/1962. Chemical Sterilization of Dairy Equipment. No. 30 (January) to No. 32 (June), inclusive.

National Assistance—

1. S.I. 1443 (S.114) of 3.11.69. National Assistance Services (Charges for Accommodation) (Scotland) Regulations, 1969.
2. S.W. Circular 13 of 17.10.69. National Assistance Services (Charges for Accommodation) (Scotland) Regulations, 1969.

Nursing—

1. H. & W.S. Memo 6 of 4.3.69. Management course for senior nursing staff.
2. H. & W.S. Circular 13 of 16.5.69. Training of district nurses.
3. H. & W.S. Circular 17 of 18.7.69. The Home Nursing Service in Scotland.
4. H. & W.S. Circular 20 of 20.8.69. Attachment of Local Authority nursing staff to General Practice.
5. L.H.A.S. Circular 1 of 28.11.69. Attachment of nursing staff to general practice.

Occupational Hygiene—

1. S.D.D. Circular 28 of 8.5.69. Industrial Noise.
2. S.D.D. Circular 55 of 25.8.69. Mines and Quarries (Tips) Act, 1969.
3. S.D.D. Circular 75 of 28.10.69. Disposal of Asbestos Waste.

Offices, Shops, etc.—

1. S.I. 1947 of 1.1.69. The Offices, Shops and Railway Premises Act, 1963 (Exemption No. 7) Order, 1968.
2. L.A. Circular 7 Supplement 16 of 7.2.69. The Offices, Shops and Railway Premises Act, 1963. Provisions concerning machinery. Sections 17-20.
3. L.A. Circular 20 of 30.7.69. Offices, Shops and Railway Premises Act, 1963 Watch and clock repairing. Use of radioactive luminous compounds.
4. S.I. 1323 of 1.10.69. The Offices, Shops and Railway Premises Act, 1963 (Exemption No. 8) Order, 1969.

School Health Service—

1. H. & W.S. Circular 2 of 28.1.69. Report of the study group on the school health service.
2. H. & W.S. Circular 10 of 23.4.69. School Health Service : Records and Reports.
3. S.E.D. Circular 740 of 17.10.69. Raising of the School leaving age. (To 16 in 1972).

Social Work—

1. S.W. Circular 1 of 3.1.69. Appointment of Directors of Social Work.
2. S.W. Circular 2 of 29.1.69. Commencement date.
3. S.W. Circular 3 (and H. & W.S. 4) of 24.3.69. Nurseries, Child Minders and Private Fostering.
4. S.W. Circular 4 of 27.3.69. Social Work (Scotland) Act, 1968. (Commencement No. 1) Order, 1969.
5. S.I. 430 (C.10) (S.31) of 20.3.69. Social Work (Scotland) Act, 1968 (Commencement No. 1) Order, 1969.
6. S.W. Circular 7 of 6.8.69. Appointment of children's panel advisory committees and subsequent appointment of children's panels.
7. S.H.H.D. Circular 31 of 23.10.69. Social Work (Scotland) Act, 1969 (Commencement No. 2) Order, 1969.
8. S.W. Circular 17 of 14.11.69. The Registration of Establishments (Scotland) Order, 1969.
9. S.W. Circular 14 of 14.11.69. Charges of Residential Accommodation.
10. S.I. 1622 (S.139) of 18.11.69. Charges for Residential Accommodation.
11. S.W. Circular 20 of 28.11.69. Charges for Residential Accommodation.
12. S.W. Circular 18 of 20.11.69. Social Work (Scotland) Act, 1968. Assistance in Cash.
13. S.W. Circular 21 of 2.12.69. Appointment of Children's Panels.
14. S.W. Circular 24 of 15.12.69. Programme of Short Courses.

Statistics—

1. L.H.A.S. Circular 2 of 2.12.69. Annual Reports of Medical Officers of Health and Sanitary Inspectors.

Water Supplies—

1. H. & W.S. Circular 15 of 8.7.69. Fluoridation of water supplies.

APPENDIX.

TABLE I.—GLASGOW, 1969.—ESTIMATED POPULATION AS AT 30TH JUNE, IN EACH MUNICIPAL WARD, ACREAGE, AND PERSONS PER ACRE.

MUNICIPAL WARDS	POPULATION				Acreage	Persons per acre (including Institution and Shipping)
	Without Institutions and Shipping	Institu- tions	Shipping*	Total		
1. Shettleston and Tollcross ...	39,936	326	—	40,262	1,167	34
2. Parkhead ...	15,990	390	—	16,380	819	20
3. Dalmarnock ...	22,764	4	—	22,768	487	47
4. Calton ...	11,944	714	—	12,658	404	31
5. Mile-end ...	18,496	174	—	18,670	443	42
6. Dennistoun ...	22,853	—	—	22,853	689	33
7. Provan ...	81,118	2,296	—	83,414	4,846	17
8. Cowlairs ...	19,397	903	—	20,300	645	31
9. Springburn ...	30,676	1,609	—	32,285	2,118	15
10. Townhead ...	13,581	683	—	14,264	301	47
11. Exchange ...	4,702	2,495	4	7,201	507	14
12. Anderston ...	9,606	524	412	10,542	530	20
13. Park ...	12,312	809	—	13,121	317	41
14. Cowcaddens ...	10,400	260	—	10,660	488	22
15. Woodside ...	11,526	218	—	11,744	170	69
16. Ruchill ...	39,543	392	—	39,935	1,962	20
17. North Kelvin	19,125	148	—	19,273	278	69
18. Maryhill ...	26,409	89	—	26,498	2,210	12
19. Kelvinside ...	20,393	1,547	5	21,945	1,160	19
20. Partick (East)	19,179	1,002	—	20,181	351	57
21. Partick (West)	17,477	36	61	17,574	464	38
22. Whiteinch ...	18,667	47	—	18,714	894	21
23. Yoker ...	31,701	254	14	31,969	1,213	26
24. Knightswood	52,189	170	—	52,359	1,614	32
25. Hutchesontown	11,287	—	—	11,287	387	29
26. Gorbals ...	10,155	4	—	10,159	252	40
27. Kingston ...	9,305	—	10	9,315	355	26
28. Kinning Park	15,447	57	466	15,970	402	40
29. Govan ...	18,598	62	—	18,660	489	38
30. Fairfield ...	16,545	1,145	266	17,956	1,351	13
31. Craigton ...	39,396	263	—	39,659	1,566	25
32. Pollokshields	34,523	2,033	—	36,556	3,239	11
33. Camphill ...	18,848	463	—	19,311	481	40
34. Pollokshaws	48,662	416	—	49,078	3,223	15
35. Govanhill ...	23,115	158	—	23,273	365	64
36. Langside ...	26,080	688	—	26,768	801	33
37. Cathcart ...	64,172	214	—	64,386	2,737	24
CITY ...	906,117	20,593	1,238	927,948	39,725	23

* as at Census 1961.

TABLE II.—GLASGOW, 1969.—INHABITED AND UNOCCUPIED HOUSES
IN EACH MUNICIPAL WARD AS AT WHITSUNDAY, 1969.

MUNICIPAL WARDS	INHABITED HOUSES				Empty Houses
	1969	1968	Decrease	Increase	
1. Shettleston and Tollcross	13,136	13,178	42	—	219
2. Parkhead	6,118	5,949	—	169	91
3. Dalmarnock	8,588	9,143	555	—	1,208
4. Calton	4,876	5,262	386	—	642
5. Mile-end	7,314	7,751	437	—	751
6. Dennistoun	8,159	8,294	135	—	359
7. Provan	21,113	21,153	40	—	99
8. Cowlairs	8,121	7,757	—	364	497
9. Springburn	9,601	9,509	—	92	188
10. Townhead	4,828	5,455	627	—	912
11. Exchange	2,423	2,599	176	—	301
12. Anderston	3,951	4,157	206	—	475
13. Park	4,544	4,769	225	—	322
14. Cowcaddens	4,036	4,311	275	—	618
15. Woodside	4,564	4,641	77	—	402
16. Ruchill	11,865	12,122	257	—	233
17. North Kelvin	7,785	7,801	16	—	559
18. Maryhill	9,306	9,056	—	250	262
19. Kelvinside	8,352	8,171	—	181	199
20. Partick (East)	7,135	6,996	—	139	317
21. Partick (West)	7,266	7,375	109	—	379
22. Whiteinch	6,777	6,852	75	—	207
23. Yoker	10,962	10,842	—	120	72
24. Knightswood	13,777	13,849	72	—	208
25. Hutchesontown	4,356	4,557	201	—	412
26. Gorbals	3,233	3,692	459	—	651
27. Kingston	3,209	3,597	388	—	520
28. Kinning Park	5,965	6,216	251	—	455
29. Govan	6,125	6,479	354	—	497
30. Fairfield	6,285	6,335	50	—	222
31. Craigton	12,478	12,355	—	123	47
32. Pollokshields	10,541	10,295	—	246	155
33. Camphill	7,932	7,857	—	75	223
34. Pollokshaws	13,701	13,234	—	467	42
35. Govanhill	9,055	9,289	234	—	510
36. Langside	9,459	9,378	—	81	155
37. Cathcart	19,050	19,037	—	13	125
CITY	305,986	309,313	3,327	—	13,534

These figures (supplied by the City Assessor) include Farmed-out Houses, houses attached to business premises and inhabitant occupiers.

TABLE III.—ABSTRACT OF METEOROLOGICAL OBSERVATIONS TAKEN AT SPRINGBURN PUBLIC PARK.

MONTHS 1969	TEMPERATURE			RAINFALL		SUNSHINE Hours
	Highest Temp. in Shade	Lowest Temp. in Shade	Mean Temp.	No. of Days	Amount Collected in inches	
January ...	50	25	37.5	26	3.66	27.9
February ...	45	16	30.5	15	1.34	75.2
March ...	51	25	38.0	10	0.73	71.9
April ...	65	30	47.5	13	1.67	160.6
May ...	64	34	49.0	21	4.65	109.9
June ...	79	41	60.0	16	2.83	209.3
July ...	79	42	60.5	17	2.59	160.6
August ...	76	41	58.5	15	3.50	186.4
September ...	69	40	54.5	17	2.84	117.8
October ...	66	32	49.0	20	2.62	72.2
November ...	57	25	41.0	23	5.34	53.4
December ...	50	19	34.5	18	2.90	37.0
1969 ...	79	16	46.7	211	34.67	1,282.2
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
1968 ...	80	21	46.7	174	40.62	1,192

TABLE IV.—GLASGOW.—BIRTHS AND BIRTH-RATES *per Million* IN EACH WARD, FOR THE YEAR 1969 AND NUMBER AND PERCENTAGE OF ILLEGITIMATE BIRTHS.

MUNICIPAL WARDS.	Births 1969	Birth- rate 1969	Birth- rate 1968	Illegitimate Births	
				No.	% Total Births.
1. Shettleston and Tollcross ...	803	20,107	19,196	109	13.6
2. Parkhead ...	276	17,261	19,238	25	9.1
3. Dalmarnock ...	740	32,507	33,129	109	14.7
4. Calton ...	345	28,885	28,830	67	19.4
5. Mile-end ...	689	37,251	35,901	82	11.9
6. Dennistoun ...	471	20,610	23,389	32	7.0
7. Provan ...	1,234	15,212	15,388	138	11.2
8. Cowlares ...	695	35,830	33,505	61	8.8
9. Springburn ...	505	16,462	17,716	67	13.3
10. Townhead ...	373	27,465	28,617	37	9.9
11. Exchange ...	94	19,991	18,740	17	18.1
12. Anderston ...	267	27,795	25,259	51	19.1
13. Park ...	248	20,143	21,728	36	14.5
14. Cowcaddens ...	271	26,058	28,581	34	12.5
15. Woodside ...	368	31,928	32,242	44	12.0
16. Ruchill ...	581	14,693	15,246	87	15.0
17. North Kelvin ...	669	34,980	36,321	78	11.7
18. Maryhill ...	516	19,539	28,339	64	12.4
19. Kelvinside ...	267	13,093	14,610	21	7.9
20. Partick (East) ...	331	17,258	20,608	36	10.9
21. Partick (West) ...	342	19,569	23,334	21	6.1
22. Whiteinch ...	308	16,500	16,666	30	9.7
23. Yoker ...	380	11,987	13,249	38	10.0
24. Knightswood ...	646	12,378	12,574	85	13.2
25. Hutchesontown ...	309	27,377	28,526	32	10.4
26. Gorbals ...	214	21,073	23,021	28	13.1
27. Kingston ...	264	28,372	29,908	18	6.8
28. Kinning Park ...	402	26,024	29,144	35	8.7
29. Govan ...	489	26,293	28,649	40	8.2
30. Fairfield ...	391	23,633	24,952	30	7.7
31. Craigton ...	357	9,062	10,883	29	8.1
32. Pollokshields ...	478	13,846	14,686	50	10.5
33. Camphill ...	325	17,243	19,310	19	5.8
34. Pollokshaws ...	710	14,590	14,543	70	9.9
35. Govanhill ...	706	30,543	32,871	47	6.7
36. Langside ...	379	14,532	14,179	14	3.7
37. Cathcart ...	953	14,851	16,031	76	8.0
Institutions ...	9	—	—	9	—
Harbour... ...	—	—	—	—	—
CITY ...	17,405	18,756	19,910	1,866	10.7

TABLE V.—GLASGOW.—DEATHS AND DEATH RATES *per Million* IN EACH MUNICIPAL WARD, FOR THE YEAR 1969, AND CORRESPONDING RATES FOR 1968 AND 1967. (Compiled in the Department).

MUNICIPAL WARDS	Deaths 1969	Death-rates		
		1969	1968	1967
1. Shettleston and Tollcross	527	13,196	12,862	11,177
2. Parkhead	272	17,011	16,490	15,628
3. Dalmarnock	314	13,794	14,895	13,107
4. Calton	225	18,838	16,605	14,087
5. Mile-end	272	14,706	13,647	12,992
6. Dennistoun	328	14,353	15,201	13,646
7. Provan	691	8,518	7,785	7,388
8. Cowlairs	292	15,054	15,229	12,890
9. Springburn	369	12,029	11,081	9,967
10. Townhead	186	13,696	13,346	11,196
11. Exchange	125	26,584	20,183	20,467
12. Anderston	171	17,801	15,243	16,391
13. Park	183	14,863	13,827	13,381
14. Cowcaddens	136	13,076	15,850	13,416
15. Woodside	176	15,270	13,305	12,130
16. Ruchill	488	12,341	14,121	11,460
17. North Kelvin	249	13,020	13,170	12,999
18. Maryhill	360	13,632	14,542	11,680
19. Kelvinside	270	13,240	13,570	13,448
20. Partick (East)	267	13,921	14,638	13,106
21. Partick (West)	273	15,621	13,967	12,337
22. Whiteinch	294	15,750	13,009	12,246
23. Yoker	455	14,353	15,200	14,727
24. Knightswood	458	8,776	8,783	7,373
25. Hutchesontown	175	15,505	14,305	11,101
26. Gorbals	138	13,123	13,495	11,168
27. Kingston	124	13,326	13,578	10,164
28. Kinning Park	248	16,055	16,281	13,172
29. Govan	288	15,485	14,577	14,217
30. Fairfield	254	15,352	15,675	15,279
31. Craigton	575	14,595	14,093	12,729
32. Pollokshields	391	11,326	10,478	10,803
33. Camphill	334	17,721	17,254	17,433
34. Pollokshaws	497	10,213	9,327	9,916
35. Govanhill	302	13,065	14,527	12,562
36. Langside	383	14,685	12,749	14,549
37. Cathcart	591	9,210	8,887	8,635
Institutions	651	—	—	—
Harbour	4	—	—	—
CITY	12,336	13,294	12,930	11,952

TABLE VI.—GLASGOW.—DEATHS AND DEATH-RATES *per Million* FROM DIFFERENT CAUSES, FOR THE YEAR 1969, AND THE CORRESPONDING RATES FOR 1968 AND 1967.

(from Registrar General's Annual Return)

Code No.	CAUSE OF DEATH	Deaths 1969	Annual Death Rate per Million		
			1969	1968	1967
1	Enteritis and other diarrhoeal diseases	34	37	39	†79
2	Tuberculosis of the respiratory system	80	86	93	†105
3	Other tuberculosis, including late effects	25	27	14	9
4	Whooping Cough	—	—	—	3
5	Meningococcal infection	6	7	4	8
6	Acute poliomyelitis	—	—	—	—
7	Measles	—	—	—	—
8	Syphilis and its sequelae	6	7	1	3
9	Other infective and parasitic diseases*	31	33	2	12
10/15	Malignant neoplasms	2,634	2,838	2,785	2,651
16	Benign and unspecified neoplasms	35	38	15	29
17	Diabetes mellitus	132	142	119	118
18	Avitaminoses and other nutritional deficiency	12	13	4	a
19	Anaemias	31	33	40	34
20	Other general diseases	30	32	46	†68
21	Meningitis	7	8	18	7
22	Other diseases of nervous system	189	204	176	122
23	Active rheumatic fever	—	—	2	2
24	Chronic rheumatic heart disease	174	188	185	159
25	Hypertensive disease	226	244	223	148
26	Ischaemic heart disease	2,963	3,193	3,124	3,268
27	Other forms of heart disease	552	595	625	†185
28	Cerebrovascular disease	1,753	1,889	1,817	1,865
29	Other circulatory disease	405	436	425	425
30	Influenza	37	40	70	6
31	Pneumonia	553	596	626	†437
32	Bronchitis, emphysema and asthma	794	856	757	†635
33	Other respiratory diseases	109	117	110	†63
34	Peptic ulcer	76	82	95	80
35	Appendicitis	10	11	12	12
36	Intestinal obstruction and hernia	48	52	56	74
37	Cirrhosis of liver	45	48	71	66
38	Other digestive diseases	137	148	128	63
39	Nephritis and nephrosis	74	80	31	†51
40	Hyperplasia of prostate	17	18	32	31
41	Infections of kidney	42	45	65	a
42	Other diseases of genito-urinary system	32	34	40	99
43	Abortion	2	2	—	a
44	Other complications of pregnancy, childbirth and the puerperium	—	—	1	6
45	Diseases of the skin, musculoskeletal system, etc.	42	45	44	43
46/48	Congenital Anomalies	132	142	125	135
49	Birth injury, difficult labour and other anoxic and hypoxic conditions	112	121	136	137
50	Other causes of perinatal mortality	85	92	67	93
51	Senility without mention of psychosis	17	18	20	25
52	Ill-defined and unknown causes	17	18	16	21
53/54	Road vehicle accidents	198	213	173	157
55	Accidents in the home (part BE 50)	179	193	226	170
56	Other violence (part BE 50)	204	220	186	155
57	Suicide and self-inflicted injury	51	55	53	75
	Total	12,338	13,296	12,930	11,954

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

† Owing to changes in classification introduced in 1968 the figures for 1968 and 1969 are not strictly comparable with those of 1967 and previous years.

a Not previously shown.

TABLE VIIA.—GLASGOW, 1969.—DEATHS FROM DIFFERENT CAUSES
AT SEVERAL AGE PERIODS (MALES).

(from Registrar General's Annual Return)

Codes No.	CAUSE OF DEATH	—4 Wks	4— Wks	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85+	Total Males
1	Enteritis and other diarrhoeal diseases ...	4	12	2	—	—	—	—	—	—	—	1	—	—	19
2	Tuberculosis of the respiratory system ...	—	—	—	—	—	—	1	7	7	11	19	12	1	58
3	Other tuberculosis, including late effects ...	—	—	—	—	—	—	1	—	3	5	5	2	—	16
4	Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	4
5	Meningococcal infection ...	—	2	2	—	—	—	—	—	—	—	—	—	—	—
6	Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Measles ...	—	—	—	—	—	—	—	—	—	2	—	1	—	3
8	Syphilis and its sequelae ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases* ...	1	3	—	—	—	1	—	3	2	4	2	2	—	18
10/															
15	Malignant neoplasms ...	—	1	—	6	2	7	20	39	141	496	514	231	46	1,503
16	Benign and unspecified neoplasms ...	1	—	—	—	—	1	1	1	—	7	6	—	1	18
17	Diabetes Mellitus ...	—	—	—	—	—	—	—	3	4	9	14	7	—	37
18	Avitaminoses and other nutritional deficiency ...	—	2	—	—	—	—	—	—	—	—	2	—	1	5
19	Anaemias ...	—	—	—	—	—	1	—	1	—	2	2	4	—	10
20	Other general diseases ...	1	1	2	1	2	1	1	—	1	2	2	—	—	14
21	Meningitis ...	1	1	—	—	—	—	—	2	—	1	—	1	—	6
22	Other diseases of nervous system ...	—	1	—	—	2	5	4	6	14	12	24	18	5	91
23	Active rheumatic fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Chronic rheumatic heart disease ...	—	—	—	1	—	—	5	5	12	17	12	7	1	60
25	Hypertensive disease ...	—	—	—	—	—	—	1	3	14	20	29	16	5	88
26	Ischaemic heart disease ...	—	—	—	1	—	—	6	46	167	468	542	330	105	1,665
27	Other forms of heart disease ...	—	—	—	—	—	2	1	2	11	34	66	79	28	223
28	Cerebrovascular disease ...	1	—	—	—	—	1	3	7	35	108	226	194	79	654
29	Other circulatory disease ...	—	—	—	—	—	—	—	4	6	18	48	50	17	143
30	Influenza ...	—	1	—	—	—	—	1	1	—	3	3	1	—	10
31	Pneumonia ...	4	46	2	1	—	3	3	4	7	25	80	58	30	263
32	Bronchitis, emphysema and asthma ...	—	—	—	1	—	—	1	5	29	165	224	135	37	597
33	Other respiratory diseases ...	2	14	2	1	1	—	—	4	8	9	12	8	2	63
34	Peptic ulcer ...	—	—	—	—	—	—	—	7	8	6	19	9	4	53
35	Appendicitis ...	—	—	—	1	—	—	—	1	—	—	—	2	1	5
36	Intestinal obstruction and hernia ...	—	3	—	1	—	—	—	1	2	3	7	9	2	28
37	Cirrhosis of liver ...	—	—	—	—	—	—	—	2	6	7	10	2	—	27
38	Other digestive diseases ...	—	1	—	—	—	—	1	—	16	9	19	9	1	56
39	Nephritis and nephrosis ...	—	—	—	—	—	1	1	2	2	6	10	14	1	37
40	Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	3	2	9	3	17
41	Infections of kidney ...	—	—	1	—	1	—	—	—	—	1	2	1	1	7
42	Other diseases of genito urinary system ...	1	—	—	—	1	—	—	—	2	5	4	4	1	18
43	Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Other complications of pregnancy, childbirth and the puerperium ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45	Diseases of the skin, musculo-skeletal system, etc. ...	—	—	—	—	—	—	—	—	1	1	5	2	—	9
46/															
48	Congenital Anomalies ...	33	18	6	1	3	1	—	1	—	1	—	—	—	64
49	Birth injury, difficult labour and other anoxic and hypoxic conditions ...	73	1	—	—	—	—	—	—	—	—	—	—	—	74
50	Other causes of perinatal mortality ...	55	1	—	—	—	—	—	—	—	—	—	—	—	56
51	Senility without mention of psychosis ...	—	—	—	—	—	—	—	—	—	—	—	1	4	5
52	Ill-defined and unknown causes ...	—	—	—	—	—	—	—	—	1	1	1	3	1	7
53/															
54	Road vehicle accidents ...	—	—	6	10	8	12	16	15	12	17	24	12	—	132
55	Accidents in the home (part BE 50) ...	1	7	4	1	1	3	4	7	11	14	13	5	8	79
56	Other violence (part BE 50) ...	1	2	5	8	6	7	21	23	13	28	20	11	2	147
57	Suicide and self-inflicted injury ...	—	—	—	—	2	4	3	7	7	6	2	2	—	33
	All causes ...	179	117	32	34	29	50	95	209	542	1,526	1,971	1,251	387	6,422

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE VII B.—GLASGOW, 1969.—DEATHS FROM DIFFERENT CAUSES
AT SEVERAL AGE PERIODS (FEMALES).

(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+	Total F'mls	Total Both Sexes
1	Enteritis and other diarrhoeal diseases ...	2	8	3	—	—	—	—	—	—	—	1	1	—	15	34
2	Tuberculosis of the respiratory system ...	—	—	—	—	—	—	2	5	8	3	2	—	2	22	80
3	Other tuberculosis, including late effects ...	—	—	—	—	—	—	—	—	1	4	2	2	—	9	25
4	Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Meningococcal infection ...	—	1	1	—	—	—	—	—	—	—	—	—	—	2	6
6	Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Syphilis and its sequelae ...	—	—	1	—	—	—	—	—	—	—	—	2	—	3	6
9	Other infective and parasitic diseases* ...	1	1	—	—	1	—	—	—	2	4	2	2	—	13	31
10/																
15	Malignant neoplasms ...	—	—	3	2	2	2	7	32	150	271	337	257	68	1,131	2,634
16	Benign and unspecified neoplasms ...	—	—	—	—	1	1	—	3	2	—	8	2	—	17	35
17	Diabetes Mellitus ...	—	—	—	—	—	1	1	3	1	20	29	35	5	95	132
18	Avitaminoses and other nutritional deficiency ...	—	1	—	—	—	—	—	1	1	1	1	2	—	7	12
19	Anaemias ...	—	—	1	—	—	1	—	—	—	2	4	9	4	21	31
20	Other general diseases ...	3	1	—	—	—	—	—	—	3	1	5	3	—	16	30
21	Meningitis ...	—	—	—	—	—	—	—	—	1	—	—	—	—	1	7
22	Other diseases of nervous system ...	—	—	3	—	1	—	1	5	13	15	27	25	8	98	189
23	Active rheumatic fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Chronic rheumatic heart disease ...	—	—	—	—	—	—	3	8	34	31	26	10	2	114	174
25	Hypertensive disease ...	—	—	—	—	1	—	1	3	5	18	37	55	18	138	226
26	Ischaemic heart disease ...	—	—	—	—	—	—	—	5	43	203	420	439	188	1,298	2,963
27	Other forms of heart disease ...	—	—	—	—	—	—	—	4	12	36	76	127	74	329	552
28	Cerebrovascular disease ...	1	—	—	—	—	2	5	8	45	125	287	402	224	1,099	1,753
29	Other circulatory disease ...	—	—	—	—	—	1	—	3	4	18	65	102	69	262	405
30	Influenza ...	—	1	1	1	—	—	2	3	1	6	8	3	1	27	37
31	Pneumonia ...	3	30	3	2	1	—	2	2	7	26	59	95	60	290	553
32	Bronchitis, emphysema and asthma ...	—	—	—	—	—	—	1	7	15	43	54	57	20	197	794
33	Other respiratory diseases ...	1	3	—	—	—	—	—	2	5	5	10	14	6	46	109
34	Peptic ulcer ...	—	—	—	—	—	—	—	—	2	4	7	7	3	23	76
35	Appendicitis ...	—	—	—	1	—	—	—	—	2	1	—	1	—	5	10
36	Intestinal obstruction and hernia ...	—	—	—	—	—	—	—	—	1	1	2	10	6	20	48
37	Cirrhosis of liver ...	—	—	—	—	—	—	1	3	2	4	5	3	—	18	45
38	Other digestive diseases ...	—	—	—	1	—	—	2	2	6	9	31	25	5	81	137
39	Nephritis and nephrosis ...	—	—	—	—	—	—	—	1	3	14	7	9	3	37	74
40	Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17
41	Infections of kidney ...	—	—	—	—	—	1	—	—	3	6	15	8	2	35	42
42	Other diseases of genito urinary system ...	—	—	—	—	—	—	—	3	2	—	5	2	2	14	32
43	Abortion ...	—	—	—	—	—	—	—	2	—	—	—	—	—	2	2
44	Other complications of pregnancy, childbirth and the puerperium ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45	Diseases of the skin, musculo-skeletal system, etc. ...	—	—	—	—	1	1	—	2	1	2	13	7	6	33	42
46/																
48	Congenital Anomalies ...	26	14	9	—	2	5	2	—	—	2	3	5	—	68	132
49	Birth injury, difficult labour and other anoxic and hypoxic conditions ...	38	—	—	—	—	—	—	—	—	—	—	—	—	38	122
50	Other causes of perinatal mortality ...	29	—	—	—	—	—	—	—	—	—	—	—	—	29	85
51	Senility without mention of psychosis ...	—	—	—	—	—	—	—	—	—	—	—	5	7	12	17
52	Ill-defined and unknown causes ...	—	1	—	—	—	—	—	1	—	1	3	3	1	10	17
53/																
54	Road vehicle accidents ...	—	—	4	1	3	4	5	3	9	8	14	10	5	66	198
55	Accidents in the home (part BE 50) ...	—	7	2	1	3	—	5	4	9	14	9	21	25	100	179
56	Other violence (part BE 50) ...	1	1	1	2	1	1	9	3	5	3	10	11	9	57	204
57	Suicide and self-inflicted injury ...	—	—	—	—	—	2	1	7	5	2	1	—	—	18	51
	All causes ...	105	69	32	11	17	22	50	125	403	903	1,585	1,771	823	5,916	12,338

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE VIII.—GLASGOW.—STILLBIRTHS, DEATHS UNDER 1 YEAR AND DEATH-RATES PER 1,000 BIRTHS IN EACH MUNICIPAL WARD, FOR THE YEARS 1969 AND 1968

MUNICIPAL WARDS	Still-births 1969	Rate per 1,000 Births* 1969	Rate per 1,000 Births* 1968	Deaths —1 year 1969	Death Rate per 1,000 Births† 1969	Death Rate per 1,000 Births† 1968
1. Shettleston and Tollcross ...	11	14	18	18	22	25
2. Parkhead ...	2	7	25	8	29	16
3. Dalmarnock ...	13	17	28	26	35	52
4. Calton ...	7	20	17	9	26	25
5. Mile-end ...	12	17	18	27	39	23
6. Dennistoun ...	11	23	15	17	36	25
7. Provan ...	26	21	16	38	31	23
8. Cowlares ...	11	16	18	18	26	22
9. Springburn ...	6	12	11	11	22	26
10. Townhead ...	3	8	18	11	29	27
11. Exchange ...	—	—	8	3	32	51
12. Anderston ...	3	11	17	9	34	31
13. Park ...	2	8	13	3	12	16
14. Cowcaddens ...	5	18	24	6	22	42
15. Woodside ...	3	8	17	10	27	25
16. Ruchill ...	11	18	18	18	31	21
17. North Kelvin ...	12	18	16	9	13	29
18. Maryhill ...	11	21	10	13	25	23
19. Kelvinside ...	1	4	7	2	7	27
20. Partick (East) ...	9	26	14	4	12	33
21. Partick (West)	7	20	12	10	29	14
22. Whiteinch ...	4	13	3	7	23	16
23. Yoker ...	5	13	30	7	18	15
24. Knightswood ...	16	24	16	19	29	32
25. Hutchesontown	4	13	12	4	13	41
26. Gorbals ...	1	5	7	7	33	31
27. Kingston ...	3	11	17	11	42	30
28. Kinning Park ...	8	20	18	20	50	34
29. Govan ...	8	16	12	13	27	23
30. Fairfield ...	6	15	12	11	28	26
31. Craigton ...	7	19	24	13	36	20
32. Pollokshields ...	8	16	23	11	23	12
33. Camphill ...	6	18	17	6	18	20
34. Pollokshaws ...	12	17	22	18	25	17
35. Govanhill ...	14	19	18	20	28	24
36. Langside ...	4	10	17	9	24	28
37. Cathcart ...	12	12	14	23	24	23
Institutions ...	—	—	—	—	—	—
Harbour ...	—	—	—	—	—	—
CITY ...	284	16	17	469	27	26

* Live and Stillbirths.

† Live Births.

TABLE IX.—GLASGOW INFANT DEATHS, 1969.

(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	
	<i>Congenital Anomalies—</i>							
42·0	—of nervous system	5	2	7	12	6	18	25
42·1	—of circulatory system	14	11	25	5	7	12	37
42·2	Other congenital anomalies	14	5	19	9	1	10	29
	<i>Diseases of Early Infancy—</i>							
43	Birth injury, difficult labour and other anoxic and hypoxic condi- tions	73	1	74	38	—	38	112
44	Other causes of perinatal mortality	55	1	56	29	—	29	85
	<i>Diseases of the Respiratory System—</i>							
31	Influenza	—	1	1	—	1	1	2
32	Pneumonia	4	46	50	3	30	33	83
33	Bronchitis, emphysema and asthma	—	—	—	—	—	—	—
46·3	Other respiratory disease	2	14	16	1	3	4	20
	<i>Diseases of the Digestive System—</i>							
36	Intestinal obstruction and hernia	—	3	3	—	—	—	3
46·4	Other digestive disease	—	1	1	—	—	—	1
	<i>Diseases of the Nervous System—</i>							
24	Meningitis	1	1	2	—	—	—	2
46·1	Other diseases of the nervous system	—	1	1	—	—	—	1
	<i>Tuberculosis—</i>							
5	Respiratory	—	—	—	—	—	—	—
6	Non-respiratory	—	—	—	—	—	—	—
	<i>Infectious Disease—</i>							
4	Enteritis and other diarrhoeal diseases	4	12	16	2	8	10	26
9	Whooping Cough	—	—	—	—	1	1	3
11	Meningococcal infections	—	2	2	—	—	—	—
12	Poliomyelitis	—	—	—	—	—	—	—
14	Measles	—	—	—	—	—	—	—
17	Other infective or parasitic	1	3	4	1	1	2	6
	<i>Violence—</i>							
E								
48·1	Accidents in the home	1	7	8	—	7	7	15
E								
48·2	Other violent causes	1	2	3	1	1	2	5
	<i>All other causes</i>	4	4	8	4	3	7	15
	Totals	179	117	296	105	69	174	470

TABLE X.—GLASGOW, 1968-1969—ABSTRACT OF NOTIFICATIONS UNDER
NOTIFICATION OF BIRTHS ACT, 1907.

	1969	1968	1967
Total Number of Notifications	18,107	19,206	19,837
Doctor at Home	1,290	1,709	2,154
Doctor in Nursing Home	85	92	101
Doctor in Institution	16,488	17,006	17,201
Maternity Hospital (Outdoor) Nurse ...	—	—	—
Midwife in Nursing Home	180	264	260
Certified Midwife	—	—	—
Municipal Midwife	61	130	112
Others	3	5	9

TABLE XI.—GLASGOW, 1969 and 1968.—CASES OF INFECTIOUS DISEASE REGISTERED AND NUMBERS OF THESE TREATED IN FEVER HOSPITALS, &C.

	1969				1968			
	Fever Hosp.	Other Institutions	Home	Total	Fever Hosp.	Other Institutions	Home	Total
<i>A. Notifiable—</i>								
Anthrax ...	—	—	—	—	—	—	—	—
Cerebrospinal Fever ...	16	10	—	26	17	11	2	30
Continued Fever ...	29	1	2	32	20	—	—	20
Diphtheria ...	—	—	—	—	—	—	—	—
Dysentery ...	690	38	1,102	1,830	750	16	1,017	1,783
Encephalitis Lethargica	—	—	—	—	—	—	—	—
Erysipelas ...	10	—	21	31	16	—	14	30
Food Poisoning ...	78	2	209	289	238	39	596	873
*Infective Jaundice ...	205	15	441	661	118	5	234	357
Leprosy ...	—	—	—	—	—	—	—	—
Malaria ...	9	1	—	10	4	—	—	4
Measles (a) ...	105	5	1,798	1,908	246	6	1,124	1,376
Ophthalmia Neonatorum	18	6	5	29	15	2	4	21
Pneumonia—								
Acute Influenzal ...	1	6	18	25	6	8	15	29
Acute Primary ...	1,139	525	373	2,037	1,121	532	284	1,937
Polio-Encephalitis, Acute	—	—	—	—	—	—	—	—
Poliomyelitis—								
Paralytic ...	—	—	—	—	1	—	—	1
Non-paralytic ...	—	—	—	—	—	—	—	—
Puerperal Fever ...	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	1	60	1	62	1	51	1	53
Scarlet Fever ...	15	—	204	219	25	—	187	212
Smallpox ...	—	—	—	—	—	—	—	—
Trachoma ...	—	—	—	—	—	—	—	—
Typhoid Fever (and Paratyphoid B) ...	4	—	1	5	7	—	—	7
Whooping Cough ...	29	—	131	160	81	1	287	369
<i>B. Not Notifiable—</i>								
Chickenpox ...	58	4	790	852	87	5	957	1,049
Gastro-enteritis ...	238	43	133	414	264	30	122	416
German Measles ...	10	—	10	20	15	—	15	30
Others ...	° 36	° 1	° 12	49	11	—	6	17
	2,691	717	5,251	8,659	3,043	706	4,865	8,614
Notified but diagnosis altered to Non Infectious Disease ...	× 1,692	—	—	1,692	† 1,551	—	—	1,551
	4,383	717	5,251	10,351	4,594	706	4,865	10,165

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.

* Prior to October 1968 this referred only to "Weil's Disease" but now includes Infective Hepatitis.

(a) Became notifiable as from 1st October 1968.

† Includes 1 Salmonella Typhimurium carrier and 6 Dysentery carriers.

× Includes 2 Dysentery carriers.

° Mumps.

TABLE XII.

OPERATIONS OF SANITARY SECTION, 1969.

	Central	North- ern	Eastern	South- Eastern	South- Western	City 1969 1968	
1. General							
Nuisances and defects removed or remedied	12,810	19,982	16,678	7,226	12,407	69,103	54,731
Consisting of—							
Apartments, Lobbies, or W.C.'s, with insufficient light or ventilation, or otherwise defective in construction	4	—	—	3	—	7	—
Defective Chimneys causing nuisance	31	76	8	5	73	193	128
Disrepair or dampness in Dwelling-houses	4,072	5,238	2,378	2,704	2,719	17,111	9,100
Offensive smells from Drains, or other reasonable grounds—smoke test	—	—	—	9	—	9	6
Drains, Conductors, Soil-pipes, or Pipes choked or defective	3,406	7,875	7,774	2,509	4,189	25,753	23,812
Sanitary Fittings choked or defective	432	824	617	279	467	2,619	2,407
Dirty Houses and Bedding	55	12	27	2	9	105	267
Dirty Closes, Stairs, etc. (daily and bi-weekly cleaning)	259	316	98	18	250	941	879
Common passages, stairs or staircases not in a cleanly state (limewashing or painting)	611	1,004	652	112	483	2,862	1,010
Animals or Poultry kept so as to be a nuisance	6	3	4	1	3	17	16
Accumulation of Garbage or Rubbish	902	1,113	297	153	274	2,739	1,832
Noise Nuisances—Number dealt with	—	10	6	8	1	25	14
Samples of Water etc., for analysis	136	848	73	454	72	1,583	1,725
Other Irregularities	547	543	2,414	1,277	3,222	8,023	7,992
Reports to Master of Works	1,184	1,399	1,099	73	477	4,232	4,080
" Superintendent of Cleansing	329	718	177	16	45	1,285	424
" Water Engineer	972	851	1,127	57	195	3,202	2,764
Prosecutions—Sheriff Court	78	102	14	1	13	208	152
" Police Court	—	10	—	—	1	11	11
Number Successful	48	51	14	1	8	122	90
2. Drain Testing.							
Number of Applications (Dean of Guild)	468	867	459	436	382	2,612	3,878
Number of Tests to old tenement drains	—	—	—	25	—	25	1
Number of Consultations re drainage scheme	1,110	336	218	256	460	2,380	2,383

TABLE XII—Continued.

OPERATIONS OF SANITARY SECTION—Continued.

	Central	North- ern	Eastern	South- Eastern	South- Western	City 1969 1968	
3. Common Lodging Houses.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	3	1	2	—	—	6	6
With accommodation for ...	671	280	435	—	—	1,386	1,418
Number of irregularities ...	—	—	—	—	—	—	—
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	—	—	—	—	—	—	—
Total number now on register ...	—	5	7	—	1	13	14
Number of irregularities ...	—	101	—	—	—	101	20
Number of prosecutions ...	—	3	1	—	—	4	1
6. Caravan Sites.							
Number of Sites licensed during the year ...	—	—	—	—	—	—	—
Number on Register ...	—	5	8	2	—	15	17
Number of Vans accommodated	—	130	77	5	—	212	214
Number of irregularities found ...	—	—	—	—	—	—	1
Number of prosecutions ...	—	—	—	—	—	—	—
7. Rodent Control.							
Number of Premises infested ...	1,948	1,822	1,185	711	835	6,501	6,674
Number of Premises Proofed ...	549	476	134	108	354	1,621	1,164

TABLE XII—*Continued.*OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	North- ern	Eastern	South- Eastern	South- Western	City	
						1969	1968
8. Mech. Bakehouses.							
Number measured and registered	—	—	1	—	—	1	1
Total number now on register ...	22	32	32	30	13	129	154
Number dirty	—	1	—	—	—	1	2
Number with sanitary convenience defective in light or ventilation	1	—	—	—	—	—	—
Number with sanitary convenience required	—	—	1	—	—	1	—
Number with sanitary fittings choked or defective	—	—	—	—	1	1	2
Number of other nuisances ...	1	—	1	—	—	2	1
Number of prosecutions ...	—	—	—	—	—	—	—
9. Non. Mech. Bakehouses.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	—	2	—	4	—	6	12
Number dirty	—	2	—	—	—	2	—
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 ...	—	—	—	—	—	—	1
Number of prosecutions ...	—	—	—	—	—	—	—
10. Mech. Factories.							
Number registered	61	30	76	20	32	219	160
Total number now on register ...	1,034	390	550	411	394	2,779	2,876
Number dirty	56	50	76	—	69	251	104
Number with sanitary conveniences defective in light or ventilation	65	18	32	2	35	152	60
Number with sanitary fittings choked or defective	23	45	17	120	21	226	35
Number of prosecutions ...	—	—	—	—	1	1	1
Number of other nuisances ...	79	99	69	24	80	351	111

TABLE XII—*Continued.*OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	North- ern	Eastern	South- Eastern	South- Western	City 1969 1968	
11. Non-Mech. Factories.							
Number registered ...	—	—	1	—	—	1	1
Total number now on register ...	47	9	47	32	15	150	207
Number dirty ...	1	—	—	11	2	14	1
Number overcrowded ...	—	—	—	—	—	—	—
Number with sanitary conven- iences defective in light or ven- tilation ...	—	—	1	—	—	1	2
Number with sanitary fittings choked or defective ...	—	—	—	3	—	3	—
Number of other nuisances ...	—	—	1	8	—	9	5
Number of prosecutions ...	—	—	—	—	—	—	—
14. Offices, Shops and Railway Premises.							
Number now on register— ...	6,293	1,637	2,294	2,194	1,379	13,797	13,535
(a) Offices ...	3,505	321	570	487	307	5,190	5,056
(b) Shops (retail) ...	1,921	1,075	1,277	1,395	832	6,500	6,448
(c) Wholesale Department or Warehouse ...	465	53	172	103	60	853	772
(d) Catering Establishment ...	392	181	272	165	178	1,188	1,232
(e) Staff Canteen ...	9	6	3	43	1	62	20
(f) Fuel Storage Depot ...	1	1	—	1	1	4	7
Number of General Inspections ...	611	16	36	21	37	721	1,347
Number of other visits ...	4,437	119	865	1,373	1,232	8,026	9,444
15. Homeworkers' Dwellings.							
Total number now on register ...	—	—	—	—	—	—	1
Number found dirty ...	—	—	—	—	—	—	—
16. Bothies, Chaumers.							
Number occupied ...	—	—	—	—	—	—	—
Number unsatisfactory ...	—	—	—	—	—	—	—
Number of nuisances ...	—	—	—	—	—	—	—
18. Piggeries.							
Total number now on register ...	4	5	1	1	—	11	14
Contravention of Byelaws ...	—	—	—	—	—	—	—
Number of nuisances ...	—	—	1	—	—	1	1
Number of prosecutions ...	—	—	—	—	—	—	—

TABLE XII—Continued.

OPERATIONS OF SANITARY SECTION—Continued

	Central	North- ern	Eastern	South- Eastern	South- Western	City	
						1969	1968
19. Offensive Trades.							
Total number now on register ...	3	2	31	—	—	36	37
Number of irregularities ...	—	1	55	—	—	56	23
Number of prosecutions ...	—	—	—	—	—	—	—
20. Rag Flock.							
Total number now on register ...	6	4	10	14	14	48	40
Number licensed ...	1	—	1	—	—	2	3
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 ...	27	17	29	7	6	86	153
Number dirty ...	—	—	—	—	—	—	2
Number of other nuisances ...	—	17	1	—	10	28	7
24. Food Premises							
Number in Division ...	1,147	588	927	1,030	528	4,220	4,152
Number of Premises visited ...	203	67	102	469	200	1,041	727
Number defective in light and ventilation ...	11	3	10	8	12	44	21
Number sanitary conveniences defective or required ...	68	9	16	42	83	218	113
Washing facilities required ...	110	7	6	50	18	191	66
Lack of personal cleanliness in foodhandlers and dirty equip- ment ...	83	91	19	83	186	462	174
Number of Other Nuisances ...	332	5	85	293	369	1,084	301
Number of Irregularities ...	604	217	136	—	668	1,625	575

TABLE XIII.—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
1968	945,034	18,816	12,220	19.9	12.9	494	26
1969	927,948	17,405	12,338	18.8	13.3	470	27

* 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

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