

[Report 1955] / Medical Officer of Health, Greenock Burgh.

Contributors

Greenock (Scotland). Burgh Council.

Publication/Creation

1955

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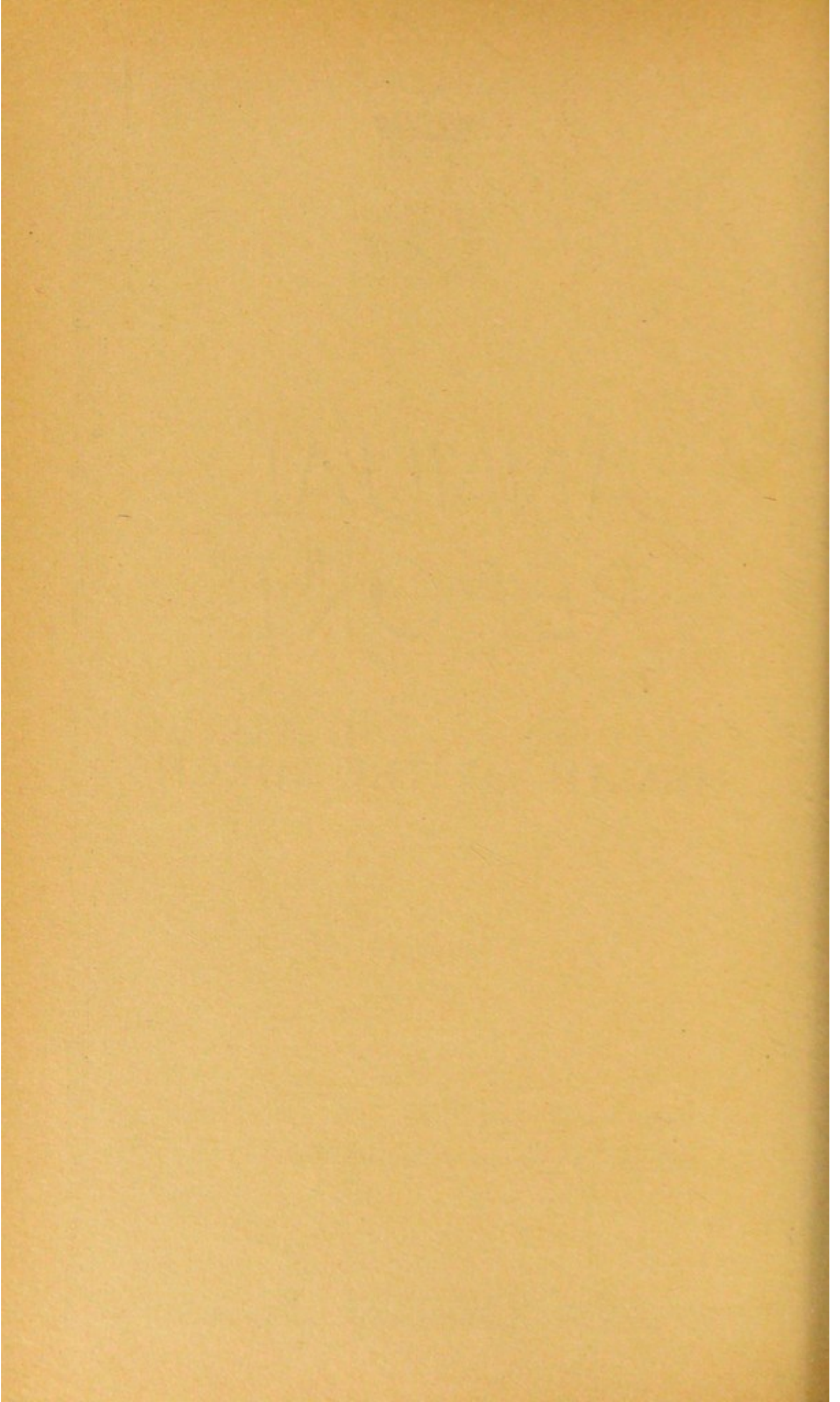
HEALTH OF THE BURGH

FOR THE YEAR 1955

BY

Gordon S. Carrick, M.B., Ch.B., D.P.H., D.I.H.,

Medical Officer of Health



Burgh of



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"Telegraph" Printing Works
Greenock



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HEALTH AND WELFARE DEPARTMENT STAFF

Medical Officer of Health

GORDON S. CARRICK, M.B., Ch.B., D.P.H., D.I.H.

Depute Medical Officer of Health

WILLIAM R. PLEWS, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.R.C.O.G., D.P.H.
(Resigned 3.12.55)

GORDON G. LINDSAY, M.B., Ch.B., D.P.H. (Took up duty 13.12.55).

Assistant Medical Officers of Health

MINNIE ATKIN, M.B., B.S., D.P.H.

MARY B. ANDERSON, M.B., Ch.B., D.P.H. (Absent due to illness from 6.5.55)

HORACE E. NUTTEN, M.B., Ch.B., D.P.H. (Took up duty 19.9.55).

* Half-time on School Health Service.

Epidemic Officer and Port Health Officer

ROBERT FORREST

Superintendent Nursing Officer

MARY I. CRAWFORD, R.G.N., S.C.M., H.V., Q.I.D.N.

Assistant Superintendent Nursing Officer

KENINA MacLEOD, R.G.N., S.C.M., H.V., Q.I.D.N. (Resigned 31.8.55).

Health Visitors

ANNIE LONIE

MARY WATSON

MARY R. McFARLANE

HARRIET MacPHERSON

MARY McLEOD

Mrs I. CLARK

FLORA DUNCAN

HELEN C. W. EAGLESHAM

Mrs I. C. HUGHES

Mrs SKINNER

JESSIE W. L. STRUTHERS

(Resigned 23.4.55)

ELIZABETH GIBSON

MAGARET McGHEE

*Infectious Diseases Nurse—ISABEL CRUMLISH **

* Half-time as Mental Health Visitor

In addition, three nurses of the Greenock District Nursing Association were employed as whole-time health visitors under the Maternity and Child Welfare Scheme, namely, Miss Lindsay and Miss Cameron for the whole year and Miss Bowie from May, 1955.

Corporation Midwives

Mrs ISABELLA SWAN

Mrs HELEN HAMILTON or

THOMSON. (Retired 31.8.55)

Mrs JEAN GILMOUR (PENNIE)

RACHEL CAMERON

Mrs ALICE WEIR

DOROTHY McFARLANE

MARY THOMSON

Mrs MARGARET COPLAND

Mrs AGNES ANDERSON

Mrs MARY GREEN

(Comm. duty 18.4.55)

Mrs M. BROWN

(Comm. duty 1.8.55)

In addition, two nurses of the Greenock District Nursing Association were employed as whole-time midwives under the Maternity and Child Welfare Scheme, namely, Mrs Agnes Gordon and Miss Marion Cameron.

Matron, Day Nursery

Mrs J. TELFER, R.G.N.

PERSONNEL—Continued*Office Staff*

ELSIE C. GREENHAM	SIONA EWART (Resigned 1.11.55)
MARGARET C. MacELWEE	ANN MILLER (Resigned 18.8.55)
MARY A. CORMACK	Mrs SARAH PRESTON
PHYLLIS E. CHANDLER	ANNE FARREN
MARGARET WALMSLEY	(Comm. duty 8.8.55)
MARGARET A. NELSON	MORVEN McKEAG
EVELYN FINDLAY	(Comm. duty 31.10.55)

Disinfecting Station

ARCHIBALD COMBIE, District Disinfecting Officer.
PETER MALLON, Station Disinfecting Officer.

Reception House

Mrs ROBERTSON, Caretaker.

Attendants in Charge of Toddlers' Playgrounds

Mrs B. WEBSTER MARGARET M. STEVENS Mrs N. ARMOUR

Caretaker, Health & Welfare Department

PETER DUNN*

* Also Removals Officer, part-time

WELFARE SECTION*Welfare Officer*

ARCHIBALD MUIR, P.L.D., D.P.A., F.I.S.W.

Assistant Welfare Officers

THOMAS SUTHERLAND MARJORIE H. R. SCHOLDS (Comm. duty 15.10.55)

Matron, Belleaire Old People's Home

MARY C. NESBITT, S.R.N.

Office Staff

MARGARET DONALDSON (Resigned 12.3.55)
LILY GALLACHER (Comm. duty 14.3.55)

Removals Officer

PETER DUNN *

* Also Caretaker

SCHOOL HEALTH SECTION*School Medical Officers*

MAY D. BELL, M.B., Ch.B., D.P.H.

* MARY B. ANDERSON, M.B., Ch.B., D.P.H. (Absent due to illness from 16.5.55)

* HORACE E. NUTTEN, M.B., Ch.B., D.P.H. (Took up duty 19.9.55)

* Half-time, Public Health

School Nurses

MARY M. BROCKIE

Mrs JEAN PAUL

MARGARET MAITLAND

ELIZABETH L. CRICHTON

Office and Clinic Staff

MARY M. RANKIN

MARGARET McKINNON

ELIZABETH BOYD

TABLE OF CONTENTS

	Page
Bacteriological Examination	13
Care of Premature Infants	21
Cerebral Palsy	30
Child Welfare	17
Chiropody	30
Disinfecting Station	13
Domestic Helps	26
Domiciliary Midwifery	20
Expectant and Nursing Mothers	15
Epilepsy	30
Food Supply	59
Health Visiting	18
Home Nursing	19
Health Education	30
Infectious Disease	10
Illgitimate Births	22
Infant Mortality	23
Meat Inspection	63
Mental Health	47
Meteorology	62
Mothercraft Classes	15
Offensive Trades	60
Port Health Administration	58
Public Health Districts	6
Prevention of Break-up of Families	25
Prevention of Illness, Care and After-care	27
Reception House	12
Rivers Pollution	60
School Health Service	55
Statistical Summary	6

TABLE OF CONTENTS—Continued

	Page
Scabies and Vermin Infestation	12
Stillbirths	22
Tuberculosis	27
Town Planning	61
Vital Statistics	7
Vaccination and Immunisation	14
Water Supply	62
Welfare Services	32
Welfare Foods	25

APPENDIX TABLES

(I).—Vital Statistics	65
(II).—Causes of Death—Registrar General	66
(III).—Causes of Death—Public Health Districts	68
(IV).—Population and Principal Rates per 1,000, 1881-1955	70
(V).—Sources of Notification of Infectious Diseases	71
(VI).—Monthly Incidence of Infectious Diseases	72
(VII).—District Incidence of Infectious Diseases with removals to Hospital	73
(VIII).—Cases removed to Gateside Hospital during the year	74
(IX).—Infectious Diseases Rates, 1900-1955	75

To the PROVOST, MAGISTRATES and COUNCILLORS of the BURGH OF GREENOCK and the DEPARTMENT OF HEALTH FOR SCOTLAND

LADIES and GENTLEMEN,

I have the honour to submit my Annual Report on the Health of the Burgh for the year 1955.

The number of notifications of Respiratory Tuberculosis during the year showed a further decrease.

The Local Authority's Scheme for the examination and B.C.G. vaccination of contacts of known cases of tuberculosis was continued successfully throughout the year. In addition, a Scheme for the vaccination of infants was started early in 1955 and the response by parents has been most satisfactory.

Cases of bacterial food poisoning were, in the main, sporadic and no real outbreak occurred. There was an increase in the number of cases of bacillary dysentery occurring in the Burgh. An increase was also noted throughout the rest of Scotland, notifications rising by 18%. These figures stress that continued awareness of this danger by persons in charge of food handling establishments and by the general public is most essential.

Notifications of whooping cough showed a marked decrease, probably associated with the increase in numbers immunised over the last few years.

The distribution of welfare foods continued on the same basis as last year. This is mainly done from the Health and Welfare Department premises, but invaluable assistance from the Greenock Branch of the W.V.S. is much appreciated, especially in the outlying areas of the Burgh.

I wish to record gratitude to the members of the Health and other Committees of the Corporation of Greenock for their continued interest in the important work of public health. I would also thank heads of other departments whose co-operation is so essential. Thanks are also due to the staff of the Health and Welfare Department for their loyal service throughout the year.

I am,

Ladies and Gentlemen,

Your obedient Servant,

G. S. CARRICK,

Medical Officer of Health.

STATISTICAL SUMMARY—1955

Population as estimated at middle of 1955,	77,499
Acreage of Burgh,	3,846
Density of Population per acre,	20.15
Birth Rate, per 1,000 of population,	20.5
Illegitimate birth-rate per 100 live births,	4.8
Marriage Rate (uncorrected),	9.7
Death Rate—all causes, per 1,000 of population,	12.5
Death Rate—tuberculosis (all forms),	0.43
Death Rate—tuberculosis of respiratory system,	0.40
Death Rate—tuberculosis non-respiratory,	0.03
Death Rate—principal epidemic diseases,	0.03
Infantile mortality rate, per 1,000 live births,	37
Neo-natal death rate, per 1,000 live births,	22
Stillbirth rate, per 1,000 total births,	29
Maternal death rate, per 1,000 total births,	1.22

All rates given are corrected for transfers except where otherwise indicated.

PUBLIC HEALTH DISTRICTS

- A—EAST DISTRICT—corresponds to municipal wards Nos. I and 11—acreage 666.
- B—EAST CENTRAL DISTRICT—corresponds to municipal wards Nos. III, IV and V—acreage 846.
- C—WEST CENTRAL DISTRICT—corresponds to municipal wards Nos. VI and VII—acreage 247.
- D—WEST DISTRICT—corresponds to municipal wards Nos. VIII and IX—acreage 2,087.

VITAL STATISTICS

POPULATION.—The estimate of the population by the Registrar General to the middle of 1955 is 77,499. This figure is used as the basis of all statistical calculations unless otherwise indicated.

This estimate is a decrease of 34 from that of 1954.

The natural increase (excess of births over deaths) is 617. The figure for 1954 was 637 and the average for the last five years was 616.

BIRTHS AND BIRTH RATE.—The number of births, after correction for transfers, was 1,586 (849 males and 737 females) and the equivalent rate is 20.5 per thousand live births. The 1954 rate was 20.6 and the average for the last five years is 19.9.

The birth rate for Scotland as a whole is 18.0.

Tables I and IV give further information on this subject.

INFANTILE MORTALITY NEO-NATAL DEATHS AND STILL-BIRTHS.—The number of deaths of children under one year of age was 58, a decrease of 11 over the figure for 1954 and below the average of 61 for the last five years.

The infantile mortality rate (i.e. deaths within the first year of life) is 37 per thousand live births and the quinquennial average is 39.

The rate for Scotland is 30.

The neo-natal death rate (i.e. deaths within the first four weeks of life) is 22 per thousand live births as compared with 26 in 1954. The quinquennial rate is 22. The rate for Scotland in 1955 is 20.

Stillbirths numbered 48, giving a rate of 29 per thousand total births as against 32 the quinquennial average. The rate for Scotland is 25.

DEATHS AND DEATH RATE.—The total number of deaths in the Burgh in 1955, after correction for transfers, was 969 (531 males, 438 females). The death rate is 12.5 per thousand of population, which is comparable to the rate of 12.4 of 1954 and above the quinquennial average of 12.

The death rate for Scotland as a whole is 12.0.

The average age at death was 66 years as against 64, the average for the past five years.

CAUSES OF DEATH.—The following were the chief causes of death during 1955:—Heart Disease, 310; Cancer, 159; Cerebral Haemorrhage, 122; Violence, 61; Bronchitis, 54; Tuberculosis (all forms) 33; Pneumonia, 25.

Tables II and III give further information regarding causes of death which may be conveniently grouped as follows:—

Tuberculosis.—During the year the number of deaths from respiratory tuberculosis was 31 and the corresponding rate is 0.40 per thousand of the population. In 1954 there were 29 with a rate of 0.37. The average rate for the last five years is 0.48. The rate for Scotland in 1955 was 0.17.

Tuberculosis of other forms gave two deaths. The non-respiratory rate is 0.03 which is lower than last year's figure of 0.06 and lower than the quinquennial average of 0.10. The rate for Scotland for the year 1955 was .02.

Principal Epidemic Diseases.—(Typhoid fever, scarlet fever, diphtheria, whooping cough, meningococcal infections, influenza and measles).

Only two deaths occurred in this group and both were due to influenza. The death rate for the group is 0.03 which is the lowest since 1949. The quinquennial average is 0.11. The rate for Scotland is .05.

Malignant Disease.—Cancer in its various forms was responsible for 159 deaths (100 males, 59 females) and the death rate is 2.05. Although these figures are lower than those of 1954 (169 and 2.18) they are higher than the quinquennial average of 142 deaths and a rate of 1.82.

The following is the distribution of cancer by age groups:—

Group	35-44	45-54	55-64	65-74	75-84	85 & over
Males	5	9	35	28	22	1
Females	4	3	9	23	15	5

Diseases of Circulatory System.—The number of deaths from this cause was 340 of which 310 were from diseases of the heart. The death rate of the latter cause was 4.0, the same as in 1954 but higher than the quinquennial average of 3.8.

The heart diseases were grouped and classified as follows:—

Groups	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & over
Chronic Rheumatic heart disease ...	1	1	1	1	1	4	—	—
Arteriosclerotic and degenerative heart disease	—	1	5	15	43	91	90	28
Other disease of heart	—	1	—	1	1	3	1	—
Hypertension with heart disease ...	—	—	—	—	5	11	2	3

Diseases of Respiratory System.—These diseases caused 89 deaths, which gave a rate of 1.15, as compared with the figures of 68 deaths and rate of 0.88 for 1954. The average number of deaths in this category for the last five years was 69 and the rate 0.89.

Bronchitis was responsible for 54 of the deaths (39 males and 15 females) of which 32 were of persons over 65 years of age. The death rate was 0.70. These figures show a considerable increase over the quinquennial average of 34 deaths and rate of 0.44, although the reason for this is not clear.

Pneumonia accounted for 25 of the total respiratory deaths with a death rate of 0.32. This is lower than the quinquennial average of 0.34. Of these deaths five occurred in children under one year and 14 in persons over 65 years of age.

Diseases of Nervous System.—The deaths classified in this group numbered 140 of which 122 were due to Cerebral Haemorrhage, Embolism or Thrombosis, with a death rate of 1.57. The average of the last five years was 1.64.

Diseases of Digestive System.—Deaths referable to this system numbered 22, of which 4 were due to diarrhoea, 5 were caused by gastric and duodenal ulcers, 4 by diseases of the liver and 9 by intestinal obstruction and hernia.

The number of deaths in children under 1 year of age from diarrhoea was one, against an average for the previous five years of three.

Diseases of Genito-Urinary System.—Deaths from diseases of this system totalled 23 of which 8 were due to nephritis and nephrosis. Enlargement of the prostate gland was responsible for the other 15 deaths.

Diseases of Pregnancy or Childbirth.—The Registrar General lists two deaths under this group, both attributed to causes other than sepsis. The following table gives the death rates per thousand total births for the period 1940-1955:—

Period	Death-rate from Puerperal Sepsis	Death-rate from other Puerperal Causes	Maternal Death-rate
1935—1939	1.31	4.29	5.60
1940—1944	0.94	3.31	4.25
1945—1949	0.36	0.94	1.30
1950	0.59	0.59	1.19
1951	0.00	1.87	1.87
1952	0.00	0.67	0.67
1953	0.00	1.24	1.24
1954	1.82	0.00	1.82
1955	0.00	1.22	1.22

The maternal death rate for Scotland is 0.5.

Congenital Malformations.—There were 16 deaths from this cause, of which 6 occurred in children under 4 weeks old and four in children between 1 month and 12 months old.

Diseases of Newborn and Early Infancy.—These deaths numbered 28 and are classified as follows:—

Birth injuries, post-natal asphyxia and atelectasis, 15; pneumonia of the newborn, 2; other diseases peculiar to early infancy, 11.

The number of such deaths in 1954 was 31.

Further information regarding children under 1 year of age will be found in the section "Care of Mothers and Young Children."

Violent Deaths.—These numbered 61 of which five were apparently suicidal (1 male and 4 females) and 56 accidental (37 males and 19 females). The latter figure includes 12 road transport cases (9 males and 3 females).

The corresponding figures for 1954 were 5 suicides and 49 other violent deaths including 12 road accidents.

The average for the last five years is 3 deaths from suicide and 38 from other violence.

INFECTIOUS DISEASE

During the year 1955 there were 2,289 cases of infectious disease ascertained by this department. This figure does not include tuberculosis, venereal disease or scabies. This total is an increase of 6 on that of 1954, but is less than the quinquennial average of 2,513.

Further information regarding infectious disease will be found in Tables V to IX.

Notifiable Infectious Diseases.

SCARLET FEVER.—Ninety-three cases of scarlet fever were notified, with the highest incidence in the months of June, October, November and December. The incidence rate per thousand of the population in 1955 was 1.2. In 1954 there were 92 cases and the average for the last five years is 122. There were no deaths and no epidemic prevalence at any time.

DIPHTHERIA.—No case of diphtheria was confirmed during 1955. Immunisation against this disease is discussed under the heading "Vaccination and Immunisation."

ENTERIC FEVER.—No cases of typhoid fever occurred during the year. Two cases of para-typhoid B. were notified.

PNEUMONIA.—A total of 48 cases of notifiable pneumonia were ascertained, 4 of acute influenzal and 44 of acute primary type. The highest incidence occurred in the months of February and March. The total in 1954 was 32 and the average for the last five years was 39.

POLIOMYELITIS.—Ten cases of poliomyelitis were confirmed as compared with six cases in 1954 and a quinquennial average of nine.

PUERPERAL FEVER AND PUERPERAL PYREXIA.—Three cases of puerperal fever and 23 cases of puerperal pyrexia were notified.

SMALLPOX.—No cases were notified. Information regarding vaccination is given under the heading "Vaccination and Immunisation."

MALARIA.—No cases were notified.

CEREBRO-SPINAL MENINGITIS.—Two cases were notified in 1955.

DYSENTERY.—Three hundred and eleven cases were recorded as compared with 127 in 1954. The months of greatest incidence were May, June and August. This is a big increase but many more cases are being notified by practitioners and diagnostic facilities are being made more readily available to them.

WHOOPIING COUGH.—One hundred and fifty-five cases of whooping cough were notified during the year. The figure in 1954 was 339 and the last quinquennial mean was 409.

Whooping cough immunisation is discussed under the heading "Vaccination and Immunisation."

INFECTIVE HEPATITIS.—Two cases were intimated during the year.

FOOD POISONING.—Seventeen cases were notified during the year. These were mainly sporadic cases and there was no evidence of an outbreak at any time. The greatest incidence (6 cases) occurred in July, while the others were spread over the 12 months.

Non-notifiable Infectious Diseases.—Doctors, parents, schools and others intimate the occurrence of certain other infectious diseases not compulsorily notifiable and these are discussed below.

The figures cannot be regarded as complete but they afford a reasonably good index of incidence in the Burgh.

MEASLES (including German Measles).—The number of cases intimated during the year was 817, giving an incidence rate of 10.54. The figures in 1954 were 788 cases and a rate of 10.15. The quinquennial average of cases was 732.

The disease had its highest incidence in the month of January.

CHICKENPOX.—Five hundred and thirty-three cases were intimated. The incidence was high in the months of January, May, June, November and December. The number of cases in 1954 was 457 and the last five yearly average was 678.

MUMPS.—There were 140 cases intimated during the year as compared with 239 in 1954 and a quinquennial average of 393.

PNEUMONIA (not otherwise notifiable).—One hundred and twenty-eight cases under this heading were notified. The highest incidence was in February and December. The figure for 1954 was 107 and the average of the last five years was 101.

VENEREAL DISEASES.—The number of new cases of suspected venereal disease resident in the Burgh who attended local clinics was as follows:—

Syphilis		Gonorrhoea		Chancroid		Other Venereal Conditions		Non-Venereal Conditions	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
2	4	12	1	1	—	6	—	120	8
Cases attending from Ships:									
1	—	34	—	4	—	10	—	41	—

SCABIES AND VERMIN INFESTATION

During the year 29 persons (4 men, 8 women, 17 children) were dealt with at the Cleansing Station for lice infestation with a total of 86 attendances. In addition 13 persons (6 men, 3 women and 4 children) were treated at their homes or at the Health Office by dusting with anti-lice (D.D.T.) powder.

No cases of scabies attended the treatment centre of the Corporation. This, of course, does not mean that there were no cases in the town, as many are treated by their own doctors or at the skin clinic of the Royal Infirmary.

RECEPTION HOUSE

The Reception House is still retained as a useful part of the Health and Welfare Department premises, giving accommodation to clinics (ante-natal, child welfare, school minor ailments), cleansing units for treating verminous families while their homes, property and clothing are being disinfested, and affording space for the Medical Boards of the Ministry of Pensions and National Insurance. A room is rented for use as a Consulting Room to a local General Practitioner.

BACTERIOLOGICAL EXAMINATIONS

The following specimens examined at Hawkhead Laboratory, Paisley, or at Shelley Road Laboratory, Glasgow, were intimated to this department:—

Chest Clinic,	1,356
Ravenscraig Hospital,	102
Larkfield Hospital,	6
Gateside Hospital,	3
Royal Infirmary,	6
Ear, Nose and Throat Hospital,	56
Eye Infirmary,	2
Rankin Hospital,	3
Private Practitioners,	441
Medical Officer of Health,	249
	2,224

DISINFECTING STATION

In recent years, with the advent of chemotherapeutic agents and antibiotics, and with the general improvement in social conditions, there has been a decrease in the incidence of some of the infectious and contagious diseases, and also a change in the virulence. The result has been a decrease in the amount of cleansing and washing of infected articles at the Disinfecting Station. To make fuller use of the plant, therefore, general washing is being done for several of the local authority departments. Priority, of course, is always given to disinfection needs.

The number of articles dealt with is as follows:—

General infectious diseases,	865
Tuberculosis,	972
Vermin infestation,	806
Child Welfare,	1,906
Day Nursery,	5,086
Home Helps,	137
Midwives,	985
Premature baby cots,	1,357
Health and Welfare Departments,	745
Other Local Authority departments,	5,939
Miscellaneous,	210
	19,008

Of the above numbers 10,301 were disinfected by steam, 1,437 by disinfectant solution, 33 by fumigation and 12 were articles which were destroyed on request.

VACCINATION AND IMMUNISATION

Smallpox.—As in previous years, efforts were continued to persuade parents to have their children vaccinated against this disease and in addition to oral persuasion by the Health Visitors, propaganda in the form of posters and leaflets was used.

The proportion of children under 1 year vaccinated in the Burgh is 30%. Vaccination is carried out in the Clinics throughout the Burgh by the staff of the Health and Welfare Department and general practitioners also perform vaccinations at the request of the patients. Persistent propaganda is carried out by the Medical and Nursing staff at the clinics and also by the Health Visitors during their visits to the homes. Meetings have been arranged with other Medical Officers of Health in the neighbouring areas and with the Renfrew County Local Medical Committee to keep arrangements under review and to ensure that all efforts are being made to increase the percentage of infants vaccinated.

Greenock being a port with seamen and sea travellers coming and going frequently there is an ever present risk of a case of smallpox arriving undetected. In addition, there is an increasing volume of inter-continental air traffic throughout the country and it seems regrettable that the numbers of children protected by vaccination were less than in the previous year. In all 719 persons were vaccinated during the year, 230 being performed by the medical staff of the department.

Diphtheria.—The number of children immunised against this disease has decreased from 1,693 in 1954 to 1,252 in 1955. Nine hundred and eighty-four of these inoculations were carried out by the Health and Welfare Department staffs and the remainder by local family practitioners. While the lessening of the fear of this disease is regarded by some authorities as a compliment to the success of the immunisation campaign in past years there is a danger that the immunisation state in the Burgh may become too low and efforts to stop the downward trend continue to be made. As before, boosting or maintenance doses were also given but these numbers also show a decrease.

Whooping Cough.—In the last few years the desirability of immunisation against this potentially dangerous disease has been stressed and the great majority of immunisations are done by using a product combining protection against whooping cough and diphtheria, in a course completed by three injections. The number of cases reported shows a considerable fall and it may be that the fall is in some measure due to immunisation. Many practitioners report that the disease is very much milder in children who have been immunised.

The number of children immunised is as follows:—

	Health and Welfare Dept.	Private Practitioners	Total
Completed inoculations against diphtheria	984	268	1,252
Boosting doses against diphtheria	1,261	86	1,347
Completed inoculations against whooping cough	284	199	483
Boosting doses against whooping cough	—	15	15

Tuberculosis.—Vaccination with B.C.G. is discussed in the chapter headed "Prevention of Illness, Care and After-care."

CARE OF MOTHERS AND YOUNG CHILDREN

Expectant and Nursing Mothers.

The Local Authority Ante-natal Clinics continued to function throughout the year 1955. Post-natal examinations were also carried out at these clinics but relatively few mothers availed themselves of this service. Mothers confined in hospital return to the hospital for post-natal examination. Blood tests to determine the Rh. factor and the blood group were performed as a routine on every patient attending the Ante-natal Clinics for the first time. A maternity outfit and a supply of disinfectant was issued free of charge to each expectant mother one month before domiciliary confinement. One dental clinic was held each week for the examination and conservative treatment of expectant and nursing mothers whose youngest child was under the age of one year. The number of mothers who accepted this conservative treatment numbered 45, which is a welcome increase on last year's figure of 32.

The Local Authority also have a scheme for the provision of dentures to expectant and nursing mothers and children of pre-school age. Persons dealt with under this scheme attend the weekly dental clinic, where the Local Authority Dentist prescribes the necessary treatment which is then carried out by the dentist of the patient's own choice. The number of mothers recommended for such dental treatment during 1955 numbered 306.

Mothercraft Classes.

These classes were held at fortnightly sessions in Hillend and Wellpark Clinics. The attendances as yet are not very high but it is to be hoped that they will become more popular.

Ante-natal Clinics.

- | | |
|---|-------|
| (1) Number of clinics at the end of the year supplied by the
Local Authority, | 4 |
| (2) Total number of women who attended, | 700 |
| (3) Total number of attendances made by women during
the year, | 1,934 |

The following conditions were found at the Ante-natal Clinics:—

I. Existing before pregnancy.

(a) Anaemia and Debility,	49
(b) Gynaecological conditions,	—
(c) Hypertension,	2
(d) Respiratory disease,	2
(e) Cardiac disease,	2
(f) Venereal disease,	3
(g) Tuberculosis,	6
(h) Diabetes,	—
(i) Epilepsy,	1

All the above cases showing abnormalities were confined in the Rankin Maternity Hospital and gave birth to live babies.

II. Associated with pregnancy.

(a) Malpresentation,	5
(b) Toxaemia,	8
(c) Multiple pregnancy,	4

All the above patients were booked for confinement in Rankin Maternity Hospital.

Rhesus Factor Examinations.

The number of Rhesus factor examinations performed during the year at Local Authority Ante-natal Clinics was 513 of which 82 were found to be negative. In only four of these were there antibodies present. Of these four mothers one gave birth to a stillborn infant suffering from hydrops foetalis. The other three gave birth to live infants. The remaining 78 Rhesus negative women gave birth to live infants.

Maternal Mortality.

Number of deaths resulting from pregnancy or confinement,	2
Maternal death rate,	1.22 per 1,000 total births

Both maternal deaths followed miscarriages at five months and occurred in institutions. The certified causes of death were:—

- (i) Pre-eclamptic toxaemia of pregnancy 3 months.
Hypertension 3 months. Abortion 27 days.
Hypertensive Renal failure 13 days. Uraemia 13 days.
- (ii) Myocardial Failure (Anaesthetic). Incomplete Miscarriage.
Haemorrhage.

CHILD WELFARE

The Local Authority Child Welfare Clinics continued to operate satisfactorily throughout the year.

Advice regarding feeding and management of infants was given to the mothers and where necessary supplements to the child's diet were provided. Minor ailments were also treated at the clinics. Immunisation against diphtheria and whooping cough and vaccination against smallpox was available for all children under the age of 5 years at these clinics. Children with various defects were referred to the appropriate specialists in Greenock, orthopaedic and skin cases being referred to the consultants appointed by the Renfrewshire Education Authority. One Dental Clinic was held weekly for the examination and conservative treatment of children under 5 years. The number of children inspected by the Dental Officer during the year was 9, all of whom required treatment. The number who accepted and underwent treatment was eight.

B.C.G. vaccination for infants under one year old was performed at the Child Welfare Clinics during 1955. See section "Vaccination and Immunisation" for further details.

Child Welfare Clinics.

Number of clinics provided by the Local Authority at the end of the year,	4
--	---

Number of children who first attended clinics during the year and were at date of first attendance:—

(a) under one year of age,	1,217
(b) over one year of age,	576

Total number of attendances during the year* by children who at time of attendance were:—

(a) under one year,	6,477
(b) over one year,	1,590

The following numbers were referred for hospital and specialist treatment:—

Greenock Royal Infirmary, 26; Ear, Nose and Throat Hospital, 12; Eye Infirmary, 8; Skin Specialist, 6; Orthopaedic Clinic, 4; Royal Hospital for Sick Children, Glasgow, nil.

The following vaccinations and immunisations were performed:—

Number of children immunised against diphtheria (APT),	35
Number of maintenance injections (APT),	23
Number of children immunised against diphtheria and whooping cough (combined antigen),	277
Number of children successfully vaccinated,	236
Number of B.C.G. vaccinations,	597

Day Nursery and Toddlers' Playgrounds.

The Day Nursery provided by the Local Authority continued to function throughout 1955. The average daily attendance of children at the Day Nursery during the year was 6.3 for children under two years of age and 13.2 for children between the ages of 2 and 5 years.

The three toddlers' playgrounds continued to provide two three-hour sessions per day from Monday to Friday of each week, the only qualification for admission being age, but when the demand is heavy, preference is given to specially deserving cases. These playgrounds have proved to be very popular with Greenock mothers. Free milk, as provided in the schools, is supplied morning and afternoon, but no other food is given. The average attendance per session at these playgrounds during the year 1955 was as follows:—

(a) Sinclair Street Playground,	23
(b) Hillend Playground,	23
(c) Lynedoch Street Playground,	14

Convalescent Home Provision.

There is no provision of this nature by the Local Authority, but use continued to be made of the Glasgow and West of Scotland Seaside Homes at Dunoon. The Corporation gave a donation of £31 10s for which in return they received ten subscribers' lines entitling the receivers to two weeks' stay at the Home. During the year 1955 five mothers and five children were admitted to the Homes for a period of approximately two weeks.

HEALTH VISITING

During 1955 we were fortunate to have a staff of 14 fully qualified Health Visitors and one Student Health Visitor who was sent in September to Glasgow to take the Health Visitors' Training Course. Eleven of these Health Visitors were directly employed by Greenock Corporation and three through the Greenock District Nursing Association.

Two Health Visitors attended the refresher course at the Summer School, St. Andrews, organised by the Scottish Council for Health Education. These courses are of great value to the nurse in her work. The work of the Health Visitor continues to expand and wider areas have to be covered as the town extends.

The following tables of visits paid by the Health Visitors during 1955 give the numbers of visits paid, but as is well known, statistics give no real idea of the time, persuasion and energy expended in advising these families on all aspects of positive health.

Group Visited	Number of 1st Visits	Number Visited	Total Visits
(a) Expectant and nursing mothers,	12	12	33
(b) Children under one year of age,	1,730	3,280	26,850
(c) Children between one year and five years of age,	1,376	6,842	23,327
(d) Tuberculosis cases,	175	1,559	3,853
(e) Other cases,	123	236	1,220
(f) Total visits paid,	3,416	11,929	55,283

Number of infants at age of six months found to be:—

(1) Breast fed,	134
(2) Partially breast fed,	87
(3) Artificially fed,	1,451

Towards the end of the year a film strip projector was purchased and it has been used frequently by the Health Visitors when giving talks on mothercraft to groups of mothers.

An important aspect of the work of the Health Visitor is Health Education and this is dealt with more fully under the section on "Prevention of Illness, Care and After-care."

HOME NURSING

Home Nursing arrangements for 1955 were continued as before by the Greenock District Nursing Association and the Corporation of Greenock. The Corporation pay the nurses' salaries and half of the housekeeper's salary. The Nursing Association is responsible for the upkeep of the Nurses' Home, the salaries of the two maids, the provision and maintenance of the cars and the provision of all nursing equipment. Four cars are provided and with the ever expanding housing schemes these are essential.

Eight nurses were employed throughout the year, one being a male nurse. A relief nurse was employed from time to time, as necessary. Two of the nurses were off duty owing to sickness for several months, thus throwing extra work on the rest of the staff.

During 1955 three nurses attended a Refresher Course for District Nurses at St. Andrews.

The total number of cases attended by the nurses during the year 1955 was 1,568, including 674 persons over the age of 65. The number of visits paid to these cases was 35,332, which included 22,227 to the old people.

The number of new cases attended during 1955 was 1,344 of whom 534 were over 65 years of age. The classification of the new cases was—Medical, 1,122; surgical, 174; gynaecological, 18; tuberculosis, 30.

19,346 visits were paid during the year for the purpose of administering injections, as follows:—

Diabetics,	9,940
Antibiotics (streptomycin, penicillin, etc.),	3,216
Morphine,	520
Others,	5,670

Accurate statistics for previous years are not available for making a comparison, but nurses are being asked to carry out more injections, particularly injections of antibiotics. There is considerable variation in the attitude of some general practitioners towards the giving of injections to patients under their care.

DOMICILIARY MIDWIFERY

During 1955, 12 midwives were employed. Ten of these were employed by Greenock Corporation but unfortunately two of them were off duty, owing to sickness, for long periods, one for almost three months and the other for almost four months. One midwife eventually retired. Other two midwives were provided by Greenock District Nursing Association. These long periods of sickness resulted in extra work for the rest of the staff.

All midwives are qualified to administer gas and air analgesia. Eighteen sets of the Minnitt type of apparatus are in use. Arrangements have been made for the training of all midwives in the use of trilene apparatus.

Twelve outfits for Premature Babies are available and are sent out for the midwife's use to any baby of 5½ lbs. or under.

The midwives' areas, like those of the other nurses in the domiciliary field, continue to expand as the town extends. Taxis are available for the midwife during the night and for emergency cases during the day.

The total number of births in Greenock during the year 1955 was 1,877, including 60 stillbirths. After correction for the mother's normal place of residence the number was 1,634, including 48 stillbirths. The number of domiciliary births was 664, including 12 stillbirths.

The following tables give number of visits paid by the midwife and number of confinements attended but it must be remembered that this involves both night and day attention:—

Number of ante-natal visits,	5,878
Number of post-natal visits (routine),	10,516
Number of post-natal visits (special),	181
Total visits,	<hr style="width: 100%;"/> 16,575
Number of maternity bundles issued,	762
Deaths of babies within 14 days of birth,	30
Stillbirths,	12
Cases of Ophthalmia neonatorum,	—
Cases of Puerperal Sepsis,	—
Cases of Puerperal Pyrexia,	4

The following is a table 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			Other domiciliary cases			Total
	Doctor engaged and present at confinement	Doctor engaged and not present at confinement	Midwife alone (no doctor engaged)	Doctor and Midwife eng'd.	Midwife alone (no doctor engaged)	Without doctor or midwife	
(a) Midwives employed by the Local Authority	50	457	—	—	—	—	507
(b) Midwives employed by Voluntary Organisations under arrangements made by the Authority	26	125	—	—	—	—	151
(c) Private practising midwives	—	—	—	6	—	—	6
Totals	76	582	—	6	—	—	664

CARE OF PREMATURE INFANTS

During the year special equipment was sent out to 21 premature infants including three sets of twins. Two of these were removed to the Rankin Maternity Hospital, three to the Greenock Royal Infirmary, three to Stobhill Hospital and one to Yorkhill Hospital, immediately after birth. The following table gives information regarding the 12 premature infants who were attended in the district.

Birth Weight	No.	Condition at Birth	No. of Neo-Natal Deaths	Time of Death			
				Within 24 hrs.	Under 1 wk.	Under 2 wks.	Under 1 mth.
2½-3½ lbs.	1	—	—	—	—	—	—
3½-4½ lbs.	5	1 Poor	2	2	—	—	—
4½-5½ lbs.	6	—	—	—	—	—	—

One of these infant deaths was due to a tentorial tear and the other was one of twins. Premature equipment on the district is helpful for those infants born in good condition and at least 3½ lbs. birth weight. Feeble and smaller premature infants need hospital treatment.

ILLEGITIMATE BIRTHS

The number of illegitimate births during the year 1955 was 76, of which 37 were males and 39 females. As in the past, assistance was given to unmarried expectant mothers by arranging for hospital confinement if the home conditions were not satisfactory.

STILLBIRTHS

Number of stillbirths registered in Greenock,	61
Number of stillbirths in Rankin Memorial Hospital from the County of Renfrew,	14
Number of stillbirths transferred in to Greenock,	1
Corrected number of stillbirths for Greenock,	48
Stillbirth rate,	29 per 1,000 total births
Stillbirth rate for Scotland	25 per 1,000 total births

The number of stillbirths due to "hazards of birth" is 7 or 15% of the total. The majority of stillbirths—85%, are due to causes pre-existing at birth. This group has formed the majority of the stillbirths in the past few years. Many stillbirths occur in which the cause is unknown and for this reason it is difficult to take steps to effect a reduction in this group.

Causes of Stillbirths.

Hazards of Birth	Causes pre-existing at birth	
	Foetal Abnormality	Maternal, Placental & Foetal Conditions
Malpresentation ... 4	Anencephalus ... 6	Severe Anaemia ... 2
Precipitate Labour 1	Hydrocephalus ... 3	Toxaemia 4
Prolapse of Cord 1	Spina Bifida ... 2	Ante-partum
Birth Injury ... 1	Other Deformity 2	Haemorrhage ... 1
		Accidental
		Haemorrhage ... 1
		Placenta Praevia 1
		Rhesus Antigens 2
		Prematurity ... 4
		Macerated Foetus 7
		Asphyxia 3
		Unknown 3
Total 7	Total 13	Total 28

INFANT MORTALITY

Number of deaths of infants under one year of age, 58

Number of deaths of infants under one
month old, 35 (neo-natal deaths)

Number of deaths of infants between one month
and twelve months, 23 (post-natal deaths)

	Infantile mortality Rate	Neo-natal Rate	Post-natal Rate
Greenock	37	22	15
Scotland	30	20	10

The infantile mortality rate is lower than for the year 1954 although still higher than for the years 1951-1953. In the past ten years the infantile mortality rate for Greenock has been halved. The drop in the infantile mortality rate for Greenock, as for Scotland, has been due to the greater decrease in the post-natal rate than the neo-natal rate. While the drop in the post-natal rate for Scotland has been steady Greenock's rate has shown considerable fluctuation due to the annual variation in the incidence of infections in the post-natal period. This year, as last year, the main infections in the post-natal period are respiratory. All together there were 7 deaths in the post-natal period, all due to infections and accounting for one-third of the total post-natal deaths.

The following table shows the Infantile Mortality rates for Greenock and Scotland from 1941 to 1955 and as the Infantile Mortality Rate is composed of two groups (a) the neo-natal deaths and (b) the post-natal deaths, the table has been extended to show the comparative figures of these groups for Greenock and Scotland:—

Year	Infant Mortality Rate		Neo-natal Mortality Rate		Post-natal Mortality Rate	
	Greenock	Scotland	Greenock	Scotland	Greenock	Scotland
1941	90	83	34	40	56	43
1942	104	69	52	35	52	34
1943	80	65	36	33	44	32
1944	81	65	33	33	48	32
1945	74	56	34	28	40	28
1946	62	54	35	40	27	24
1947	64	56	32	28.5	32	27.5
1948	61	45	27	25	34	20
1949	52	41	26	23	26	18
1950	48	39	23	23	25	16
1951	36	37	22	22	14	15
1952	36	35	13	22	23	13
1953	34	31	26	19	8	12
1954	43	31	26	21	17	10
1955	37	30	22	20	15	10

Causes of Death and Age at Death of Infants under 1 month

Certified Cause of Death	TIME OF DEATH										Total
	Within 24 hrs.	1-2 days	2-3 days	3-4 days	4-5 days	5-6 days	6-7 days	1-2 wks.	2-3 wks.	3-4 wks.	
Prematurity	12	3	1	2	1	1	1	—	—	—	21
Congenital Malformation	5	—	—	—	—	—	1	1	—	—	7
Asphyxia	2	1	1	—	—	—	—	—	—	—	4
Birth injury	1	—	—	—	—	—	—	—	—	—	1
Haemolytic Disease	1	—	—	—	—	—	—	—	—	—	1
Pneumonia of Newborn	—	—	—	—	—	—	—	1	—	—	1
Total Deaths	21	4	2	2	1	1	2	2	—	—	35

Causes of Death and Age at Death of Infants under one year old

Certified Cause of Death	Neo-natal	Post-natal			Total
		Over 1 and under 3 months	3 - 6 months	6 - 12 months	
Prematurity	21	—	—	—	21
Congenital Malformation	7	2	2	—	11
Asphyxia	4	—	—	—	4
Birth Injury	1	—	—	—	1
Haemolytic Disease	1	—	—	—	1
Pneumonia of Newborn	1	—	—	—	1
Broncho-pneumonia	—	3	1	—	4
Other Respiratory Infections	—	—	2	—	2
Gastro-enteritis	—	1	—	—	1
Encephalitis	—	—	1	—	1
Epilepsy	—	—	1	—	1
Injury	—	—	—	1	1
Abdominal Conditions	—	—	—	1	1
Unknown	—	5	3	—	8
Total	35	11	10	2	58

PREVENTION OF BREAK-UP OF FAMILIES

The Corporation has set up a Problem Families Sub-Committee, under whose auspices a Problem Families Committee was appointed. The meeting is held under the chairmanship of the Medical Officer of Health, and attending are the following Corporation officials and officials of interested outside organisations:—

Medical Officer of Health

Chief Sanitary Inspector

Superintendent Nursing Officer

Senior Probation Officer

President, Vice-President and Officers of the R.S.P.C.C.

Children's Officer

Welfare Officer

Area Officer, National Assistance Board

Manager, Ministry of National Insurance

Manager, Ministry of Labour and National Service

Clerk to the Education Committee

Commandant of the Local Branch of the W.V.S.

In addition, the help of the appropriate clergyman is sought, when expressly indicated.

In all, 31 families have been discussed at the meetings and in 20 families a definite improvement has been achieved. The usual procedure is that each member attending the meeting collects relevant information about the family and the information is pooled. Whenever possible, a plan of action is agreed upon. This free interchange of information is useful in giving members a more extensive background of each family.

WELFARE FOODS

The arrangements for distribution of welfare foods, which became the responsibility of the Local Authorities in 1954, continued satisfactorily during 1955. Six fixed centres supplied the public, namely, the Health and Welfare Office, the Day Nursery, Wellpark Clinic, Sinclair Street Clinic, Hillend Clinic and Rankin Park Clinic. In addition the W.V.S. organisation distributes from a van and from their headquarters at Erskine Orr Hall.

The quantities of food supplied to the public were:—

National Dried Milk,	95,254 tins
Orange Juice,	53,660 bottles
Cod Liver Oil,	10,841 bottles
Vitamin A and D,	2,662 packets

Although figures for comparison are available for only six months of 1954 it is evident that the uptake of welfare foods has shown no decrease. The uptake of orange juice and vitamin A and D packets has shown an appreciable increase.

	Numbers for period 28th June, 1954 to 31st Dec., 1954	Numbers for period 1st Jan., 1955 to 31st Dec., 1955
National Dried Milk, ...	48,790 tins	95,254 tins
Orange Juice, ...	21,970 bottles	53,660 bottles
Cod Liver Oil, ...	5,333 bottles	10,841 bottles
Vitamin A and D, ...	1,075 packets	2,662 packets

DOMESTIC HELPS

This service continued, as in previous years. During the year Domestic Helps were sent to homes where there had been a confinement or where illness existed. There was a decrease in the number of helps supplied on account of confinement and an increase in the number supplied to other cases. In sixteen instances Home Helps were made available to old and infirm persons.

The following table shows comparative figures over the last few years:—

	No. of Helps		Type of Case		
	Whole Time	Part Time	Confinements	Other Illness	Total
1950	—	11	62	47	109
1951	—	12	33	45	78
1952	—	10	32	58	90
1953	—	5	25	26	51
1954	—	8	34	42	76
1955	—	10	20	55	75

During the year a scheme was started by the Greenock Presbytery for the provision of voluntary night sitters. In cases of long standing illness, where the patient requires constant supervision, the night sitter acts as a relief for the normal attendant, allowing time off for some form of recreation or for sleep.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis.

The Health and Welfare Department continued its preventive role in relation to tuberculosis throughout the year. In addition to the prevention of the spread of the disease, advice and assistance is given to all persons who have the misfortune to suffer from this illness.

During the year there were 123 persons notified to the Health and Welfare Department as suffering from respiratory tuberculosis. This shows a further decrease on last year's figure of 132. It is most encouraging to note that the figure has fallen to less than half of that recorded in 1952.

The scheme for the examination and, where necessary, vaccination with B.C.G., of contacts of known cases of tuberculosis continued throughout the year. The number who were vaccinated with B.C.G. was 757 and this is particularly worthy of note in view of the decrease in the numbers of notified cases.

No mass radiography campaign was undertaken in the Burgh during the year 1955.

Of the contacts dealt with during 1955 there were 4 persons who were subsequently notified as suffering from tuberculosis.

The various social services for persons suffering from tuberculosis were continued during 1955. The National Assistance Board helped patients under certain circumstances. The Health and Welfare Department provided assistance in the form of free milk and bed and bedding according to a graduated scale of charges to cases recommended by the Chest Physician and in the year 26 cases were supplied as follows:—1 bed only; 13 bedding only; and 12 both bed and bedding. Clothing is also supplied where necessary to persons recommended by the Chest Physician for sanatorium treatment abroad and in the year 1955 this provision was made to 7 males and 8 females.

In households where there is both overcrowding and a case of tuberculosis the Medical Officer of Health recommends re-housing to a house of suitable size and this enables the patient to have a bedroom to himself, the primary aim in this connection being to prevent the spread of the disease to other members of the household. During the year 68 families were re-housed in this manner.

The following tables of statistics give relevant information on the various aspects of tuberculosis.

The notification figures for tuberculosis since 1943 are as follows:—

RESPIRATORY TUBERCULOSIS												
1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
195	202	180	181	263	277	273	236	215	279	218	132	123

NON-RESPIRATORY TUBERCULOSIS												
1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
48	69	65	70	89	70	41	35	16	36	28	35	23

The following table shows the number of cases notified during 1955 and in which diagnosis was confirmed:—

Form	Sex	AGE GROUPS									Total
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	
Respiratory	{ M.	1	3	6	10	5	8	15	14	5	67
	{ F.	—	4	6	12	7	4	2	1	3	39
Total Respiratory		1	7	12	22	12	12	17	15	8	106
Abdominal	{ M.	—	—	—	—	—	—	—	—	—	—
	{ F.	—	—	—	—	—	—	—	—	—	—
Meningeal	{ M.	—	—	1	—	—	1	—	—	—	2
	{ F.	—	—	—	—	—	—	—	—	—	—
Miliary Tuberculosis....	{ M.	—	—	—	—	—	—	—	—	—	—
	{ F.	—	—	—	—	—	—	—	—	—	—
Bones and Joints	{ M.	—	—	—	—	—	—	—	—	—	—
	{ F.	—	—	—	—	1	—	—	—	—	1
Superficial Glands	{ M.	—	—	1	1	—	—	—	—	—	2
	{ F.	—	—	1	2	2	1	—	—	—	6
Genito-Urinary Organs	{ M.	—	—	—	1	1	1	—	—	—	3
	{ F.	—	—	—	1	2	1	1	—	—	5
Other Organs	{ M.	—	—	—	—	—	—	—	—	—	—
	{ F.	—	—	—	—	—	—	—	—	1	1
Non-Respiratory Total		—	—	3	5	6	4	1	—	1	20

The following table shows the total number of verified cases of tuberculosis known to have their homes within the Burgh:—

Form	Sex	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards	Total
		Respiratory	{ M.	1	16	104	131	143	122	72		64	26	679
	{ F.	—	9	85	231	217	92	28	9	10	681
Non-Respiratory	{ M.	—	1	22	23	15	11	6	—	1	79
	{ F.	—	3	23	29	40	9	6	1	2	113

The following table shows the number of cases with their home residence in the area who received treatment in sanatoria or other institutions during the year:—

	In hospital on Jan. 1st	Admitted during year	Discharged during year	Died in hospital	In hospital on Dec. 31st
Under 15 years—					
M.	7	11	8	—	10
F.	9	12	13	—	8
15—45 years—					
M.	47	76	64	7*	52
F.	69	63	75	3	54
45 years and over—					
M.	9	43	26	2	24
F.	3	8	6	1	4
TOTAL	144	213	192	13	152

* One died of other causes

The following table shows the numbers of persons tuberculin tested and the number of B.C.G. Vaccinations performed during the last three years:—

Group	Tuberculin tested		Negative re-actors		Successfully vaccinated	
	M.	F.	M.	F.	M.	F.
1953—						
Nurses	—	10	—	9	—	9
Medical Students	1	—	1	—	1	—
Contacts	159	212	153	200	118	163
School leavers	597	614	309	330	298	329
New born babies	—	—	—	—	5	3
1954—						
Nurses	—	54	—	11	—	11
Contacts	560	579	316	305	196	197
School leavers	87	64	36	30	34	28
New born babies	2	4	2	4	35	35
Others	5	118	5	69	5	69
1955—						
Nurses	2	78	—	16	—	15
Medical Students	—	—	—	—	—	—
Contacts	454	505	322	313	386	371
School leavers	330	375	228	273	228	273
Infant Scheme	132	128	131	124	323	292
Others	—	—	—	—	—	—

Epilepsy.

It is difficult to obtain reliable statistics relating to the incidence of epilepsy. No new facilities were provided in the area during 1955. In the main, cases in children under school age are referred by general practitioners to the appropriate consultant and, where indicated, treatment is arranged. A number of cases of epilepsy are referred to the Psychiatric Out-patient clinic, operated by the Renfrewshire Mental Hospitals Board, and of these some enter Mental Hospitals on a voluntary basis, if there is an accompanying psychotic element. Other cases are admitted to the Epileptic Colony at Bridge of Weir or to the Maghull Homes at Liverpool, under Part III of the National Assistance Act.

The placing of epileptics in suitable jobs after leaving school sometimes presents a problem and any useful information is made available to the Local Youth Employment Officer, in his effort to fit the case into employment where he or she will not be exposed to unnecessary risk.

Cerebral Palsy.

These cases are usually detected before the child reaches school age, either by the general practitioner or health visitor and, where indicated, the child can be referred to the appropriate consultant. On reaching school age, disposal varies depending on whether or not there is an accompanying mental defect.

At the end of 1955 there were eleven known cases in the Burgh. Of these 9 were attending the Glenburn School for handicapped pupils.

No local cases were boarding at the School for Spastics at Westerlea.

Chiropody.

Plans for the establishment of a chiropody service for persons of pensionable age have been drawn up, but owing to difficulty in obtaining accommodation it was not possible to put the service into operation in 1955. The Scheme will be run by the Greenock Social Service Association and the Corporation has agreed to give a grant of £150 per annum.

Many elderly patients suffer discomfort and inconvenience from apparently trivial foot complaints. In addition some foot conditions requiring attention of the Orthopaedic Surgeon would have been prevented if attended to earlier by a chiropodist. It is hoped that in cases where the patient is unable to attend the chiropodist, treatment will be carried out at home.

It is intended that treatment will only be given on the production of a certificate from the patient's own doctor and a charge of 1/- will be made for each treatment carried out.

Health Education.

The medical and nursing staff of the Local Authority continued their efforts in the field of health education throughout the year 1955. The health visitor visits the home and with her experience and training she can do much to educate the mothers and to give them help and guidance in bringing up their children. In the Child Welfare Clinics the health visitor continues the teaching of health principles. She gives short informal lectures to groups of mothers and can illustrate her teaching by the use of the film strip projector.

Stress is laid on the prevention of accidents in the home and in particular the danger of burning and the desirability of the constant use of fireguards.

School nurses in their work at the schools and in their visits to the homes of school children, can continue the process of health education and ensure that the lessons learned before going to school are not forgotten after reaching school age. Many infant teachers, too, do much to promote basic hygiene by making the washing of hands, etc. a normal routine procedure in the everyday life of the child.

Various posters and leaflets on health matters, including several on the prevention of burns and other accidents in the home, were displayed and distributed from the Health and Welfare Department.

Over a period in February and March, 1955, there was an intensification of the normal publicity advocating immunisation against diphtheria. Cinema slides were shown in the local picture houses, advertisements inserted in the local newspaper and posters displayed in many public places.

The Health and Welfare Department owns four hoardings at busy places in the town and the Scottish Council of Health Education supplied posters for display on these hoardings. The subjects of the posters exhibited during the year included "Clean hands and clean food," "Eating wisely" and "Keeping fit all the year round."

WELFARE SERVICES

(1) Housing.

As a contribution to the difficult housing situation in the Burgh, and also to the social and other problems arising from the increasing percentage of elderly persons in the local community, the Corporation, through its Housing Committee, has continued to make provision for old people to enable them to live normal and independent lives for as long as possible in their own homes. This accommodation has been provided on the lower floors of tenemental blocks, two-storey blocks of flats and one-storey cottages, all of which are compactly designed and easily managed homes for elderly couples, and by the extension of Westburn Hostel in which self-contained dwellings are available for disabled and elderly ladies.

Towards the end of the year the development of 26 such houses in the grounds of Belleaire Home was nearly completed and it is hoped that with the addition of the facility of a Common Room the elderly tenants and the residents in the Home will form a contented community.

Not least among the many advantages accruing from the continuance of this far-sighted housing policy is the benefit derived by the Welfare Committee from the reduction in the pressing problem of the provision of Residential Accommodation under the National Assistance Act. The time comes, however, when, even with the help of the main social facilities now provided by Housing, Health and Welfare Authorities, old people can no longer look after themselves and for this reason the Statute lays the duty upon local authorities to provide residential accommodation for those persons who by reason of age, infirmity or any other circumstances are in need of care and attention.

(2) Residential Accommodation.

The approved Scheme for the provision of residential accommodation under which the Welfare Committee at present operates was drawn up in 1948 and at that time the forecast of requirements was for 70 female and 35 male places within the Burgh, allowing fully for the accommodation which would be made available in the Little Sisters of the Poor Home, Medical Aid Home, Mariners' Home, and other Voluntary and Local Authority Homes outwith the Burgh.

Belleaire, the only home owned and administered by the Committee and providing 27 places, continued throughout the year to be fully occupied, only three vacancies becoming available, two by death and one by long term transfer to local chronic sick wards.

The main other accommodation which is utilised has continued to be in the Royal Alexandria Infirmary Annexe, Paisley (formerly Craw Road Institution) and the Central Hospital, Dumbarton (formerly Townend Home), but the Corporation has no boarding rights in either establishment. Moreover, the authorities there have become increasingly reluctant to admit Greenock cases. The Board of Management for Paisley and District Hospitals who own and manage the R.A.I. Annexe are anxious to reduce the number of local authority cases in order to increase the number of beds for elderly chronic sick persons. Paradoxically an advantageous feature of both establishments has had an adverse effect upon the admission of boarder cases from Greenock.

A high proportion of the persons for whom accommodation has been sought were in an infirm condition, i.e. whereas they were not in need of medical and nursing care, they were nevertheless likely to require a certain amount of medical attention and an occasional short period in hospital. Such persons in accommodation in either Paisley or Dumbarton are transferred into adjacent hospital wards when they become sick thus occupying beds urgently needed by elderly sick in both towns. Naturally, therefore, there is a greater reluctance to admit cases from Greenock.

As members of the Corporation are aware the predominant feature of the local hospital service since 1948 has been the extreme scarcity of beds for elderly sick persons especially during the winter months. It is, however, also true that there are always a certain number of elderly people occupying beds who have recovered sufficiently to be discharged, but who are only capable of living in a Residential Home where they will receive the care and attention they require. If all such cases could be taken out of hospital immediately they arose, the hospital could be of greater service to the community, but unfortunately in spite of the very valuable help afforded in this connection by the Local Voluntary Homes (Little Sisters of the Poor, Medical Aid and Mariners' Homes) it has only been possible to assist the hospital in a small way because of the lack of the necessary residential accommodation.

Another aspect of the problem is arising as a result of the Corporation's Housing and Redevelopment programme in the Central Area of the town where quite a proportion of elderly people are residing in the old dwellings and the necessary single or two-apartment relets are difficult to obtain. A number, however, have reached the stage when they are really unable to look after themselves properly and, while a few have been admitted to residential accommodation, the majority will not agree to go to a Home outside the Burgh boundary.

All the above factors together with the normal demand render the need for further residential accommodation within the Burgh extremely urgent and at the close of the year this was receiving the active consideration of the Members of the Welfare Committee. While within recent years a few local authorities have taken advantage of the more buoyant national economic position to build new specially designed Homes, this would not appear at present to be a feasible course for the Corporation to follow. In the first place, new Homes, for the convenience of elderly residents, are normally all of single storey construction, required to provide 30/40 places plus staff accommodation to afford optimum economy in running costs, and therefore each requires a larger site than can reasonably be afforded within the Burgh boundaries at the present time. Secondly, the local building costs per bed of a new Home is known to be in excess of £1,200. Thirdly, the current restriction on capital expenditure would preclude any such scheme being embarked upon. The alternative, that of adapting an existing mansion house has the advantages of site conservation, reduced initial capital cost and would be more likely to be financially acceptable at the present time. Moreover, the undoubted success of establishing a highly satisfactory Home at Belleaire gives good reason for a further Home by adaptation.

The following table indicates the activities in so far as admissions and discharges, etc. are concerned and the various Homes in which our residents are accommodated—it is once again to be observed that the majority are resident outwith the Burgh boundaries.

	Nos. at		Admitted		Discharged		Remaining		Total	
	1/1/55		during		during		at			
	M.	F.	M.	F.	M.	F.	M.	F.		
Homes administered by the Corporation.										
Belleaire	8	19	—	3	—	3	8	19	27	
Joint-User Establishments.										
R.A.I. Annexe, Paisley ...	8	14	6	5	5	7	9	12	21	
Central Hospital, Dunbar- ton	4	3	6	5	4	3	6	5	11	
Cunninghame Home, Irvine	1	1	—	—	—	—	1	1	2	
Other Local Authority Establishments.										
Fordbank House, Milliken Park	—	1	—	—	—	1	—	—	—	
Crookston Home, Glasgow	—	1	—	—	—	—	—	1	1	
Foresthall Institution, Glasgow	1	—	1	—	1	—	1	—	1	
Auchenbothie House, Port Glasgow	2	5	—	—	2	1	—	4	4	
Cuilandaraich Home, Bal- linluig	—	1	—	—	—	1	—	—	—	
Batterflats, Stirling ...	—	—	1	—	—	—	1	—	1	
Voluntary Homes.										
Epileptic Colony, Bridge of Weir	1	5	—	—	—	3	1	2	3	
Castleview Home for Aged Deaf, Edinburgh ...	—	1	—	—	—	—	—	1	1	
Oswald House, Edinburgh	—	1	—	—	—	—	—	1	1	
Cleveden House, Glasgow	—	2	—	—	—	2	—	—	—	
Homeland, Glasgow ...	—	1	—	1	—	1	—	1	1	
Church of Scotland Even- tide Homes—										
Clydeview, Helensburgh	1	—	—	—	1	—	—	—	—	
Inverreck, Sandbank ...	1	1	—	—	—	—	1	1	2	
Belmont Castle, Perth- shire	1	—	—	—	—	—	1	—	1	
Ardoch Hostel, Glasgow	—	1	—	1	—	—	—	2	2	
	28	57	14	15	13	22	29	50	79	

The duty to provide residential accommodation is not restricted to elderly persons, but in terms of the Act is extended to others with special needs, e.g. persons suffering from epilepsy, for which the National Health Service Hospitals do not provide special treatment. As in former years in meeting the needs of such persons the co-operation of Dr Davidson, The Colony for Epileptics, Bridge of Weir, has been invaluable and the improvement achieved as a result of the treatment given while under his care has been most encouraging. Of the three cases discharged last year, two are now in full-time employment after having been resident in the Colony for a period of three years. Similarly, the two cases accommodated in Ardoch Hostel, Glasgow, are young women with crippling physical disabilities. While resident in the Hostel they receive full-time training in dressmaking and other crafts, so that after two years' residence it should be possible for them to return to the community and be self-supporting. The cases accommodated in the Salvation Army Homes for Unmarried Mothers (Homeland and Clevedon House) are also of a special kind. The girls are admitted three months prior to the expected confinement and remain for two months afterwards. The Welfare Officer, in collaboration with the staff of the Homes, investigates these cases fully with a view to making the best arrangements in each case for both the mother and the child. Excellent results have been obtained; the highest tribute must be paid to the competence of the Salvation Army Officers on the Staffs of the Homes.

(3) Temporary Accommodation.

The Corporation is under the duty to provide temporary accommodation for persons who are in urgent need thereof. This provision is not for dealing with the inadequately housed or persons who have no settled way of living. The Statute provides that it covers only persons temporarily without accommodation as a result of an emergency such as fire, flood, etc. which could not reasonably have been foreseen.

Due to the shortage of houses, the evicted tenant presents a very serious problem. With the co-operation of the Corporation Factor, who forwards notices of evictions pending, it has been possible in many instances to take steps to avoid the final action by arranging by various means for rent arrears to be cleared, sometimes with financial assistance from charitable sources. In other instances arrangements are made for families to be accommodated by relatives, etc. Of the remaining unsuccessful cases the care of the children is the first consideration and the co-operation of the Children's Officer in this connection must be acknowledged.

In addition to three minor incidents, one major incident caused by fire had to be dealt with. In this 14 families were displaced from their homes, sub-let accommodation being found for them with relatives and others. Steps were taken to protect and transport their belongings, to store and dry bedding and garments, etc. and with the help of voluntary organisations additional clothing was provided. Finally, a working arrangement was reached between the Department, the private Factors and the Corporation Sanitary and Factorage Departments, under which all the families affected were rehoused as the restoration of the damaged property was seen to be a task which would be prolonged.

(4) Registration and Inspection of Old People's Homes.

No further Homes were registered during the year and conditions in the three registered Homes were found by inspection to be satisfactory.

(5) Compulsory Removal of Persons in Urgent Need of Care.

During the year the powers under the Act were not used. In each case it was found possible to persuade the person to act in his own best interests and enter either Hospital or Residential Accommodation.

(6) Care of Property of Persons Admitted to Hospital.

During the year appropriate steps were taken in 23 cases for the property of persons to be safeguarded.

This service can be of considerable help in many cases by assisting to remove hospital patients' anxieties in respect of Rent, Life Insurance, etc.; and where resources can be conserved the accumulation is available to aid resettlement on discharge.

(7) Interments.

The bodies of 10 persons were interred by burial under local contract there being no relatives or other persons available to make the necessary arrangements; in each case as much of the cost as possible was recovered from Death Grants, Insurances, etc.

(8) Welfare of Old People in General.

The public concern for the welfare of old people has increased very much in recent years partly due to the longer expectation of life, but also to the realisation that inflation in the national economy, the weakening of family ties, the shortage of suitable houses, fuel, hospital accommodation, etc., bear particularly heavy on old people.

Increased Retirement Pensions and Supplementation by the National Assistance Board have not solved the problems of the aged in the community. Part III of the National Assistance Act, covering the local authorities' services, envisage not merely a service limited to strictly defined Statutory duties, but a wide field of welfare services for the aged as a whole and where, concurrently with the statutory provisions, voluntary effort and services of a more personal kind should be provided by workers actuated by a spirit of good neighbourliness.

There are many local voluntary organisations in addition to the religious bodies who for a number of years have worked to bring added pleasures and comforts to old people and, recognising that the success of these efforts could be promoted by some co-ordinating machinery, the Corporation initiated the formation of Greenock Social Service Association.

The Council of the Association is the main meeting ground where the various voluntary organisations can discuss the problems of the aged with representatives of official bodies and co-operation in this field is growing fast. Particular mention must be made of the W.V.S. for providing the transport, drivers, etc. for the Meals on Wheels service which provides a cooked lunch on two days per week to over 60 old people substantially housebound; also for organising the four very successful clubs for the elderly, the average attendance at each of which is now approximately 100. At Christmas time generous gifts from industrial concerns and private sources were distributed to needy elderly people living alone and persons in this category have been

entertained specially by the Rotary Club, Toc H and many other local organisations. The provision of a chiropody service for old people by the Association is referred to elsewhere in this report.

(9) General Welfare Services.

Notwithstanding the advancement of the social services, the enormous benefits of which must be acknowledged, and without advocating the return to any former system, it is the general experience of social workers that people feel the need for a local officer to whom they can turn in times of difficulty, trouble, sickness, or distress. While the present day Welfare Officer does not have the statutory powers of his predecessor in the Public Assistance service, his services are being increasingly sought in this advisory capacity. In the course of the year 745 cases have been dealt with, the work being mainly carried out by interview, advice, visiting and referral to other agencies, the main problems encountered being connected with accommodation, finance, domestic and matrimonial difficulties, etc.

Welfare Services for Handicapped Persons.

(10) Blind Persons.

(a) Register.

The following summary shows the total number of blind persons registered under the Act with the Corporation as at 31st March, 1956:—

Age Groups of all Blind Persons on Register:—

	Males	Females	Total
2 to 4 years	1	—	1
5 to 15 years	1	2	3
16 to 17 years	1	—	1
18 to 20 years	1	2	3
21 to 29 years	2	2	4
30 to 39 years	6	3	9
40 to 49 years	2	4	6
50 to 59 years	10	9	19
60 to 64 years	8	8	16
65 to 69 years	9	9	18
70 years and over	19	54	73
	<u>60</u>	<u>93</u>	<u>153</u>

The significant feature of the register continues to be the high proportion (48%) of persons over 70 years of age. While blindness is a handicap associated with old age the increasing number also reflects the increase in the number of elderly in the community.

(b) **New Registrations.**

Thirteen persons were registered for the first time for the year ended 31st March, 1956, the causes of blindness being as follows:—

Cataract (2), Congenital Cataract (1), Myopia/Myopic Choroiditis (1), Glaucoma/Optic Atrophy (1), Glaucoma (1), Chronic Glaucoma/Cataract (1), Choroidal Retinal Atrophy (1), Retinitis Pigmentosa (1), Detachment of Retina (1), Optic Nerve Atrophy/Nystagmus (1), Interstitial Keratitis/Cataract (1), Traumatic Cataract/Keratitis (1).

The following is an analysis of the new cases by age, etc.:—

Age	Year of Onset of Blindness											
	Prior to 1952		1952		1953		1954		1955		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0-1	—	—	—	—	—	—	—	—	—	—	—	—
2-4	—	—	1	—	—	—	—	—	—	—	1	—
5-15	—	—	—	—	—	—	—	—	—	—	—	—
16-17	—	—	—	—	—	—	—	—	—	—	—	—
18-20	1	—	—	—	—	—	—	—	—	—	1	—
21-29	—	—	—	—	—	—	—	—	1	—	—	1
30-39	—	—	—	—	—	—	1	—	—	—	—	1
40-49	—	—	—	—	—	—	—	—	—	—	—	—
50-59	1	1	—	—	—	—	—	—	—	—	1	1
60-64	—	—	—	—	—	—	—	—	—	—	—	—
65-69	—	—	—	—	—	—	—	—	1	1	1	1
70+	1	—	—	—	1	—	—	—	1	2	3	2
	Total,										7	6

All persons wishing to be examined with a view to registration still require to attend the Regional Blind Clinic in Cochrane Street, Glasgow. Over two years ago the Corporation made representations to the Joint Committee for the Domiciliary Care of the Blind for Glasgow and the West of Scotland requesting that the locus for the certification of blind persons resident in this area should be altered to the Greenock Eye Infirmary. The Corporation consider that the proposal is perfectly reasonable since the question of uniformity in the standard applied in certification of blindness has been determined for at least the past 20 years and the Ophthalmic Surgeons whose services are now available at the Greenock Eye Infirmary are fully qualified to carry out these examinations. Moreover, the vast majority of persons who are certified as blind have already been under treatment from these surgeons and continue to be treated by them after their certification.

The situation is further aggravated by the inconvenience caused to local blind people in that arrangements have to be made for them to be escorted to the clinic in Glasgow. Again, when a person is, for reason of infirmity, unable to attend the clinic, registration can only take place after a domiciliary visit has been made by two Ophthalmic Surgeons from Glasgow.

The convenience of the arrangements to blind persons are of paramount importance and the present system is not at all satisfactory in this respect. Moreover, it also causes unnecessary delays, pecuniary loss to persons in need and waste of the time and services of specialist medical personnel.

So far, the Joint Committee have not accepted the Corporation's proposals which are, however, now being pressed forward in order that the arrangements shall be uniform with those now in force in respect of the certification of persons who are partially-sighted.

(c) **Residence.**

The number of blind persons in Homes, etc. at 31st March, 1956 was as follows:—

	Male	Female	Total
In Private Dwellings	51	80	131
In Homes providing care and attention	5	12	17
In Mental Hospitals	1	1	2
In Lodging Houses	2	—	2
In Chronic Sick Wards	1	—	1
	—	—	—
Total	60	93	153
	—	—	—

(d) **Home Teaching.**

The provision of the domiciliary blind welfare service has been delegated by the Corporation to a Joint Committee for the West of Scotland since 1921. With the exception of Glasgow Corporation and the County of Stirling, who within recent years have discontinued the delegation of their functions in this respect and now provide a direct service, the only body employing qualified Home Teachers for the Blind is the Mission to the Out-Door Blind in Glasgow. Originally maintained entirely from voluntary sources, the staff of the Mission is now fully engaged acting as the agents to the Joint Committee. One male Home Teacher, Mr James Reid, is appointed to serve the blind in Port Glasgow and Greenock, a total of approximately 200 persons, a case-load which by official standard is much too heavy. During the year a total of 450 domiciliary visits were made to Greenock cases, a standard of service short of that recommended by the Department of Health for Scotland, but nevertheless reflecting much credit on the Home Teacher.

(e) **Braille and Moon—Readers and Tuition.**

	M.	F.	T.
No. of Readers registered with National Library for the Blind (London)	3	1	4
No. of Other Readers registered with Library of Out-Door Mission (Glasgow)	9	6	15
No. of Persons receiving lessons in Braille Type	—	1	1
No. of Lessons given during the year	—	24	24
No. of Persons receiving lessons in Moon Type	3	3	6
No. of Lessons given during the year	45	49	94

The number of lessons shown above are those given in the homes of the Blind, no note being kept of any Braille or Moon lessons given either at handcraft classes or on club days.

(f) **Wireless and Talking Books for the Blind.**

Once again the number of wireless sets supplied in 1955 by the Wireless for the Blind Fund reached approximately 60% of the number applied for. The Wireless Department of the Out-Door Mission, however, repairs and re-issues used sets and by this means wireless requirements are fully met. Similarly, batteries are supplied at a reduced charge.

There are three Talking Book Machines in use in Greenock, arrangements having been made for their owners to obtain the specially manufactured long playing records from the National Library for the Blind in London. These machines are in very short supply, but are extremely suitable for elderly blind persons who have been in the habit of reading a great deal and who by reason of age, etc. find it extremely difficult to learn Braille or Moon type.

(g) **Holidays.**

The provision of a Holiday Home for the Blind at a suitable locus on the Firth has been under consideration by the Joint Committee for some time. Once again, last year, pro tem facilities in Dunoon were fully taken advantage of by quite a number of registered blind persons.

(h) **Handcraft Classes.**

During the Winter months a weekly handcraft class is held in the Erskine Orr Hall and this is regularly attended by 8 men and 3 women, who undertake light basketry and sea-grass work. These classes are proving popular as well as instructive and both beginners and experienced pupils are turning out attractive and useful articles which are sold mainly by the efforts of the blind and the Home Teacher.

(i) **General Social Activities, Entertainments, Outings, etc.**

The Erskine Orr Hall is utilised as a social centre for the blind, being available daily to men and on one afternoon per week a special women's meeting is held when choral work is undertaken together with reading, by sighter volunteers, from popular books; the average attendance at this meeting is 30.

Every social centre for the blind has its own men's domino team and in addition to an organised internal competition, the local team competes against the team from Port Glasgow and in the Renfrewshire and West of Scotland competitions; last year the team also visited the Bridgeton Domino Club.

Organised visits were paid by the members of the Greenock Centre to the Clydebank, Dumbarton, Govan and Glasgow (Townhead) Centres and the members of the Govan and Townhead Centres were entertained in Greenock in return.

For the blind population of the town as a whole, as distinct from those who regularly attend the Centre, a theatre outing was arranged during the winter and in the summer months the annual sail to Lochgoilhead and the bus run to Ayr were carried through successfully. During the winter months a monthly afternoon concert was held in the Saloon of the Town Hall and this was very well attended and last year two evening dances were also arranged.

(j) Employment.

The employment, etc. position of all registered blind persons over the age of 16 years is as follows:—

	M.	F.	T.
In workshops for the blind	9	1	10
Employed in open industry	4	1	5
Home workers	1	—	1
Undergoing training for sheltered employment	1	—	1
Undergoing training for open industry	—	1	1
Arrangements for training pending	—	1	1
In Royal Blind School, Edinburgh	1	—	1
Not capable of employment	13	1	14
Not available for employment	29	86	115
	—	—	—
	58	91	149
	—	—	—

(k) Sheltered Employment.

All blind persons capable of training and employment are eligible to register as disabled persons with the Ministry of Labour. The Ministry meet the cost of industrial rehabilitation and training and this is normally carried out at Alwyn House, Ceres, and then at either Craigmillar Park, Edinburgh, or the Glasgow Workshops for the Blind. The workshops in Glasgow, owned and managed by a Joint Committee composed of representatives from all the local authorities in the West of Scotland, are approved by the Ministry of Labour for the purpose of providing sheltered employment for blind persons. Trainees there receive allowances from the Ministry and serve an apprenticeship of five years; in respect of all trained workers the Ministry of Labour pay an annual grant to the Committee amounting to 75% of the expenses incurred by them in providing employment facilities, subject to a maximum per capita grant at the rate of £100 per annum.

Greenock employees in the workshops are engaged as follows:—

Males	Females	Total
1 Wireworker	1 Cane Furniture Maker	2
3 Mattress Makers		3
2 Brush Makers		2
2 Mat Makers		2
1 Basket Maker		1
—	—	—
9	1	10
—	—	—

All are employed in Glasgow except one man who is employed in the Inverness Workshop for the Blind, he originally having been a Greenock boy boarded-out in the Inverness area. One man commenced training last year as a Mat Maker.

(l) Wages and Conditions.

The present Scheme of Wages and Conditions governing the training and employment of blind persons in Scottish Sheltered Workshops

was drawn up by the Joint Industrial Advisory Committee for Scottish Institutions for the Blind. The principal objects of the Scheme are to secure a measure of uniformity in the Scottish workshops, to promote a definite standard of efficiency, the payment of a minimum wage to all approved workers, and an incentive to increased production.

Approved male blind workers are guaranteed the same minimum rate of wages for 40 hours as that paid weekly to the unskilled manual workers in the non-trading departments of the Local Government Service—as laid down by the J.I.C.; the guaranteed minimum wage rate payable to approved female workers is two-thirds of the amount paid to approved male workers. The working week is one of 40 hours, all hours worked in excess of 40 being paid at overtime rates as provided for in Trade Union, etc. Agreements.

To qualify for employment at the minimum wage blind persons must prove themselves capable of earning the particular industrial rate recognised by the Trade Board, Trade Union, etc., but the qualifying earnings are based on average earnings over a period of 13 weeks. To these earnings is added such augmentation as may be necessary to bring the amount up to the minimum weekly income provided by the Scheme. In addition, however, workers can earn production bonus.

Workers receive 17 working days per annum paid holidays and when sick receive the full minimum rate of wages for a maximum of four weeks in any one financial year; for the ensuing 22 weeks of sickness, payment is reduced to the equivalent of three-quarters of the minimum rate of wages; thereafter the worker's name is removed from the register of approved workers, but when certified fit a worker can be re-instated. A modified pension scheme is also in operation.

(m) Employment in Open Industry.

Increasing emphasis is being placed today upon the absorption of trained blind workers into occupation in open industry; during the past five years this has been carried out successfully locally in the following cases, the employees earning the normal wage rate for the job:—

	M.	F.	T.
Telephone Operator	2	1	3
Labourer—Hospital Service	1	—	1
Office Messenger	1	—	1
	—	—	—
	4	1	5
	—	—	—

(n) Home-Workers.

There is one approved home-worker in the area, a fully qualified musician who by maintaining his earnings above the prescribed minimum qualifies for an annual grant from the Local Authority.

(o) Education.

There are four blind children under the age of 16 years; two are being educated at the Royal Blind School, Edinburgh, and one at St Vincent's School, Glasgow. The fourth, a boy of 4 years, has been undergoing treatment for his eye condition and will commence education at the Royal Blind School, Edinburgh, when this has been completed. A youth of 17 years is continuing his education at the Royal Blind School, Edinburgh.

(11) Partially-Sighted Persons.

The Corporation's Scheme under Section 29 of the National Assistance Act provides for the extension of the existing blind welfare services to persons who, although not certified as blind, are severely handicapped by reason of defective vision (referred to as partially-sighted). The implementation of the Scheme in this respect was delayed until September, 1955, when the Department of Health for Scotland prescribed the visual standards to be applied uniformly throughout Scotland for the purpose of determining whether or not a person is to be regarded as registrable as partially-sighted and therefore entitled to welfare services. The Corporation decided that the extension of the service should be approached with a degree of caution because:—

- (a) neither the number of persons nor the financial implications are at present ascertainable.
- (b) the new Service for the partially-sighted must not be provided at the expense of the existing Services for the blind.
- (c) since the Home Teachers of the Blind are the persons best qualified to deal with the most severely handicapped of the partially-sighted, the extension of the Service will be dependent on the availability of staff. As has already been pointed out the case-load of the Home Teacher in this district is already too heavy and it will be some time before the necessary additional teaching staff becomes available.

The Scheme, however, is to proceed on the following lines:—

- (a) Partially-sighted persons will be registered on the basis of examinations carried out by the ophthalmologist at the Greenock Eye Infirmary, the notifications being confined to the Health and Welfare Department of the Corporation.
- (b) The Welfare Officer will investigate the need in each case and decide which cases will require the services of the Home Teacher; thereafter the Mission to the Out-Door Blind in Glasgow will be requested to provide the service on a contract basis.
- (c) The register will for the present be divided into four classes:—
 - I. Those in need of the full service provided for blind persons.

This class will include those persons whose degree of sight renders them just outside the category of certifiably blind and also those who are certified as likely to become blind within the next four years.
 - II. Those in need of special training and employment only.

Such cases will be referred to the Ministry of Labour for action under the Disabled Persons (Employment) Act.
 - III. Observation cases only.

All persons not easily falling into classes I and II will be registered in this category and reviewed periodically by the Ophthalmic Surgeon and the Welfare Officer.
 - IV. Children under 16 years of age.

These cases will be the responsibility of the Education Authority.

(12) Deaf or Dumb Persons.

Under the provisions of the Act, the Corporation has powers to make arrangements for promoting the welfare of deaf or dumb persons; the services may be provided directly or by the employment as their agents of a voluntary organisation registered in accordance with the Act.

It will be appreciated that in dealing with the welfare of the deaf or dumb, a special aptitude for the work, an understanding of the problems of deafness and a practical use of the finger-sign language and other methods of communication are essential and the Corporation's Welfare Committee has decided to continue its arrangements with the Greenock and District Mission to the Deaf, contributing a grant last year of £175.

The number of deaf/dumb persons on the Register is 80; the males in the main are engaged in open employment. The Mission employs a full-time Welfare Officer and maintains Hillend House as a Religious, Social and Recreational Centre. Three members of the Corporation are also members of the Board of Management of the Mission and the Mission's Welfare Officer collaborates closely with the Welfare Officer of the Corporation.

(13) Crippled and Other Classes of Handicapped Persons.

Following the publication of the Report of the Secretary of State for Scotland's Advisory Council on the Welfare of Handicapped Persons and the issue of a Model Scheme for adoption by local authorities, the Corporation's provisional scheme was revised and approved by the Minister in the course of the year. The implementation of the Scheme commenced in September with the appointment of an additional qualified Assistant Welfare Officer.

Sufficient data regarding handicapped persons had been compiled over the past 5 years to enable the service to go straight ahead and by the end of the year 203 cases had been visited at home, of whom 170 were registered as eligible. The following tables summarise the register:—

I—Handicaps.

	M.	F.	T.		M.	F.	T.
Paralysis	13	11	24	Mentally Handicapped	—	5	5
Nervous Conditions	6	12	18	Rheumatoid Arthritis	1	4	5
Respiratory Disorders	5	11	16	Disseminated Sclero-			
Cripples (injuries)	8	6	14	sis	3	2	5
Congenital Deformity	5	7	12	Muscular Dystrophy	3	2	5
Mental Illnesses ...	7	2	9	Rheumatism	2	2	4
Epilepsy	4	5	9	Encephalitis Lethar-			
Cardiac Disease ...	2	7	9	gica	1	3	4
T.B. (Bone)	4	3	7	Kyphosis	2	2	4
Digestive Disorders	6	1	7	Eyesight	—	3	3
Cripples (Amputa-				Parkinson's Disease	2	—	2
tions)	5	2	7	Deafness	—	1	1
				Total ...	79	91	170

II—Age Grouping.

Age	M.	F.	T.
16-19	3	4	7
20-29	16	15	31
30-39	16	12	28
40-49	21	22	43
50-59	15	30	45
60+	8	8	16
	<u>79</u>	<u>91</u>	<u>170</u>

III—Employability, etc.

Employed	56 (incl. 41 housewives)
Unemployed (registered disabled by Min. of Labour)	19
Temporary unemployed through illness	4
Unfit for employment	91 (incl. 43 housebound)
	<u>170</u>

IV—Service Provided.

	Housebound			Not Housebound		
	M.	F.	T.	M.	F.	T.
Engaged on Diversional Occupation	11	3	14	7	6	13
To be visited regularly	7	22	29	54	60	114
	<u>18</u>	<u>25</u>	<u>43</u>	<u>61</u>	<u>66</u>	<u>127</u>

The handicrafts being taught are Rugmaking, Basketmaking, Painting, Leatherwork, Lampshade Making, Knitting and Sewing.

Of the 43 cases who are housebound, 10 are total invalids and 11 are either physically or mentally unfit for occupation of any kind. Of the remaining 22, 14 have started diversional occupation. All these cases, with one exception, are very well cared for by their families and most of them, in spite of their handicaps have remarkably bright dispositions.

This is not the case with the 67 other non-housebound cases. Approximately half of them are very discontented because they are not prepared to make the necessary adjustments in order to minimise the effect of their handicaps and in many cases are a real worry to their families. 13 of these cases have now started diversional occupation

which is helping to combat this. Prior to the introduction of the Scheme only four had made a definite attempt to find constructive pastimes for themselves.

In several cases practical assistance has been rendered, viz:—

- (a) Advice concerning National Insurance Benefits, National Assistance, etc.
- (b) Advice concerning the supply of surgical appliances, invalid chairs, etc. under the National Health Scheme and assistance rendered to obtain them.
- (c) Assistance with personal and family problems, etc.

A meeting was arranged with the Disablement Officers of the Ministry of Labour at which there was an interchange of case information and the position of the 19 registered disabled unemployed re-examined with a view to special efforts being made to place them in work. On the whole the visits have been very well received and the Scheme successfully launched.

It is perhaps too early to assess the true value of a service of this kind; it is a new field of local authority work and so far as Greenock is concerned it is an initiation because there has never been any organised local voluntary effort in this respect. While the primary purpose must be to ensure that the handicapped person receives the full benefit of all the health and social services now available there are these aims to be pursued:—

- (a) the raising of morale and improvement of physical and mental health;
- (b) occupation or diversion of the mind;
- (c) encouragement of latent powers.

The goal for the handicapped person is independence and increased self-respect with the possible re-assessment of his ability to be self-supporting by employment. This, however, can only be achieved in very few cases with the result that patient, persevering efforts bulk largely in the task of the social worker. The teaching of a diversional handcraft is not undertaken as an isolated service but is linked with the person's ability and background and used as a means to secure co-operation, the raising of morale, etc., and a fuller and more useful life; when accompanied with personal interest, advice and help with personal and domestic problems the visit of the worker is looked forward to eagerly. The co-operation of the person's family is also essential as a wrong attitude and relationship can effectively prevent progress. Suitable modification of work must also be made to meet the needs of different groups, viz, the temporarily disabled, the new permanently disabled, the long established disabled and those suffering from a progressive disease. Working along these lines it is possible at this early stage to record satisfactory progress.

MENTAL HEALTH SERVICE

Duties.

The duties covered by this service can be summarised as follows:—

- (a) the ascertainment of all cases of mental illness and mental deficiency.
- (b) the obtaining of Detention Orders under the Lunacy and Mental Deficiency Acts.
- (c) the initial care and subsequent removal of persons suffering from mental illness and mental deficiency to mental hospitals or certified institutions for defectives.
- (d) the submission of reports re home conditions and employment prospects of patients it is proposed to discharge or who have been granted a period of trial or probation prior to discharge.
- (e) reports to Sheriff on cases being dealt with under the Criminal Justice (Scotland) Act.
- (f) boarding-out mental patients and mental defectives with unrelated guardians outside the district where necessary.
- (g) Mental Illness:—
 - (i) the maintenance of a home supervision service for those mental patients who, with the co-ordination of the efforts of the family doctors, relatives and the Department, can be cared for at home and thus prevent admission to mental hospital.
 - (ii) the provision of an after-care service for patients discharged after mental hospital treatment.
- (h) Mental Deficiency:—
 - (i) the supervision, training and occupation of defectives in the community who have been excluded from the education service or are over 16 years of age, especially those on licence from Institutions or under Guardianship Orders.
 - (ii) the submission of statutory reports when Detention Orders in respect of defectives are under review by the General Board of Control.

Co-operation with Other Bodies.

The General Board of Control for Scotland is the statutory supervisory body and the Welfare Officer acts as Authorised Officer for the Burgh of Greenock. Co-operation is maintained with the staff of the Board of Management for the Renfrewshire Mental Hospitals, particularly Dr R. Haig Mitchell, Physician Superintendent, Ravenscraig Mental Hospital. During the year, with very few exceptions, all patients requiring mental hospital treatment were accommodated in Ravenscraig Mental Hospital. The hospital is now serving a wider area and with the increase in voluntary admissions the efforts of the staff to meet the local need first must be gratefully acknowledged. As agent for the Western Regional Hospital Board the Welfare Officer also supervises cases on licence or boarded-out from mental hospital.

Institutional accommodation for mental defectives continues to be very difficult to obtain; the Renfrewshire Mental Hospitals Board are endeavouring to relieve the position by creating additional beds at

Broadstone House for female defectives and by building a large extension to Merchiston House, Johnstone, for male defectives. Their co-operation, and particularly that of Miss Morrison, Matron, Broadfield Institution, in providing short-term accommodation for defectives when there is illness, etc. in the home, must be gratefully acknowledged. The Physician Superintendent of Lennox Castle Institution has also been most helpful in receiving difficult cases brought before the Sheriff for offences committed.

Voluntary Association.

The Greenock and District Voluntary Association for Mental Health, a body of long-standing, continues to work in close co-operation with the Department. It is difficult to find scope for voluntary workers in the field of mental illness but during the past year members of the Association have undertaken the weekly visitation of patients in Ravenscraig Mental Hospital who are without relatives and beneficial results have been acknowledged by the Physician Superintendent. To avoid duplication of effort a working agreement is in force whereby the task of home visitation, etc. of mental defectives is shared by the Department and the Association, the more difficult cases being the responsibility of the Corporation staff. The Association has also actively co-operated in the establishment of the Senior Occupation Centre for Males. The Department continues to be a source of skilled advice to the voluntary workers who in efforts in this field assist in health education, training and social support.

Prevention, Care and After-care.

The National Health Service (Scotland) Act, 1947 (Sect. 27) provides for the local authority making arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental deficiency or the after-care of such persons.

In the prevention of mental illness the importance of good care and training and emotional security in infancy and childhood is more important than any other factor. In this connection the Maternity and Child Welfare staff are fully aware of their vital role and full use is made of existing facilities. The continued lack of a fully staffed Child Guidance Clinic in the town must be deplored and further representations in this respect have been made to the Renfrewshire Education Authority. While true prevention must take place before the commencement of illness, many serious consequences of mental ill-health can be avoided by children and young persons receiving early psychological and psychiatric treatment and by the solution of social problems which may be predisposing factors. The problems and strains of adolescence are particularly significant and the services of the Clinic in this respect could make a contribution towards the task of reducing juvenile delinquency in the town.

Adequate education regarding the meaning of marriage and the problems likely to be encountered in married life would materially assist in preventing many of the incidents and situations which precede mental illness. It is felt, therefore, that the establishment of a local Marriage Guidance Council would be of considerable help in this respect.

Psychiatric Clinic.

Accommodation in Wellpark Clinic is rented to the Renfrewshire Mental Hospital Board and consultative sessions are given there by Dr R. Haig Mitchell, Physician Superintendent, Ravenscraig Mental Hospital. What a useful service this has proved to be! The numbers seen by the Psychiatrist have continued to increase and several results are already apparent:—

- (a) progress in the gradual process of enlightenment of public opinion towards nervous and mental illness. Co-operation and understanding are gradually but surely replacing mistrust, fear and derision.
- (b) a change in the type of mental illness to be dealt with. The acute maniacal type of patient is not so common today, patients on the whole being quieter, more amenable and with a desire to take treatment.
- (c) an increase in the number of patients undertaking early treatment voluntarily.

In addition, this process must in time show a saving in hospitalisation, which so often brings about long absence from home and employment and in some cases permanent loss of employment. Many are grateful that treatment does not require admission to mental wards as unfortunately there is still a lack of understanding in certain sections of the public towards the ex-mental hospital patient—often in quarters where knowledge and sympathy should be expected.

Mental Illness.

Admissions to Mental Hospitals.

Certified Patients.

Age Groups	Males	Females	Total
0-29 years	6	3	9
30-39 „	1	3	4
40-49 „	3	4	7
50-64 „	2	6	8
65+ „	4	9	13
	—	—	—
	16	25	41
Voluntary Patients	30	56	86
	—	—	—
	46	81	127
	—	—	—

Compared with 1954 these figures show an increase of 7 certified cases and 14 voluntary cases with the incidence continuing to be greater in the case of females. Other aspects are as follows:—

Civil State	Certified	
	M.	F.
Married	4	6
Single	9	10
Widowed	3	9
	—	—
	16	25
	—	—
Occupations		
Skilled or black-coated ...	3	2
Semi-skilled	5	4
Unskilled	5	0
Housewives	—	19
Retired, etc.	3	0
	—	—
	16	25
	—	—

Discharged from Mental Hospitals.

By Medical Superintendent:—

Length of Stay	Certified		Voluntary		Totals	
	M.	F.	M.	F.	M.	F.
-2 months ...	1	2	17	22	18	24
2-6 „ ...	2	3	5	11	7	14
6-12 „ ...	3	4	0	4	3	8
over 12 „ ...	0	2	0	6	0	8
	—	—	—	—	—	—
	6	11	22	43	28	54
	—	—	—	—	—	—

By Death:—

Length of time in Hospital	Certified		Voluntary		Totals	
	M.	F.	M.	F.	M.	F.
-2 years ...	3	6	2	0	5	6
1-2 „ ...	1	2	1	0	2	2
2-3 „ ...	2	0	0	1	2	1
3-4 „ ...	1	0	0	0	1	0
over 4 „ ...	2	5	0	0	2	5
	—	—	—	—	—	—
	9	13	3	1	12	14
	—	—	—	—	—	—

Cases on Probation, Under Guardianship, etc.

All cases released on probation from mental hospitals were successfully dealt with and subsequently discharged. Throughout the year the number of cases boarded-out under guardianship remained unchanged, viz:—7 resident in Arran, 1 in Lanark and within the Burgh; all patients were examined by a General Practitioner every three months and visited by the Welfare Officer at least twice in the year.

Mental Deficiency.**Institutional Care.**

During the year 5 cases were admitted to Institutions, 3 being discharged later as their residence had been a temporary one only during a period of illness in the home. Of the other 2 cases, 1 was committed from the Sheriff Court under the Criminal Justice (Scotland) Act. During the year two female cases were released on licence from Institutions, 1 being successfully placed in employment.

Guardianship.

During the year 3 new cases were placed under Guardianship Orders, 1 case was discharged from Guardianship by transfer to mental hospital and another was transferred to an unrelated guardian in the country where he will receive farm training.

The condition of 37 patients was reviewed according to Statute by the Welfare Officer, Medical Practitioners and the General Board of Control, no change being made to their circumstances.

At the end of the year the position was as follows:—

	M.	F.	T.
Cases in Institutions—			
R.S.N.I., Larbert	16	4	20
St. Joseph's, Rosewell	4	2	6
Lennox Castle Institution, Lennoxtown ...	8	1	9
Broadfield Institution, Port Glasgow ...	3	9	12
Waverley Park Institution	—	5	5
St. Charles Institution, Carstairs	1	1	2
Blinkbonny Institution, Falkirk	—	1	1
Toddhill Farm Colony, Stevenson	1	—	1
St. Aidan's Institution, Gorebridge	2	—	2
Caldwell House, Ayrshire	1	—	1
State Institution, Carstairs	1	—	1
	—	—	—
	37	23	60
Cases under Guardianship—			
Resident locally	17	5	22
Resident outwith the Burgh	7	2	9
Cases under Licence from Institutions	1	5	6
	—	—	—
	62	35	97
	—	—	—

Supervision

The after-care supervision service for former pupils of the Mentally Handicapped Division of Glenburn School and Holeburn Occupation Centre, carried out by the Department in collaboration with the Greenock and District Voluntary Association for Mental Health, has continued with beneficial results. The persons dealt with are those who, though not certified under the Mental Deficiency Acts, have a state of incomplete mental development of such a kind and degree that in many instances the individual is incapable of adapting to the normal environment in such a way as to maintain a stable existence without supervision or external support. The aims of the service are therefore to supervise, assist and protect those mentally handicapped and prevent them becoming an unnecessary burden on their relatives and the com-

munity. In every possible case employment is the goal and of the total register of 268, 155 are now in employment. Many need assistance to find employment and special efforts have to be made to place the less stable and adaptable who are inclined to flit from one job to another. Uncertified females are free to marry, of course, and this presents special problems to ensure that they are capable of house-management, etc.; 40 such cases are at present on the register. The remaining 73 cases are maintained either by their families or by allowances from the National Assistance Board.

No amount of visiting will, of itself, necessarily prevent undesirable developments; it does, however, permit of a certain amount of preventive work. The strain of the continuous care of a case can lead to a breakdown in the family relationships which with tact and the inculcation of understanding can be smoothed over. The intention has been to make parents, etc. realise that the Department should be contacted immediately difficulties of behaviour, etc. are encountered and the success of the service can be gauged by the fact that so far in not a single case has a serious breakdown occurred. It has been necessary on five occasions to arrange for the mentally handicapped person to be removed from the home to temporary care but the return has been possible in each case.

Many cases lack initiative, have solitary habits and do not make friends easily; they are easily influenced and led into wrong doing. Their leisure must be organised and in a number of cases diversional occupation at home has been provided. The majority cannot read fluently and are deprived the pleasure of reading books, periodicals and newspapers—many rely on the cinema for relaxation and interest.

Co-operation with the Ministry of Labour and National Service is very close to ensure exemption from registration for National Service. Now that the Department has complete case-records exemption is greatly facilitated, thus ensuring that the youth is saved the strain of failure in medical examination or admission to H.M. Forces. Other matters such as the issue of Driving Licences, sale of intoxicants and the signing of documents require to be dealt with periodically and useful information in the interests of the defective and the public is passed to the Police, Probation Officers and other Corporation Departments.

It is worthy of note that whereas the present service is a permissive one, as the results in this area have proved, it is a necessary one and it has been announced that in the revision of the law which is shortly to be undertaken, the provision of such a service is to be made obligatory upon local authorities.

During the year 35 new cases were added to the register and in every instance the visit of the social worker has been welcomed—the number of home visits carried out being 562.

The following is the age grouping of the register at this date:—

5-15 years	...	...	...	6
16-20	„	...	...	83
21-30	„	...	...	112
31-40	„	...	...	53
over 40	„	...	...	14
				<hr/>
				268
				<hr/>

Training and Occupation.

Since 1946 Education Authorities have been under a duty to provide Occupation Centres for the day training of defective children excluded from Special Schools by reason of serious mental handicaps, but capable of making a successful response to training that is suited to their special needs and is given in an environment adapted to them. In Greenock this is carried out at Holeburn Centre in place of which the newly built Centre at Ravenscraig will come into use in 1956.

To provide continuity of training beyond the statutory school-leaving age the 1947 National Health Service Act placed the comparable duty on local authorities—their responsibility extending to all mentally handicapped persons except those still within the education system or in certified institutions. The cases covered are those under Guardianship Orders or Supervision and the aims of such Centres are:—

- (a) to develop the trainees' minds and bodies, within the limitations imposed by their defect, so that both at the Centre and in their homes they may lead happy, interesting lives.
- (b) with this end in view, to help the trainees to form good habits, to acquire self-control and to develop a social sense as they learn to work with others.
- (c) to relieve the strain caused by the presence and attentions of an untrained defective in a family, and to help the parents by demonstrating methods of training and care.

It may be necessary to exclude a trainee, who, after a reasonable trial, makes no progress, as well as one whose emotional instability or aggressiveness is so marked as to make his presence detrimental to the other trainees, but such a step will only be taken as a last resort after prolonged consideration, for exclusion—in view of the present serious lack of institution vacancies—involves casting back on the trainee's family a very heavy burden, when they were being immeasurably relieved by his attendance at the Centre.

In September, 1955, the first Senior Occupation Centre in the Burgh came into operation. The Corporation agreed to rent the premises owned by the Y.W.C.A. at 2 Kelly Street and to bear the financial cost of the Centre with the exception of the equipment, handcraft materials, etc., which the Greenock and District Voluntary Association for Mental Health agreed to provide. The Committee of Management meets monthly at the Centre and is composed of an equal number of representatives from the Association and the Corporation. The Centre is open daily, Monday to Friday, from 9.30 a.m. to 4 p.m., for 48 weeks in each year. No transport is at present provided, the trainees travelling to and from the Centre by public transport with or without a related escort. A three-course mid-day meal is provided at the cost to each trainee of 1/- per day, this being obtained from a local industrial canteen and transported voluntarily to and from the Centre by members of the local branch of the W.V.S. The premises comprise a large modern, well-lit and ventilated hall for use as a work-room, a staff room, toilets, store-room for materials and use of the kitchen premises. It was decided at the outset that from the experience gained in the Supervision Service the greatest need was for a Centre for males and the staff appointed therefore consists of a male Supervisor and a male Assistant Supervisor, the cleaning arrangements being made jointly with the Y.W.C.A.

As it was thought necessary to maintain a close link between the Centre and the homes of the trainees, arrangements were made for the Supervisor to make an initial visit to their homes before the Centre was opened so that he could secure the co-operation of parents and arouse their interest. The Supervisor was appraised of all the relevant information known to the Department about each particular trainee, how he had already responded to training methods, what special problems had occurred in connection with him, etc., and following these visits the Supervisor chose the first cases to be admitted. To begin with the number was small, preference being given to trainees known to be suitable in order that the difficulties inevitably encountered in the early days should not be accentuated. By degrees the number was increased and the more difficult type of trainee accepted so that by the end of the year 15 males were in regular attendance. This process will continue and it is hoped eventually to be able to build up the total average attendance to 30, but before this can be reached it will probably be necessary to provide transport facilities for those cases unable to use public transport.

It should be realised that the mentally handicapped adult responds slowly to the efforts made to train him. There is, however, evidence to show that over a period of time trainees become happier, more controlled in behaviour and bearing and more self-reliant. They learn to mix with others, to "give" as well as "take," and in their homes they are no longer a heavy or continual problem, but can play a humble part in the family life and help in small household tasks. Those attending the Centre already find that each day brings new interest and achievements and for the first time since leaving school they are engaged in purposeful activity.

Since the Voluntary Association serves the surrounding district as well as the Burgh and because there is no other comparable Centre available, it has been decided that, providing it has no adverse effect upon meeting the Greenock need, trainees from Port Glasgow, Gourock and Inverkip may be admitted on a customer basis, the necessary financial arrangements covering meals and transport having been satisfactorily concluded with the respective local authorities.

SCHOOL HEALTH SERVICE

Despite illness amongst the medical staff all routine medical inspections were completed during the school year. Those examined included all school entrants and children born in the years 1945, 1941 and 1938. Those children born in 1947 were tested for visual acuity and hearing only.

The general nutrition of the children examined was well up to standard and generally there was a satisfactory state of cleanliness. There is, however, still present a hard core of children in whom, despite persistent persuasion and advice to the parents, uncleanness is a recurring condition. Very few pupils were found to be infested with body lice. There was no significant decrease in the number of children with head infestation. Many children, looking otherwise clean and tidy, had hair laden with nits despite regular advice given to parents by the nurses. The majority of mothers, however, carried out instructions to the best of their ability.

From April to June, five schools sent children to holiday camps, each group being accompanied on the journey by a school nurse.

In February, following the adoption of a new procedure whereby children under eight years had to be accompanied by a parent to all School Health Clinics, the number of attendances at Minor Ailments Clinics dropped very noticeably.

The number of children suffering from warts was considerable, but fewer impetigo cases were treated. Eleven cases of scabies were seen throughout the year on medical inspection but it should be remembered that some children may have been treated by their own family doctor.

The co-operation of the head teachers and teachers and their interest in the health and cleanliness of the children has been much appreciated. The nurses and office staff also have carried out their work in a very conscientious manner.

Figures for Session 1954-55.

Average Number of Children on the Rolls	13,351		
Routine (Systematic) Examinations (Doctor and Nurse)—			
		Exam.	
Number of children examined—		1st	2nd
Nursery Class (Craigieknowes School)		21	17
Entrants (5 years old plus)	1,318		
Second Age Group (9 years old plus)	946		
Third Age Group (13 years old plus)	1,171		
Secondary Schools Age Group (16 years old plus)	122		
		—	—
	Total ...	21	17
		—	—
7 years old Group (Vision and Hearing only)	1,444		
	Grand Total ...		

Defects discovered at Routine Examinations—

		Exam.	
		1st	2nd
Number of children with defects of vision and/or teeth	561	2	—
Number of children with minor defects (other than above) where complete recovery anticipated within a few weeks	1,065	5	7
Number of children with more serious defects	98	4	2
Total	<u>1,724</u>	<u>11</u>	<u>9</u>

Note: The parents of children suffering from a defect other than dental caries were informed or advised. Advice and treatment in the case of dental caries are the care of the School Dental Department.

Non-Routine Examinations (Nurse)—

Treatment required and parent informed	1,852
No action required	8,597
Total	<u>10,449</u>

Principal Defects found at Non-Routine Examinations:—

Uncleanliness of Head	647	
Uncleanliness of Body	219	
Unsatisfactory condition of clothing	134	
Unsatisfactory condition of footgear	72	
		<u>1,072</u>
Defect of Vision		325
Other defects		455
Total		<u>1,852</u>
Re-examinations (Nurse)		3,367

Examinations for Special Purposes—

(a) for Employment Licences (Doctor)	211
(b) for Residential Camp Schools (Dr and Nurse)	383
(c) Re-examinations Camp Schools (Nurse)	1,894
(d) Home visits (Nurse)	820

Doctor's Inspection Clinic—

Number of Special Cases examined	623
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Minor Ailments Clinic—

Number of attendances	5,537 (= 1,005 children)
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Nature of Cases—

(1) Cuts, Bruises, Injuries, etc.	65 (= 19 children)
(2) Diseases of Ear, Nose and Throat	1,398 (= 98 children)
(3) Diseases of Eye	608 (= 154 children)
(4) Diseases of Skin	3,466 (= 734 children)

GREENOCK (BURGH) SCHOOLS—ATTENDANCES AT CLINICS—SESSION 1954-55.

SCHOOLS	Number on Roll	Cuts and Bruises		Ear, Nose and Throat		Eye		Skin		Totals	
		Cases	Att.	Cases	Att.	Cases	Att.	Cases	Att.	Cases	Att.
The Academy	928	—	—	—	—	—	—	—	—	—	—
Ardgowan	522	—	—	1	4	2	8	11	58	14	70
Belville Place	577	—	—	12	210	10	3	40	128	62	341
Craigieknowes	363	6	17	3	17	16	35	115	334	140	403
Finnart	603	—	—	10	64	0	21	10	49	29	134
High	767	—	—	—	—	—	—	4	14	4	14
Highlanders' Academy	518	—	—	2	4	—	—	3	4	5	8
Hillend	453	—	—	—	—	4	3	12	48	16	51
Holmscroft	586	—	—	5	58	10	43	27	129	42	230
The Lady Alice	962	—	—	4	26	5	17	68	258	77	301
Ladyburn	527	2	3	5	123	10	38	10	25	27	189
Mearns Street	629	1	5	7	14	9	21	39	192	56	232
The Mount	545	1	1	2	11	5	25	32	88	40	125
Ravenscraig	308	—	—	—	—	—	—	—	—	—	—
St. Columba's	685	—	—	2	74	—	—	5	8	7	82
St. Joseph's	484	1	1	7	77	—	—	20	51	28	129
St. Lawrence Boys'	449	1	7	5	243	6	37	54	237	66	524
St. Lawrence Girls'	476	2	9	5	29	24	60	51	160	82	258
St. Mary's Patrick Street	1311	3	3	6	98	9	45	67	268	85	414
St. Mary's Annexe (Loreto)	—	—	—	1	52	7	16	17	54	25	122
St. Mary's Ingleston Huts	919	—	—	—	—	—	—	1	6	1	6
St. Mary's Infants'	739	—	—	1	2	5	17	15	46	21	65
St. Mary's Girls'	—	—	—	1	10	12	52	50	171	63	233
St. Mungo's	—	—	—	7	11	10	20	61	206	78	237
Others	—	2	19	12	271	1	147	22	932	37	1369
Totals	13351	19	65	98	1398	154	608	734	3466	1005	5537

PORT HEALTH ADMINISTRATION

In 1955 there was no change in the routine regarding the administration of the Port Health work in Greenock. The Medical Officer of Health continued to be Port Medical Officer and Medical Inspector under the Aliens Order, 1953.

The number of vessels dealt with by the staff of this department was 102 compared with 131 in 1954. Of these, 20 were incoming ocean liners. No cases of quarantinable diseases were found, but the personnel of one ship from an infected port were under surveillance for smallpox for nine days. This entailed a daily visit of inquiry respecting the health of the crew. Fifteen cases of illness on ships on arrival were investigated. Of these, two of chickenpox and four with non-infectious illnesses were removed to local hospitals. The remaining cases were otherwise suitably dealt with.

The weather ships were visited on returning to harbour on 29 occasions. Other ocean going ships arrived for repair, for conversion and with cargoes such as sugar, oil, seeds, molasses and tobacco. A general examination of crews' quarters, pantries, etc. of ships in the docks was carried out and in most cases were found satisfactory. Unsatisfactory conditions were pointed out for appropriate action.

Deratisation.

One hundred and twenty-two inspections of ships entering harbour, including new ships being fitted-out, were made for rat infestation. In two cases fumigation was requested, and this yielded 52 rats. In one case, because of a tug dispute, the ship was allowed to proceed to Manchester for necessary action. Two new ships were fumigated as a precautionary measure at the request of the owners. Trapping measures on ships produced 64 rats. Twenty vessels had invalid certificates on arrival and two could not produce certificates.

In all, 4 Deratting Certificates were issued and 37 Deratting Exemption Certificates, including 16 to new constructions.

Passengers.

4,840 passengers, of whom 1,395 were aliens, disembarked at Greenock from ocean going ships. In addition, 4 stowaways from Eastern ports were landed.

Yearly comparative figures of passengers arriving are:—

1950	...	...	2,516
1951	...	...	2,865
1952	...	...	2,430
1953	...	...	3,193
1954	...	...	5,694
1955	...	...	4,840

FOOD SUPPLY

The following information was kindly supplied by the Chief Sanitary Inspector:—

MILK AND DAIRIES.—There are three dairy farms within the Burgh registered in terms of the above Act although only two of the farms were in full production throughout the year. The remaining farm retained registration but did not restart production as was intended and at the end of the year the farmer agreed to the cancellation of the registration. In addition two farms are exempt from registration. At the two registered farms there was a total of 42 cows at 31st December, 1955, and of these 30 were in milk.

The registered dairies within the Burgh now number 126, an increase of 16 compared with last year.

Samples taken from local producers numbered 20. Of these, 4 were found to be unsatisfactory owing to the presence of coliform bacilli in 2 instances and to high bacterial count in 1 instance, while in 1 instance the sample failed both tests.

The number of samples taken from other sources totalled 414 as follows:—Pasteurising Establishments, 72; Wholesale and Retail Premises, 157; Schools and School Kitchens, 107; and Hospitals, Clinics, etc., 78.

Further details of the samples were as follows:—

Grade of Milk	No. of Samples	No. Satis.	No. Unsat.	Unsatisfactory by reason of			
				High Bact. Count	Coli. Bac.	Phosphate	2 or more tests
Certified	29	21	8	2	6	—	—
Tuberculin-tested	49	42	7	3	2	—	1
Tuberculin-tested (Pasteurised)	8	7	1	—	1	—	—
Pasteurised	328	289	39	—	31	5	3
Ordinary	—	—	—	—	—	—	—
Total	414	359	54	5	40	5	4

ICE CREAM.—Samples were taken for bacteriological examination with the following results:—

Number Taken	Number Satisfactory	Number Unsatisfactory	Unsatisfactory by reason of:—		
			High Bacterial Count	Coliform Bacilli	Failure to pass both Tests
76	54	22	11	3	8

UNSOOUND FOOD

In all during the year there were received from members of the public 20 complaints alleging that certain articles of food were unsound and unfit for human consumption, viz:—1 relating to cake, sausage, oranges, butter, roll, cheese, ice cream, aerated water, apple, 2 to chocolate biscuits, 3 to milk, meat and bread. In 4 instances it was found that there was no cause for complaint and it was not necessary for this Department to take any action. In the remaining 16 instances, action was taken by the Department to prevent a recurrence of the complaints.

The total quantity of unsound food seized in terms of Section 43 of the Public Health (Scotland) Act, 1897, during the year amounted to 8,703 lbs. 1½ oz., of which 4,592 lbs. 11¼ oz. were tinned foods. This work necessitated 150 visits of inspection being made.

In addition a Magistrate's Warrant was obtained authorising the seizure of 195 tins of pears which were found to be unsound.

WATER SUPPLY

In all 139 samples of water were taken during the year. The results proved that the water supply for domestic and dietetic purposes is highly satisfactory. In addition 198 residual chlorine tests were carried out.

RIVERS POLLUTION

In view of the fact that the new Rivers Pollution Prevention Board has been appointed no action was taken to press for the carrying out of the work which is necessary to clear up the pollution of a stream within the Burgh.

OFFENSIVE TRADES

The following are the offensive trades within the Burgh:—

- (1) The Public Slaughterhouse, with which are associated in buildings within the same curtilage:—
 - (a) The Greenock Hide, Skin & Tallow Co. Ltd., carrying on the business of Hide Factors;
 - (b) Ramsay & Co., carrying on the business of Hide Factors;
 - (c) The Greenock and District Fleshers' Association carrying on the business of Tripe Cleaners.
- (2) The Shaw Water Chemical Works of British Charcoals and Macdonalds Ltd. where large quantities of bones are dealt with in the manufacture of charcoal, artificial manure and certain by-products.
- (3) The Ladyburn Tan Works, occupied by Messrs Fisher Henderson & Co. Ltd., Greenock.

Inspection revealed that these businesses are being conducted in a satisfactory manner.

TOWN PLANNING

The following information was kindly supplied by the Master of Works:—

Sewage Disposal—

Reconstruction of High Street Sewer—Replacing brick sewer with a 30 in. diameter concrete pipe, approximately 120 lineal yards.

Central Area Re-development—Reconstructed brick sewer in 24 in. diameter concrete pipe, approximately 90 lineal yards.

Minor repairs have been carried out to other sewers and several chokages have been cleared during the year.

Culverts and Watercourses.

Regular cleaning and clearance of burns and culverts was carried out during the year.

Approximately 200 lineal yards of open stream in the Weir Street area have been culverted.

Town Planning: Control of Development.

This work during the year involved the investigation of 188 applications for planning permission in respect of residential, commercial and industrial development, and of 28 applications for permission to display advertisements.

HOUSING

Private Enterprise.—The following dwellinghouses were erected by private enterprise during the year:—

Bungalows—1 of 6 apartments
 1 of 5 apartments
 2 of 4 apartments

Seven existing houses were converted during the year to provide the following accommodation:—

1 of 2 apartments
 1 of 3 apartments
 4 of 4 apartments
 3 of 5 apartments
 1 of 6 apartments

S.S.H.A. Ltd.—The following houses were completed during the year by the Scottish Special Housing Association:—

N.W. Larkfield—41/4 apartments, 40/3 apartments ...	81
Pennyfern—36/4 apartments, 72/3 apartments ...	108
	<hr/>
	189 Houses
	<hr/>

Greenock Corporation.—The following houses were completed by the Local Authority:—

Cottonmill Row—6/3 apts., 15/4 apts.	21
Fir Street—6/4 apts.	6
Larkfield No. 2—Shops and Houses—2/3 apts. 2/4 apts.	4
5 shops	
Larkfield No. 3, Sec. 2 and 3—146/3 apts., 52/4 apts.	198
Overton House—1/3 apts., 1/4 apts.	2
Central Area, 1st Dev.—24/2 apts., 7/3 apts., 14/4 apts	45
Grieve Road—6/4 apts.	6
Paton Street—10/3 apts., 2/4 apts.	12
Larkfield No. 3, Sec. 1—12/3 apts.	12
	306 Houses
Houses under construction at 31st December, 1955:—	
By S.S.H.A. Ltd.	247
By Greenock Corporation	490
	737 Houses

WATER SUPPLY

The following information has been kindly provided by the Water Engineer:—

The supply of water for domestic use amounted to 1,685,320,000 gallons, which is equivalent to 4,630,000 gallons per day or 60 gallons per head of the population per day.

The total water supplied for all purposes (excluding compensation supplies) amounted to 5,033,941,000 gallons, equivalent to 13,828,000 gallons per day.

The whole of the filtered water supply continued to be chlorinated after filtration, and the bacteriological analyses of the supplies showed the water to be highly satisfactory.

Periodical analyses were made by Messrs R. R. Tatlock & Thomson, Glasgow, of the chemical composition of the water, which showed it to be suitable for drinking and domestic purposes.

METEOROLOGY

The rainfall during the year recorded at Prospecthill Waterworks amounted to 46.82 inches, which was 25% below the average for the 65 years from 1890-1954.

The greatest rainfall recorded in 24 hours occurred on 28th February when 1.70 inches fell.

There were 164 dry days during the year.

Bright sunshine during the year amounted to 1,529.6 hours as compared with 1,065.9 hours for 1954.

MEAT INSPECTION

The Superintendent of the Abattoir has kindly supplied the following information regarding the work carried out there during the year ended 31st December, 1955:—

Number and Type of Animals Slaughtered.

CLASS	Number slaughtered	Number affected with tuberculosis	Percentage affected with Tuberculosis	Whole Carcasses seized for Tuberculosis	Parts of carcasses seized for Tuberculosis	Whole carcasses seized for other Diseases	Parts of carcasses seized for other Diseases
Bullocks....	2,376	53	2.2	—	9	—	6
Bulls	224	1	.44	—	—	—	—
Cows	2,424	7	.28	—	3	8	31
Heifers	1,142	29	2.5	—	4	1	7
Swine	2,287	30	1.3	—	—	6	8
Sheep	7,267	—	—	—	—	20	15
Calves	1,137	—	—	—	—	4	2
Total	16,857	120	.71	—	16	39	69

The following is the list of conditions which were responsible for the total or partial seizure of carcasses:—

Total Condemnations—Decomposition, 3; Pyrexia, 8; Emaciation, 15; Peritonitis, 4; Carcinoma, 2; Pyaemia, 3; Septic Metritis, 1; Septicaemia, 1; Dropsy, 2.

Partial Condemnations—Tuberculosis, 16; Injuries, 39; Abscesses, 10; Parasitic, 4; Adhesions, 11; Arthritis, 2; Taint, 3.

The approximate weight of meat and organs condemned during the year was 9 tons, 19 cwt., 2 qrs., 6 lbs.

MEAT INSPECTION

The Department of the Interior, Bureau of Animal Industry, has the honor to acknowledge the receipt of your report of the inspection of the meat of the following animals, which were killed on the premises of the following establishment, and to advise you that the same have been found to be free from all diseases and conditions which would render them unfit for human consumption.

Very respectfully,
Director

No.	Species	Sex	Age	Weight	Color	Condition	Remarks
1	Cattle	Male	Adult	1200	Black	Good	
2	Cattle	Female	Adult	1000	Black	Good	
3	Cattle	Male	Adult	1100	Black	Good	
4	Cattle	Female	Adult	900	Black	Good	
5	Cattle	Male	Adult	1300	Black	Good	
6	Cattle	Female	Adult	1100	Black	Good	
7	Cattle	Male	Adult	1200	Black	Good	
8	Cattle	Female	Adult	1000	Black	Good	
9	Cattle	Male	Adult	1100	Black	Good	
10	Cattle	Female	Adult	900	Black	Good	
11	Cattle	Male	Adult	1200	Black	Good	
12	Cattle	Female	Adult	1000	Black	Good	
13	Cattle	Male	Adult	1100	Black	Good	
14	Cattle	Female	Adult	900	Black	Good	
15	Cattle	Male	Adult	1200	Black	Good	
16	Cattle	Female	Adult	1000	Black	Good	
17	Cattle	Male	Adult	1100	Black	Good	
18	Cattle	Female	Adult	900	Black	Good	
19	Cattle	Male	Adult	1200	Black	Good	
20	Cattle	Female	Adult	1000	Black	Good	
21	Cattle	Male	Adult	1100	Black	Good	
22	Cattle	Female	Adult	900	Black	Good	
23	Cattle	Male	Adult	1200	Black	Good	
24	Cattle	Female	Adult	1000	Black	Good	
25	Cattle	Male	Adult	1100	Black	Good	
26	Cattle	Female	Adult	900	Black	Good	
27	Cattle	Male	Adult	1200	Black	Good	
28	Cattle	Female	Adult	1000	Black	Good	
29	Cattle	Male	Adult	1100	Black	Good	
30	Cattle	Female	Adult	900	Black	Good	
31	Cattle	Male	Adult	1200	Black	Good	
32	Cattle	Female	Adult	1000	Black	Good	
33	Cattle	Male	Adult	1100	Black	Good	
34	Cattle	Female	Adult	900	Black	Good	
35	Cattle	Male	Adult	1200	Black	Good	
36	Cattle	Female	Adult	1000	Black	Good	
37	Cattle	Male	Adult	1100	Black	Good	
38	Cattle	Female	Adult	900	Black	Good	
39	Cattle	Male	Adult	1200	Black	Good	
40	Cattle	Female	Adult	1000	Black	Good	
41	Cattle	Male	Adult	1100	Black	Good	
42	Cattle	Female	Adult	900	Black	Good	
43	Cattle	Male	Adult	1200	Black	Good	
44	Cattle	Female	Adult	1000	Black	Good	
45	Cattle	Male	Adult	1100	Black	Good	
46	Cattle	Female	Adult	900	Black	Good	
47	Cattle	Male	Adult	1200	Black	Good	
48	Cattle	Female	Adult	1000	Black	Good	
49	Cattle	Male	Adult	1100	Black	Good	
50	Cattle	Female	Adult	900	Black	Good	

The following is a list of the animals which were inspected and found to be free from all diseases and conditions which would render them unfit for human consumption.

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TABLE I—VITAL STATISTICS

Births, Deaths and Marriages—

	Numbers Registered in District	Transfers		Corrected Numbers		
		Out	In	Both Sexes	Males	Females
Total Live Births (incl. Illegitimate)	1,819	273	40	1,586	849	737
Illegitimate Births	72	6	10	76	37	39
Stillbirths	60	13	1	48	27	21
Marriages	752	—	—	—	—	—
Deaths	1,085	176	60	969	531	438

TABLE II.—CAUSES OF DEATH (Corrected for Transfers)—REGISTRAR GENERAL, 1955

CAUSES OF DEATH	AGE											ALL AGES			Death-rate per 1,000 of population	
	AGE											Both Sexes	Males	Females		
	Under 4 wks.	4 wks. -11 mths.	1-5	5-10	10-15	15-25	25-35	35-45	45-55	55-65	65-75					75-85 and over
Tuberculosis of Respiratory System	—	—	—	—	5	6	5	7	4	3	1	—	31	21	10	.40
Tuberculosis, Other Forms	—	—	1	—	—	—	1	—	—	—	—	—	2	2	—	.03
Syphilis and its Sequelae	—	—	—	—	—	—	1	—	1	—	—	—	2	2	—	.03
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery, All Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever and Streptococcal Sore Throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	.01
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infectious and Parasitic Diseases	—	—	—	—	—	—	1	—	1	—	—	—	2	2	—	.03
Malignant Neoplasms	—	—	—	—	—	—	9	12	44	51	37	6	159	100	59	2.05
Benign and Unspecified Neoplasms	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	.01
Diabetes Mellitus	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4	.05
Anaemias	—	—	—	—	—	—	—	—	—	—	—	—	4	1	3	.05
Other General Diseases	—	—	—	2	—	—	1	1	2	—	1	—	7	3	4	.09
Vascular Lesions Affecting Central Nervous System	—	—	—	—	—	3	1	9	16	30	49	13	122	51	71	1.57
Non-meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	.01
Other Diseases of Nervous System	1	—	—	—	—	—	1	3	4	5	2	—	17	7	10	.22
Rheumatic Fever	—	—	—	—	1	—	—	—	—	—	—	—	2	1	1	.03
Chronic Rheumatic Heart Disease	—	—	—	—	—	1	1	1	1	4	—	—	9	3	6	.12
Arteriosclerotic and Degenerative Heart Disease	—	—	—	—	—	1	5	15	43	91	90	28	273	140	127	3.52
Other Diseases of Heart	—	—	—	—	—	—	—	—	1	1	3	1	7	7	—	.09
Hypertension with Heart Disease	—	—	—	—	—	—	—	—	—	5	11	2	21	8	13	.27
Hypertension Without Heart Disease	—	—	—	—	—	—	—	—	1	2	2	—	7	3	4	.09
Other Circulatory Disease	—	—	—	—	—	—	1	2	2	4	8	2	19	7	12	.25
Carry forward	—	1	—	3	2	10	13	27	52	127	210	193	690	367	323	

CAUSES OF DEATH	AGE													ALL AGES		Death-rate per 1,000 of population
	4 wks.				5-10-15-25-35-45-55-65-75-				85 and over	Both Sexes	Males	Females				
	Under 4 wks. mths.	1-4 wks.	5-10-15-25-35-45-55-65-75-	85 and over												
Influenza	1	1	3	2	10	13	27	52	127	210	193	53	690	367	323	.03
Pneumonia (except of Newborn)	—	—	—	—	—	1	—	—	1	—	—	—	2	1	1	.32
Bronchitis	—	5	2	—	1	—	1	—	2	4	10	—	25	11	14	.70
Other Respiratory Diseases	—	2	—	—	—	—	8	12	20	7	5	—	54	39	15	.13
Ulcer of Stomach and duodenum	—	—	—	—	—	—	3	—	1	—	4	2	10	4	6	.06
Appendicitis	—	—	—	—	—	—	1	—	—	1	2	1	5	2	3	—
Intestinal Obstruction and Hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.12
Gastritis and Duodenitis	1	—	—	—	—	—	1	—	2	3	2	—	9	2	7	—
Diarrhoea (Except of Newborn)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.05
Cirrhosis of Liver	—	—	—	—	—	—	—	—	—	—	—	—	4	3	1	.01
Other Diseases of Liver	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	.04
Other Digestive Diseases	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—
Nephritis and Nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.10
Hyperplasia of Prostate	—	—	—	—	—	—	—	—	—	—	—	—	8	6	2	.19
Other Diseases of Genito-Urinary System	—	—	—	—	—	—	—	—	—	—	—	—	15	15	—	—
Puerperal Sepsis including Post Abortive Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Puerperal Causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.03
Diseases of Skin and Organs of Locomotion	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	.08
Congenital Malformations	—	—	—	—	—	—	—	—	—	—	—	—	6	3	3	.21
Birth Injuries, Post Natal Asphyxia and Atelectasis	6	4	2	1	—	—	1	2	—	—	—	—	16	8	8	.19
Pneumonia of Newborn	15	—	—	—	—	—	—	—	—	—	—	—	15	10	5	.03
Diarrhoea of Newborn	2	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—
Other Infections of Newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.14
Other Diseases Peculiar to Early Infancy	11	—	—	—	—	—	—	—	—	—	—	—	11	5	6	.22
Senility	—	—	—	—	—	—	—	—	—	—	—	—	17	6	11	.15
Causes, Ill-Defined and Unknown	—	—	—	—	—	—	—	—	—	—	—	—	12	8	4	.06
Suicide	—	1	1	—	—	—	1	4	3	1	—	—	5	1	4	.14
Motor Vehicle Accidents	—	—	—	—	—	—	1	3	2	1	—	—	11	8	3	.01
Other Road Transport Accidents	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	.57
Other Violence	1	8	—	3	—	2	2	5	4	3	4	7	44	28	16	—
All Causes	35	23	5	9	3	15	19	45	74	161	262	240	969	531	438	—

TABLE III.—CAUSES OF DEATH (Public Health Districts)—MEDICAL OFFICER OF HEALTH, 1955

CAUSES OF DEATH	A		B		C		D			
	M.	F.	M.	F.	M.	F.	M.	F.		
	T.	T.	T.	T.	T.	T.	T.	T.		
Tuberculosis of Respiratory System	3	2	7	2	4	2	4	7	4	11
Tuberculosis—Other Forms	1	—	—	—	1	—	—	—	—	—
Syphilis and its Sequelae	—	—	1	—	—	—	—	—	—	—
Typhoid Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—	—
Dysentery—All Forms	—	—	—	—	—	—	—	—	—	—
Scarlet Fever and Streptococcal Sore Throat	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	1	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Other Infectious and Parasitic Diseases	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasms	18	6	28	16	20	16	31	22	53	
Benign and Unspecified Neoplasms	—	—	—	—	—	—	—	—	—	—
Diabetes Mellitus	—	—	—	1	—	—	—	—	—	1
Anaemias	—	—	—	—	—	—	—	—	—	3
Other General Diseases	—	—	3	—	—	—	—	1	2	3
Vascular Lesions of Central Nervous System	10	15	14	13	12	12	15	26	41	
Non-Meningococcal Meningitis	—	—	1	—	—	—	—	—	—	—
Other Diseases of Nervous System	1	—	3	2	—	—	—	5	9	
Rheumatic Fever	—	—	—	—	—	—	—	—	—	—
Chronic Rheumatic Heart Disease	—	—	—	2	1	—	—	—	—	2
Arteriosclerosis and Degenerative Heart Disease	11	2	25	17	17	14	27	18	45	
Other Diseases of Heart	18	7	23	15	15	10	26	45	71	
Hypertension with Heart Disease	2	1	3	4	1	—	3	3	6	
Hypertension without Heart Disease	1	2	1	5	1	6	2	2	8	
Other Circulatory Diseases	1	—	2	3	—	1	2	2	3	
Carry forward	67	35	111	80	72	64	122	136	258	

CAUSES OF DEATH	A			B			C			D		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	67	35	102	111	80	191	72	64	136	122	136	258
Influenza	—	—	—	1	2	3	—	—	—	—	—	—
Brought forward	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (except of New-Born)	6	1	7	4	2	10	1	2	3	1	4	5
Bronchitis	4	1	5	10	2	12	2	2	4	5	4	9
Other Respiratory Diseases	3	—	3	—	—	—	—	2	2	1	1	2
Ulcer of Stomach and Duodenum	—	—	—	1	1	2	—	—	—	1	2	3
Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—
Intestinal Obstruction and Hernia	—	1	1	—	1	1	—	2	2	1	1	2
Gastritis and Duodenitis	—	—	—	1	—	1	—	—	—	—	—	—
Diarrhoea (except of New-Born)	1	—	1	—	—	—	—	—	—	1	—	1
Cirrhosis of Liver	—	—	—	—	—	—	—	—	—	1	—	1
Other Diseases of Liver	—	2	2	—	—	—	—	—	—	—	1	1
Other Digestive Diseases	—	1	1	—	—	1	—	—	—	1	1	2
Nephritis and Nephrosis	2	—	2	1	—	3	—	—	—	3	1	4
Hyperplasia of Prostate	1	—	1	4	—	4	—	—	—	4	—	4
Other Diseases of Genito-Urinary System	1	—	1	—	1	1	—	—	—	1	—	1
Puerperal Sepsis (including Post-Abortive)	—	—	—	—	—	—	—	—	—	—	—	—
Other Puerperal Causes	—	1	1	—	—	—	—	—	—	—	—	—
Diseases of Skin and Organs of Locomotion	1	—	1	—	—	—	—	—	—	—	—	—
Congenital Malformations	1	1	2	—	1	1	—	2	3	3	2	5
Birth Injuries, Post-Natal Asphyxia, Atelectasis	4	3	7	3	1	4	3	1	4	3	1	4
Pneumonia of Newborn	—	—	—	1	—	1	—	—	—	—	—	—
Diarrhoea of Newborn	—	—	—	—	—	—	—	—	—	—	—	—
Other Infections of Newborn	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases peculiar to early Infancy	2	—	2	5	1	6	—	—	—	1	5	6
Senility	1	7	8	6	5	11	7	2	9	4	14	18
Causes Ill-Defined or Unknown	1	1	2	4	5	9	3	—	3	5	3	8
Suicide	—	—	—	—	—	—	—	—	—	—	—	—
Motor Vehicle Accidents	2	1	3	4	1	5	—	—	—	3	—	3
Other Road Transport Accidents	—	—	—	—	—	—	—	—	—	—	—	—
Other Violence	5	5	10	11	5	16	3	4	7	4	6	10
All Causes	102	60	162	167	115	282	97	81	178	165	182	347

TABLE IV.—POPULATION AND PRINCIPAL RATES PER 1,000—
REGISTRAR GENERAL—1881-1955

Year	Population	Death-rate	Birth-rate	Infantile Mortality Rate	Tuberculosis Death-rate	
					Respiratory	Non-Respiratory
1881-1890	71,826	20.55	35.09	133	2.19	0.83
1891-1895	62,732	21.09	33.47	139	1.82	0.63
1896-1900	63,894	20.04	32.96	137	1.83	0.74
1901-1905	69,254	18.93	30.34	127	1.49	0.92
1906-1910	72,338	17.31	29.67	114	1.26	1.10
1911-1915	76,771	18.70	31.07	120	1.39	0.93
1916	78,642	17.10	29.20	109	1.42	0.75
1917	79,299	15.10	26.88	92	1.28	0.83
1918	79,574	17.88	26.52	110	1.10	0.82
1919	79,613	17.25	28.73	99	0.94	0.59
1920	80,436	16.51	33.34	104	1.06	0.69
1916-1920	79,512	16.76	28.93	102	1.16	0.73
1921	81,120	14.59	30.15	93	1.01	0.54
1922	81,370	19.17	26.78	149	1.03	0.68
1923	81,522	12.94	27.04	77	0.99	0.54
1924	82,096	15.22	24.16	113	1.00	0.44
1925	81,200	14.32	24.54	107	0.85	0.52
1921-1925	81,461	15.24	26.71	107	0.97	0.54
1926	81,558	13.74	23.87	90	0.98	0.34
1927	80,889	13.26	22.17	89	0.87	0.44
1928	79,204	15.74	24.05	120	0.80	0.34
1929	81,844	15.57	22.22	111	1.04	0.26
1930	79,223	14.20	23.83	96	0.88	0.30
1926-1930	80,543	14.50	25.22	101	0.91	0.33
1931	79,012	13.50	23.40	78	0.90	0.30
1932	79,387	14.63	21.47	121	0.66	0.36
1933	79,486	15.03	20.60	108	0.88	0.18
1934	79,605	12.90	20.86	89	0.79	0.21
1935	79,980	13.85	21.16	92	0.76	0.09
1931-1935	79,494	13.98	21.49	97	0.79	0.22
1936	80,524	13.73	20.29	101	0.63	0.28
1937	80,957	15.60	21.60	97	1.01	0.31
1938	81,297	12.81	20.24	75	0.79	0.30
1939	81,366	13.43	20.30	88	0.93	0.17
1940	79,629	15.27	19.7	82	0.92	0.30
1936-1940	80,754	14.16	20.42	88	0.85	0.27
1941	77,000	14.84	18.8	90	1.17	0.31
1942	74,300	13.95	20.1	104	1.15	0.33
1943	73,205	14.22	21.0	80	0.75	0.21
1944	73,378	13.50	20.5	81	0.94	0.46
1945	73,288	13.29	18.6	74	0.98	0.29
1941-1945	74,234	13.96	19.8	85	0.99	0.32
1946	75,231	12.9	20.7	62	0.96	0.14
1947	79,377	12.8	23.8	64	1.11	0.30
1948	79,470	11.7	21.2	61	1.23	0.19
1949	79,096	12.7	20.9	52	1.13	0.12
1950	80,291	11.8	20.1	48	0.67	0.16
1946-1950	78,693	12.4	21.3	57	1.02	0.18
1951	76,625	12.5	20.4	36	0.63	0.11
1952	77,048	11.6	18.6	36	0.36	0.07
1953	77,584	11.9	20.0	34	0.35	0.09
1954	77,533	12.4	20.6	43	0.37	0.06
1955	77,499	12.5	20.5	37	0.40	0.03

TABLE V.—SOURCES OF NOTIFICATIONS OF INFECTIOUS DISEASES, 1955

DISEASE	BY WHOM REPORTED							TOTAL
	House- holders	House- holders and Doctors	Doctors	Public Health Officers	School Authori- ties	Registrar	Midwives or Health Visitors	
Cerebro-Spinal Fever	—	—	2	—	—	—	—	2
Chickenpox	528	—	4	1 (ship)	—	—	—	533
Diphtheria	—	—	—	—	—	—	—	—
Dysentery	—	—	307	—	—	—	4	311
Erysipelas	—	—	5	—	—	—	—	5
Jaundice, Acute Infective	—	—	2	—	—	—	—	2
Malaria	—	—	—	—	—	—	—	—
Measles	796	—	14	1 (ship)	1	—	5	817
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	—	—	4	—	—	—	—	4
Pneumonia, Acute Primary	—	—	40	—	—	4	—	44
Pneumonia, not otherwise notifiable	—	—	118	—	—	10	—	128
Poliomylitis, Acute	—	—	10	—	—	—	—	10
Puerperal Fever	—	—	3	—	—	—	—	3
Puerperal Pyrexia	—	—	23	—	—	—	—	23
Scarlet Fever	—	—	93	—	—	—	—	93
Para-typhoid B. Fever	—	—	2	—	—	—	—	2
Whooping Cough	60	15	78	—	2	—	—	155
Mumps	140	—	—	—	—	—	—	140
Food Poisoning	—	—	17	—	—	—	—	17
Total	1,524	15	722	2	3	14	9	2,289

TABLE VI.—MONTHLY INCIDENCE OF INFECTIOUS DISEASES, 1955

MONTH	Cerebro spinal Fever	Chickenpox	Diphtheria	Dysentery	Erysipelas	Jaundice, Acute Infective	Malaria	Measles	Ophthalmia Neonatorum	Pneumonia, Acute Influenzal	Pneumonia, Acute Primary	Pneumonia, not Otherwise Notifiable	Poliomyelitis Acute	Puerperal Fever	Puerperal Pyrexia	Scarlet Fever	Typhoid Fever & Paratyphoid	Whooping Cough	Mumps	Food Poisoning	TOTAL
January	1	84	—	4	—	—	—	350	—	—	3	13	—	—	—	7	—	42	20	2	526
February	—	18	—	3	—	—	—	169	—	3	7	25	—	—	1	2	—	35	13	2	278
March	1	24	—	16	—	—	—	160	—	—	8	17	—	1	—	6	—	25	29	1	288
April	—	21	—	31	—	—	—	94	—	—	6	11	—	—	2	2	—	10	24	—	201
May	—	70	—	73	—	—	—	29	—	—	3	4	—	—	1	7	—	10	18	2	217
June	—	83	—	66	—	—	—	4	—	—	2	5	—	—	2	12	—	9	19	—	202
July	—	35	—	21	—	—	—	—	—	—	1	2	—	—	—	5	—	6	3	6	79
August	—	15	—	46	1	1	—	5	—	—	3	9	1	1	5	2	—	4	7	—	100
September	—	10	—	23	2	—	—	3	—	—	2	3	1	—	3	9	—	6	—	—	63
October	—	32	—	18	1	—	—	—	—	—	3	9	7	—	3	13	1 ^b	1	2	2	92
November	—	60	—	7	—	1	—	1	—	—	2	9	1	—	4	18	—	1	4	1	109
December	—	81	—	3	1	—	—	2	—	1	4	21	—	1	2	10	—	6	1	1	134
Total	2	533	—	311	5	2	—	817	—	4	44	128	10	3	23	93	2 ^b	155	140	17	2,289

TABLE VII.—DISTRICT INCIDENCE OF INFECTIOUS DISEASES
WITH NUMBER REMOVED TO HOSPITAL, 1955

CASES	Cerebro-spinal Fever	Chickenpox	Diphtheria	Dysentery	Erysipelas	Jaundice, Acute Infective	Malaria	Measles	Ophthalmia Neonatorum	Pneumonia, Acute Influenzal	Pneumonia, Acute Primary	Pneumonia, not Otherwise Notifiable	Poliomyelitis, Acute	Puerperal Fever	Puerperal Pyrexia	Scarlet Fever	Typhoid Fever	Para-typhoid B.	Whooping Cough	Mumps	Food Poisoning	TOTAL	
A { Ascertained Removed	— —	56 1	— —	70 20	2 —	— —	— —	162 2	— —	— —	19 7	51 47	2 2	1 1	9 —	21 15	— —	— —	1 1	38 —	32 —	7 2	471 98
B { Ascertained Removed	1 1	109 —	— —	85 17	1 —	— —	— —	191 4	— —	— —	12 1	28 26	4 4	1 1	11 —	29 22	— —	— —	— —	28 —	3 —	3 1	540 80
C { Ascertained Removed	— —	80 —	— —	57 8	1 1	— —	— —	163 —	— —	1 1	6 3	17 14	2 2	— —	— —	16 12	— —	— —	— —	25 —	1 1	1 1	393 43
D { Ascertained Removed	1 1	287 3	— —	99 8	1 —	2 2	— —	300 8	— —	3 —	7 2	32 26	2 2	1 1	3 1	27 22	— —	— —	1 1	56 2	55 —	6 3	883 82
SHIPS { Ascertained Removed	— —	1 1	— —	— —	— —	— —	— —	1 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	2 2
TOTAL { Ascertained Removed	2 2	533 5	— —	311 53	5 1	2 2	— —	817 15	4 1	44 13	128 113	10 10	3 3	23 1	93 71	— —	— —	2 2	155 6	140 —	17 7	2,289 305	

TABLE VIII.

The following cases from the Burgh were removed to Gateside Infectious Diseases Hospital during the year:—

Disease	Remaining 31/12/54	Admitted	Discharged	Died	Remaining 31/12/55
Chickenpox	—	5	5	—	—
Diphtheria	1	—	1	—	—
Dysentery	—	53	52	—	1
Erysipelas	—	1	1	—	—
Jaundice, Acute Infective	—	2	2	—	—
Malaria	—	—	—	—	—
Measles	1	15	16	—	—
Ophthalmia, Neonatorum	—	—	—	—	—
Pneumonia, Acute Influenzal	—	1	1	—	—
Pneumonia, Acute Primary	2	13	13	—	2
Pneumonia (not otherwise notifiable)	5	113	97	5	16
Poliomyelitis, Acute	—	10	9	1	—
Puerperal Fever	—	3	3	—	—
Puerperal Pyrexia	—	1	1	—	—
Scarlet Fever	8	71	72	—	7
Para-typhoid B.	—	2	2	—	—
Whooping Cough	2	6	7	—	1
Mumps	—	—	—	—	—
Food Poisoning	—	7	7	—	—
Tuberculosis	22	66	57	6	25
Other Diseases	21	241	235	13	14
Cerebro-spinal Fever	—	2	2	—	—
Totals	62	612	583	25	66

TABLE IX.—INFECTIOUS DISEASES RATES—1900-1955

YEAR	SCARLET FEVER			DIPHTHERIA			MEASLES			WHOPPING COUGH		
	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent.	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent.	Incidence rate per 1,000	Death-rate per 1,000	Case mortality rate per cent.
1900-1904	4.33	0.32	6.98	2.58	0.28	28.43	12.74	0.36	2.92	4.54	0.58	13.25
1905-1909	2.15	0.10	4.29	0.82	0.15	19.35	14.30	0.40	2.73	4.02	0.57	14.09
1910-1914	5.69	0.22	3.56	1.44	0.14	12.02	18.93	0.55	3.06	5.49	0.44	8.51
1915	1.90	0.11	6.08	1.72	0.16	9.70	14.32	0.65	4.58	9.38	0.73	7.81
1916	3.73	0.76	2.04	1.61	0.19	11.81	17.16	0.95	5.55	0.72	0.05	7.01
1917	2.74	0.06	2.29	1.23	0.12	10.20	10.12	0.20	1.99	11.43	0.80	7.05
1918	1.36	0.01	0.91	0.70	0.03	5.35	10.19	1.25	12.33	4.53	0.33	7.47
1919	3.95	0.06	1.58	1.10	0.03	3.40	15.26	0.32	2.13	2.36	0.16	6.91
1920	1.47	0.04	3.36	1.28	0.07	5.82	5.71	0.24	4.34	6.88	0.27	3.97
1921	1.31	0.01	0.93	1.76	0.07	4.19	3.69	0.00	0.00	0.62	0.00	0.00
1922	1.36	0.01	0.90	1.04	0.08	8.23	36.32	2.17	5.98	18.31	0.98	5.36
1923	4.90	0.07	1.50	1.37	0.07	5.35	6.31	0.14	2.33	0.41	0.02	5.88
1924	2.64	0.06	2.30	1.79	0.06	3.40	23.02	0.59	2.59	15.87	0.54	3.45
1925	1.21	0.01	1.01	2.11	0.09	4.65	1.07	0.00	0.00	6.83	0.39	5.76
1926	3.85	0.00	0.00	3.33	0.13	4.04	24.57	0.46	1.89	0.71	0.01	1.72
1927	3.48	0.06	1.77	3.20	0.03	1.15	7.76	0.02	0.31	5.24	0.09	1.88
1928	0.84	0.01	1.49	2.91	0.17	6.06	29.49	1.02	3.46	8.53	0.51	6.06
1929	2.02	0.00	0.00	2.41	0.07	3.03	0.52	0.02	4.64	6.25	0.46	7.44
1930	3.61	0.08	2.35	1.57	0.06	3.87	25.09	0.34	1.35	6.24	0.18	2.92
1931	3.69	0.07	2.05	1.06	0.03	3.57	1.48	0.00	0.00	3.97	0.11	2.86
1932	10.69	0.12	1.17	1.44	0.05	3.47	38.04	0.90	2.38	3.30	0.06	1.90
1933	14.10	0.11	0.80	2.05	0.10	4.90	3.95	0.00	0.00	11.14	0.55	4.96
1934	5.40	0.05	0.93	2.31	0.18	8.15	21.30	0.15	0.70	1.64	0.06	3.81
1935	1.17	0.02	2.12	1.52	0.07	4.91	13.41	0.03	0.27	13.37	0.32	2.42
1936	0.96	0.01	1.28	1.34	0.02	1.85	11.25	0.04	0.44	1.39	0.01	0.89
1937	2.70	0.01	0.54	0.59	0.02	4.16	24.95	0.13	0.54	13.03	0.38	2.93
1938	6.44	0.07	1.14	1.04	0.03	3.52	1.21	0.02	2.02	1.89	0.02	1.29
1939	2.94	0.82	0.83	1.11	0.03	3.29	0.55	0.00	0.00	7.95	0.11	1.39
1940	1.43	0.00	0.00	1.62	0.05	3.10	28.99	0.07	0.25	11.07	0.18	1.70
1941	1.45	0.01	1.98	1.98	0.06	3.26	5.80	0.02	0.44	4.03	0.03	0.96
1942	2.51	0.01	0.53	2.03	0.03	1.98	12.23	0.00	0.00	1.17	0.53	4.59
1943	1.84	0.00	0.00	1.35	0.02	2.02	5.42	0.01	0.25	7.82	0.09	1.22
1944	0.96	0.00	0.00	1.53	0.00	0.00	27.09	0.06	0.25	5.95	0.10	1.83
1945	1.52	0.00	0.00	1.43	0.01	0.95	2.57	0.02	1.05	2.94	0.05	1.31
1946	1.74	0.00	0.00	0.89	0.03	4.54	12.15	0.01	0.10	6.39	0.01	0.20
1947	1.88	0.00	0.00	0.76	0.01	1.63	14.77	0.00	0.00	6.86	0.05	0.73
1948	4.03	0.01	0.31	0.79	0.00	0.00	6.63	0.01	0.18	0.49	0.00	0.00
1949	4.65	0.00	0.00	0.46	0.01	2.70	14.58	0.00	0.00	2.45	0.00	0.00
1950	2.90	0.00	0.00	0.12	0.00	0.00	1.96	0.01	0.63	8.85	0.01	0.14
1951	1.19	0.00	0.00	0.10	0.00	0.00	14.39	0.00	0.00	2.05	0.00	0.00
1952	1.23	0.00	0.00	0.01	0.00	0.00	7.27	0.01	0.18	5.41	0.01	0.24
1953	1.28	0.00	0.00	0.00	0.00	0.00	13.53	0.00	0.00	5.44	0.02	0.47
1954	1.19	0.00	0.00	0.01	0.00	0.00	10.16	0.00	0.00	4.37	0.00	0.00
1955	1.20	0.00	0.00	0.00	0.00	0.00	10.54	0.00	0.00	2.00	0.00	0.00

TABLE IX - INDIAN POPULATION - 1901

State	Population	Male	Female	Total
Andhra Pradesh	1,00,00,000	50,00,000	50,00,000	1,00,00,000
Assam	10,00,000	5,00,000	5,00,000	10,00,000
Bihar	20,00,000	10,00,000	10,00,000	20,00,000
Madhya Pradesh	30,00,000	15,00,000	15,00,000	30,00,000
Madras	40,00,000	20,00,000	20,00,000	40,00,000
United Provinces	50,00,000	25,00,000	25,00,000	50,00,000
West Bengal	60,00,000	30,00,000	30,00,000	60,00,000
Other States	10,00,000	5,00,000	5,00,000	10,00,000
Total	1,70,00,000	85,00,000	85,00,000	1,70,00,000