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**INVERNESS COUNTY COUNCIL**

INSTITUTE OF SOCIAL  
MEDICINE  
10, PARKS ROAD,  
OXFORD

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**ANNUAL REPORT BY  
Medical Officer of Health  
for the year ended 1948**

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INSTITUTE OF SOCIAL  
MEDICINE

10, PARKS ROAD,  
OXFORD

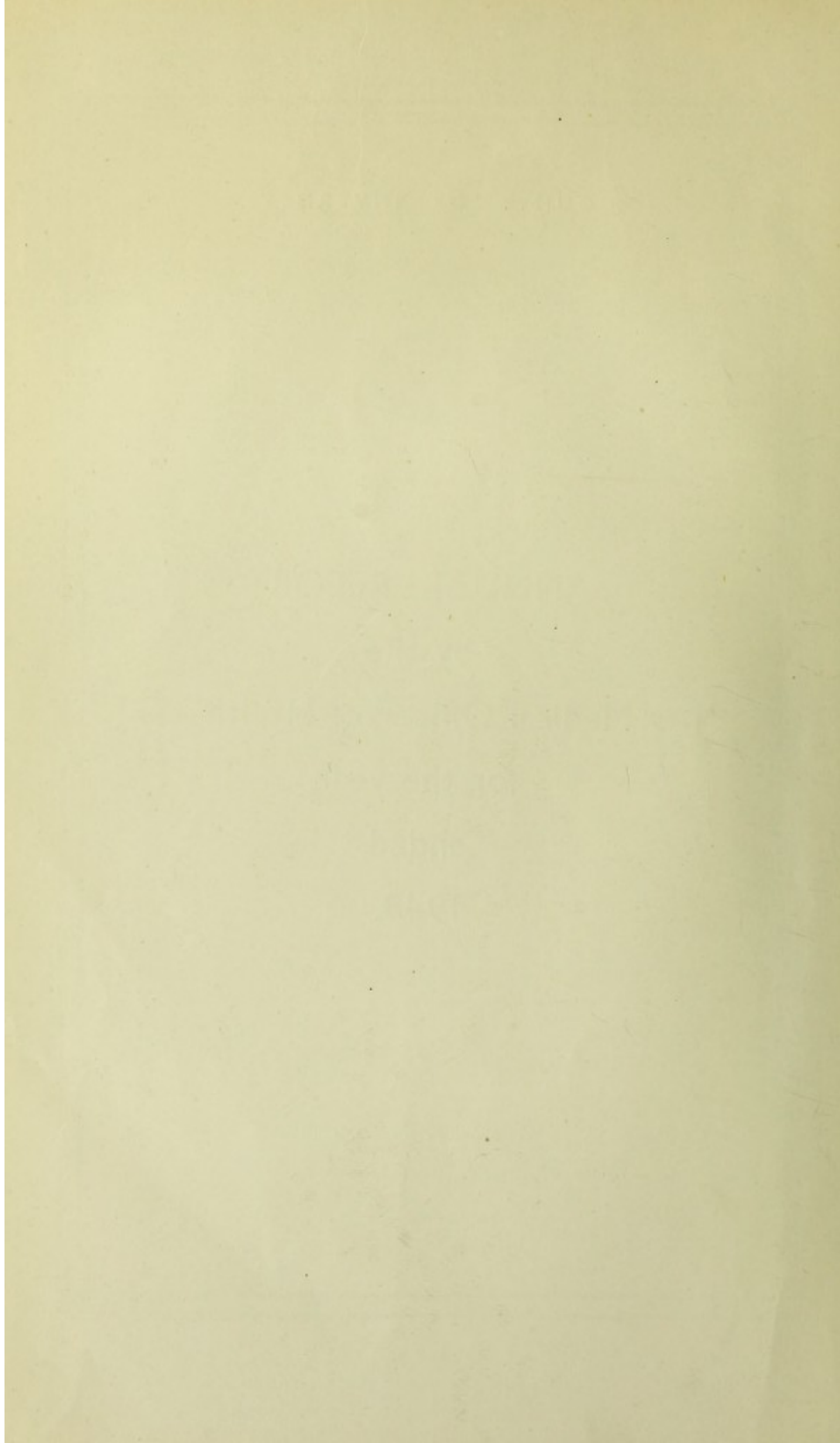
COUNTY OF INVERNESS.



ANNUAL REPORT  
by the  
Medical Officer of Health  
for the year  
ended  
1948.

W. D. WILSON. M.D., D.P.H.,

Medical Officer of Health.



COUNTY OF INVERNESS.

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ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH  
FOR THE YEAR 1948.

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To the Secretary,

Department of Health for Scotland,  
and  
The Convener and Councillors of the County Council of Inverness.

My Lords, Ladies and Gentlemen,

In accordance with the instructions laid down in the D.H.S. Circular No. 146/1948, I have the honour to submit the Annual Report on the health of the County of Inverness for the year ended 31st December, 1948.

I am,

Your obedient Servant,

W. D. WILSON, M.D., D.P.H.,

Medical Officer of Health.

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INDEX

	<u>Page</u>
<u>Summary of Statistics</u> ... ..	2
<u>Vital Statistics</u>	
Population, Births, Marriages and Deaths ... ..	3
Deaths from Specified Causes--Females ... ..	5
Deaths from Specified Causes--Males ... ..	6
<u>Care of Mothers and Young Children</u>	
<u>Maternal Health and Welfare</u>	
Ante-Natal Supervision, Post-Natal Supervision, Midwives' Act, Maternity Services (Scotland) Act, 1937 and Nursing Homes ... ..	7
Midwifery Services, Dental Care of Expectant and Nursing Mothers, Puerperal Fever and Puerperal Pyrexia and Maternal Deaths ... ..	8
<u>Child Health and Welfare</u>	
Births ... ..	9
Ophthalmia Neonatorum and Infant Deaths ... ..	10
Child Welfare Clinics, Day Nurseries and Residential Nurseries and Children's Homes	12
<u>Home Nursing</u> ... ..	12
<u>Domestic Help Service</u> ... ..	12
<u>Vaccination and Immunisation</u>	
Vaccination ... ..	13
Diphtheria Immunisation ... ..	14
<u>Prevention of Illness, Care and After-Care</u>	
Tuberculosis ... ..	15
Deaths ... ..	19
Institutional Treatment ... ..	20
Tuberculosis Out-Patient Clinic and Tuberculosis Maintenance Allowances	21
Venereal Diseases ... ..	21
<u>Infectious Diseases</u>	
Infectious Diseases Notifications--District Distribution ... ..	24
Infectious Diseases Notifications--Age and Sex Distribution ... ..	25
<u>Mental Health Service</u> ... ..	26
<u>Port-Health Administration</u> ... ..	28
<u>Food Supply</u> ... ..	28
<u>Miscellaneous</u> ... ..	28
<u>Administrative Schemes</u>	
Proposals for the Care of Mothers and Young Children ... ..	32
Proposals for Midwifery ... ..	34
Proposals for Health Visiting ... ..	36
Proposals for Home Visiting ... ..	37
Proposals for Vaccination and Immunisation ... ..	38
Proposals for the Prevention of Illness, Care and After-Care ... ..	41
Proposals for the Provision of Domestic Helps ... ..	43
Proposals for the Mental Health Service ... ..	48
<u>School Medical Service</u>	
Report for the year ended July 31st, 1948 ... ..	51

S U M M A R Y   O F   S T A T I S T I C S

FOR THE YEARS

1944, 1945, 1946, 1947 and 1948.

	1944	1945	1946	1947	1948
Population (Civilian) at Mid Year.....	55,585	54,443	55,062	57,604	56,039
Marriages Registered.....	191	218	209	197	222
Birth Rate.....	16.8	15.6	17.4	18.4	17.6
Death Rate.....	14.5	13.4	14.7	14.3	12.8
Infant Mortality Rate (per 1000 Live births).....	49	41	50	42	34
Still-Birth Rate (per 1000 total births)	21	35	28	39	36
Maternal Mortality Rate (per 1000 total births).....	1.0	3.3	1.0	2.8	4.9
Pulmonary Tuberculosis Death Rate.....	0.47	0.57	0.54	0.49	0.75
*Epidemic Diseases Death Rate.....	0.18	0.13	0.18	0.24	0.07

\*Includes typhoid fever, paratyphoid fever, measles, scarlet fever, whooping cough, diphtheria and influenza.

VITAL STATISTICS.

POPULATION

The Registrar-General's estimate of the total population of the County of Inverness at 30th June, 1948, is 56,039. This figure does not include the Burgh of Inverness.

The rates quoted in the 1948 report are based on the estimated total population.

The following table shows the estimated population in the County of Inverness at each mid year during the quinquennial period 1944-48.

Estimated Population	1944	1945	1946	1947	1948
	(Civilian) 55,585	54,443	55,062	57,604	56,039

BIRTHS.

Live births registered during the year numbered 984 equivalent to a birth rate of 17.6 per 1,000 of the estimated population. Of the 984 births, 519 were males and 465 were females.

Illegitimate live births for 1948 totalled 81, of which 44 were males and 37 were females, giving a percentage of 8.2. For the previous year the percentage was 9.1.

The still births for the year numbered 37, of which 28 were males and 9 were females. This is equivalent to a rate of 36 per 1,000 total births (live and still).

MARRIAGES.

The number of marriages registered was 222—25 more than in 1947.

DEATHS.

There were 715 deaths (344 males and 371 females) equivalent to a rate of 12.8 per 1,000. The corresponding figures for 1947 were 823 (406 males and 417 females) giving a rate of 14.3 per 1,000. The average rate for the previous five years was 14.3.

The principal causes are set out in the following table:--

Causes of Death	1946	1947	1948
Heart Disease.....	204	182	158
Other Diseases of Circulatory System.....	22	27	17
Malignant Diseases.....	109	124	107
Diseases of Nervous System.....	123	128	106
Pneumonia (all forms).....	24	24	22
Bronchitis.....	26	13	15
Tuberculosis Respiratory.....	30	28	42
Tuberculosis (other forms).....	6	10	6

Tables on pages 5 and 6 show the deaths from all causes classified in age and sex groups.

It will be seen that heart disease ranks highest as the cause of death with malignant disease second. This is closely followed by deaths due to diseases of the nervous system (these including deaths due to haemorrhage and cerebral thrombosis).

Deaths due to malignant disease number 107, of which 42 were males and 65 were females. The numbers for 1947 were 124, of which 59 were males and 65 were females.

Deaths from all forms of tuberculosis numbered 48, an increase of 10 over the previous year. The death rate was 86 per 100,000 as compared to 61 per 100,000 in 1947. The subject of tuberculosis morbidity and mortality will be dealt with more fully later in this report.

The deaths from the principal epidemic diseases which comprise typhoid fever, paratyphoid fever, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles numbered only 4, representing a rate of 7 per 100,000. This shows a marked improvement when compared to 1947, when the figure was 14, equivalent to a rate of 24 per 100,000.

Year	1946	1947	Rate per 100,000
Heart Disease	178	165	165
Malignant Disease	107	124	124
Diseases of the Nervous System	101	107	107
Tuberculosis	38	48	48
Diabetes Mellitus	11	11	11
Other Diseases	14	14	14
Total	463	477	477

## DEATHS FROM SPECIFIED CAUSES IN AGE GROUPS DURING THE YEAR 1948.

Cause of Death	Females												All ages
	Under 1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85	
Typhoid & Paratyphoid Fever.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebro-spinal Fever.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria.....	-	-	-	-	8	5	2	-	1	-	-	-	16
Tuberculosis of Lungs.....	-	1	1	-	-	1	-	-	-	-	-	-	3
Other forms of Tuberculosis.....	-	-	-	-	-	-	-	-	-	1	-	-	1
Syphilis.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenza.....	-	-	1	-	-	-	-	-	-	-	-	-	1
Measles.....	-	-	-	-	-	-	-	-	1	-	-	-	2
Other Infectious or Parasitic Diseases...	1	-	-	-	-	-	-	-	1	-	-	-	2
Cancer Malignant Tumours.....	-	-	-	-	-	3	7	14	21	16	4	65	65
Tumours, non-malignant or not defined...	-	-	-	-	-	1	-	-	1	-	-	-	2
Acute Rheumatism.....	-	-	-	-	-	1	-	-	-	-	-	-	1
Diabetes Mellitus.....	-	-	-	-	-	1	1	-	2	2	-	-	6
Other General Diseases.....	-	-	-	-	-	1	1	-	-	-	-	-	1
Meningitis, Disease of Spinal Cord.....	-	-	-	-	-	1	-	1	6	18	18	6	50
Cerebral Haemorrhage.....	-	-	-	-	-	-	2	1	3	-	-	-	6
Other Diseases of Nervous System.....	-	-	-	-	-	-	-	6	5	21	40	11	83
Heart Disease.....	-	-	-	-	-	-	1	1	1	1	3	-	7
Other Circulatory Diseases.....	-	-	-	-	-	-	-	-	-	1	5	3	9
Bronchitis.....	-	-	-	-	-	-	-	-	-	2	4	2	12
Pneumonia.....	2	1	1	-	-	-	-	-	-	2	4	2	12
Other Respiratory Diseases.....	-	-	-	-	-	-	1	-	-	-	2	-	3
Gastric & Duodenal Ulcer.....	-	-	-	-	-	-	-	-	-	2	-	-	2
Diarrhoea (all ages).....	1	-	-	-	-	-	-	-	-	-	-	-	1
Appendicitis.....	-	-	-	-	1	-	-	-	-	-	-	-	1
Other Digestive Diseases.....	-	-	-	-	-	-	-	1	3	2	1	-	7
Nephritis Acute or Chronic.....	-	-	-	-	-	-	1	1	-	1	3	-	6
Other Diseases of Genito-Urinary System.	-	-	-	-	-	-	1	1	-	1	-	-	3
Puerperal Sepsis.....	-	-	-	-	-	2	-	-	-	-	-	-	2
Other Puerperal Causes.....	-	-	-	-	1	-	2	-	-	-	-	-	3
Congenital Debility, Premature Birth, etc.	4	-	-	-	-	-	-	-	-	-	-	-	4
Old Age.....	-	-	-	-	-	-	-	-	1	6	17	18	42
Suicide, Road Accidents.....	2	1	1	-	3	1	1	-	-	-	2	1	12
All other causes.....	-	-	-	-	-	-	-	1	1	2	7	3	14
<b>Total.....</b>	<b>10</b>	<b>3</b>	<b>4</b>	<b>-</b>	<b>13</b>	<b>13</b>	<b>16</b>	<b>20</b>	<b>32</b>	<b>88</b>	<b>123</b>	<b>69</b>	<b>371</b>

## DEATHS FROM SPECIFIED CAUSES IN AGE GROUPS DURING THE YEAR 1948.

Cause of Death	Male												All ages
	Under 1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85	
Typhoid & Paratyphoid Fever.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebro-Spinal Fever.....	-	-	-	-	-	-	1	-	-	-	-	-	1
Scarlet Fever.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of Lungs.....	-	1	-	-	5	12	1	4	2	1	-	-	26
Other forms of Tuberculosis.....	-	1	-	-	-	1	-	-	-	-	1	-	3
Syphilis.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenza.....	-	-	-	-	-	-	-	-	-	1	1	-	2
Measles.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Infectious or Parasitic Diseases..	1	-	-	-	-	-	1	-	-	-	-	-	2
Cancer Malignant Tumours.....	-	-	-	-	-	-	4	1	8	13	11	5	42
Tumours non-malignant or not defined....	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Rheumatism.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Diabetes Mellitus.....	-	-	-	-	-	-	-	-	-	1	-	-	1
Other General Diseases.....	-	-	-	-	-	-	1	-	3	-	-	-	4
Meningitis, Diseases of Spinal Cord.....	-	-	-	-	1	-	-	-	-	-	-	-	1
Cerebral Haemorrhage.....	-	-	-	-	-	-	1	2	2	7	22	6	40
Other Diseases of Nervous System.....	-	-	-	-	3	-	-	3	1	1	-	-	8
Heart Disease.....	-	-	-	-	-	1	3	3	9	24	22	13	75
Other Circulatory Diseases.....	-	-	-	-	-	-	-	-	2	3	3	2	10
Bronchitis.....	-	-	-	-	-	1	-	-	-	2	3	-	6
Pneumonia.....	4	-	-	-	-	-	-	-	-	3	3	-	10
Other Respiratory Diseases.....	1	-	-	-	1	-	1	1	2	1	-	-	7
Gastric & Duodenal Ulcer.....	-	-	-	-	-	1	2	-	1	-	-	-	4
Diarrhoea (all ages).....	3	-	-	-	-	-	1	-	-	-	1	-	5
Appendicitis.....	-	-	-	1	-	-	-	1	-	-	-	-	2
Other Digestive Diseases.....	-	-	-	-	-	-	1	-	1	1	2	-	5
Nephritis Acute or Chronic.....	-	-	-	-	-	-	-	-	2	2	4	-	8
Other Diseases of Genito-Urinary System.	-	-	-	-	-	-	1	-	-	-	6	1	8
Puerperal Sepsis.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Puerperal Causes.....	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Debility, Premature Birth, etc.	14	-	-	-	-	-	-	-	-	-	-	-	14
Old Age.....	-	-	-	-	-	-	-	-	-	3	14	15	32
Suicide, Road Accidents.....	-	1	-	1	5	4	3	1	-	2	-	-	17
All other Causes.....	-	-	-	-	-	-	1	1	1	5	3	-	11
Totals.....	23	3	-	2	15	20	22	17	34	70	96	42	344

## CARE OF MOTHERS AND YOUNG CHILDREN.

For details of the County Council Administrative Scheme formulated under Section 22 of the National Health Service (Scotland) Act, 1947, see page 32 of this report.

For the sake of convenience the arrangements for the care of mothers are described first, infant welfare will be discussed later.

### MATERNAL HEALTH AND WELFARE.

#### ANTE-NATAL SUPERVISION.

The ante-natal clinics are held weekly at Raigmore Hospital and monthly at the Belford Hospital and are under the supervision of the specialist obstetricians. By this arrangement mothers in the landward area of the County can get the benefit of expert supervision and advice.

Mothers desirous of having their confinements at home receive the necessary supervision from their family doctor and district nursing sisters. When for domestic reasons it is difficult for the confinement to take place at home, the family doctor can make application for her to be admitted to hospital, application being made to the Medical Officer of Health. Screening by the Medical Officer of Health is necessary as the hospital accommodation is limited. It is a condition of acceptance that all such cases attend the ante-natal clinic for supervision.

During the year a total of 234 women attended the two clinics. This shows an increase when compared with the previous year's total of 181.

#### POST-NATAL SUPERVISION.

The importance of post-natal examination is becoming more and more recognized and it formed part of the responsibilities undertaken by practitioners who accepted cases under the Maternity Services (Scotland) Act, 1937. This supervision is essentially a preventive service and much ill-health in mothers can be avoided by this means. There are no post-natal clinics as such but post-natal cases are seen at the ante-natal clinics. During the year, altogether 122 women attended for post-natal examination. This shows a considerable increase when compared with the previous year when the figure was 69.

#### MIDWIVES' ACT.

No midwives intimated their intention to practise privately during the year.

#### MATERNITY SERVICES (SCOTLAND) ACT, 1937.

This domiciliary maternity scheme continued in operation until the 5th July, 1948, when it was superseded by the provisions of Section 23 of the National Health Service (Scotland) Act, 1947. A total of eight medical practitioners participated in the Scheme and 35 cases were dealt with. The corresponding figure for the previous year was 53.

#### NURSING HOMES.

There are no Nursing Homes registered as Maternity Homes in the County.

## MIDWIFERY SERVICES.

The following table sets out the total number of births before the 5th July, 1948, and for the remainder of the year, along with a classification of the type of case and whether doctor present at confinement:--

	<u>Before</u> <u>5/7/48</u>	<u>Remainder</u> <u>of Year</u>
(a) Total number of births (including still-births) <u>occurring in the area</u> during the year--that is <u>before</u> correction for mother's residence .....	343	288
(b) Number of births in (a) classified to show type of case and whether doctor present at confinement:--		
(i) Cases dealt with under Maternity Services (Scotland) Act, 1937.		
(a) doctor present at confinement .....	21	-
(b) doctor not present .....	14	-
(ii) Cases dealt with under Section 23(2) of the National Health Services (Scotland) Act, 1947:--		
(a) doctor engaged and present at confinement .....	-	149
(b) doctor engaged but not present at confinement .....	-	81
(c) midwife alone (no doctor engaged) .....	-	16
(iii) Other domiciliary cases:--		
(a) doctor engaged .....	169	-
(b) midwife alone (no doctor engaged) .....	91	-
(c) conducted by outdoor staff of institution .....	-	-
(d) without doctor or midwife .....	5	-
(iv) Cases attended at Institutions (including private maternity and nursing homes) <u>in the area of the Local Health Authority</u> .....	43	42

## DENTAL CARE OF EXPECTANT AND NURSING MOTHERS.

The Local Health Authority is responsible for providing such care through its school dental staff. During the year, however, the dental staff employed by the Local Authority was reduced by resignations to such an extent that by 31st December there was only one dental surgeon left. It was quite impossible, therefore, to provide the dental service required.

## PUERPERAL FEVER AND PUERPERAL PYREXIA.

No cases of puerperal fever or puerperal pyrexia were notified during the year.

## MATERNAL DEATHS.

The maternal death rate is calculated from the total births both live and still. The figure for 1948 is 4.9 per 1,000 total births. This compares with a rate 2.8 per 1,000 in 1947.

The following table sets out the maternal death rate with the comparative figures for Scotland for the five year period 1944-48:--

	1944	1945	1946	1947	1948
Inverness County.....	1.0	3.3	1.0	2.8	4.9
Scotland.....	3.0	2.8	2.2	2.0	1.5

Five maternal deaths occurred during the year, the age and cause of death being shown in the following table:--

Age	Cause of Death
35	Pre-eclamptic toxæmia. Abdominal hysterotomy.
32	Pregnancy complicated by pulmonary embolism.
38	Adherent placenta.
32	Post natal pulmonary embolus.
43	Placenta prævia. Haemorrhage. Shock.

#### CHILD HEALTH AND WELFARE.

**Births.** There were 984 live births registered during the year; after the necessary correction for transfer had been made. This is equivalent to a birth rate of 17.6 per 1,000 of the ~~extended~~ <sup>estimated</sup> population. Of the 984 births, 519 were males and 465 were females.

For the purposes of comparison the following table is drawn up to show the number of births, the sex distribution and the birth rate for the quinquennial period 1944-48:--

Year	No. corrected for Transfer			Rate per 1,000 of estimated population (both sexes)
	Both Sexes	Male	Female	
1944	1,015	538	477	16.8
1945	919	482	437	15.8
1946	995	501	494	17.4
1947	1,059	544	515	18.4
1948	984	519	465	17.6

Still-births for the year numbered 37, of which 28 were males and 9 were females. This is equivalent to a rate of 36 per 1,000 total births (live and still). The comparative figures for the previous year are a total of 43, of which 23 were males and 19 were females, the sex in one instance not being stated, the whole being equivalent to a rate of 39 per 1,000 total births.

Illegitimate live births totalled 81, of which 44 were males and 37 were females, giving a percentage of 8.2. For the previous year the percentage was 9.1.

#### OPHTHALMIA NEONATORUM.

No notifications of this disease were received during the year.

#### INFANT DEATHS.

The number of infants under one year who died during 1948 totalled 33, of which 23 were males and 10 were females. This is equivalent to a rate of 34 per 1,000 live births. This shows an improvement when compared with the previous year when the comparative figures were 45, of which 31 were males and 14 females, giving a rate of 42 per 1,000 live births.

The following table sets out the comparative infant mortality rates in the County of Inverness and in Scotland generally in the five year period 1944-48.

	Rate per 1,000 Live Births				
	1944	1945	1946	1947	1948
County of Inverness....	49	41	50	42	34
Scotland.....	65	56	54	56	45

It will be seen that the figures for Inverness-shire are well below those for Scotland generally.

The causes of death amongst the thirty-three children are shown in the following table:—

## Causes of Death among Children under 1 year during 1948.

Cause	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total	4 weeks and under 3 months	3 mths and under 6 months	6 mths. and under 9 mths	9 mths. and under 12 mth	Total 12 months
Congenital Malformations.....	1	-	-	-	1	-	-	-	-	1
Congenital Heart Disease.....	1	1	-	-	2	-	-	-	-	2
Injury at birth.....	2	-	-	-	2	-	-	-	-	2
Prematurity.....	2	1	-	-	3	1	-	-	-	4
Atelactasis.....	1	1	-	-	2	-	-	-	-	2
Pneumonia (all forms)....	1	-	-	-	1	1	3	1	-	6
Asphyxia pallida.....	2	-	-	-	2	-	-	-	-	2
Cardiac failure.....	1	-	-	-	1	-	-	-	-	1
Atrophy Debility and Marasmus.....	-	-	1	-	1	-	-	-	-	1
Laryngitis.....	-	1	-	-	1	-	-	-	-	1
Helena Neonatorum.....	1	-	-	-	1	-	-	-	-	1
Suffocation by overlaying	1	-	-	-	1	-	-	-	1	2
Diarrhoea and Enteritis..	-	-	-	-	-	2	2	-	-	4
Septicaemia.....	-	-	-	-	-	-	1	1	-	2
Acute Intussusception,...	-	-	-	-	-	-	1	-	-	1
No cause stated.....	-	-	-	-	-	1	-	-	-	1
<b>Total.....</b>	<b>13</b>	<b>4</b>	<b>1</b>	<b>-</b>	<b>18</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>33</b>

It will be seen that of the total of 33 deaths, 18 (54.5%) occurred within the first month of life. This is equivalent to a neo-natal mortality rate of 18 (the neo-natal mortality rate is the number of deaths in infants under one month per 1,000 live births). The first month is a critical period for the infant as, part from the hazards of birth, the necessary adjustments for extra-uterine existence must be made. Of the 18 infants, 13 died in the first week, 4 in the second week, and 1 in the third week.

With regard to the 15 remaining children, it will be seen that pneumonia and gastro-enteritis is the cause of death in 10.

## HOME VISITATIONS.

During the year, 832 infants under one year were visited by the district nursing sisters for the first time in their own homes for the purposes of health supervision. In all, these infants received 7,869 visits during the year. In addition, 493 children between the ages of 1 and 5 years were visited for the first time since attaining the age of one year. These children received 7,438 visits in all. The grand total of visits paid to children under 5 years of age is, therefore, 15,307. The corresponding figures for the previous year were 764 infants under 1 year visited for the first time with a total of 7,667 visits and 338 infants visited between the ages of 1 and 5 years, giving a total of 6,399 visits. The grand total of visits for all children under 5 is, therefore, 14,066.

Ante-natal visits to expectant mothers numbered 730 first visits and 3,790 re-visits. The corresponding figures for 1947 were 722 and 3,156 respectively.

## CHILD WELFARE CLINICS.

Two clinics are held weekly at Annat and Fort William and are conducted by the Surgeon-Superintendent of the Belford Hospital. Regular attendance at these clinics is encouraged so that the progress of the children may be checked and advice offered to mothers on feeding, clothing, immunisation, minor ailments, etc. The total number of children under five years of age who first attended at the clinics during the year, and who on the date of their first attendance were under 1 year of age, comprised 144. Those who attended for the first time and who were over one year of age numbered 51. The number of the attendances in the first group was 1,473 and in the second group 341.

## DAY NURSERIES.

There are no day nurseries in the County of Inverness.

## RESIDENTIAL NURSERIES AND CHILDREN'S HOMES.

There is no residential nursery or children's home in the County of Inverness. The need for such provision is very great. At present if a mother becomes ill, or has to go to hospital, or is otherwise incapacitated, the greatest difficulty is experienced in finding a place for the children where they can receive proper care and attention. Two types of institution are required, one for the reception of infants and children up to the age of five years and one for older children.

## HOME NURSING.

At the 5th July, 1948, for the purposes of Section 25 of the National Health Service (Scotland) Act, 1947, the County Council assumed direct financial responsibility for the District Nursing Services as they existed in the County. The majority of the Local Nursing Associations have agreed to the transfer, and the Scheme has worked harmoniously.

Medical Loan Depots with the assistance of the British Red Cross Society, St. John's and St. Andrew's Ambulance Association, have been set up in appropriate parts of the County and these are being fully utilized.

During the period 5th July, 1948, to the end of the year, 60 District Nursing Sisters under the supervision of the County Nursing Superintendent, have been employed, and these have attended 6,331 patients and paid a total of 41,269 visits to these patients.

I might add that Home Nursing is only one of the duties of the District Nursing Sister. They are also responsible for providing a midwifery service, for health visiting, and for assistance in the School Health Services.

## DOMESTIC HELP SERVICE.

For details of the County Council's Administrative Scheme formulated under Section 28 of the National Health Service (Scotland) Act, 1947, see page 31 of this report.

Attempts have been made to procure the services of suitable women for this type of work but there has been no response. The Scheme at present is in abeyance.

V A C C I N A T I O N   A N D   I M M U N I S A T I O N .

For details of the County Council's Administrative Scheme formulated under Section 26 of the National Health Service (Scotland) Act, 1947, see page 38 of this report.

V A C C I N A T I O N .

The desirability of vaccination regarding smallpox is brought to the notice of the parents of each individual child by the District Nursing Sisters in their capacity as Health Visitors. A number of children are vaccinated at the Child Welfare Clinic but the majority are done by their own family doctor to whom the lymph is supplied free of charge. A fee is payable to the practitioner for this service, but as no agreement has been reached as to the amount payable, no payments have as yet been made. As a consequence, certain practitioners have protested and there is no doubt that records of persons vaccinated have not been submitted.

The following tables show the numbers of persons vaccinated and re-vaccinated during the period 5th July, 1948, to 31st December, 1948:

Number of Persons Primarily Vaccinated During Period				
Year of Birth of Persons	Typical vac- cination greatest at 7-10th day.	Accelerated (vaccinoid) reaction 5-7th day	Reaction greatest at 2nd-3rd day	No local reaction
1948	42	3	1	10
1947	2	-	-	1
1946	-	-	-	-
1945	1	-	-	-
1944	-	-	-	-
1943	-	-	-	-
1942	1	-	-	-
1941	-	-	-	-
1940	-	-	-	-
1939	-	-	-	-
1938	-	-	-	-
1937	-	-	-	-
1936	-	-	-	-
1935	-	-	-	-
1934	-	-	-	-
1933	-	-	-	-
or earlier	-	-	-	-
	46	3	1	11

## Number of Persons Re-Vaccinated During Period

Year of Birth of Persons	Typical vaccination greatest at 7-10th day	Accelerated (vaccinoid) reaction 5-7th day	Reaction greatest at 2nd-3rd day	No local reaction	No. of persons reported during period because of actual or alleged complication of vaccination
1948	4	-	-	2	-
1947	1	-	-	-	-
1946	-	-	-	-	-
1945	-	-	-	-	-
1944	-	-	-	-	-
1943	-	-	-	-	-
1942	-	-	-	-	-
1941	-	-	-	-	-
1940	-	-	-	-	-
1939	-	-	-	-	-
1938	-	-	-	-	-
1937	-	-	-	-	-
1936	-	-	-	-	-
1935	-	-	-	-	-
1934	-	-	-	-	-
1933	-	-	-	-	-
or earlier	1	-	-	-	-
	6	-	-	2	-

DIPHTHERIA IMMUNISATION

As far as pre-school children are concerned the arrangements for immunisation are similar to those outlined for vaccination, children being immunised at Child Welfare Clinics and at home by their family doctors. Immunisation material is supplied free of charge.

With regard to school children, immunisation is carried out by the School Medical Officer at the time of medical inspection.

The following table sets out the number of children who were inoculated during 1948:-

	Full Course			Maintenance		
	1/1/48-- 30/6/48	1/7/48-- 31/12/48	1/1/48-- 31/12/48	1/1/48-- 30/6/48	1/7/48-- 31/12/48	1/1/48-- 31/12/48
1948	-	7	7	-	-	-
1947	4	50	54	-	-	-
1946	6	10	16	-	-	-
1945	-	7	7	-	-	-
1944	-	11	11	-	-	-
1943	-	157	157	-	97	97
1942	1	90	91	-	37	37
1941	-	18	18	-	6	6
1940	1	6	7	-	3	3
1939	-	5	5	2	6	8
1938	-	1	1	1	3	4
1937	-	1	1	3	-	3
1936	-	4	4	-	3	3
1935	-	3	3	-	3	3
1934	1	1	2	2	1	3
1933	-	-	-	-	-	-
or earlier	-	-	-	-	-	-
	13	371	384	8	159	167

A scheme has been evolved whereby a check on the immunity state of the pre-school child can be made. An immunisation campaign for pre-school children in Skye has been carried out and will be described in the Annual Report for 1949. Further campaigns are in view.

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

For details of the County Council's Administrative Scheme formulated under Section 27 of the National Health Service (Scotland) Act, 1947, see page 41 of this report.

TUBERCULOSIS.

During the year 1948 the old arrangements for the care of the tuberculous continued. Administrative control was in the hands of the Medical Officer of Health while the clinical aspects of the disease were dealt with by his deputy and assistants. Supervision of Culduthel Hospital was carried out by the Deputy Medical Officer of Health. An out-patient clinic was held weekly at the County Buildings, while cases living in more remote parts of the County were seen by appointment. An artificial pneumothorax clinic was held weekly at the Royal Northern Infirmary, Inverness. X-ray examinations were carried out at the Royal Northern Infirmary and Raigmore Hospital, Inverness; at the Belford Hospital, Fort William, the MacKinnon Memorial Hospital, Broadford, Skye, and the County Hospital, Stornoway. After the 5th July these arrangements were continued, the Public Health staff acting on an agency basis on behalf of the Northern Regional Hospital Board. The appointment of a whole-time Tuberculosis Physician is under consideration.

The picture with regard to tuberculosis in the County is in keeping with what is happening elsewhere in the country. There is a sustained increase in the incidence of the respiratory forms since the end of the war, while the incidence of the non-respiratory forms shows a gradual decline. A shortage of sanatorium beds is being encountered due mainly to lack of nursing staff.

A total of 97 cases of tuberculosis were notified during the year. <sup>on page 16</sup> The table shows these cases grouped into respiratory and non-respiratory forms with their sex and district distribution. Included also are figures showing the numbers admitted to hospital.

## Return of Cases of Tuberculosis notified during the year in District distribution.

	Number of Cases notified as suffering from Tuberculosis										Cases removed to Hospital	Cases notified in a previous year and removed to hospital for the first time in 1948
	Inverness	Aird	Badenoch	Lochaber	Fort William	Kingussie	Skye	Outer Islands	Total			
Respiratory.....	2	8	2	6	4	1	6	12	41	9	2	
(Males.....)												
(Females.....)	5	4	2	7	2	1	6	9	36	11	2	
Total	7	12	4	13	6	2	12	21	77	20	4	
Non-Respiratory .....	3	3	3	2	1	-	-	2	14	6	-	
(Males.....)												
(Females.....)	1	3	-	1	-	-	1	-	6	4	1	
Total	4	6	3	3	1	-	1	2	20	10	1	
Respiratory and Non-Respiratory .....	5	11	5	8	5	1	6	14	55	15	2	
(Males.....)												
(Females.....)	6	7	2	8	2	1	7	9	42	15	3	
Grand Total ..	11	18	7	16	7	2	13	23	97	30	5	

It will be seen that, taking the totals, the greatest incidence is in the Outer Islands with Aird district coming second and Lochaber third.

For the purposes of comparison the following table shows the total cases notified, grouped into respiratory and non-respiratory forms with their sex distribution for the ten year period 1939-48.

Return of Cases of Tuberculosis notified during the period 1939-48.

		Number of Cases notified during the period 1939-48									
		1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Respiratory	(Males.....)	34	22	20	25	30	29	38	36	43	41
	(Females.....)	25	18	20	29	33	19	29	26	31	36
	(Total.....)	59	40	40	54	71	48	67	62	74	77
Non-Respiratory	(Males.....)	14	11	9	15	9	14	5	13	13	14
	(Females.....)	7	9	7	13	14	12	5	11	8	6
	Total.....	21	20	16	28	23	26	10	24	21	20
Respiratory and Non-Respiratory	(Males.....)	48	33	29	40	47	43	43	49	56	55
	(Females.....)	32	27	27	42	47	31	34	37	39	42
	Grand Total.....	80	60	56	82	94	74	77	86	95	97

It will be seen that again taking the totals in the first five years there is a considerable fluctuation in the incidence but that in the second five years there is a sustained increase in the incidence. On looking at the figures for respiratory tuberculosis it will be seen that the explanation for the sustained increase lies here. The figures for non-respiratory tuberculosis on the other hand show a gradual decline.

The following table shows the sex and age groups of the 97 new cases of tuberculosis notified in 1948. In the respiratory group among the females aged between 15 and 55 there were 35 cases representing 97.5% of the females notified. Males in the same category numbered 29 or 70.7% of the males notified. In the non-respiratory group the corresponding percentages for both females and males are 29% and 50% respectively.

		Number of Cases notified as suffering from Tuberculosis.											Cases notified in a previous year and removed to hospital for the first time during 1966
		Age Groups											
		Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total		
Respiratory....	(Males Females)	- -	1 -	1 -	- -	15 20	14 15	5 -	4 1	1 -	41 36	9 11	2 2
Total		-	1	1	-	35	29	5	5	1	77	20	4
Non-Respiratory	(Males Females)	- 1	1 -	4 2	3 -	2 2	2 1	1 -	1 -	- -	14 6	6 4	- 1
Total		1	1	6	3	4	3	1	1	-	20	10	1
Respiratory and Non-Respiratory	(Males Females)	- 1	2 --	5 2	3 -	17 22	16 16	6 -	5 1	1 -	55 42	15 15	2 3
Grand Total		1	2	7	3	39	32	6	6	1	97	30	5

The number of persons resident in the area at 31st December, 1948, who were known to be suffering from tuberculosis is set out in the following table.

		Number of Cases in Age Groups										
		Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total	
<u>Respiratory</u>												
1. Sputum or other material examined and tubercle bacilli found	(Males)	-	-	2	1	92	41	14	3	2	155	
	(Females)	-	-	-	7	80	62	7	2	-	158	
2. Sputum or other material examined and tubercle bacilli never found.	(Males)	-	-	2	3	13	11	11	11	-	51	
	(Females)	-	1	-	3	20	15	7	8	-	54	
3. Sputum or other material not examined	(Males)	-	1	4	9	29	27	16	-	-	86	
	(Females)	-	-	5	7	24	28	5	2	-	71	
Total		-	2	13	30	258	184	60	26	2	575	
<u>Non-Respiratory</u>												
1. Abdominal .....	(Males)	-	2	11	9	6	4	3	-	-	35	
	(Females)	-	4	7	6	8	8	1	1	-	35	
2. Spine.....	(Males)	-	1	5	3	2	6	3	1	-	21	
	(Females)	-	1	-	2	-	7	-	2	1	13	
3. Bones and joints (exclusive of Spine.	(Males)	-	7	1	15	24	20	7	3	-	77	
	(Females)	-	1	3	9	9	9	1	5	-	37	
4. Superficial Glands.....	(Males)	-	12	34	23	8	11	3	2	-	93	
	(Females)	-	4	21	22	24	19	5	3	4	103	
5. Lupus.....	(Males)	-	-	-	-	-	1	-	-	-	1	
	(Females)	-	-	-	-	1	-	-	-	-	1	
6. Other Parts or Organs.....	(Males)	-	-	1	1	2	2	2	-	-	8	
	(Females)	-	-	-	-	2	7	2	3	-	14	
Total		1	32	83	90	86	94	27	20	5	438	
<u>Respiratory and Non-Respiratory</u>												
Total		1	34	96	120	344	278	87	46	7	1013	

#### DEATHS.

The total mortality figure in respect of pulmonary cases was 42, of which 27 were males and 15 were females. This represents a death rate of 0.75 per 1000 of the population as compared with 28 deaths and a rate of 0.49 per 1000 the previous year. In the non-pulmonary group the total figure was 6, of which 2 were males and 4 were females.

The following table gives particulars as to the period elapsing between notification and death and between discharge from an institution and death, and the cases who died during the year:--

Number of persons who died from tuberculosis of whom:--	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Not notified or notified only at or after death	3	3	1	3
Notified less than 1 month before death.....	3	-	1	1
Do. from 1 to 3 months before death.....	-	3	-	-
Do. " 3 to 6 do. ....	1	2	-	-
Do. " 6 to 12 do. ....	4	1	-	-
Do. " 1 to 2 years, do. ....	6	3	-	-
Do. over 2 years .....	10	3	-	-
Total .....	27	15	2	4
Number who died within 28 days after discharge from an institution .....	-	-	-	-
Number who died more than 28 days after discharge from an institution .....	7	1	-	-

#### INSTITUTIONAL TREATMENT

The hospitals in the area for the treatment of tuberculosis are as follows:--

Culduthel I.D. Hospital (Pulmonary Tuberculosis)--24 beds.

Invergarry Sanatorium (Pulmonary Tuberculosis)--16 beds.

\* Royal Northern Infirmary (Non-Pulmonary Tuberculosis)

\* Raignore Hospital (Non-Pulmonary Tuberculosis)

In addition, cases are treated in hospitals and sanatoria elsewhere throughout the region.

\*No official allocation. Cases admitted as required.

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.

Number of persons who died from tuberculosis of whom--	Number of Patients					In Institutions on December 31	
	In Institutions on January 1	Admitted during the year	Discharged during the year	Died in the Institutions*			
	1	2	3	4	5		6
Respiratory	(Adults) (Males)	27	46	30	13	-	30
	(Adults) (Females)	28	44	32	10	1	29
	(Children) (Males)	1	2	2	1	-	-
	(Children) (Females)	-	2	1	-	-	1
Non-Respiratory	(Adults) (Males)	6	18	20	-	1	3
	(Adults) (Females)	4	10	12	-	-	2
	(Children) (Males)	-	8	5	1	-	2
	(Children) (Females)	-	7	6	-	1	-

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

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

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

#### TUBERCULOSIS OUT-PATIENT CLINIC

The following table shows the number of cases who attended during the year:--

Men.....49  
 Women.....42  
 Children..... 1

#### TUBERCULOSIS MAINTENANCE ALLOWANCES

The following particulars relate to the granting of Maintenance Allowances by the Local Authority.

At the 5th July, 1948, the National Assistance Board took over the arrangements with regard to payment. Up until the 5th July, 1948, 50 cases were in receipt of maintenance allowances from the Local Authority.

#### VENEREAL DISEASES.

During the year 1948 the old arrangements for the treatment of cases of venereal disease were continued. The Deputy Medical Officer of Health acted as Venereal Diseases Officer and supervised the clinics held weekly at the County Buildings for male and female cases. Cases were also seen by appointment outwith the clinic times. Drugs for the treatment of cases occurring in their practice were supplied free of charge to medical practitioners. After the 5th July, 1948, these arrangements were continued, the Public Health staff acting on an agency basis on behalf of the Northern Regional Hospital Board.

The following table sets out the number of cases of venereal disease dealt with during the year--

	Sex	County	Outside Cases	Total
Syphilis .....	M	4	3	7
	F	2	-	2
Gonorrhoea .....	M	4	9	13
	F	-	-	-
Not Proven .....	M	8	5	13
	F	-	-	-
Total .....	M	16	17	33
	F	2	-	2

### INFECTIOUS DISEASES.

#### GENERAL

The number of cases of infectious disease notified during 1948 totalled 122, of which 69 were males and 53 were females. Of them 108 were admitted to hospital. This figure shows a marked reduction when compared with the previous year when 239 cases were notified, of which 165 were admitted to hospital.

For details of the notified cases reference should be made to the tables on pages 22 and 23 which show the district distribution and the age and sex distribution respectively.

#### SCARLET FEVER.

Altogether 30 cases of scarlet fever occurred during the year in the ratio of 18 males to 12 females. The disease assumed a mild form and there were no deaths.

#### DIPHTHERIA.

Four cases of diphtheria occurred during the year; all were males, only one of which was a child. There were no deaths. If reference be made to the return of infectious diseases for the year 1940, the last year before diphtheria immunisation was instituted, it will be seen that 57 cases of diphtheria were notified during that year. The marked drop which has occurred in the incidence of the disease is a striking tribute to the efficacy of immunisation.

#### CEREBRO-SPINAL MENINGITIS.

Only one case of cerebro-spinal meningitis (an infant boy of six months) was notified. This child died.

#### ACUTE POLIOMYELITIS.

Three cases of poliomyelitis were notified; all males. One case, a man aged 41, died.

The incidence of poliomyelitis showed a marked reduction when compared with the previous year. It will be recollected that a nation-wide epidemic of the disease occurred at that time. Altogether in the County of Inverness 16 cases were notified, comprising 10 males and 6 females. Fourteen of these cases were removed to hospital. One case, a man aged 22, died before he could be admitted to hospital.

#### TYPHOID AND PARATYPHOID FEVERS.

No cases of typhoid fever occurred during the year. Three cases of paratyphoid B fever were reported. The first of these were two brothers aged 3 and 1½ years. While investigating their

contacts, the third case, a woman aged 50 years, was discovered. She subsequently proved to be a chronic faecal carrier, and was without a doubt the source of infection.

#### MEASLES AND WHOOPING COUGH.

Only 4 cases of measles and 1 case of whooping cough were notified. These figures are not by any means indicative of the true incidence of these infections but refer only to cases who developed a respiratory complication. All reported cases were admitted to hospital. There were no deaths.

#### PUERPERAL FEVER AND PUERPERAL PYREXIA.

No notifications of these diseases were received during the year.

INFECTIOUS DISEASES.  
(District Distribution)--

This table, with the exception of Chickenpox, Measles and Whooping Cough, refers only to cases of Infectious Disease compulsorily notifiable in this area.

Diseases	Number of Cases coming to the knowledge of the Medical Officer of Health										Total	
	Inverness	Aird	Badenoch	Lochaber	Fort William (Burgh)	Kingussie (Burgh)	Skye	Outer Islands	Services	Cases removed to Hospital		Cases not removed to Hospital
Cerebro-Spinal Meningitis.....	1	-	-	-	-	-	-	-	-	1	-	1
Chickenpox.....	-	-	-	1	-	-	-	-	1	2	-	2
Cholera.....	-	-	-	-	-	-	-	-	-	-	-	-
Continued Fever.....	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria.....	4	-	-	-	-	-	-	-	-	4	-	4
Dysentery.....	-	3	-	-	-	-	-	-	2	4	1	5
Encephalitis Lethargica.....	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas.....	1	-	-	-	-	-	-	-	-	1	-	1
Jaundice, Acute Infective.....	-	-	-	-	-	-	-	-	-	-	-	-
Malaria.....	-	-	-	-	-	-	-	-	-	-	-	-
Measles.....	-	1	-	-	-	-	-	-	3	4	-	4
Ophthalmia Neonatorum.....	-	-	-	-	-	-	-	-	-	-	-	-
Plague.....	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia, Acute Influenzal....	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia, Acute Primary.....	3	-	-	-	-	-	-	1	-	-	-	4
Pneumonia, (not otherwise notifiable).....	-	-	-	1	-	-	-	-	-	-	-	1
Polio-myelitis.....	-	-	2	-	-	-	-	-	1	3	-	3
Puerperal Fever.....	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia.....	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever.....	6	10	10	1	-	1	-	-	1	23	7	30
Smallpox.....	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever.....	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid A.....	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid B.....	3	-	-	-	-	-	-	-	-	3	-	3
Whooping Cough.....	1	-	-	-	-	-	-	-	-	1	-	1
<b>Total.....</b>	<b>19</b>	<b>14</b>	<b>12</b>	<b>3</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>46</b>	<b>13</b>	<b>59</b>

## INFECTIOUS DISEASES.

Return of Cases of Infectious Disease (Excluding Tuberculosis) notified during the year ended 31st December, 1948

Disease	Number of Cases coming to the knowledge of the Medical Officer of Health and accepted by him as suffering from the stated disease.												
	At age--Years											Cases removed to hospital	Cases not removed to hospital
	At all ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards				
Cerebro-Spinal Meningitis	(M) 1	-	-	-	-	-	1	-	-	-	1	-	
	(F) -	-	-	-	-	-	-	-	-	-	-	-	
Chickenpox	(M) 1	-	-	-	1	-	-	-	-	-	1	-	
	(F) 1	-	-	1	-	-	-	-	-	-	1	-	
Abortion	(M) -	-	-	-	-	-	-	-	-	-	-	-	
	(F) 2	-	-	-	-	2	-	-	-	-	2	-	
Humps	(M) 8	-	2	1	3	1	1	-	-	-	8	-	
	(F) 7	-	-	-	6	1	-	-	-	-	7	-	
Diphtheria	(M) 4	-	-	1	-	1	-	2	-	-	4	-	
	(F) -	-	-	-	-	-	-	-	-	-	-	-	
Dysentery	(M) 3	-	-	-	3	-	-	-	-	-	2	1	
	(F) 2	-	-	-	1	1	-	-	-	-	2	-	
Erysipelas	(M) -	-	-	-	-	-	-	-	-	-	-	-	
	(F) 1	-	-	1	-	-	-	-	-	-	1	-	
Jaundice, Catarrhal	(M) 2	-	-	-	1	1	-	-	-	-	1	1	
	(F) 1	-	-	1	-	-	-	-	-	-	1	-	
Abortus Fever	(M) -	-	-	-	-	-	-	-	-	-	-	-	
	(F) 1	-	-	-	-	-	1	-	-	-	1	-	
Measles	(M) 3	-	-	-	3	-	-	-	-	-	3	-	
	(F) 1	-	1	-	-	-	-	-	-	-	1	-	
Observation	(M) 7	-	-	-	2	1	2	1	1	1	7	-	
	(F) 10	-	-	1	6	-	2	-	1	1	10	-	
Pneumonia, Acute Primary	(M) 2	-	-	-	1	-	-	1	-	-	-	2	
	(F) 2	-	-	-	-	-	1	-	1	-	-	2	
Pneumonia (not otherwise notifiable)	(M) 1	-	-	-	-	-	-	1	-	-	-	1	
	(F) -	-	-	-	-	-	-	-	-	-	-	-	
Poliomyelitis, Acute	(M) 3	-	-	-	1	1	1	-	-	-	3	-	
	(F) -	-	-	-	-	-	-	-	-	-	-	-	
Scarlet Fever	(M) 18	-	2	12	3	-	-	1	-	-	13	5	
	(F) 12	-	1	9	1	1	-	-	-	-	10	2	
Paratyphoid B	(M) 2	-	2	-	-	-	-	-	-	-	2	-	
	(F) 1	-	-	-	-	-	-	-	1	-	1	-	
Whooping Cough	(M) -	-	-	-	-	-	-	-	-	-	-	-	
	(F) 1	-	1	-	-	-	-	-	-	-	1	-	
Streptococcal Throat	(M) 7	-	2	-	3	1	1	-	-	-	7	-	
	(F) 7	-	-	2	2	-	2	1	-	-	7	-	
Pneumococcal Meningitis	(M) -	-	-	-	-	-	-	-	-	-	-	-	
	(F) 1	-	-	-	-	1	-	-	-	-	1	-	
Scabies	(M) 2	-	2	-	-	-	-	-	-	-	2	-	
	(F) -	-	-	-	-	-	-	-	-	-	-	-	
Syphilis	(M) 3	1	-	-	1	-	1	-	-	-	3	-	
	(F) 1	-	-	-	1	-	-	-	-	-	1	-	
Otitis Media	(M) -	-	-	-	-	-	-	-	-	-	-	-	
	(F) 1	-	-	-	1	-	-	-	-	-	1	-	
Vincent's Angina	(M) 1	1	-	-	-	-	-	-	-	-	1	-	
	(F) -	-	-	-	-	-	-	-	-	-	-	-	
Gastro-Enteritis	(M) 1	-	1	-	-	-	-	-	-	-	1	-	
	(F) 1	1	-	-	-	-	-	-	-	-	1	-	
Total	(M) 69	2	11	14	22	6	7	6	1	59	10		
	(F) 53	1	3	15	18	6	6	1	3	49	4		

## MENTAL HEALTH SERVICE.

For details of the County Council's Administrative Scheme formulated under the National Health Service (Scotland) Act, 1947, in terms of circular No. 99/1947 from the Department of Health for Scotland, see page 47 of this report.

Briefly the arrangements are as follows:--

The provision of institutional accommodation is now the responsibility of the Regional Hospital Board, the Local Authority functions being confined to the ascertainment, the care and after care of patients in their own homes.

The certification of insane persons is carried out by the general practitioners, arrangements for the removal to hospital being made by the Authorised Officers on behalf of the Regional Hospital Board. The hospital provision for the insane appears to be adequate.

Where a person certified as insane is placed under guardianship or is released on probation from the Mental Hospital, the supervision of such a person is carried out by the Authorised Officers, acting in this capacity on behalf of the Regional Hospital Board, who are the responsible authority.

In the case of mental defectives under guardianship, the responsibility for making adequate provision lies with the Education Committee if these cases are children between the ages of 5 and 16 years and are educable. In all other cases the Health Committee is responsible.

With regard to mentally defective children of the ineducable type, and who require admission to an institution, great difficulty is being encountered in finding a place which will accept them. There is no such provision in this area, and application must be made to institutions in the South which already have considerable waiting lists. The need for such institutional accommodation in this area is great, and the Mental Health Service will never be adequate until it is provided.

The particulars with regard to Lunacy and Mental Deficiency Cases are set out in the following tables:--

### Details of Lunacy Cases for year ended 31st December, 1948.

#### CRAIG DUNAIN HOSPITAL

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Number of patients at 1st January, 1948.....	145	131	276
Patients admitted during year.....	25	24	49
Discharged recovered during year.....	12	6	18
Discharged on probation during year.....	4	7	11
Died during year.....	9	5	14
Remaining in hospital at 31/12/48.....	145	137	282

#### LONG ISLAND INSTITUTION

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Number of patients at 1st January, 1948.....	16	9	25
Patients admitted during year.....	1	1	2
Died during year.....	-	1	1
Discharged on probation during year.....	-	-	-
Discharged recovered during year.....	-	1	1
Remaining in hospital at 31/12/48.....	17	8	25

OTHER AREA HOSPITALS

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Number of patients at 1st January, 1948 .....	4	12	16
Patients admitted during year .....	1	4	5
Discharged recovered during year .....	1	1	2
Died during year .....	-	-	-
Discharged on probation during year .....	-	-	-
Remaining in hospital at 31/12/48 .....	4	15	19

Total number of patients at 1st January, 1948--

165 Males  
152 Females  
317 Total

Total number of patients at 31st December, 1948--

166 Males  
160 Females  
326 Total

Details of Boarded-Out Lunatics for year ended 31/12/48.Cases on Probation from Mental Hospitals

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Number on probation at 1/1/48 .....	3	4	7
Discharged recovered during year .....	1	4	5
Continued as Boarded-Out Lunatics .....	3	-	3
Returned to hospital .....	1	4	5
Died during year .....	-	-	-
Discharged from hospital on probation .....	4	7	11
Number on probation at 31/12/48 .....	2	3	5

Boarded-Out Lunatics

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Number of Boarded-Out Lunatics at 1/1/48 .....	30	13	43
Discharged recovered during year .....	1	1	2
Admitted to hospital during year .....	1	-	1
Died during year .....	-	3	3
Admitted to B.O.L. Register during year .....	4	-	4
Number of Boarded-Out Lunatics at 31/12/48 .....	32	9	41

Details of Mental Defectives for year ended 31/12/48.Mental Defectives in Certified Institutions.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Number in Certified Institutions at 1/1/48 .....	7	7	14
Discharged on Licence to care of relatives .....	1	-	1
Died during year .....	-	-	-
Number in Certified Institutions at 31/12/48 .....	6	7	13

Mental Defectives under Guardianship.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Boarded-Out at 1/1/48			
(a) with relatives .....	27	12	39
(b) with strangers .....	4	4	8
(c) in other areas .....	1	4	5
Total Boarded-Out at 1/1/48 .....	32	20	52
Died during year .....	1	1	2
Placed under guardianship during year .....	2	-	2
Boarded-Out at 31/12/48			
(a) with relatives .....	28	11	39
(b) with strangers .....	4	4	8
(c) in other areas .....	1	4	5
Total Boarded-Out at 31/12/48 .....	33	19	52

## PORT-HEALTH ADMINISTRATION

The ports in the western parts of the County handle mainly inter-island steamer traffic, a limited number of vessels connected with freighting from home ports, and fishing boats, most of which are local. No action required to be taken under the Port Sanitary Regulations (Scotland) 1933-1945, during the year 1948.

With regard to airfields, no foreign aircraft landed during the year and accordingly no action was necessary under the Public Health (Aircraft) Regulations (Scotland) 1946.

## FOOD SUPPLY.

Milk. For details of the administration of Acts, Orders and Byelaws and of the work done on milk sampling and inspection of dairy premises please see the Annual Report by the County Sanitary Inspector.

No outbreaks of infectious disease associated with milk occurred during the year.

Ice-Cream. Details of the administration of the Ice Cream (Scotland) Regulations, 1948, are contained in the report by the County Sanitary Inspector.

No outbreaks of infectious disease associated with ice-cream occurred during the year.

Meat and Other Foods. For details of the administration of the various statutory provisions and regulations, reference should be made to the Annual Report of the County Sanitary Inspector.

There were no unusual instances of sophistication or adulteration of food stuffs during the year.

Food Poisoning. No outbreaks of food poisoning were brought to the notice of the Medical Officer of Health during the year. A true picture of the incidence of the disease will not be obtained until it becomes compulsorily notifiable. At present the Medical Officer of Health only hears of cases by chance.

## MISCELLANEOUS.

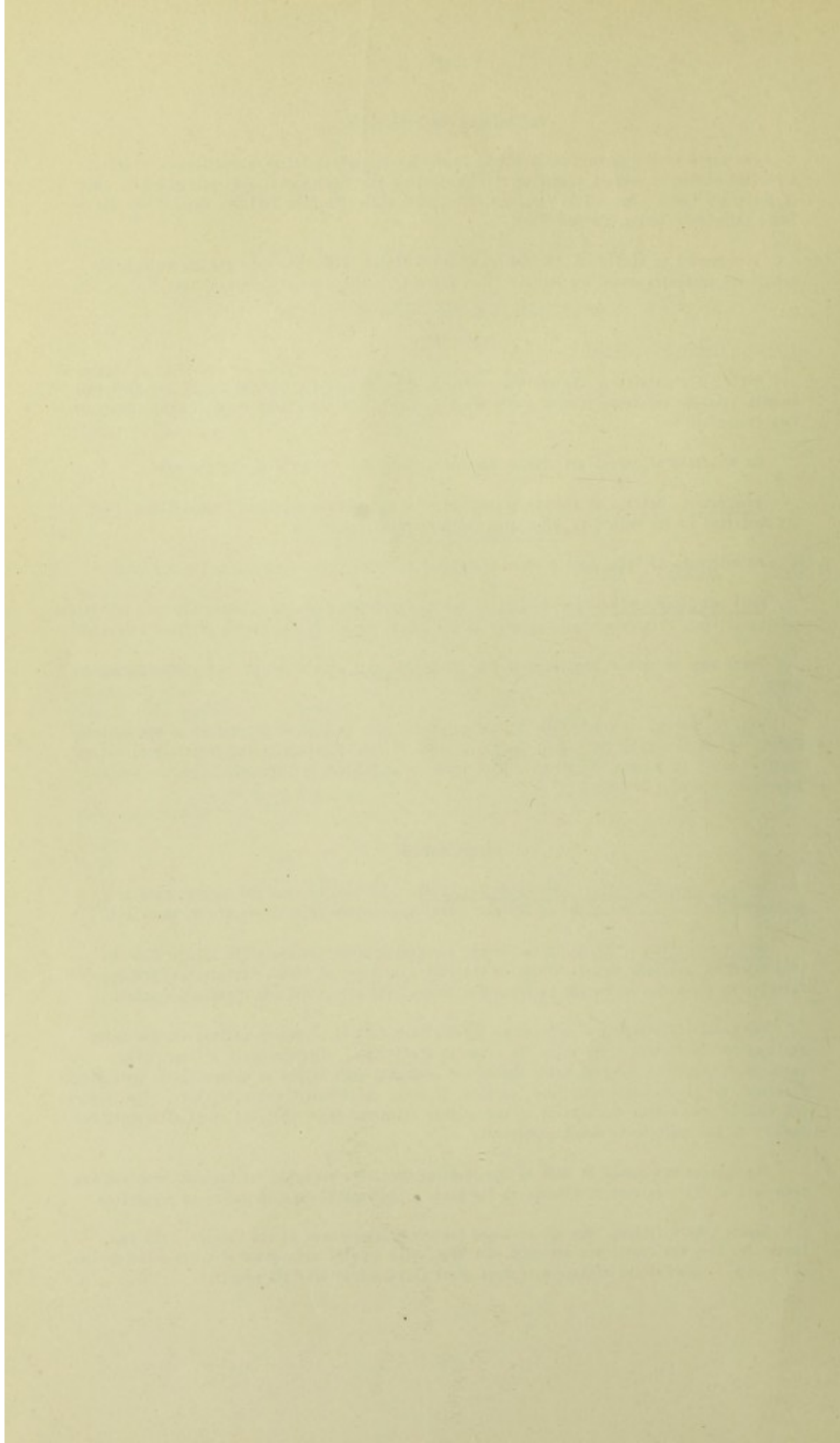
Nursing Homes Regulations (Scotland) Act, 1938. During the year one nursing home at Druanadrochit, for the reception of medical cases, was registered in terms of the above Act.

Health Education. The Scottish Council for Health Education since its inauguration in 1943 has done very good work in educating the public by means of films, lectures and propaganda material in the measures whereby health may be secured and maintained and disease prevented.

Two medical advisers are employed by the Scottish Council, a senior medical adviser being employed on a part-time basis while the other is whole-time. These medical officers give lectures, the subject material being varied and including such topics as tuberculosis, infectious diseases, the clean handling of food, personal hygiene, child health and nutrition. The lectures are usually preceded by the showing of appropriate films and opportunity is given afterwards for members of the audience to submit questions.

The fullest use should be made of the Scottish Council's services, as too much emphasis has been laid on the treatment of disease in the past. The emphasis should now be on prevention.

During 1948 a lecture tour was arranged for the Badenoch area of the County. The tour lasted ten days and twenty-six meetings were held, with a total attendance of 4,790 children and 409 adults. The medical officer expressed great satisfaction with the result.



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# Administrative Schemes

FORMULATED UNDER

THE NATIONAL HEALTH SERVICE (SCOTLAND) ACT, 1947,

AND APPROVED BY

THE SECRETARY OF STATE FOR SCOTLAND.

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C O U N T Y   C O U N C I L   O F   I N V E R N E S S

**Proposals for the Care of Mothers and Young Children formulated under Section 22, National Health Service (Scotland) Act, 1947.**

1. General Organisation. The arrangements, which will provide access to all forms of health advice, care and assistance to all expectant mothers, mothers and children under school age will be under the administrative control of the Medical Officer of Health. The Local Health Authority shall co-operate with the Local Executive Council, the Regional Hospital Board and appropriate voluntary organisations, e.g., British Red Cross Society, in the working of the arrangements.  
The scheme will be based primarily on the County Nursing Service which at present adequately covers the area. The Health Department of the Local Health Authority and nurses shall co-operate with the general practitioner service and doctors shall be kept informed of action taken or proposed to be taken in respect of patients on their lists. There shall also be co-operation with the Regional Hospital Board particularly in the case of patients discharged from hospital.  
It is not necessary at this time to expand the nursing service except as indicated in the Scheme for Home Nursing.
2. Antenatal Clinics. There are at present two antenatal clinics operating in the county, one weekly at Raignore Hospital, Inverness, and the other monthly at the Belford Hospital, Fort William. These are staffed by specialist obstetricians and will be taken over by the Regional Hospital Board. Arrangements will be made with the Regional Hospital Board whereby specialist obstetricians shall as at present periodically visit outlying districts. Arrangements will be made for special cases from outlying districts to visit a fixed clinic.  
Subject to the approval of the Secretary of State, the number of antenatal clinics will be increased to such extent as experience may show to be desirable and practicable.
3. Postnatal Clinics. Provision for postnatal work shall be similar to and be done at the same clinics and on the same days as antenatal work.  
Subject to the approval of the Secretary of State, the number of postnatal clinics will similarly be increased to such extent as experience may show to be desirable and practicable.
4. Child Welfare Clinics. There are two Child Welfare Clinics held weekly at Annat and Fort William. These are conducted by the Surgeon-Superintendent for the Belford Hospital. In view of the distribution of the population in the area, no increase will be made in the meantime in the number of clinics. Welfare supervision will be carried out by nursing staff in the children's own homes.  
Subject to the approval of the Secretary of State, the number of Child Welfare Clinics will similarly be increased to such extent as experience may show to be desirable and practicable.
5. Care of Premature Infants born at home and their Mothers. Arrangements will be made with the Regional Hospital Board for the reception of premature babies into hospital. In the event of removal being inadvisable, the Local Health Authority shall so far as possible make domiciliary arrangements to meet the nursing and materials needs of any case.
6. Care of Unmarried Mothers and their Children. The Local Health Authority shall co-operate with any other Local Health Authority or with any voluntary body providing appropriate services for the care of unmarried mothers and their children. In the absence of institutional provision, the Local Health Authority shall make arrangements for boarding out for such periods as may be necessary.
7. Supply of Welfare Foods. These shall be distributed at clinics and through voluntary agencies and nursing staffs.
8. Maternity Outfits, etc. The Local Health Authority shall supply suitable maternity outfits. Supplies of beds, bedding and other necessary articles will be provided by the Local Health Authority and the British Red Cross Society will be available to supplement medical supplies from their reserves at a charge to be arranged.

9. Day Nurseries. It is not proposed to found day or residential nurseries in this area.

10. Dental Care. The school dental service shall be made available to expectant and nursing mothers and children under school age who shall report for dental examination and treatment at local schools on the occasions of the school dentists' visits. Dentures shall be supplied and repairs executed by arrangement with local dentists or through the school dental service.

Subject to the approval of the Secretary of State, such modifications in the arrangements for dental care will be made as experience may show to be desirable and practicable.

11. Future Development. The Local Health Authority do not regard the foregoing proposals as necessarily representing an optimum standard of development in respect of the services therein referred to. They intend to keep these services constantly under review with the object of making such extensions and improvements therein as experience may show to be desirable and as the facilities available may from time to time permit. When they are in a position to assess what extensions and improvements are required and to carry them into effect, they will submit to the Secretary of State proposals relating to the provision contemplated.

Estimate of Expenditure from 5th July, 1948, to 15th May, 1949.

(a) Cost of Clinics .....	£200
(b) Cost of Day Nurseries .....	-
(c) Cost of Residential Nurseries .....	-
(d) Cost of Dental Treatment .....	300
(e) Cost of special provision for the care of unmarried mothers and their children .....	500
(f) Domiciliary Nursing Care .....	2,850

(Signed) A. J. FRASER, Councillor

(    ) HUGH HACKENZIE, Councillor

(    ) R. WALLACE, County Clerk.

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Approved by the Secretary of State for Scotland on 25th June, 1948.

T. D. HADDOW,  
Assistant Secretary,  
Department of Health for Scotland.

EDINBURGH.

C O U N T Y   C O U N C I L   O F   I N V E R N E S S

Proposals for Midwifery formulated under Section 23, National Health Service (Scotland)  
Act, 1947

1. The Local Health Authority will appoint, or may co-operate with another Local Health Authority in the appointment of a Nursing Superintendent who will supervise and co-ordinate the midwifery, health visiting, home nursing and clinic services, and who shall be responsible to the Medical Officer of Health.

2. Two supervisors of midwives will be appointed, one of whom will be the Nursing Superintendent. They will require to be State Registered Nurses, State Certified Midwives and hold the Health Visitors' Certificate. The supervisors shall be responsible to the Medical Officer of Health.

3. The domiciliary service will be effected as far as possible jointly by doctors and midwives. Midwives will be instructed to influence each patient to obtain the services of a doctor. Applications for domiciliary service will be made by the expectant mother direct to the midwife who shall immediately inform the doctor and thereafter notify the Local Health Authority on a prescribed form of the arrangements made.

In the event of maternity hospitals functioning in the area as training schools or otherwise carrying out-door staff, the Local Health Authority may enter into an agreement for the conduct of a complete or partial domiciliary midwifery service with the hospital authority.

4. The district nurses in the service of the Local Health Authority will act as midwives in their respective districts. In exceptional circumstances, the service may be supplemented by the temporary appointment of additional midwives.

5. For the purpose of refresher courses for midwives, the Local Health Authority shall enter into agreement with the Regional Hospital Board for the provision of post-qualifying instruction in midwifery. It shall be obligatory on all midwives employed by the Local Health Authority to take advantage of such instruction.

6. Arrangements for the services of consultants will be made through the doctor in charge of the case.

7. Doctors called in by midwives in cases of emergency for which no doctor has been booked, will be remunerated according to the agreed national scale.

8. Immediately after the appointed day for the purposes of the National Health Service (Scotland) Act, 1947, the Local Health Authority shall operate the midwifery service by assuming responsibility for the district nursing service as at present constituted and which is adequate for the purpose.

Midwives will be responsible for the maintenance of records in such form as the Secretary of State may prescribe and these shall be available to any doctor in attendance on the case to any hospital to which the case may be referred and to accredited Medical Officers of the Local Health Authority and the Department of Health for Scotland.

9. Personnel.

(1) Number of midwives available whole-time for domiciliary midwifery by--

- (a) Local Health Authority--None
- (b) Hospitals--None
- (c) Voluntary organisations--None

(2) Number of midwives available part-time for domiciliary midwifery by--

- (a) Local Health Authority--None
- (b) Hospitals--None
- (c) Voluntary organisations--65.

10. Suitable arrangements will be made with the Regional Hospital Board for the tuition of midwives in the use of gas and air analgesia or other approved form of analgesia and necessary apparatus will be supplied as and when available.

11. Housing arrangements will be as under Section 25 Scheme.

12. Transport arrangements will be as under Section 25 Scheme.

Estimate of Expenditure from 5th July, 1948, to 15th May, 1949

(a) Expenditure as Local Supervising Authority (excluding fees to doctors called in in emergency by midwives) .....	£7,600
(b) Payments under agreements with hospitals in respect of the domiciliary midwifery service .....	400
(c) Payments under agreements with voluntary organisations in respect of that service .....	-
(d) Other expenditure incurred by the Authority in connection with that service .....	300

(Signed) A. J. FRASER, Councillor

(    ) HUGH MACKENZIE, Councillor

(    ) R. WALLACE, County Clerk.

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Approved by the Secretary of State for Scotland on 25th June, 1948.

T. D. HADDOW,  
Assistant Secretary,  
Department of Health for Scotland.

EDINBURGH.

C O U N T Y   C O U N C I L   O F   I N V E R N E S S

Proposals for Health Visiting formulated under Section 24, National Health Service (Scotland) Act, 1947

1. The duties under these arrangements will be discharged by the District Nurses under the supervision of the Nursing Superintendent who will be responsible to the Medical Officer of Health.

When the present shortage of nurses is overcome, the Local Health Authority will consider the appointment of a sufficient number of full-time Health Visitors.

2. These duties will coincide with some under Sections 22, 23, 25 and 26 of the Act and some under the School Health Service. Health education in the home with special emphasis on the prevention of disease and the importance of nutrition will be an important feature of this Service.

3. In order to enable District Nurses to discharge their duties competently under this Section, the Local Health Authority will arrange appropriate courses of instruction.

4. Co-operation under this Section with doctors and hospitals will be established. With doctors it will be effected direct as nurse and doctor are closely associated in all aspects of their work.

In the case of hospitals, requests will be transmitted through the Nursing Superintendent. District Nurses will be responsible for the maintenance of records in such form as the Secretary of State may prescribe and these shall be available to any doctor in attendance on the case, to any hospital to which the case may be referred and to accredited Medical Officers of the Local Health Authority and the Department of Health for Scotland.

5. There are at present no whole- or part-time qualified Health Visitors employed by the Local Health Authority.

Two, the Nursing Superintendent and Assistant Nursing Superintendent, are employed by the County Nursing Association, a voluntary body, to supervise all district nursing work and are therefore only part-time employed in Health Visiting.

In effect, health visitors' work is done by the 65 district nurses.

6. Housing and transport arrangements will be as under the Home Nursing Scheme Section 25.

Estimate of Expenditure from 5th July, 1948, to 15th May, 1949

- (a) Payments under Agreements with voluntary organisations -  
 (b) Other expenditure incurred by the Authority ..... £1,900

(Signed) A. J. FRASER, Councillor

( \* ) HUGH MACKENZIE, Councillor

( \* ) R. WALLACE, County Clerk.

Approved by the Secretary of State for Scotland on 25th June, 1948

T. D. HADDOW,  
 Assistant Secretary,  
 Department of Health for Scotland.

EDINBURGH.

C O U N T Y   C O U N C I L   O F   I N V E R N E S S

Proposals for Home Nursing formulated under Section 25, National Health Service (Scotland) Act, 1947.

1. On the appointed day, for the purposes of the National Health Services (Scotland) Act, 1947, the Local Health Authority will assume direct financial responsibility and control of the District Nursing Services as they at present exist in the county. The scope of the Home Nursing Service will be substantially that at present recognised as appropriate to District Nursing.

2. The present co-ordinating body, the County Nursing Association, will be requested to appoint a Nursing Advisory Committee of ten, the advice of which will be available on nursing problems to the Local Health Authority.

3. The Local Health Authority will co-operate with voluntary bodies such as the Scottish Branch of the British Red Cross Society and St. Andrew's and St. John's Ambulance Associations in the use of the facilities afforded through their Medical Loan Depots and in any other way appropriate.

4. There are at present no whole-time nurses employed by the Local Health Authority and the number of district nurses to be taken over will be 65. So far as Home Nursing is concerned, they will technically be part-time as they will have responsibilities under Sections 22, 23, 24 and 26 of the Act and under the School Health Services.

When in special circumstances, extra nurses are in the opinion of the Local Health Authority necessary, these will be provided.

District Nurses will be responsible for the maintenance of records in such form as the Secretary of State may prescribe and these shall be available to any doctor in attendance on the case, to any hospital to which the case may be referred and to accredited Medical Officers of the Local Health Authority and the Department of Health for Scotland.

5. The service will be under the direction of a Nursing Superintendent who will be responsible to the Medical Officer of Health. Her duties will also cover the Schemes under Sections 22, 23, 24 and 26 of the Act and the School Health Services.

6. Adequate accommodation will be provided for nurses and wherever possible houses supplied.

7. Transport appropriate to the needs of the area will be provided.

Estimate of Expenditure from 5th July, 1948, to 15th May, 1949.

- (a) Payments under Agreements with voluntary organisations -  
 (b) Other expenditure incurred by the Authority ..... £22,800

(Signed) A. J. FRASER, Councillor

( " ) HUGH MACKENZIE, Councillor

( " ) R. WALLACE, County Clerk

Approved by the Secretary of State for Scotland on 25th June, 1948.

T. D. HADDOW,  
 Assistant Secretary,  
 Department of Health for Scotland.

C O U N T Y   C O U N C I L   O F   I N V E R N E S S

Proposals for Vaccination and Immunisation formulated under Section 26 of the National Health Service (Scotland) Act, 1947

1. Vaccination against Smallpox.

(a) General Plan. The County Council will as far as possible maintain records of the state as to vaccination of all children of pre-school and school age within the area, and through its Health Visiting and Nursing Staff, School Health Service, Child Welfare Clinics and public propaganda keep before the parents in the area the desirability of vaccination against smallpox.

The Local Health Authority will give an opportunity to every medical practitioner in the area to enter into an arrangement with the Authority for him to vaccinate free of charge any patient whose medical care he undertakes. Lymph will be supplied free of charge.

A system of organised sessions is not applicable to this county and ordinarily County Council Staff will not carry out this work.

The County Council will consult as and when necessary with the Local Executive Council regarding the services of the general practitioners in the area.

(b) Emergency Arrangements. In the event of an emergency arising necessitating the vaccination of large numbers of the public, this will be met by the setting up of temporary clinics and the work will be carried out by County Council Staff and/or by local practitioners. The Medical Officer of Health will be empowered to make any additional special arrangements necessary.

(c) Sessional Arrangements. The distribution of population in Inverness County does not lend itself to sessional arrangements for vaccination and it is not proposed to have such sessional arrangements except in exceptional circumstances.

(d) Publicity. National publicity material supplied centrally and cinema facilities will be used at appropriate times and places.

(e) Local Propaganda. The desirability of vaccination against smallpox will be brought to the notice of the parents of each individual child by Health Visitors, Nurses, circulation of literature or any other means that may appear appropriate. Reminders will be sent in cases of default.

On the exceptional occasions when sessions are to be held, the public will be informed as to time and place by newspaper advertisement, public notices or any other means available.

(f) Arrangements for the General Practitioners. Cases will be referred for vaccination to the general practitioners on whose list they are. General practitioners taking part in the Authority's arrangements will be required, for record purposes, to furnish particulars, in a form approved by the Secretary of State, of vaccinations performed under these arrangements. On the basis of receiving these particulars, the Authority will pay to the practitioners such fees according to circumstances as the Secretary of State may from time to time approve.

The County Council will consult with the Local Executive Council regarding any difficulties which may arise in connection with practitioners and which affect the efficiency of this Service.

The County Council staff will not ordinarily, apart from exceptional circumstances and in times of emergency, carry out vaccination.

## II. Immunisation against Diphtheria

(a) General Plan. The Local Health Authority will as far as possible maintain records of the state of immunisation against diphtheria of all children of pre-school and school age within the area, and through its Health Visiting and Nursing Staff, School Health Service, Child Welfare Clinics and public propaganda keep before the parents in the area the desirability of immunisation against diphtheria.

The Health Visitors will be expressly charged with the responsibility for making every effort to secure the immunisation of the children in their respective districts, for collecting forms of consent from the parents and for keeping such records as will enable them to carry out their work systematically. On entry to school, parents will be requested to consent to primary immunisation if not already carried out.

The Authority will give an opportunity to every medical practitioner in the area to enter into an arrangement with the Authority for him to immunise free of charge any patient whose medical care he undertakes.

All necessary supplies will be made free of charge.

(b) Reinforcement. As is already the practice in this area, parents of entrants to school will be, if the child has already been immunised, requested to consent to a reinforcing injection and this arrangement will continue and the work will ordinarily be carried out by the County Council Staff.

(c) Sessional Arrangements. Sessional arrangements will be available during school medical inspection at the various schools throughout the area and at the Child Welfare Clinics.

(d) Publicity. National publicity material supplied centrally will be used at appropriate times and places.

(e) Local Propaganda. The parents of children will be advised through all agencies available to the County Council of the desirability of immunisation against diphtheria. Sessions will be made known to the public by advertisement or any other means available.

(f) Arrangements with General Practitioners. General practitioners taking part of the Authority's arrangements will be required for record purposes, to furnish particulars in a form approved by the Secretary of State, of immunisation performed under these arrangements. On the basis of receiving these particulars, the Authority will pay to the practitioners such fees, according to circumstances, as the Secretary of State may from time to time approve. The County Council's officers will be employed in carrying out work on a sessional basis at schools.

The County Council will consult with the Local Executive Council regarding any difficulties which may arise in connection with practitioners and which affect the efficiency of this service

(g) Other Diseases. As and when other immunising agents of proved efficacy can be procured, the County Council will submit to the Secretary of State arrangements similar to those recorded above.

Estimate of the Amount and Cost of Work to be undertaken between 5thJuly, 1948, and 15th May, 1949.Vaccination against Smallpox.

Number of Vaccinations against Smallpox--900  
 These will be children born in 1948 and 1949  
 The number which will present for vaccination in other age groups  
 will be negligible.

Immunisation against Diphtheria.

Number of immunisations in children born in 1944 and later years--600  
 Number of immunisations in children born between 1934 and 1944--500  
 Number of immunisations in persons born before 1934--nil.

Expenditure

	Operation of Service	Propaganda	Total
Smallpox	£100	£50	£150
Diphtheria	£150	£50	£200

(Signed) A. J. FRASER, Councillor

( " ) HUGH MACKENZIE, Councillor

( " ) R. WALLACE, County Clerk

Approved by the Secretary of State for Scotland on  
 25th June, 1948.

T. D. HADDOW,  
 Assistant Secretary,  
 Department of Health for Scotland.

ED INBURGH.

C O U N T Y   C O U N C I L   O F   I N V E R N E S S

Proposals for the Prevention of Illness, Care and After-Care formulated under Section 27,  
National Health Service (Scotland) Act, 1947.

A. TUBERCULOSIS

I. General

1. The arrangements of the Local Health Authority will comprise:--
  - (1) Measures to control the spread of infection
    - (a) by tracing contacts who may have been infected by persons suffering from tuberculosis and advising them to seek medical examination;
    - (b) by co-operating with the Regional Hospital Board in determining the need of patients for admission to hospital;
    - (c) by assisting households with tuberculosis members to obtain adequate housing accommodation;
    - (d) by advising and assisting as regards safeguards to be observed in cases where persons suffering from tuberculosis are living at home;
    - (e) by arranging for the boarding-out of child contacts from tuberculous families.
  - (2) measures for the care of persons suffering from tuberculosis and for the after-care of persons who have so suffered
    - (a) by providing assistance, such as the supply of beds, bedding, and nursing requisites, where a patient is undergoing treatment at home or has been discharged from hospital. The British Red Cross Society will be available to supplement medical supplies from their resources at a charge to be arranged.
    - (b) by co-operating with the Ministry of Labour in the resettlement of tuberculous persons in employment or their entry into sheltered employment.
  
2. By arrangement with the Regional Hospital Board and the Board of Management concerned the services of a tuberculosis physician (and of medical staff of the Board associated with him in the hospital and specialist service) will be available for the medical supervision, under the administrative control of the Medical Officer of Health, of the operation of the Council's arrangements. When discharging functions under these arrangements, the physician is referred to as the Tuberculosis Officer, and will be regarded as having the status and the responsibilities of a Deputy or Senior Assistant Medical Officer of Health.

II. Operation of Arrangements

3. Where a case of tuberculosis is notified to the Medical Officer of Health by a general practitioner, the notification is intimated to the Tuberculosis Officer who arranges in consultation with the practitioner for the home to be visited either by himself or a colleague or by a health visitor detailed for this work. As a result of this visit, a report is made on home conditions, family circumstances, and any other facts bearing on the best methods of disposal and treatment of the patient; on any necessary alterations to the immediate environment; and on possible contacts, indicating the general practitioners whose patients they are.
  
4. In the light of this report, and in consultation with the patient's general practitioner, the Tuberculosis Officer reaches a decision as regards the patient's admission to hospital. (This he does in his hospital capacity, but his dual personal responsibility ensures that the domiciliary and epidemiological considerations of special importance from the Council's standpoint are given full weight). He also approaches the general practitioners responsible for possible contacts, tells them the position and offers the facilities available within the hospital service for diagnosis of tuberculosis. If a possible contact professes not to be under the care of any general practitioner, or not to wish to be under the care of one, he will be invited directly by or on behalf of the Tuberculosis Officer to take advantage of these diagnostic facilities.

5. Where a patient is living at home (treatment then being the clinical responsibility of the general practitioner concerned, with recourse as necessary to the hospital and specialist services), a health visitor and/or a domiciliary nurse will be detailed at the request of the Tuberculosis Officer to give such advice and assistance as she can in connection with the measures set out at (1) (c,d,e) and (2) of paragraph 1 above. These health visitors and nurses who will be allocated to this work by the Council from among those employed in accordance with arrangements approved under Sections 24 and 25 of the Act respectively, will act in co-operation with the general practitioners concerned, and will give effect to their instructions.

6. When the discharge of a tuberculous patient from hospital to a home in the Council's area is contemplated, particulars of the case (especially as regards infectivity and measures of care or after-care desirable) will be intimated to the Medical Officer of Health by arrangement with the hospital authorities, in order that a report obtained by the Tuberculosis Officer as under paragraph 3 above may be furnished to the hospital before their decision on discharge is reached. If the patient is to be discharged the Tuberculosis Officer will arrange for a health visitor or nurse to be detailed as under paragraph 5 above.

#### B. OTHER SERVICES

1. Venereal Diseases. The nursing and medical staff of the Local Health Authority will co-operate with the Hospital Authorities in the follow-up of cases of Venereal disease and in the investigation of sources and contacts.

2. Nursing staff shall as part of the Home Nursing Service exercise supervision over convalescent cases discharged to their own homes.

3. Beds, bedding, equipment and nursing requisites will be supplied where necessary and at request by a doctor or nurse by the Local Health Authority.

4. The Local Health Authority will be entitled to recover from any person in respect of services prescribed in regulations such charge as the Authority may determine having regard to the costs, provided that the Authority may remit the said charge in whole or in part if in the circumstances of any particular case they consider it reasonable to do so.

(Signed) A. J. FRASER, Councillor,

( " ) HUGH MACKENZIE, Councillor,

( " ) R. WALLACE, County Clerk.

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Approved by the Secretary of State for Scotland on  
25th June, 1948.

T. D. HADDOW,  
Assistant Secretary,  
Department of Health for Scotland.

EDINBURGH.

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#### Estimate of Expenditure from 15th July, to 15th May, 1949

(a) Cost of provision relating to tuberculosis .....	£2,000
(b) Cost of provision relating to other diseases .....	700
(c) Cost of equipment loan service .....	150

C O U N T Y    C O U N C I L    O F    I N V E R N E S S

Proposals for the Provision of Domestic Helps formulated under Section 28, National Health Service (Scotland) Act, 1947

1. A Local Health Authority may make such arrangements as the Secretary of State may approve for providing domestic help for households where such help is required owing to the presence of households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over school age within the meaning of the Education (Scotland) Act, 1946.

2. The Local Health Authority may recover from any person availing himself of domestic help so provided such charges as the Authority may determine having regard to the cost of the arrangements.

Provided that the Authority may remit the said charge in whole or in part if in the circumstances of any particular case they consider it reasonable to do so.

SCHEME FOR PROVIDING DOMESTIC HELP

The provisions of the above Section 28(1) are permissive and not obligatory and the institution of domestic helps by the Local Health Authority does not confer a right on any individual to demand that a domestic help be supplied; it must rest with the Local Health Authority--through the Medical Officer of Health--to decide whether, having regard to all the circumstances of each individual case, any particular request can be met.

General

1. Categories of Households covered. Any person may apply for the services of a domestic help for a household where such help is required in respect of:--

- (a) a person who is ill.
- (b) an expectant mother.
- (c) a lying-in mother.
- (d) a mentally defective person.
- (e) an aged person, or
- (f) a child not over school age within the meaning of the Education (Scotland) Act, 1946.

Medical Certification. Except in the case of women in categories (b) and (c) already known to the Public Health Department, such medical certification will be required by the Local Health Authority as may be arranged with the Local Executive Council, if the service of a domestic help is indicated by reason of illness. In cases where illness is not the cause, certification of the conditions in the individual household will be required from the Health Visitor. In exceptional circumstances only will medical extension certificates be necessary.

Appropriate medical certificate forms will be issued to medical practitioners.

Application for the Service. Forms of application (see Appendix I) will be issued on request from the Public Health Department and will also be obtainable from district nurses.

In cases of emergency helps may be supplied on application to the district nurse who shall immediately thereafter send the form to the Medical Officer of Health. Otherwise the form must be completed and sent to the Medical Officer of Health within a reasonable time of the service being required. An assessment of the needs of the case will then be made and the charge, if any, to be met by the applicant determined in accordance with the scale of the Local Health Authority. The full (standard) charge will be payable unless the applicant considers himself unable to pay it and gives particulars in support of a claim for a reduced charge. If the applicant agrees to meet the assessment a domestic help will be assigned.

All contributions by the applicant must be paid in advance unless in an emergency where the proportion of the fee, if any, should be paid as soon as possible after the help takes up duty.

In such emergency cases, should the appropriate fee, if any, not be paid within 14 days, the domestic help will be withdrawn.

A help will not be authorised where there is a capable near relative available to undertake the duties.

Domestic Helps to be Employed. The Local Health Authority will provide domestic helps--

- (a) by utilising approved women for part-time duties.
- (b) by the employment of whole-time domestic helps.
- (c) by arrangement with neighbouring women in rural areas where regular helps are unable to attend owing to transport or other difficulties.
- (d) the assistance of voluntary agencies, e.g. Red Cross, may be enlisted in certain cases.

Approval by the Local Health Authority will be granted only to women who are known to be of good character and produce adequate references to this effect from responsible people, have some knowledge of plain cooking, are clean in their persons and homes and preferably have some knowledge in the care and upbringing of children.

While every care will be taken in the selection of domestic helps, it must be clearly understood as an essential condition of the scheme, that the Local Health Authority will not hold themselves responsible for any misdemeanour on the part of the domestic help or for any loss or damage which may occur while the domestic help is employed in the applicant's home.

Duties of Domestic Helps. These are set forth in the rules for the guidance of domestic helps--see Appendix II.

The maximum number of hours per day which the domestic help is required to work is eight excluding one hour for a meal. The normal hours of duty are from 8 a.m. to 5 p.m., but these may be modified to suit individual needs; similarly the domestic help may be engaged for fewer hours per day. Except in special circumstances and in cases where attendance is given by reason of confinement, the help will not be expected to work on Sundays.

Remuneration of Domestic Helps. The wages paid to domestic helps shall be in relation to those agreed for domestic workers in hospitals and similar institutions. Reasonable travelling expenses will be paid where necessary. Helps will provide their own food when on duty. Supplementary gratuities paid by the households where the helps are employed are prohibited.

It shall be open to the Local Health Authority to withhold payment where the work of a help, after full investigation by the Medical Officer of Health, has been found to be unsatisfactory, or where she has failed to work the required number of hours.

#### Supervision.

The Service will be under the control and direction of the Medical Officer of Health, acting in collaboration with the County Nursing Superintendent.

Domestic helps shall work under the supervision of the District Nurses.

#### Area Arrangements

2. It is not proposed that domestic helps should be employed in specific areas but applications from a particular area will be met by helps (if any) resident in that area. In districts where there are none, helps from adjacent areas will provide the service, and the employment of a neighbour is not excluded where there is no domestic help resident within a reasonable distance or where transport facilities are inadequate.

In every isolated area arrangements may be made for the helps to remain overnight provided there is suitable accommodation. Any such arrangement must be a private one between the applicant and the domestic help--the Local Health Authority being responsible only for payment for a maximum daily period of eight hours.

Estimate Cost of the Service

3. It is not possible to estimate with any degree of accuracy what the cost of this service will be.

(Signed) A. J. FRASER, Councillor.

( \* ) HUGH HACKETT, Councillor.

( \* ) R. WALLACE, County Clerk.

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Approved by the Secretary of State for Scotland on 25th June, 1948.

T. D. HADDOW,  
Assistant Secretary,  
Department of Health for Scotland.

EDINBURGH.

APPENDIX I

COUNTY COUNCIL OF INVERNESS

Public Health Department

Application for Services of Domestic Help

Name of Applicant .....

Name .....

Reason for Domestic Assistance .....

If attendance necessary on account of confinement, state probable date of delivery .....

State date when it is desired Domestic Help should commence duty .....

Period help required--                      Days                      Hours  
 ..... from ..... to .....

Name of Family Doctor .....

The standard charge for domestic help is            per hour. If the applicant considers that a reduced charge would be appropriate, in his case, the following particulars must be given:--

Annual amount paid for (a) Rent ..... Rates .....

Names of all inmates	Age	*Gross weekly Income and source	How verified	Name and Address of Employers of those working

\*To include earnings and allowances from all sources

NOTE:--Paylines or certified statement of earnings for previous two weeks to accompany this application.

No Help can be provided if a relative is available to undertake the duties. Is such a person available? .....

Certified that the above statements are true

Date ..... Signature .....

For Official Use

Charge ..... for ..... days From..... to .....

Name of Help authorised ..... Date .....

APPENDIX I IRules for the Guidance of a Domestic Help

1. She shall undertake duty in any household to which she has been assigned.
2. She must attend daily at the home to which she is sent from 8 a.m. to 5 p.m., or such other hours as are considered necessary and desired by the patient. In no case must the Help be required to work more than eight hours per day.
3. She must undertake the ordinary duties normally falling to the housewife which could reasonably be undertaken in the time that her attendance is authorised.
4. If the patient is under medical or nursing care, the Domestic Help must not interfere with the instructions given but she will be expected to co-operate in giving ordinary housewife care to the patient.
5. Where the Local Health Authority has agreed to provide the services of a Domestic Help, a written order is issued stating the name and address of the household requiring her services. Without such written order, no payment will be made.
6. The Domestic Help must intimate to the Local Health Authority when she commences duty in each case.
7. She must supply and cook her own food, and not use the food provided by the family for whom she works, unless the family care to come to an amicable arrangement with her.
8. Where a case of infectious disease occurs in the house of a Domestic Help or in the family of the patient, or should the Domestic Help in any way come into contact with infection, she must report at once to the Public Health Department (Telephone Inverness 870) for instructions.
9. Payment will be made by the Local Health Authority in the case of part-time Helps as soon as proof is obtained of satisfactory service. The rate of pay for such Helps will be the current rate approved by the Local Health Authority. Similarly whole-time helps shall be remunerated at current rates approved by the Local Health Authority. NO CHARGE MUST BE MADE TO THE PATIENT NOR PRESENTS ACCEPTED FROM THE PATIENT. Bus fares will be allowed in approved circumstances.
10. Any conduct on the part of the Domestic Help which is contrary to the interest of the household where she is employed may, if brought to the notice of the Local Health Authority, lead to her name being removed from the List.
11. If a Domestic Help desires to terminate her service, or if on account of ill-health she is unable to undertake the duties, she must inform the Local Health Authority without delay.
12. Domestic Helps are specially warned that they must not under any circumstances divulge or discuss the affairs or circumstances of the families to which they have been sent.

C O U N T Y    C O U N C I L    O F    I N V E R N E S S

Proposals for the Mental Health Service formulated under the National Health Service (Scotland) Act, 1947, and in terms of Circular No. 99/1947 from the Department of Health for Scotland.

(a) General Plan. The Scheme will be administered by the Medical Officer of Health assisted by the staff of the Health Department of the Local Authority (particulars, Appendix I).

The closest co-operation will be established and maintained between the Local Health Authority and the Regional Hospital Board. Medical Officers of the Local Health Authority will have the assistance and advice of the Mental Specialist Staff of the Board in the discharge of their duties relating to mental health and mental deficiency. There will also be collaboration with any Specialist Psychological Staff employed by the Education Committee of the County Council.

(b) The Local Health Authority will, as soon as personnel become available, secure the services of an adequate number of psychiatric social workers. In order to unify the institutional domiciliary divisions of the service, such appointments may be made in collaboration with the Regional Hospital Board and services may be shared with adjoining authorities.

(c) Authorised Officers. The Authorised Officers, provided suitable and convenient arrangements can be made, will be the present Public Assistance Officers in the various areas in the County. Psychiatric Social workers when appointed shall also act as Authorised Officers. The duties of Authorised Officers shall be as follows:--

- (i) The Authorised Officers will make arrangements for the detention of persons apparently of unsound mind who have no relatives or friends willing and able to do so. In the usual course of events, the medical practitioner will be called to see the case and will communicate with the Authorised Officer who, on medical certification, will proceed by way of a petition to the Sheriff. In the case of a dangerous Lunatic, the Authorised Officer will proceed by way of an application to the Sheriff under the procedure laid down under Section 15 of the Lunacy (Scotland) Act, 1862. The Authorised Officers will arrange and co-operate with the ambulance service provided by the Regional Hospital Board for removal of certified persons to mental hospitals or institutions. In suitable cases, the Authorised Officer may arrange for the patient to be received under guardianship, in terms of Section 13 of the Lunacy (Scotland) Act, 1866, after consultation with the Medical Officer of Health or his Deputy. Further, the Authorised Officers will take any steps necessary to safeguard the property of persons committed to mental hospitals or certified institutions for defectives. It will continue to be the endeavour of the County Council to ensure that as many persons of unsound mind as possible shall receive institutional treatment as voluntary patients.
- (ii) The Authorised Officers will make representation through the Mental Officer of Health to the Medical Superintendent of the Mental Hospital when it is proposed to discharge insane persons from that Hospital and the Officers consider that adequate arrangements have not been made for the patients' welfare in the event of discharge.
- (iii) The Authorised Officers will, if assistance of the Local Authority in this regard is sought by the Regional Hospital Board, arrange for and carry out the immediate supervision of certified Lunatics placed under guardianship, or boarded out or liberated on probation from a mental hospital.
- (iv) The Authorised Officers will, on the instruction of the Medical Officer of Health, take steps to remove, pending the presentation of a petition, a supposed defective who is neglected, abandoned, cruelly treated or without visible means of support, to a place of safety as defined in the Mental Deficiency and Lunacy (Scotland) Act, 1913. The Authorised Officers may, on all occasions, call for the medical examination of persons in respect of whom they consider that action may have to be taken and arrange-

ments will be made with the Local Executive Council for the service of general practitioners for the purposes of this Scheme.

- (v) The Authorised Officers will supervise and attend to the visitation of mental defectives belonging to the County who are placed under official guardianship.
- (vi) The Authorised Officers will take any steps necessary to safeguard the property of persons committed to mental hospitals or certified institutions for mental defectives.

See Appendix II for particulars of centres, etc. It is not possible at this stage to estimate accurately the amount of time Authorised Officers may have to spend in the discharge of their duties.

(d) Ascertainment of Mental Defect in Persons over the age of 16. Ascertainment of the incidence of mental defect in persons over 16 years shall be made through information received in the first instance from medical practitioners, nurses, social workers or organisations and relatives or guardians of cases.

It will be the duty of the Authorised Officer to maintain a close liaison with all agencies within his area, through which agencies persons who may be mental defectives requiring to be dealt with at the instance of the Local Health Authority may come to notice. The Authorised Officer will also arrange for the appropriate medical advice to be obtained when required in dealing with these cases.

The assessment of mental defect shall be carried out by the Medical Staff of the Local Health Authority assisted by the Specialist Psychological Staff of the Education Committee and the Mental Specialist Staff of the Regional Hospital Board.

(e) Action to be taken in respect of Mental Defectives. Educable mentally defective children of school age will be sent to special schools, classes or certified institutions.

Mentally defective children reported as unsuitable for education in a special school or class or as requiring further official care after attaining the age of 16 will be admitted to appropriate institutions. In the absence of suitable institutional accommodation, domiciliary help will be given to parents or guardians who may continue to have charge of cases.

Similar arrangements will be made for mental defectives over 16 otherwise ascertained as requiring to be dealt with by the Local Health Authority.

(f) Training and Occupation for Mental Defectives not in Institutions. It will be impracticable to establish centres in this area for the training and occupation of mental defectives. It may, however, be possible to provide suitable occupation and training by utilising centres in other areas, sending defectives for periods to institutions or by individual instruction in their homes in simple rural arts appropriate to their surroundings.

It is impossible to indicate the number of staff necessary to carry out this aspect of the work.

The Local Health Authority will be prepared at the request and on behalf of the Hospital Board to supervise certified lunatics who may be under guardianship, boarded out or liberated on probation from a mental hospital at or to an address within the area of the Local Health Authority.

(g) The Local Health Authority shall co-operate with voluntary bodies such as the British Red Cross Society and the Northern Counties Association for Mental Hygiene in the carrying out of the domiciliary Mental Health Services.

(h) Estimate of Cost of Service from 5th July, 1948, to 15th May, 1949

- (1) Salaries of Staff (including Authorised Officers)  
employed by the Authority ..... £500
- (2) Cost of providing and maintaining training or  
occupational centres ..... -
- (3) Payments to Voluntary Organisations ..... 150
- (4) Other expenditure ..... -

(Signed) A. J. FRASER, Councillor.

( " ) HUGH HACKENZIE, Councillor.

( " ) R. WALLACE, County Clerk.

Approved by the Secretary of State for Scotland on 25th June, 1948.

T.D. HADDOW,  
Assistant Secretary,  
Department of Health for Scotland.

EDINBURGH.

APPENDIX IMedical Staff of the Local Health Authority

1. A. M. FRASER, M.D., D.P.H., Medical Officer of Health.
2. E. A. JOHNSTON, M.A., M.B., D.P.H., Assistant Medical Officer of Health.
3. W. D. WILSON, M.D., D.P.H., Senior Assistant Medical Officer of Health.
4. N. A. M. MACKINNON, M.B., D.P.H., Assistant Medical Officer of Health.
5. J. E. TILLOTSON, M.D., Assistant Medical Officer of Health.

APPENDIX IIList of Authorised Officers.District

Inverness and Aird ..... T. R. Paton, P.L.D., County Buildings, Inverness.

Aird ..... Wm. Macdonald, Beauly.

Badenoch ..... R. Maclean, P.L.D., Kingussie.

Lochaber ..... A. Grant, Fort William.

Skye ..... J. Ross, Portree, Skye.

Harris ..... D. M. Morrison, Tarbert, Harris.

North Uist ..... J. Macdonald, P.L.D., Lochnaddy, North Uist.

South Uist ..... J. MacInnes, Gerinish, South Uist.

Barra ..... J. Smith, Skallary, Barra.

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SCHOOL  
MEDICAL  
SERVICE.

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ANNUAL REPORT

on the

Medical Inspection of Schools in the County and Burgh of Invernessfor the year ended 31st July, 1948.1. LIST OF STAFF(a) Whole-time Public Health and Schools:--

Medical Officer of Health .....	A. M. Fraser, M.D., D.P.H.
* Deputy Medical Officer of Health.....	E. A. Johnston, M.A., M.B., Ch.B., D.P.H.
* Assistant Medical Officer of Health .....	W. D. Wilson, M.D., D.P.H.
Assistant Medical Officer of Health .....	N. A. M. Mackinnon, M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health .....	J. E. Tillotson, M.D.

\*Dr. E. A. Johnston, Deputy Medical Officer of Health, appointed Medical Officer of Health as from 5/7/48.

\*Dr. W. D. Wilson, Assistant Medical Officer of Health, appointed Deputy Officer of Health as from 5/7/48.

School Dental Surgeons

School Dental Surgeon .....	W. S. Thomson, L.D.S.
Assistant School Dental Surgeon .....	Miss M. Allardice, L.D.S.
Assistant School Dental Surgeon .....	Mrs D. Christie, L.D.S.
Assistant School Dental Surgeon .....	N. G. Chrystie, L.D.S.
Assistant School Dental Surgeon .....	J. Macleod, L.D.S.
Assistant School Dental Surgeon .....	Miss M. Macrae, L.D.S.
School Nurses (Inverness Burgh) .....	2
Office Staff (Clerks) .....	3

Part-time Consultants

Ophthalmologist .....	T. Chalmers, M.B., Ch.B., F.R.C.S.E.
Ear, Nose and Throat Surgeon .....	I. M. Seex, M.B., Ch.B., F.R.C.S.E.
Orthopaedic Surgeon .....	R. C. Murray, M.B., Ch.B., F.R.C.S.
Physician .....	S. Alstead, M.D., F.R.C.P.
Physician .....	T. Scott, M.B., Ch.B., M.R.C.P.E.

School Nurses

Mainland District .....	31
Skye District .....	13
Outer Islands District .....	15

2. GENERAL STATISTICS

Population of the area .....	84,197
Number of Schools:--	
(a) Primary ) under Education Authority .....	180
(b) Secondary) .....	16
(c) (i) Special Schools .....	1
(ii) Special classes in ordinary schools .....	-
(d) In receipt of grant from education authority and under medical inspection .....	-
Number of children on the registers .....	12,586
Number of children in average attendance .....	-

3. SANITARY CONDITIONS OF THE SCHOOLS

There has been an improvement in the sanitary conditions and general state of repair of schools throughout the Burgh and County of Inverness and, as will be seen from the following table there was a considerable increase in the amount of work carried out during this year as compared with the previous year. There has been considerable progress in the provision of extra accommodation necessitated by the raising of the school age. A matter that has raised comment and adverse report has been the state of many of the school playgrounds. These, in many cases, are very unsatisfactory and require resurfacing. In certain cases it has been difficult to maintain satisfactory conditions in lavatories owing to the difficulty in obtaining staff for cleaning.

District	Electricity Installations	Sanitary Equipment	Painting Internal & External	New stoves and ranges supplied	Misc. Repairs Heating and Water Supplies
Burgh .....	2	-	11	-	6
Mainland ...	10	16	57	21	76
Skye .....	4	3	11	1	27
Outer Isles	-	5	33	6	52

4. ORGANISATION AND ADMINISTRATION

- A. System and extent of medical inspection and treatment--Please see School Annual Report for 1946-47.
- B. System and extent of dental inspection and treatment--Please see School Annual Report for 1946-47.
- C. School Nursing and arrangements for following up--Please see School Annual Report for 1946-47.
- D. Co-ordination with the Public Health Service and with other departments of the Authority which render services to children--Please see School Annual Report for 1946-47.
- E. Co-operation with voluntary bodies and other outside agencies--Please see School Annual Report for 1946-47.
- F. Co-operation with teachers and parents, with special reference to the attendance of parents at inspection-- Please see School Annual Report for 1946-47.

5. THE FINDINGS OF MEDICAL INSPECTION

- (1) Nutrition. The general nutrition remains good and it is thought that school meals are a considerable benefit in maintaining the standard. The percentage of defects noted is less than the previous year.
  - (2) Clothing. With few exceptions the standard is generally satisfactory. Insufficient clothing was most common among vagrant children in and around Inverness.
  - (3) Footgear. This has been generally satisfactory. The habit of going barefoot, noted in last year's report in respect of children in the Outer Islands, remains unchanged.
  - (4) Cleanliness. There was some improvement noted in the standard of cleanliness throughout the year but the incidence of verminous children remains particularly high in the Outer Islands area. Following on this the Medical Officers and Nurses paid more frequent visits to the schools to carry out examinations for cleanliness. This measure, combined with the use of "Suleo" resulted in considerable improvement by the end of the school year.
  - (5) Skin. The incidence of skin disease was very small and no outbreaks of contagious disease of the skin were noted.
  - (6) Mouth and Teeth. Considerable improvement has resulted in this following upon the dental treatment in the schools but it is hoped that this standard will not deteriorate owing to the present shortage of dentists.
  - (7) Naso-Pharynx. The incidence of defects in this group declined but it is thought that this incidence may be affected by the chance of the time at which the school is examined as in country schools an out break of common colds among children at or immediately before the time of inspection may give undue weighting to the incidence of defects noted in this group. Generally speaking, indications for recommendation of removal of tonsils have been--
    - (a) Very large tonsils possibly giving rise to mechanical difficulty in the pharynx.
    - (b) Tonsils in which there is associated adenitis.
    - (c) Tonsils which appear unhealthy and are associated with frequent attacks of sore throat.
- Glands. Most of the defects noted in this group consisted of small discreet palpable glands. There was no appreciable incidence of tuberculous adenitis.
- (8) Eyes. It has continued to be observed that only a small percentage of the children for whom spectacles are prescribed make a habit of wearing them. There is no appreciable difference in the incidence of defects noted but, if anything, it is somewhat smaller this year.
  - (9) Ears. The incidence of defects in this group continues to be small and does not appear to call for special comment. There was no appreciable difference in the incidence of ear conditions and of defective hearing.
  - (10) Speech. 15 children were found to be suffering from defective speech giving a percentage of .43. This is greater than last year but does not appear to be of any significance in view of the total small number of defects noted.
  - (11) Mental and Nervous Conditions. 19 cases were noted under this head. As before these represented the more readily recognised type of case and, as noted last year, the services of an educational psychologist attached to the County Council staff, would be of benefit to this type of case and it is likely that lesser degrees of defect would be more readily brought to notice.

- (12) Circulatory System. There was only 10 children reported with defects in this group giving a percentage of .28 compared with that of .60 last year.
- (13) Lungs. As before the most of the defects noted in this group consisted of cases of bronchitis and the incidence may be generally considered low.
- (14) Deformities. There is little change to note in the incidence of defects in this group, the findings being 32 children compared with 35 last year giving a percentage of .91 against 1.05 last year.
- (15) Infectious Diseases. No notable epidemics have occurred in the County for the period under review. Immunisation against diphtheria was carried out as before at routine medical inspection and follow-up visits to the schools. The percentage of consents to this being carried out has been generally satisfactory and no ill effects have been noted from immunisation.
- (16) Other Diseases or Defects. 49 defects were noted in this group but they did not consist of any calling for special comment.

6. MEDICAL TREATMENT

A. Minor ailments--	
(1) Cuts, bruises, sprains, etc. ....	10
(2) Diseases of the ear .....	-
(3) Diseases of the eye .....	6
(4) Diseases of the skin--	
Ringworm of the scalp .....	10
X-ray treatments .....	7
Ringworm of the body .....	4
Scabies .....	11
Impetigo .....	66
Other Diseases .....	40
 B. Defective Vision .....	248
(all Local Authority cases)	
 C. Nose and Throat (operative treatment) .....	302
(all Local Authority cases)	
 D. Orthopaedic and postural defects .....	11
(Specialist treatment)	

7. DENTAL INSPECTION AND TREATMENT

Please see Table V. at end of Report.

8. SPECIAL SCHOOLS AND CLASSES

Please see Table IV. at end of Report.

TABLE I

A. Total Number of Children examined during the year under review:--

	Systematic Examinations	Other Systematic Examinations
Ordinary (Entrants .....	1230	-
Schools (Children born 1938 .....	1145	-
(Children born 1934 .....	455	-
(Children born 1931 .....	2	-
Secondary (Children born 1934 .....	535	-
Schools (Children born 1931 .....	143	-
Total .....	3510	-

B. Other Examinations

Special cases examined .....	329
Re-inspection by Medical Officer .....	2114
Children born 1940 .....	1090
Total .....	<u>3533</u>

Number of Children notified to Parents as suffering from Defects:--

Entrants .....	152
Children born 1938 .....	195
Children born 1934 .....	39
Children born 1931 .....	-
Secondary Age Groups .....	38
Other Systematic Examinations .....	-
Total .....	<u>424</u>







































11. MENTAL AND NERVOUS CONDITION (Continued)

(b) DULL

District	Total Number Examined All ages	Entrants		Children born 1938		Children born 1931		Total
		No.	%	No.	%	No.	%	
INVERNESS BURGH	(Boys)	-	-	-	-	-	-	-
	(Girls)	-	-	-	-	-	-	-
MAINLAND	(Boys)	-	-	-	-	-	-	-
	(Girls)	-	-	-	-	-	-	-
SKYE	(Boys)	-	-	-	-	-	-	-
	(Girls)	-	-	-	-	-	-	-
OUTER ISLANDS	(Boys)	-	-	-	-	-	-	-
	(Girls)	-	-	-	-	-	-	-
Grand Total	(Boys)	1775	-	-	-	-	-	-
	(Girls)	1735	-	-	-	-	-	-
SPECIAL CASES	(Boys)	-	-	-	-	-	-	-
	(Girls)	-	-	-	-	-	-	-

11. MENTAL AND NERVOUS CONDITION

(c) Mentally Defective--Educable

District	Total Number Examined All ages	Entrants		Children born 1938		Children born 1931		Total
		No.	%	No.	%	No.	%	
INVERNESS BURGH	(Boys)	-	-	-	-	-	-	-
	(Girls)	1	.16	1	.16	-	-	.16
MAINLAND	(Boys)	-	-	1	.15	-	-	.15
	(Girls)	-	-	-	-	-	-	-
SKYE	(Boys)	-	-	-	-	-	-	-
	(Girls)	-	-	-	-	1	.56	.56
OUTER ISLANDS	(Boys)	-	-	-	-	-	-	-
	(Girls)	-	-	-	-	-	-	-
Grand Total	(Boys)	1	.06	1	.06	2	.11	.17
	(Girls)	1	.06	1	.06	2	.12	.12
SPECIAL CASES	(Boys)	-	-	-	-	-	-	-
	(Girls)	-	-	-	-	1	.1	.1



















T A B L E III  
CLASSIFICATION OF DEFECTS FOUND AT SYSTEMATIC MEDICAL EXAMINATIONS

	1230		1145		990		145		3510	
	Entrants		Children born 1938		Children born 1934		Children born 1931		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total number of Children examined .....	844	68.22	749	65.41	738	74.54	120	82.76	2451	69.83
I. Children free from Defects .....										
II. Children (otherwise free from defects) who suffer from										
(a) Defective Vision not worse than $\frac{6}{12}$ in the better eye with or without glasses .....	-	-	39	3.41	52	5.25	7	4.83	98	2.79
(b) Conditions of the mouth or teeth requiring treatment .....	13	1.06	8	.69	-	-	1	.69	22	.63
(c) Children suffering from (a) and (b) Defects .....	-	-	-	-	-	-	-	-	-	-
Total .....	13	1.06	47	4.10	52	5.25	8	5.52	120	3.42
III. Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks .....	227	18.46	196	17.12	112	11.31	15	10.34	550	15.67
IV. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in II or III:-										
(a) Where complete cure or restoration of function is considered possible .....	132	10.73	117	10.22	51	5.15	-	-	300	8.55
(b) Where improvement only is considered possible .....	14	1.14	36	3.14	37	3.74	2	1.38	89	2.54
Total .....	146	11.87	153	13.36	88	8.88	2	1.38	389	11.08
Grand Total Defects Classified .....	386	31.38	396	34.59	252	25.45	25	17.24	1059	30.17

The undernoted table refers only to Children dealt with during the year under review

T A B L E IV.

Disability	At Ordinary Schools	At special schools or classes	At no school or institution	Total
1. Blind .....	-	-	-	-
2. Partially sighted .....	-	-	-	-
3. Deaf .....	2	3	-	5
4. Defective Speech--				
(a) Articulation requiring special educational measures .....	15	3	-	18
(b) Stammering requiring special educational measures .....	6	-	-	6
5. Mentally defective children between 5 and 16 years:-				
(a) Educable .....	21	-	-	21
(b) Ineducable .....	-	-	2	2
6. Epilepsy--				
(a) Mild .....	1	-	-	1
(b) Severe (suitable for care in a residential school) .....	-	-	2	2
7. Physically defective children between 5 and 16 years:-				
(a) Non-pulmonary Tuberculosis (excluding cervical glands) .....	-	4	-	4
(b) General orthopaedic conditions .....	30	11	-	41
(c) Organic heart disease .....	7	-	-	7
(d) Other causes of ill-health .....	-	-	-	-
8. Multiple defects .....	-	-	-	-
<b>Total .....</b>	<b>82</b>	<b>21</b>	<b>4</b>	<b>107</b>

TABLE V

Dental Inspection and Treatment for Year ended 31st July, 1948.

Number of Children who were:-

## (1) Inspected by the Dental Officers:-

Age	Systematic Examinations	Special and Emergency Cases	Total
5 .....	477	-	477
6 .....	495	-	495
7 .....	630	-	630
8 .....	623	-	623
9 .....	532	-	532
10 .....	537	-	537
11 .....	624	-	624
12 .....	456	-	456
13 .....	390	-	390
14 .....	522	-	522
15 .....	372	-	372
Total .....	5658	-	5658
(2) Found to require treatment .....	3462	-	3462
(3) Actually treated by the School Dental Officers .....	2876	-	2876
(4) Number of attendances made by children for treatment .....	4253	-	4253
(5) Fillings:-			
(a) Permanent teeth .....	2396	-	2396
(b) Temporary teeth .....	2624	-	2624
(6) Extractions:-			
(a) Permanent teeth .....	168	-	168
(b) Temporary teeth .....	1479	-	1479
(7) Number of administrations of a general anaesthetic for extractions .....	-	-	-
(8) Other operations:-			
(a) Permanent teeth .....	584	-	584
(b) Temporary teeth .....	96	-	96
* (9) Half-days devoted to Inspection .....	161	-	161
Half-days devoted to Treatment .....	1019	-	1019
(10) Number of children treated under private arrangements .....	-	-	-

\*This figure embraces all duty sessions. As many small schools are visited complete sessions are not devoted to inspection only. Days spent in travelling to outlying areas, e.g. Skye and Outer Islands are included also. Average rate of acceptance of treatment = 85 per cent.

SUMMARY OF SCHOOL MEDICAL OFFICERS' REPORT FOR THE YEAR ENDED 31st July, 1948

Total Number of Children examined	BURGH OF INVERNESS										MAINLAND AREA									
	413		358		384		95		1250		564		463		324		33		1384	
	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.
Age Groups	ENTRANTS		1938		1934		1931		Total		ENTRANTS		1938		1934		1931		Total	
Defects	4	.97	4	1.12	4	1.04	-	-	12	.96	1	.18	4	.86	-	-	-	-	5	.36
Special Groups Classified	1	.24	-	-	1	.26	-	-	2	.16	1	.18	-	-	-	-	-	-	1	.07
1. Nutrition	-	-	-	-	-	-	-	-	-	-	-	-	1	.22	-	-	-	-	1	.07
2. Clothing	-	-	1	.26	7	1.82	1	1.05	9	.72	9	1.60	31	6.69	6	1.85	-	-	46	3.32
3. Footgear (Cleanliness)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. (Head)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Cleanliness (Body)	-	-	1	.28	-	-	-	-	1	.08	-	-	3	.65	-	-	-	-	3	.22
(Condition of Skin of Head)	8	1.94	4	1.12	4	1.04	7	7.36	23	1.84	3	.53	2	.43	1	.31	1	3.03	7	.51
5. (Condition of Skin of Body)	4	.97	6	1.68	7	1.82	2	2.10	19	1.52	8	1.42	2	.43	5	1.54	-	-	15	1.08
6. Mouth and Teeth Un-healthy	13	3.15	6	1.68	-	-	1	1.05	20	1.60	10	1.77	4	.86	-	-	-	-	14	1.01
(Nose)	21	5.08	5	1.40	5	1.30	-	-	31	2.48	14	2.48	9	1.94	2	.62	1	3.03	26	1.88
7. (Throat)	68	16.46	29	8.10	21	5.47	-	-	118	9.44	84	14.89	49	10.58	22	6.79	1	3.03	156	11.27
(Glands)	71	17.19	19	5.31	5	1.30	1	1.05	96	7.68	49	8.69	37	7.99	10	3.09	-	-	96	6.94
(External Eye Disease)	4	.97	3	.84	1	.26	-	-	8	.64	1	.18	6	1.30	1	.31	-	-	8	.58
8. (Eye Strabismus)	11	2.66	8	2.23	2	.52	-	-	21	1.68	13	2.30	8	1.73	1	.31	-	-	22	1.59
(Eyes Other Diseases)	1	.24	1	.28	2	.52	-	-	4	.32	-	-	-	-	-	-	-	-	-	-
(Visual Acuity)	1	.24	47	13.13	55	14.32	7	7.36	110	8.80	5	.89	44	9.50	31	9.57	4	12.12	84	6.07
(Ears)	-	-	2	.56	1	.26	-	-	3	.24	3	.53	1	.22	-	-	-	-	4	.29
9. (Hearing)	-	-	-	-	2	.52	-	-	2	.16	1	.18	-	-	1	.31	-	-	2	.14
10. Speech	7	1.69	2	.56	-	-	1	1.05	10	.80	1	.18	-	-	1	.31	-	-	2	.14
Mental Condition	3	.72	1	.28	2	.52	-	-	6	.48	-	-	6	1.30	1	.31	-	-	7	.51
11. Nervous	1	.24	-	-	-	-	-	-	1	.08	-	-	-	-	-	-	-	-	-	-
12. Heart and Circulation	2	.48	-	-	2	.52	-	-	4	.32	-	-	2	.43	-	-	-	-	2	.14
13. Lungs	4	.97	-	-	2	.52	-	-	6	.48	1	.18	3	.65	3	.93	-	-	7	.51
14. Deformities	3	.72	2	.56	5	1.30	-	-	10	.80	6	1.06	3	.65	-	-	-	-	9	.65
15. Infectious Diseases	-	-	-	-	-	-	-	-	-	-	1	.18	-	-	-	-	-	-	1	.07
16. Other Diseases or Defects	12	2.91	5	1.40	3	.78	-	-	20	1.60	5	.89	4	.86	6	1.85	1	3.03	16	1.16

SUMMARY OF SCHOOL MEDICAL OFFICER'S REPORT FOR THE YEAR ENDED 31st July, 1948 (Continued)

Total Number of Children Examined	SKYE AREA						OUTER ISLANDS AREA													
	96		108		117		17		338		157		216		165		538			
	ENTRANTS		1938		1934		1931		Total		ENTRANTS		1938		1934		1931		Total	
Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	
1. Nutrition .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Clothing .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Footgear .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. (Cleanliness (Head) . (Cleanliness (Body) .	2	2.08	5	4.63	5	4.27	-	-	12	3.55	18	11.46	40	18.52	34	20.61	-	-	92	17.10
(Condition of Skin of ( Head .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. (Condition of Skin of ( Body .....	1	1.04	1	.92	1	.85	-	-	3	.89	-	-	2	.93	-	-	-	-	2	.37
6. Mouth and Teeth Un- healthy .....	1	1.04	1	.92	-	-	-	-	2	.59	1	.64	2	.93	1	.61	-	-	4	.74
(Nose .....	4	4.16	1	.92	-	-	-	-	5	1.48	1	.64	1	.46	-	-	-	-	2	.37
(Throat .....	12	12.50	11	10.10	1	.85	-	-	1	.30	2	1.27	4	1.85	-	-	-	-	6	1.12
(Glands .....	19	19.79	17	15.74	5	4.27	-	-	24	7.10	15	9.55	27	12.50	11	6.66	-	-	53	9.85
External Eye Disease	-	-	1	.92	-	-	-	-	41	12.13	1	.64	6	2.78	1	.61	-	-	8	1.49
Eyes Strabismus .....	3	3.12	5	4.63	3	2.56	-	-	1	.30	1	.64	3	1.39	1	.61	-	-	1	.19
Eyes--Other Diseases	-	-	-	-	1	.85	-	-	11	3.25	2	1.27	3	1.39	1	.61	-	-	6	1.12
Visual Acuity .....	-	-	18	16.66	15	12.82	2	11.76	35	10.36	-	-	16	7.41	20	12.12	-	-	36	6.69
Ears .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	.61	-	-	1	.19
Hearing.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Speech .....	-	-	-	-	3	2.56	-	-	3	.89	-	-	-	-	-	-	-	-	-	-
Mental Condition .....	-	-	3	2.78	2	1.71	-	-	5	1.48	-	-	-	-	-	-	-	-	-	-
Nervous .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heart and Circulation	-	-	3	2.78	-	-	-	-	3	.89	-	-	1	.46	-	-	-	-	1	.19
Lungs .....	2	2.08	-	-	2	1.71	1	5.88	5	1.48	1	.64	-	-	1	.61	-	-	2	.37
Deformities .....	1	1.04	2	1.85	5	4.27	1	5.88	9	2.66	2	1.27	1	.46	1	.61	-	-	4	.74
Infectious Diseases	-	-	-	-	-	-	-	-	-	-	1	.64	-	-	-	-	-	-	1	.19
Other Diseases or Defects .....	3	3.12	4	3.70	1	.85	-	-	8	2.37	1	.64	2	.93	2	1.21	-	-	5	.93

SUMMARY OF SCHOOL MEDICAL OFFICER'S REPORT FOR YEAR ENDED 31st July, 1948.

Defects Special Groups Classified	GRAND TOTAL ALL AGES											
	1230		1145		990		145		3510		Rate p.c.	
	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.		
ENTRANTS												
Age Groups	1230	1145	990	145	3510	Total						
1. Nutrition .....	5	.41	9	.79	5	.51	-	-	19	.54		
2. Clothing .....	2	.16	-	-	1	.10	-	-	3	.09		
3. Footgear .....	-	-	1	.09	-	-	-	-	1	.03		
4. Cleanliness (head) .....	29	2.36	77	6.72	52	5.25	1	.69	159	4.53		
4. Cleanliness (body) .....	-	-	8	.70	-	-	-	-	8	.23		
5. Condition of Skin of Head .....	12	.98	9	.79	6	.61	8	5.52	35	1.00		
5. Condition of Skin of Body .....	14	1.14	11	.96	13	1.31	2	1.38	40	1.14		
6. Mouth and Teeth Unhealthy .....	28	2.28	12	1.05	-	-	1	.69	41	1.16		
6. Mouth and Teeth Unhealthy .....	37	3.01	19	1.67	7	.71	1	.69	64	1.82		
7. Throat .....	179	14.55	116	10.13	55	5.55	1	.69	351	10.00		
7. Throat .....	140	11.38	79	6.90	21	2.12	1	.69	241	6.87		
Glands .....	6	.48	10	.87	2	.20	-	-	18	.51		
External Eye Diseases .....	29	2.36	24	2.10	7	.71	-	-	60	1.71		
Eye Strabismus .....	1	.08	1	.09	3	.30	-	-	5	.14		
Eyes--Other Diseases .....	6	.48	125	10.92	121	12.22	13	8.97	265	7.55		
Visual Acuity .....	3	.24	3	.26	2	.20	-	-	8	.23		
Ears .....	1	.08	-	-	3	.30	-	-	4	.11		
Hearing .....	8	.65	2	.17	4	.40	1	.69	15	.43		
Speech .....	3	.24	10	.87	5	.51	-	-	18	.51		
Mental Condition .....	1	.08	-	-	-	-	-	-	1	.03		
Nervous .....	2	.16	6	.52	2	.20	-	-	10	.28		
Heart and Circulation .....	8	.65	3	.26	8	.81	1	.69	20	.57		
Lungs .....	12	.98	8	.70	11	1.11	1	.69	32	.91		
Defornities .....	2	.16	-	-	-	-	-	-	2	.06		
Infectious Diseases .....	21	1.71	15	1.31	12	1.21	1	.69	49	1.40		
Other Diseases for Defects .....												

E. A. JOHNSTON, M.A., M.B., Ch.B., D.P.H.,  
 Medical Officer of Health for Burgh and County of Inverness.  
 24th January, 1949.

