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BURGH OF KILMARNOCK.

REPORT

OF THE

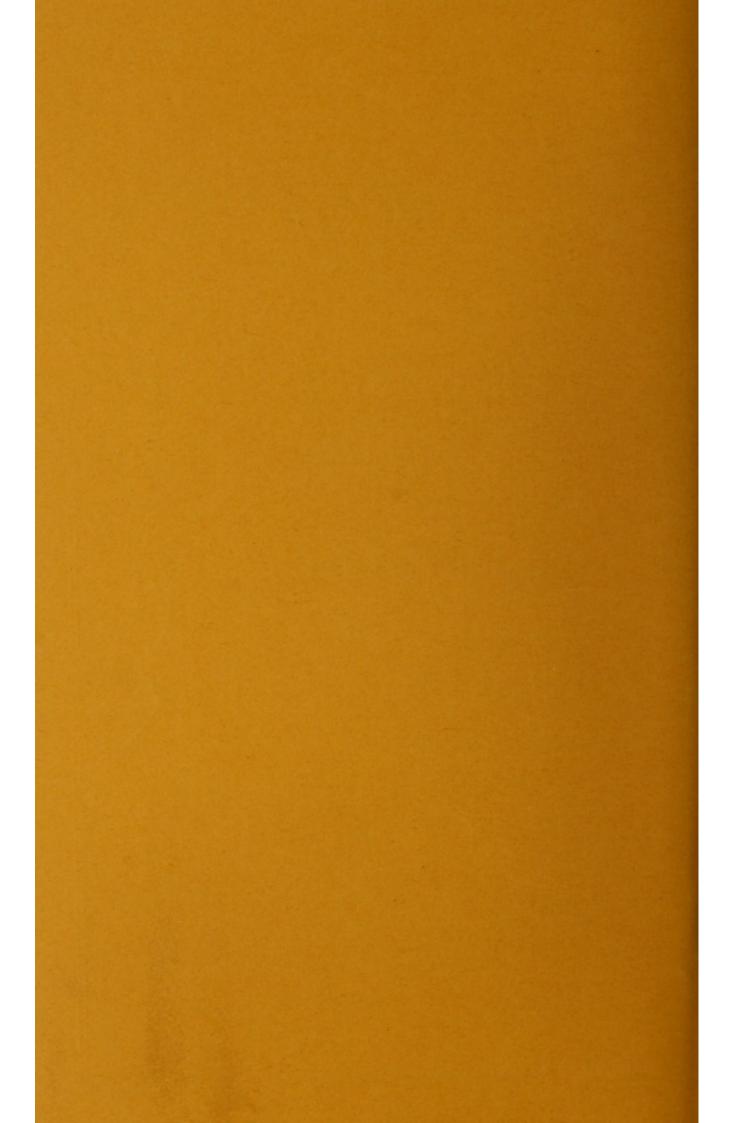
Medical Officer of Health

FOR THE

YEAR 1947.

KILMARNOCK:
"STANDARD" PRINTING WORKS.

1948



BURGH OF KILMARNOCK.

INSTITUTE OF SOCIAL MEDICINE

10. PARKS ROAD, OXFORD

REPORT

UPON THE

Health of Kilmarnock

FOR THE

YEAR 1947.

BY

BRYCE R. NISBET, M.D., F.R.C.P. (Ed.) D.P.H.,

Medical Officer of Health.

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Public Health Department, Kilmarnock, July, 1948.

To the Provost, Magistrates and Councillors of the Burgh of Kilmarnock, and to the Department of Health for Scotland.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health of the Burgh of Kilmarnock for the year 1947.

One noteworthy item is the considerable increase in the birth rate. There were 129 more babies born than in the previous year. The still-birth rate showed an improvement, but the infantile mortality rate was not so good as in 1946.

The death rate was very slightly higher, and deaths from tuberculosis showed an unwelcome rise.

Regarding infectious diseases the outbreak of acute anterior poliomyelitis overshadowed this field. The incidence in the Burgh was high, and this disease caused 3 deaths, left 3 patients severely crippled and 6 patients crippled less severely.

There was only one case of diphtheria in the town, a truly remarkable diminution in incidence.

I wish to express thanks to Dr. Cameron for all his help during the year, and to acknowledge with gratitude the assistance rendered to the Department by the ever helpful attitude of the members of the Public Health Committee. The work has been greatly assisted by the loyal support of the Staff of the Public Health Department, including the Health Visitors, Clinic Staffs and Matrons and Staffs of Hospitals and Day Nurseries.

The Chief Sanitary Inspector and Director of Social Welfare and their Staffs, together with other Departments of the Corporation, have all, by their help, assisted this Department.

Finally, I desire once again to record the cordial relations with the Medical Practitioners of the town, a factor of no mean importance in the successful working of a Public Health Department.

I am, Ladies and Gentlemen,

Your obedient Servant,

BRYCE R. NISBET,

Medical Officer of Health.

BURGH OF KILMARNOCK.

Constitution of Committees as at 31st December, 1947.

PUBLIC HEALTH COMMITTEE.

Convener-Councillor R. H. Banks.

PROVOST DANIEL CAIRNS, J.P.

COUNCILLORS R. W. BLACKWOOD.

TREASURER WILLIAM WALLACE, M.A.

J. C. CAMPBELL.

BAILIE MRS. GIBSON.

SAMUEL GIBSON.

COUNCILLORS MRS. INGLIS, M.B., Ch.B., D.O.

JOHN SHANKS, M.B., Ch.B.

R. H. BANKS.

JOHN S. WILCOX.

PUBLIC HEALTH SUB-COMMITTEES.

MATERNITY AND CHILD WELFARE.

Convener-Baille Mrs. Gibson.

Councillors Mrs. Inglis, Banks, Blackwood and Shanks.

HOSPITALS.

Convener—Councillor Mrs. Inglis.

BAILIE MRS. GIBSON; COUNCILLORS BANKS, BLACKWOOD AND SHANKS.

STAFF.

BRYCE R. NISBET, M.D., F.R.C.P. (Ed.), D.P.H .- Medical Officer of Health.

JOHN S. CAMERON, M.B., Ch.B., D.P.H .- Assistant Medical Officer of Health.

JOHN LOUDON, M.B., Ch.B., L.R.C.P. & S.—Resident Medical Officer of Health. (Resigned 7/7/47).

Lilias M. Money, M.B., Ch.B.—Resident Medical Officer of Health. (Appointed 4/8/47).

CONSULTING STAFF.

- A. W. Abramson, M.B., B.Chir., M.R.C.P. (Lond.)-Pediatrician.
- W. V. Anderson, F.R.C.S. (Ed.) -Orthopaedic Surgeon.
- D. M. Armstrong, O.B.E., M.D., D.A.—Anaesthetist.
- R. McG. C. CRAWFORD, M.D., D.M.R.E. Radiologist.
- W. Douglas Frew, M.R.C.S., L.R.C.P., L.D.S.—Surgeon.
- R. DE SOLDENHOFF, F.R.C.S., (Ed.), M.R.C.O.G .- Obstetrician.
- J. N. TENNENT, M.B., Ch.B., F.R.F.P.S .- Eye Specialist.

MATRONS.

Kirklandside Infectious Diseases Hospital—Miss A. Dickie (resigned 30/11/47).

Miss M. McIlvean (appointed 1/12/47).

Burgh Maternity Home-Miss M. B. McCreath.

Kaimshill Sanatorium—Miss M. McIlvean (transferred to Kirklandside Hospital, 1/12/47).

Miss M. Kindness (appointed 1/12/47).

Day Nurseries-MISS J. DOAK.

HEALTH VISITORS.

* † † MISS M. A. ROBERTSON.

* † ‡ MISS H. P. CAMERON.

a * † ; Miss M. A. McCallum.

* † ‡ MISS C. L. McLEOD.

* † ! MISS C. MCKENDRICK.

- * State Registered Nurse.
- † Certificate of the Central Midwives' Board.
- ! Health Visitor's Certificate.
- a Certificate of the Royal Sanitary Institute.

CLERICAL STAFF.

MISS E. S. GILLESPIE, Chief Clerical Assistant.

MISS J. DUNLOP (resigned 22/2/47).

MISS J. B. KEDDIE.

MISS E. LOVE.

MISS M. AITKEN.

MISS E. GEMMELL.

Miss M. Neil (appointed 26/2/47).



Report of the Medical Officer of Health

FOR THE BURGH OF KILMARNOCK FOR THE YEAR 1947.

SUMMARY OF VITAL STATISTICS, 1947.

Area of the Burgh	 	 	 3,587·5 Acres.
Population (Estimated at 30/6/47)	 	 	 42,300.

	Corr	erted Num	bers.	Rate per 1,00	
	Males.	Females.	Total.	of Estimated Population.	
Births (including Illegitimate)	462	508	970	22.9	
Births (Illegitimate)	22	20	42	4.3 *	
Still-Births	12	-9	21	21 **	
Deaths—All Causes	246	269	515	12.2 †	
Tuberculosis (All Forms)	13	14	27	0.64	
Tuberculosis (Respiratory System)	11	11	22	0.52	
Principal Epidemic Diseases	7	7	14	0.33	
Children under 1 year	27	22	49	51 ***	
Children under 1 month	16	14	30	31	
Maternal Deaths (related to Child-					
birth)		3	3	3 **	

^{*} Per 100 Live Births.

BIRTHS.

The birth rate for 1947 (22.9) was the highest for any year since 1922. After the low level in 1945 the increase last year continued into this one. The rate is to be compared with 22 for all Scotland and 22.6 for the large burghs.

Illegitimacy.—The rate this year is 4·3. Although this figure exceeds that for 1946 it is better than the figure for all Scotland (5·6) or for the large burghs (5·3). It is to be noted that these figures relate to the number of illegitimate births per 100 live births, and that the number of such births in 1947 was 42. Last year this burgh occupied the enviable position of having the second lowest illegitimacy rate of any of the 24 principal towns in Scotland. This year the Kilmarnock figure is seventh lowest.

Still-Births.—This rate which was very much lower in 1946 than in any previous year in which it had been recorded again fell in 1947 to the low record of 22. This figure was fourth lowest among those of the principal towns. The rate for Scotland for comparison was 31 and for the large burghs 30.

^{**} Per 1,000 Total Births (including Still-Births).

^{***} Per 1,000 Live Births.

[†] Rate adjusted for Age and Sex Distribution-13.2.

DEATHS.

515 deaths were registered in 1947, giving a death rate of 12·2 per 1,000, which was lower than that for the country generally, but very slightly more than in the previous year. It has been interesting to watch over a period of years the steadily increasing percentage of deaths occurring at age 65 and over. It is to be recalled that the average percentage of such deaths in the six pre-war years was 44 and of the six war years 49. In 1946 it rose to 53. In 1947, 289 of the 515 deaths occurred at or after 65, giving a percentage of 56.

CAUSES OF DEATHS.

Infectious or Contagious Diseases during 1947.—Deaths from the principal epidemic diseases numbered 14, a number considerably in excess of any of recent years. The epidemic disease rate was 0.33 per 1000 of the population, which was the highest figure of all the principal towns. Apart from 2 deaths from cerebro-spinal fever and 2 from whooping cough, there were 10 from influenza. This was an unusually large number and a big increase over the previous year, and is peculiar in as much as it occurred in a year in which the number of recorded deaths from influenza in Scotland was much less than in 1946. Seven of these deaths occurred in the first quarter of the year and the remainder in the second quarter. They were equally divided between the sexes and all but 3 occurred at age 65 or over.

This epidemic disease rate is the largest since 1941.

Tuberculosis .- Deaths from-

Tuberculosis	of the	Respirato	ry Sy	stem	 	 	 22
Other forms	of Tub	erculosis			 	 	 5
	Total				 	 	 27

19 of these deaths occurred before the prime of life. These figures are not satisfactory but are good by comparison with the rest of Scotland. Kilmarnock occupied the eighth most favourable place among the 24 main Scottish towns. Certain brief comments on the death rate from tuberculosis are recorded under the section on Tuberculosis later in this Report.

Deaths Classified According to the System Affected.

Diseases of the Circulato	ry Syste	m (Heart	and	Arteries)			 	163
Cancer, Malignant Tumo	urs						 	79
Diseases of the Nervous	System	(Apoplex)	y, etc	.)			 	77
Diseases of the Respirate	ory Syste	em (Bron	chitis,	Pneumo	onia,	etc.)	 	52
Diseases of the Digestive	System	_						
Peptic Ulcer							 5	
Diarrhoea							 2	
Appendicitis							 2	
Liver Disease							 3	
Other Diseases							 3	
								15
Diseases of the Genito-U	rinary S	ystem					 	12

In connection with the above large causes of death it is to be noted that diseases of the circulatory system again top the bill. Cancer moves up to second place and nervous

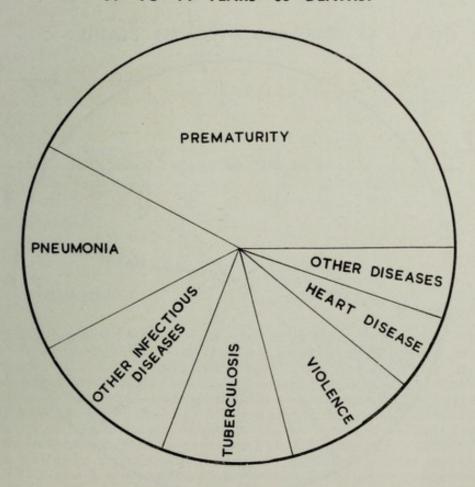
diseases drop to third. There was only one death from suicide. Road transport accidents accounted for 2 deaths and other forms of violence for 11.

In order to illustrate the causes of death more fully and in order that we may appreciate the relative importance of the diseases causing death, the following circular diagrams have been prepared to show—

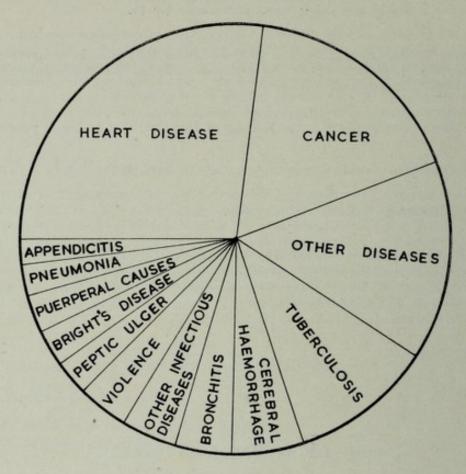
- (1) The causes of death up to the age of 15 years, that is before puberty;
- (2) The causes of death during the working age years, that is from 15 to 64 years; and
- (3) The causes of death over 65 years.

It is an obvious fact which unfortunately is sometimes not sufficiently borne in mind in considering death rates that one must inevitably die of something, and large causes of death in old age are not as important from the health point of view as possibly much smaller causes in an earlier age group.

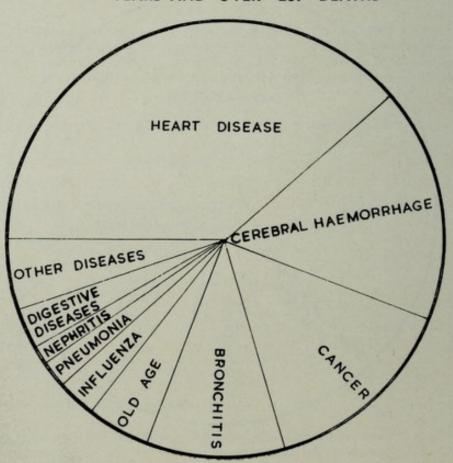
UP TO 14 YEARS-65 DEATHS.



15-64 YEARS-161 DEATHS



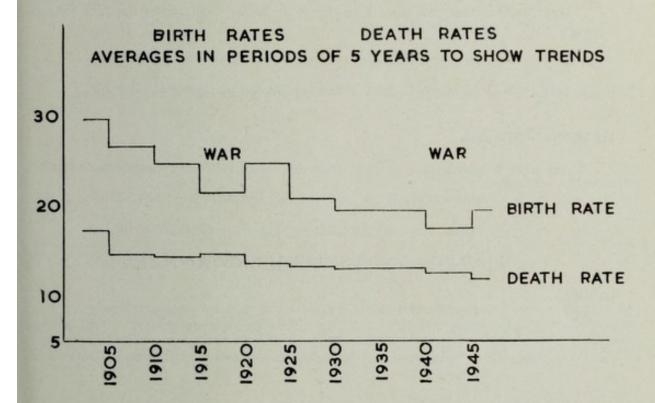
65 YEARS AND OVER—289 DEATHS



GENERAL.

In a small local authority there can be rather too much annual variation in the principal statistical facts for any trend to be immediately obvious. The following chart has therefore been prepared. It sets forth the birth rates and the death rates and each period of five years has been averaged. In this way the changes in the rates have been to some extent smoothed and the trends are apparent. There has been since the beginning of the century a continuous downward trend in the birth rate and the only breaks have been in the immediate post-war period of the 1914-18 war and again following the recent war.

With regard to deaths it is to be recorded that the rates have also been showing a slight downward trend since the beginning of the century. This downward trend was reversed during the first world war, but it is most interesting to note that in the second world war the death rate actually fell from what it was in the thirties.



INFANTILE MORTALITY.

The infantile mortality rate is generally taken as a fairly sensitive index of the health of a town. It is regrettable that in 1947 this rate rose again to 51 when it had reached the low record of 42 in 1946. One partial reason for this may be the well-known fact that the rate tends to rise with the birth rate and certainly as has been pointed out already the birth rate in 1947 showed a considerable increase over the immediately preceding years. As has been noted previously, and as is fairly well-known, the greatest causes of death in the first year of life were congenital debility, premature birth and malformations. This accounted for no fewer than 29 of the 49 deaths. The only other large contributory cause of death at ages under 1 year was pneumonia, being responsible for 12 deaths. Of the 49 deaths, 27 occurred in males and 22 in female babies, and of the 49, 30 occurred during the first month of life.

The following diagram shows how the rates have altered since the beginning of the century :-

			Average
1902-1910	Or with the last		113
1911-1920	This bit		102
1921-1930			97
1931-1940		(10)	83
1941-1947			68

The above diagram may be expressed as follows :-

1902-1910-1 in every 9 babies died during the first year of their life.

1911-1920-1 in every 10 babies died during the first year of their life.

1921-1930-Rather less than 1 in every 10 babies died during the first year of their life.

1931-1940-1 in every 12 babies died during the first year of their life.

1941-1947—1 in every 15 babies died during the first year of their life.

MATERNAL DEATHS.

There were 3 such deaths in 1947, none of which was due to puerperal infection.

MATERNITY AND CHILD WELFARE.

1. Births.

(a)	Total numbe	r of births occurri	ing in	the are	a durir	ng 1947	7		1270
(b)		pirths classified acc mement—	ording	to the	nature	of att	endan	ce at	
	(1) Mater	nity Services Sche	me Cas	ses—					
	(a)	With doctor						18	
	(b)	Without doctor						176	
	(2) Other	Domiciliary Cases	_						
	(a)	With doctor						9	
	(b)	With midwife alc	one					4	
	(c)	Conducted by ou	tdoor s	staff of	institu	ition		_	
	(d)	Without doctor	or midy	vife				_	
		utional Cases (incl		those in	n priva	te Ma	ternity	and	1000
	Nu	rsing Homes)				****		***	1063

It is to be noted with regard to (1) and (2) (c) that the nurses in our Maternity Services Scheme reside at the Burgh Maternity Hospital and might be considered outdoor staff of that Institution.

During 1947 there were rather more confinements in the patients' own homes and rather fewer in institutions than in the previous year. Nevertheless, there were approximately five times as many patients confined in institutions as at home.

2. Home Visitation in 1947.

			No. Visited for First Time.	Total Visits.
Expectant Mothers	 	 	 40	56
Infants	 	 	 1044	6538
Children (1-5 years)	 	 	 31	8682

In the case of infants and pre-school children the number of visits is up by 9% from the figure for 1946.

3. Antenatal and Postnatal Clinics.

A	ntenatal.	Postnatal.
(1) No. of Clinics at end of year provided by Local Authority	3	1
(2) No. of Clinics at end of year provided by Voluntary Bodies	_	-
(3) Total No. of Women who attended at the Clinics during	358	77

The arrangements for the Antenatal and Postnatal care have remained similar to what they were in the immediately preceding years. The number of antenatal cases seen was rather less than in 1946; the number of women receiving postnatal examination, although somewhat greater, is still far short of what it should be.

4. Child Welfare Clinics.

(a) No. of Clinics at end of the year	r provided	by Local Aut	hority	 2
(b) No. of Clinics at end of the year	r provided	by Voluntary	Bodies	 _
(c) No. of Children attending during (1) Under 1 year of age (2) 1 year of age and over	year— 			 488 202
(d) Total No. of attendances during (1) Under 1 year of age (2) 1 year of age and over	year—			 822 407

The above figures show that considerably more children attended the Child Welfare Clinics during the year than in previous years, and in addition the number of attendances made by these children exceeded the figure for the previous year.

The conditions recorded were :-

	,						
		1	2	3	4	5	Total
For Vaccination	 	 64	44	43	20	15	186
Skin Conditions	 	 56	14	36	8	3	117
Digestive Disturbances	 	 45	28	12	14	16	115
Respiratory Affections		 35	33	12	10	_	90
Eye Conditions		 24	10	17	10	_	61
Ear, Nose and Throat	ditions	 12	12	26	5	_	55
Enlarged Glands	 	 1	1	-	4	-	6
Dislosia	 	 5	-	-	1	-	6
Malnutrition	 	 -	1	-	1	2	4
Other Conditions	 	 78	40	69	35	9	231
TOTAL	 	 320	183	215	108	45	871

5. Special Treatment Centres.

No. of cases treated during year :-

		Mothers.	Children.
(1) Teeth	 		-
(2) Eyes	 	1	40
(3) Ear, Nose and Throat	 		5
(4) Other ailments	 		-
(5) Ultra-Violet light treatment	 	–	61a
(6) Orthopaedic	 	–	1

a 29 of these children were over 5 years of age.

THE WORK OF THE HEALTH VISITORS.

Home Visitations.

			Districts.			
	1	2	3	4	5	Total.
Infants—						
Number of first visits						
(after notification of birth)	215	307	185	186	151	1044
Number of subsequent	210	307	100	180	191	1044
visits	1100	1821	1436	982	1199	6538
Cl. 11.1 (1 5)						
Children (1-5 years)— Number of children visited		17	3	9	2	31
Number of subsequent		1,	9	9	-	31
visits	2574	1731	1485	1694	1198	8682
Expectant Mothers—						
Number visited	_	2	32	_	6	40
Number of subsequent						
visits	-	3	36	-	17	56
Still-births—						
Number visited	_	-	-	-	-	-
Cases of Ophthalmia						
Neonatorum—						
Number visited	-	-	-	-	-	-
Measles—						
Number visited	-	-	2	-	3	5
Whooping Cough—						
Number visited	-	2	_	3	14	19
Chickenpox—						
Number visited		1	- 5	7	_	13

The following is the position as recorded by the Health Visitors of the state with regard to infant feeding of the children visited during 1947. The report in each case refers to the state of affairs at the end of the third month of life:—

Breast	 	 	 	 	 276
Partly Breast	 	 	 	 	 39
Artificial	 	 	 	 	 598

CHILDREN AND YOUNG PERSONS (SCOTLAND) ACTS, 1908 and 1932.

During the year the Health Visitors continued to act as visitors under the Children and Young Persons (Scotland) Acts. Cases requiring visiting are reported to the Medical Officer of Health by the Director of Social Welfare, and reports are furnished to him through the Public Health Department.

The following Table gives the details of the work carried out during 1947 :-

			Districts			Total.
	1	2	3	4	5	
New Cases	-	-	-	-	-	-
Visits to Old and New Cases	8	-	-	-	-	8

ULTRA-VIOLET RAY CLINICS.

Attendance at Central and Branch Clinics.

	Under 1 year of age		1-5 years.		Total.	
	Central.	Branch.	Central.	Branch.	Central.	Branch.
Number of children attending	1	6	11	14	12	20
Number of attendances	21	171	158	543	179	714

OTHER CLINICS.

		Central Clinic.	Branch Clinic.	Total.
Attendances for Dressings	 	 451	1772	2223
Attendances at Weighing Clinic	 	 3908	1385	5293
Attendances at Food Clinic	 	 897	98	995
Attendances at Immunisation Clinic		 1445	292	1737
Other Attendances	 	 465	35	500

6. Mother and Baby Homes.

Neither the Local Authority nor any Voluntary Association provides such homes in this area.

STREET,

7. Residential Nurseries and Children's Homes.

	Name and Address of	Whether long		r of Beds po t end of year	
	Nursery or Home.	stay or short stay.	Age 0-2.	Age 2-5.	Others.
(a) Maintained by the Local Authority.	Flowerbank Nursery.	Short stay.	5	5	_
(b) Maintained by Voluntary Associations.	Nazareth House.	Long stay.	11	12	_

Flowerbank Nursery is a mixed institution, with 43 places for day children and 10 residential places. The residential places are mainly used by children whose mothers are ill in hospital or for children who are awaiting adoption. In addition to Flowerbank Nursery, Hill Street Nursery has also functioned to full capacity during the year. There are 40 day places in it. The work of these nurseries is dealt with in greater detail later in this report.

Nazareth House is a Roman Catholic Institution of a mixed type. A special part is set aside for the care of babies and toddlers.

8. Home and Domestic Helps.

(a) No. employed at end of year-	H	Iome Helps.	Domestic Helps.
(1) Whole time	 	_	_
(2) Part time	 	_	_
(b) No. of cases taken during year	 	1	_
(c) Average period of assistance	 	5 days.	_

The Scheme for the provision of Home and Domestic Helps was approved on 17th April, 1947. There is no doubt that, in many cases of illness, hospital treatment is unnecessary, but if the ill person is to remain at home a certain amount of help is needed for ordinary household duties. It is the intention of the Local Authority to provide Home and Domestic Helps for all who require them, but it will depend on how well the necessary Home and Domestic Helpers come forward and accept duties under the Council's Scheme.

THE WORK OF THE NURSERIES.

The nurseries have continued to fulfil a want during the year, and the waiting lists have remained large. Further nursery accommodation in the south end of the town is needed but unfortunately no suitable building could be found during the year to house such a nursery.

During 1947 a Scheme for Training Nursery Nurses was re-organised on a National Basis, and during the year a Local Scheme for Ayrshire was formulated in which the nurses from all the various institutions of the kind attend approximately half-time per week at Ayr Academy for formal instruction and during the rest of the week continue their duties in the nursery. The Scheme has not been carried out without considerable difficulty, but it is felt that, in the long run, the standardisation of the training will be beneficial to such nurses.

NOTIFICATION OF BIRTHS ACT.

The duty of notifying a birth is placed upon the parents, medical attendant and midwife, and notification must be made within 36 hours of the occurrence of the birth. Only one of the above need notify, and the others need not if they have reason to believe that a notification has already been sent.

The total number of notified births, including still-births, was 1270, being 7 more than last year. 208 or 16.38% of these occurred in the patients' own homes. 944 or 74.33% occurred in the Burgh Maternity Home and the remaining 118 or 9.29% occurred in other institutions.

utions.	Male	Female.	Total.
(a) Number of births registered (Legitimate (including still-births) (Illegitimate	 592 20	624 24	1216 44
(b) Number of births notified Live-births Still-births	 	 	1240 30
(c) Number attended by Doctors	 	 	395
Number attended by Midwives Number attended by Doctors and Midwiv	 	 	699 176

CLINICS AND TREATMENT CENTRES.

MATERNITY AND CHILD WELFARE.

Patients wishing to reserve accommodation in the Burgh Maternity Home may do so at Holmes Road on Monday, Wednesday or Friday between the hours of 2-3 p.m.

An Antenatal Clinic is held at Green Street every Monday afternoon at 2.30 p.m., and at the Branch Clinic (Knockinlaw Institute) every Tuesday at 11 a.m.

A Child Welfare Clinic is held at Green Street every Thursday afternoon at 2.30 p.m., and at the Branch Clinic on Wednesday afternoons at 3 p.m.

Ultra-Violet Ray Clinics are held at Green Street on Monday, Wednesday and Friday at 2 p.m., and at the Branch Clinic each Wednesday at 2 p.m. and each Monday and Friday at 3 p.m.

A Weighing Clinic is held at Green Street on Wednesday afternoons from 3-4 p.m., and on Thursday afternoons from 2-3 p.m., and at the Branch Clinic on Tuesday mornings from 10-11 a.m.

An Immunisation Clinic is held at Green Street on Friday afternoons between 3-4 p.m., and at the Branch Clinic on Wednesday afternoons at 3 p.m.

Tuberculosis.

A Clinic for the examination of cases of Tuberculosis or of contacts is held each Monday afternoon at 4 p.m. at Green Street.

VENEREAL DISEASES.

A Clinic for Females is held at Green Street each Thursday evening from 5 p.m. onwards. Cases are also seen on Monday evenings by arrangement.

A Clinic for Males is held at 64 Bank Street on Tuesday evenings from 6.30 p.m. onwards. Cases are also seen on Friday evenings by appointment.

The Clinic at Bank Street is open every evening from 7-9 p.m. Monday to Friday for subsequent treatment. Female cases have subsequent treatment at Green Street by arrangement.

SCHOOL CLINIC.

Clinics are held daily for the treatment of minor ailments, 9-10 a.m. and 4-5 p.m. at the Central Clinic, Green Street, and at the Branch Clinic (Knockinlaw Institute). The Assistant Medical Officer attends the Central Clinic on Wednesday mornings for the examination of special cases.

SCHOOL HEALTH.

In the Burgh the Medical Inspection of school children, the follow-up of children found defective or in need of treatment and the minor ailments clinics are carried out by the Burgh Medical and Nursing Staffs by arrangement with the County of Ayr. The various findings are set forth in the Annual Report of the School Medical Officer for the County of Ayr,

INFECTIOUS DISEASES.

No.	of Notificat	tions received	during t	he year	1947			 	204
Aver	age No. of	Notifications	received	during	the years	1942-46	,	 	212

This year there were 9 fewer Notifications than in 1946.

SCARLET FEVER.

There were 47 cases of Scarlet Fever notified in 1947 and all were removed to hospital. Eighteen of the patients were preschool children and 24 were of school age. There were 24 males affected and 23 females. This number, 47, was considerably less than the figures for the last 5 years, and approximates to the low figure for 1941. Cases occurred in each of the 12 months of the year, being fewest in May and July (1 in each) and most numerous in October (10 cases). There were 20 cases in the last 3 months of the year. There were 2 cases in a household on 3 occassions.

DIPHTHERIA.

There was only one case of Diphtheria notified in 1947. This occurred in October and after an interval of over 12 months from the notification of the last confirmed case. The patient was a female child age 5, who had never been immunised. This very low incidence of a once serious and killing disease of young children is a matter for congratulation to all those who have in any way furthered the immunisation campaign started in 1935.

NON-IMMUNISED.

Year.	Children not Immunised in Kilmarnock.	Cases of Diphtheria among those Children.	Deaths from Diphtheria among those Children.
1935	8500	151	10
1936	7800	115	5
1937	7500	110	4
1938	7400	66	6
1939	6300	37	1
1940	6000	25	1
1941	4000	25	None
1942	2800	31	None
1943	2800	58	2
1944	2700	28	None
1945	2600	17	1
1946	2600	12	None
1947	2600	1	None
FOTAL	-	- 676	30

IMMUNISED.

Year.	Children Immunised in Kilmarnock.	Cases of Diphtheria among those Children.	Deaths from Diphtheria among those Children.
1935	1500	None	None
1936	2200	5	None
1937	2500	None	None
1938	2600	4	None
1939	3700	3	None
1940	4000	1	None
1941	6000	1	None
1942	7200	8	None
1943	7200	9	None
1944	7300	6	None
1945	7400	1	None
1946	7400	3	None
1947	7400	None	None
TOTAL		41	

DIPHTHERIA IMMUNISATION.

During 1947, 459 children were immunised—63 at school and 396 at Child Welfare Department.

The main reagent used during the year was Alum Precipitated Toxoid—by the 2-dose method, O.3cc. followed after a four-week interval by O.3cc.

Of 546 children tested three months after treatment with A.P.T. during 1947, 56 were Schick positive, being a Schick negative rate of 89.7%. This figure is most unsatisfactory and for comparison the table which follows sets out the relevant details for past years:—

Year.	Total No. Schick Tested.	% Pre- School.	Number Positive.	% Negative.	Reagents Used.	Cases of Diphtheria.
1935)						
1936	1671	_	47	97.2	T.A.F. 3cc)	127 (yearly
1937	_	_	_	_	A.P.T. ·1 ·4	average).
1938	484	_	7	98.5	A.P.T. ·1 ·4	66
1939	322	_	3 8	99-1	A.P.T. ·1 ·4	37
1940	441	_	8	98.2	A.P.T. ·1 ·4	25
1941	1382	33	41	97.1	A.P.T. ·1 ·4	25
1942	960	42	18	98-1	A.P.T. ·2 ·5	31
1943	622	78	8	98-3	A.P.T. ·2 ·4	58
1944	592	54	28	95.3	A.P.T. ·2 ·4	36
1945	547	54	35	93.7	A.P.T. ·3 ·3	18
1946	495	66	17	96.8	A.P.T. ·3 ·3	15
1947	546	63	56	89.7	A.P.T. · 3 · 3	1

The whole of the figures from 1935, onwards, are being subjected to a close scrutiny for possible fallacies and the position will be reported on again next year.

Schick testing as a routine is the exception in Scottish local authorities, and if the local experience is general throughout Scotland, the effectively immunised group must be much smaller than supposed.

In 1948 it is proposed to do the majority of routine immunisation with the recent addition to the reagents—Purified Toxoid Aluminium Phosphate Precipitated.

The following table gives the general picture of the position :-

	1-5 Years.	6-9 Years.	10-14 Years.	1-14 Years.
Percentage of Children in Burgh known to be Schiek negative	36-57	76-91	88-94	64.03
Percentage of known Immunised Children in the Burgh	39.74	78-05	90.87	76-96

The figures in the above Table are almost certainly an understatement of the true position.

During the year 160 known Schick negative children were re-tested at varying intervals. Of 109 children found to be immune 3 months after a course of 0·1cc and 0·4cc A.P.T. who were re-tested at varying intervals, the following figures set forth the findings:—

Years since Inoculation.	Positive.	Negative.	Total.
- 2	0 -	1	1
- 3	2	3	5
- 4	9	63	72
- 5	7	18	25
- 6	0	1	1
- 7	1	0	1
- 8	0	1	1
- 9	0	1	1
-10	0	2	2

ERYSIPELAS.

This disease was uncommon in 1947, only 10 cases were notified of which number only 4 were severe enough to be admitted to Hospital.

SMALLPOX.

No case of Smallpox occurred during the year, but two contacts coming from abroad—off different ships—were kept under surveillance.

ENTERIC FEVER.

No case of Enteric Fever was notified in 1947.

DYSENTERY.

Only one patient suffering from this disease was notified during the year.

PNEUMONIA.

There were 28 notifications in respect of the Pneumonias, 20 Acute Primary and 8 Acute Influenzal. As there were 20 deaths credited to Acute Primary Pneumonia, and 10 to Influenza, it becomes more obvious than ever that the notification of this group of diseases is far from complete.

OPHTHALMIA NEONATORUM.

It is particularly gratifying to report that there was no notification of this disease in 1947.

CEREBRO-SPINAL FEVER.

Notifications were received in respect of 8 patients suffering from this disease. There were 2 deaths from the disease.

ACUTE ANTERIOR POLIOMYELITIS.

A distressing outbreak of Poliomyelitis affected the Burgh population during the Summer and Autumn of 1947. North Ayrshire, as a whole, seemed to suffer unduly heavily.

The first known case in the Burgh had an onset on 23rd May. 1947. The patient was a girl of 9, who was admitted as suffering from Cerebro-Spinal Fever. The diagnosis was not confirmed and weakness of the peroneal muscles of one leg developed after a few days.

Thereafter for a period of five weeks no known cases occurred, but it can be confidently stated that, in view of information afterwards elicited, clinical cases without paralysis almost certainly occurred during this interval.

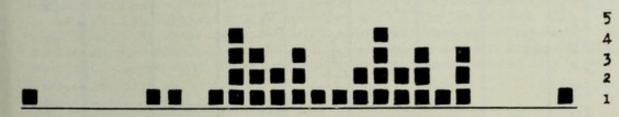
At the beginning of July a fulminating case thought to be encephalitis, although again sent in as a meningitis, was admitted to hospital and died in three days. This child had a severe bulbar infection with typical (though then less familiar) signs. A post-mortem examination confirmed the presence of a widespread encephalitis. During the rest of July odd cases kept occurring, of which 2 showed paralysis and 2 changes in C.S. fluid, plus clinical signs without paralysis. Patients, often sibs who showed clinical signs without cerebro-spinal fluid changes, were not counted as cases, although in retrospect it is considered that many were undoubtedly mild infections of the nature of poliomyelitis.

The epidemic struck with full force in the first half of August, when all the 7 patients admitted to hospital developed paralysis. The climax seemed to come in the third week when a boy of 5 who sickened on the 18th August died of a bulbar attack. Apart from another paralytic case who developed the disease on the 19th, there followed a period of six weeks in which no case developed paralysis, although a dozen patients were admitted to hospital with clinical signs and typical changes in the cerebro-spinal fluid.

Without warning a child of 8 from a good home sickened on the 30th September, and although admitted to hospital almost as soon as she became ill and rested in bed throughout, went steadily downhill with spreading paralysis which reached the bulb after five days and caused death. Another paralytic case occurred with onset on 5th October, and thereafter 3 further non-paralytic cases occurred during the month. The last case was a baby of six months who developed leg weakness on 20th November without any previous noticeable symptoms.

The following Tables give an analysis of the cases occurring:-

WEEKLY INCIDENCE



MAY JUNE JULY AUGUST SEPT. OCT. NOVEMBER 24 31 7 14 21 28 5 12 19 26 2 9 16 25 30 6 13 20 27 4 11 18 25 1 8 15 22

Age and Sex Incidence.

Under 5 5- 9 Years 10-14 Years 15-19 Years 20-24 Years 25 upwards	 	 	 	 Male. 2 6 4 — — — —	Female. 8 7 3 2 - 2	Total. 10 13 7 2 — 2
				12	22	34

This distribution is unusual inasmuch as there is an undue preponderance of females.

The best picture of what occurred is got from the following diagram :-

DAY OF

MONTH	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	Nov.	
1234567890112131415161718192012223242562728293031								No PARALYSIS - PARALYSIS - DEATH
	TOTA	L NU	MBER				34	

NUMBER GOING ON TO PARALYSIS OF WHICH 3 WERE FATAL

(The complete picture would probably have included a considerable number of nonparalytic cases in June and July, the disease working up through a period of abortive cases to its maximum intensity in the first three weeks of August, characterised by the paralytic cases and tailing off again with a period of abortive cases).

The parts affected were as follows :-

Where more than one part was affected the case is classified under the part most seriously affected.

Bulbar	 	 3	All	Fatal.	Boy	aged	5,	Girls	aged	6	and	8.
Face	 	 2										
Speech		 3										
Deltoid	 ***	 3										
Arms	 	 2										
Leg	 	 2										
		16										

Number of Houses affected		 			32	Houses.
1 Case occurred in 31 Houses		 				31
3 Cases occurred in 1 House	•••	 	•••			3
			Total	cases		34

The results of the epidemic as assessed at the end of the year were as follows:-

- 34 cases.
- 3 deaths.
- 22 complete recoveries.
- 6 slightly crippled.
- 3 severely crippled.

SYMPTOMATOLOGY.

This was very varied. A special effort was made to note the early symptoms of the disease in each case. It was possible to get a first sympton with certainty in each of the 34 cases, and a second sympton in 33 and a third in 27. These are set forth in the Table which follows. By far the commonest early symptoms were vomiting and headache. The third commonest was pain in the neck—sometimes referred to as "pain in the back of the head." It was quite distinct from headache which often preceded it by an hour or two.

Early Symptoms.

			First Symptom	Second Symptom	Third Symptom	Total.
Vomiting		 	 9	15	_	24
Headache		 	 12	6	5	23
Pain in the Nec	k	 	 2	_	6	8
Loss of Power		 	 2	4	_	6
Drowsiness		 	 1	2	3	6
Listlessness		 	 1	1	4	6
Stiffness		 	 -	1	4	5
Sore Throat		 	 3	_	1	4
Loss of Speech		 	 1	1	2	4
Backache		 	 3	_	-	3
Inability to Swa	allow	 	 _	2	1	3
Rigidity		 	 _	1	_	1
Pain in Chest		 	 _	-	1	1
			34	33	27	94

MODE OF SPREAD.

It was impossible to trace any means of spread of the infection in by far the majority of instances. Cases occurred all over the town, with apparently pockets of high incidence in the North-West (Knockinlaw), Centre (Robertson Place), South (Riccarton). The Grange and Bonnyton Wards escaped till very near the end of the outbreak. The last death was in a child in the Grange Ward in a completely residential district of the town, suggesting that some children in that part of the town had been delayed from having contact with the infection. A similar position is well-known and recognised in Australia—that epidemics of poliomyelitis in artisan districts frequently strike residential districts months afterwards.

Another point of interest was that two patients—one of whom died and the other who was severely crippled—gave a history of having teeth out a week before they took ill. The severely crippled young woman eventually gave a history of contact with the daughter of a neighbour who had had a limp a few weeks earlier. In a number of cases of young children who had not been out of their prams in their gardens for the previous week, the most likely method of infection was thought to be a parent or grandparent visiting the house and staying the weekend about seven days previous to the child sickening. Another patient sat next to a girl in her class whose sister was removed suffering from Poliomyelitis. However, the patient's younger sister had been ill with symptoms suggestive of an abortive attack the previous week, but no doctor had been called.

One girl did not feel very well so she brought three young friends home to cheer her up. She actually sickened on 10th September, 1947, and had an abortive attack. The three friends visited on the 11th and each sickened and had an abortive attack, one commencing on the 13th, one on the 17th and one on the 23rd. These three were sisters.

One boy had been playing with the girl next door who was removed to hospital with poliomyelitis 20 days previously. Both attacks were non-paralytic.

Three of the patients were nursed in the Both Respirator. In the two Bulbar cases so nursed the respirator was of no avail, but the severely crippled young woman was nursed in the respirator from 12 hours after admission and was still in the respirator at the end of the year for a considerable period each day. This patient could not have lived without it. The thanks of the country are due to Lord Nuffield, whose foresight and magnificent gesture provided all hospitals with the chance of a respirator (Iron Lung) before the need arose.

Before leaving this subject it is desired to draw attention to a puzzling situation, namely, that the incidence of the disease in Kilmarnock should be so much higher than in Ayr. The towns are not, of course, in all respects similar, but they are of approximately equal size and one would have expected that, allowing for the infection being widespread, the incidence in the two towns (12 miles apart with continuous road and rail services) would not have been markedly dissimilar. In point of fact it was very dissimilar:—

34 cases occurring in Kilmarnock (population estimated mid year 42,300).

7 cases occurring in Ayr (population estimated mid-year 44,000).

The difference $\cdot 00064^+_{-}\cdot 00015$ is not one which is likely to occur by chance.

THE NON-NOTIFIABLE INFECTIOUS DISEASES.

Our information regarding the incidence of these diseases comes mainly from two sources:—

- The Health Visitors report children found to be suffering from such conditions week by week.
- (2) The Headmasters send in a weekly return of absences when these are known to be due to such an infectious disease.

The information, whilst admittedly incomplete, gives a good general picture of the position year by year. This year there was a small but well defined outbreak of mumps in the summer months, and a considerable outbreak of German Measles in the Spring and early Summer. The incidence of Impetigo, Scabies, and Ringworm continues to decline.

Non-Notifiable Infectious Diseases.

Disease.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Whooping Cough	9	22	15	6	3	1		_	2	1		_	59
Chickenpox	2	8	10	3	3	6	7	_	_	1	11	52	103
Measles	1	2	3	3	- 2	4	2	_	_	_	_	-	17
Mumps	6	6	4	-	3	23	15	-	1	1	1	-	60
German Measles	-	11	38	34	49	31	5		_	-	1	-	169
Impetigo	4	5	2	2	2	5	-	-	3	6	3	4	36
Scabies	2	7	2	1	8	2	2	_	1	2	2	7	36
Ringworm	-	-	-	-	-	1	-	-	-	-	-	-	1
Totals	24	61	74	49	70	73	31	_	7	11	18	63	481

TUBERCULOSIS.

73 cases of Tuberculosis were notified in 1947. Of this number 49 were in respect of pulmonary and 24 were in respect of non-pulmonary disease.

In 2 cases the diagnosis was not confirmed.

Of the 73 cases notified, 68 were admitted to a sanatorium. The average number of days between notification and admission to hospital was 29.

The number of notifications this year is considerably in excess of any year since 1930. In the case of notifications in respect of pulmonary disease, they exceed all the figures for the years back to 1930. The non-pulmonary variety in 1947 gave rise to more notifications than have been received in any year since 1936. There has been an unpleasantly regular increase in the number of notifications of pulmonary disease since 1943.

The number of X-ray examinations performed at Kilmarnock Infirmary during the year was 321, 173 patients being examined. In addition, 4 Service patients were X-rayed.

The number of persons on the Tuberculosis Register rose from 203 to 223, 161 being pulmonary cases and 62 being non-pulmonary cases.

The numbers of deaths from Tuberculosis were :-

Pulmonary 22 Non-Pulmonary... ... 5

A perusal of the death rates from Tuberculosis fortunately does not show any increasing trend. Deaths from all forms have been practically stationary during the past 10 years, with a slight rise in 1947. The death rate from the pulmonary form has followed a similar trend with again a rise in 1947. The non-pulmonary disease kills an average of 5 persons in the town each year.

THE TUBERCULOSIS DISPENSARY AND HOME VISITING.

Dispensary :-

Number who attended ... 145 Number of attendances ... 498

The number of persons receiving domiciliary treatment for Tuberculosis was 82, and the number of home visits made was 700.

TREATMENT ALLOWANCES.

This Scheme, which came into operation in 1943, and applies to pulmonary cases only, has continued.

During 1947, 17 new applications were received, of which 12 were granted.

VENEREAL DISEASE.

The Tables which follow set forth particulars regarding the treatment of Venereal Disease in the Burgh. The arrangements for treatment continue to be as heretofore, the male patients being seen at Bank Street Centre on Tuesday evenings or at other times by arrangement. The premises at Bank Street are open each evening from Monday to Friday for certain forms of therapy which can be carried out by the Orderly. The Treatment Room at Bank Street is in a Nissen hut and this hut is gradually getting into a state of dis-repair. The time will come when alternative premises are required and plans were in hand during the year for the possible use of the lower floor of the neighbouring building adjoining Nelson Street.

The female patients are seen at the Central Clinic Premises, Green Street, on Thursday evenings. Nurses are in attendance on Mondays and Thursdays, and during 1947 babies, young children, and special cases were seen and treated in the afternoons of Thursday thus relieving the evening session.

The number of patients who attended for the first time during 1947 was 144, which is the largest number of new patients that have attended in any year for which records are available.

With the exception of the year 1932, Syphilis in males was not a common occurrence in Kilmarnock, and in no other year did the number of new patients exceed 17, until 1942 when a sharp rise in incidence took place associated with many troops in the district. That year there were 46 new cases. Thereafter the numbers dropped steadily until by 1945 the figures had returned to their normal low incidence. In 1946 there was a sharp rise and in 1947 the numbers continued further to rise there being 39 new cases.

With regard to Syphilis in the female, after the year 1932 when the figure was 22 the number of new cases reporting each year dropped until in 1940 only 5 reported. Since then there has been a steady increase in the number each year until in 1944 and again in 1946 there were 22 cases in each year. In 1947 the number is still high but shows signs of a decline, there being 16 new cases attending in that year.

The history of Gonorrhoea as judged from the new cases attending the Clinic shows that this disease was very high and increasing in numbers up till 1937, the peak year in which 84 new cases attended. This number became steadily less each year until a very low incidence was recorded in 1940. There was again a double wave during the war which was associated with the movement of troops; the years 1942 and 1946 being the years of high incidence. 1947 shows a slight reduction in figures, but the figure 26 is still high.

In the female, Gonorrhoea was relatively uncommon in the early 30's, but rose in 1934 to an abnormally high figure. Again there followed a gradual reduction until in 1940 the figure reached its nadir. There was a considerable rise in the female rate in 1943 and again in 1946. 1947 shows, as with the other figures, a slight decrease over the previous year.

During 1947 considerable use was made of Penicillin in the treatment of Syphilis and, to a lesser extent, in obstinate Gonorrhoeal infections. In all during the year 40 patients were admitted to the Fever Hospital and given intensive courses of Penicillin therapy. This reduced the volume of work at the Clinic which, in the early months of the year, was threatening to become out of hand. A certain defaulter rate continues to occur, but, on the whole, patients attended well and consistently.

Return of Cases Treated at Venereal Diseases Centres during 1947.

Venereal Conditions other than Syphilis and Gonorrhoea. Total Venereal. Venereal. Venereal. Venereal. Venereal.	7 2 92 32 11 9	10 3 194 87 12 11
Veneral Conditions other than Syphilis and Gonorrhoea. Male. Female. Male. Female. Ma 3 1 6 7 - 14 7 - 14 7	2 92 32	3 194 87
Venereal Conditions other than Syphilis and Gonorrhoea. Wale. Female. Male. Female. - 82 41 3 1 6 7	2 92	3 194
Venereal Conditions other than Syphilis and Gonorrhoea. Male. Female.	57	3
Vene Condii other Syphilis Gonorr Ile. Male.		
life.	7	0
ale.		
rhoea. Female.	14	21
" wor	46	7.5
15 is 5	16	63
Syphilis. Male. Fen 1 10	39	109
1. On Register at 1st January, 1947 2. Re-admitted to Register for resumption of Treatment for the same Infection, i.e., Defaulters returning 3. Transfers in from Approved Centres	4. New Cases	Totals of 1, 2, 3 and 4
2. Re 3. Tr	4. Ne	

Return of Cases Treated at Venereal Diseases Centres during 1947 (continued).

		1							_	-
Non- Venereal.	Female.	1	1	1=	11	=	28	1	28	11
Ven	Male.	1	1	12	11	12	57	1	57	11
Total Venereal.	Female.	7	= "	14	1 64	87	797	1	797	13
Total Venerea	Male.	11	15	9 08	27	194	1744	113	1857	27 251
real tions than is and rhoea.	Female.	1	1	1-	-	8	œ	1	œ	11
Venereal Conditions other than Syphilis and Gonorrhoea.	Male.	1	1	œ	61	10	68	60	92	- 4
rhoea.	Female.	8	8	1	1 ∞	21	145	1	145	61.60
Gonorrhoea.	Male.	4	œ a	94	1=	75	407	09	467	2112
idis.	Female.	4	7	9	1 9	63	634	1	634	101
Syphitis.	Male.	7	7 2	26	- 69	109	1248	20	1298	24 240
		Defaulted before Completion of Treatment Defaulted after Completion of Treatment	Transferred to other Centres or Prestitioners	Discharged Cured or as Non-Venereal	Died while on Register On Register at 31st December, 1947	TOTALS OF 6, 7, 8, 9, 10 AND 11	Attendances for Medical Consultation	Consultation	Total Attendances	Admitted for Indoor Treatment Number of Days' Residence
		6.7.	œ	6	1.5		13.			16.

		Microscopical.		Serum Tests.	ests.	C.S. Fluid Tests.	Tests.
	Treponema.	Gonococci.	Other Organisms.	For Syphilis.	Others.	For Syphilis. Others. For Syphilis. Others.	Others.
1. Specimens Examined by the Staff of the Centre	1	1	1	1	1	1	1
2. Specimens from Persons Attending the Centre which were sent for Examination to an Approved Laboratory	62	278	6	791	802	=	=

Age and Sex Distribution of New Cases in Item 4 of Table on page 29.

						Syp	Syphilis.	Gono	Gonorrhoea.	Ven Cond other Syphii Gono	Venereal Conditions other than Syphilis and Gonorrhoea.	T_{em}	Total Venercal.	V_{en}	Non- Venereal.
						Male.	Female.	Male.	Male. Female.		Male. Female. Male. Female. Male. Female.	Male.	Female.	Male.	Female.
Under 1 Year	:	1		:	:	1	1	1	1	1	1	1	1	-	1
1-4 Years	:	:		:	1	1	1	1	1	1	1	1	1	1	1
5-14 Years	:	:	:	:	:	1	1	1	1	1	1	1	1	1	1
15-24 Years	:	:	:	:	:	1	9	17	9	1	1	24	12	1	60
25-34 Years	:	:	:	;	:	19	9	14	7	5	1	38	14	9	5
35 and over	:	:	:	:	:	13	+	15	-	61	1	30	9	4	1
TOTAL	:	:	:	:	:	39	16	46	14	1	2	92	32	11	6

Cases Classified According to the Area in which the Patients Resided.

		Syphilis.			New Cases.		Veneral		
	Acquired.	Acquired. Congenital.	Total.	Genital.	Gonorrhoea Gonococcal Opthalmia.	Total.	Conditions Other than Syphilis and Gonorrhoea.	Total Venereal.	Non Venereal.
Home Area	22	1	25	28	ı	28	1	75	4
Other Areas	30	1	30	32	1	32	8	70	16
Total	54	1	55	09	1	09	6	124	20

	Number of Attendances at Out- patient Department of Patients from each Area.	Number of In-patient days of Patients from each Area.
Home Area	1219	187
Other Areas	1520	174
Total	2739	361

DIABETES.

17 patients were supplied with insulin by the Public Health Department during the year. The total amount given out was 144,600 units.

CANCER.

Various attempts were made during the year to evolve a scheme in terms of the 1939 Act, and meetings were held in Glasgow and Kilmarnock. It is regrettable to have to report that although at one stage progress seemed hopeful, it was eventually realised that no useful purpose would be served by continuing discussions and in view of the imminence of the New National Health Service Act they were discontinued.

MENTAL HEALTH SERVICE.

The following is a note of the work of the Child Guidance Clinic in the Burgh.

The sessions are held in the Green Street Child Welfare Centre on Tuesdays and Wednesdays from 9 a.m. till 5 p.m. Members of the Public Health Service co-operate when a medical examination is required. Psychiatric Examination is provided by a consultant from Glasgow.

The following Table shows the numbers and types of cases treated during the year :-

		Ca	uses of Referen	ice.		
Source of Reference.	Speech.	Educational Defect.	Behaviour and Delinquency.	Emotional Instability	Enuresis and Soiling.	Total
Parent	3	_	_	_	1	4
Medical Officer	8	16	-	2	9	35
Schools	43	149	6	10	8	216
Probation Officer and Courts	-	_	21	_	_	21
Total	54	165	27	12	18	276

SOCIAL WELFARE MEDICAL SERVICE.

Particulars of this Service are appended in the Table which follows. The work has been carried out by a rota of general practitioners, taking three-monthly duties in turn. A Doctor attends at 10.30 a.m. at the Social Welfare Office and sees patients and issues certificates. Visits are made in the patients' homes as required.

The services of the District Nurses are made available as necessary in the houses of the sick.

			Outdoor	Cuningh	ame Home.		Mental
Year.	Visits.	Medical Certificates	Medical Relief.	Adults.	Children.	Lunacy Certificates	Deficiency Certificates.
1947	74	208	292	58	7	27	_

KIRKLANDSIDE HOSPITAL.

During 1947, 332 patients were admitted to this Hospital, of which number 264 were Burgh patients and 68 were from the County. There were 16 deaths. In addition to the usual work of a Fever Hospital, 18 patients suffering from Tuberculosis were admitted. 77 patients, almost equally divided between Burgh and County, were admitted for Penicillin therapy for one or other of the Venereal Diseases. 43 patients were admitted as suffering from Poliomyelitis of which number 34 were proved to have the disease.

During the year shortages of staff were felt here as well as in the other Hospitals.

A new Penman boiler was installed so that now there are two boilers which will allow for a relief when any one boiler is out of action. There was delay in delivery of the automatic stoker and the boiler is not yet working. It has recently been pointed out that the present direct current supply to the Hospital is overloaded. This matter has been taken up with the Ayrshire Electricity Board and they are prepared to give an A.C. 3 face supply if the Corporation contribute £150 towards the cost and £2 per annum rental for the transformer.

On 30th November, Miss Dickie retired from her post as Matron. She had been in the service of the Corporation since 1926 when she came to Kirklandside as a Sister. After a long period of service she was appointed Matron of Kaimshill on 1st November, 1938, and returned to be Matron of Kirklandside on 18th January, 1942. She served then in the capacity of a Matron in one or other of the Hospitals during the whole of the war time and was of great service to the town in addition as the lecturer to the Nursing Auxiliaries. She also was in demand for talks on Home Nursing to the various Guilds and Rural Institutes around North Ayrshire until failing health made her less fit for her duties. Since giving up duties she has unfortunately been very unwell and it is hoped that she will soon be restored to health to enjoy her retirement.

The Work of the Hospital.

				Admissions during the Year.	s during !	the Year.			Patien	Patient Days.			No in	
Disease.	No. in Hospital at 1/1/47.	Under 1 Year.	1 and under 5.	5 and under 15.	15 and over.	Total.	Burgh.	County.	Burgh.	County.	Dis-	Deaths.	Hospital at 31/12/47.	CONTRACTOR OF THE PARTY OF THE
Scarlet Fever	60	-	17	26	5	49	47	01	995	59	46		4	
Diphtheria		1:	1:	1	- !	-	-	1	30	1	01	1	0	
rneumonia Influenzal Pneumonia	21	77	77	4	17	45	- -	+	595	73	38	9-	00	
Erysipelas	1	1	1	1	8	+	4	-	72	1	10	. 1	11	
: :	1-	11	1 !	11	-	-	-	1	9 21	1		1	-	
Tuberculosis-									CI	1	-	1	1	
Pulmonary	+	1	1	1.	19	19	18	-	1298	11	=	01	10	
Non-Pulmonary	1	1	1	1	57	3	67	1	1	75	-	-	-	
Gastro-Enteritis	-	15	+ <u>c</u>	16		20	16	+	441	87	20	-	.	
Follicular Tonsillitis		*	01	17			43	11	1123	11	- 98	00	01	
Puerperal Sepsis	1	1	1	1	60	3	60	-	44	1	- 60		1 1	
Cerebro-Spinal Fever	11	- 12	0 4	9 10	18	13	9	40	123	71	13	1	1	
Whooping Cough	1	. 67	+	1	-	9	5		167	425	5.			
German Measles	1	1	1	1	1	3	67	1	86	1	000	. 1		
Chickenpox	-	-	1	01		4.	4.	1	93	1	+	1	1	
Conjunctivitis	11	-	11	11	-	-	- 1	1-	123	14		1	1	
Scabies	1	1	1	1	1	-	1	-	97	-	-		1	
Other Conditions	2	6	5	9	77	97	57	40	784	339	97	1	03	
TOTAL	91	48	67	7.1	146	332	271	61	6148	850	308	16	24	

KAIMSHILL SANATORIUM.

1947 was another full year at Kaimshill.

There were 23 patients admitted and 24 discharged. There were only 4 deaths. During the year 21 patients were treated, either as in-patients or out-patients, by means of pneumoperitoneum and there were 428 fills or refills given. 12 patients were treated either as in-patients or out-patients by means of artificial pneumothorax and inductions and refills numbered 305. 2 patients required aspiration and this was done 30 times. 176 estimations of the blood sedimentation rate were carried out.

During the year, the enormous benefit from the installation of the Roengenoscope (screening plant) has been greatly appreciated. By means of it one is able to control the various forms of treatment with comparative ease and it is difficult now to know how one managed so long without it.

A close connection has been maintained with the Central Hospital, Irvine, and on a number of occasions the operation of phrenic crush has been carried out there by arrangement with Dr. Boyd. He has also acted on a number of occasions as a consultant to us and for his services we are very grateful. During the year 3 patients went to Hairmyres Hospital for the division of adhesions and 4 went there for thoracoplasty. Mr. Bruce Dick has acted as our consulting surgeon.

The sun parlour which has been on the tapis for some time was under construction during the year but is not yet finished—the hold-up apparently being the want of glass.

The central heating in the home and dining room has continued to give considerable comfort and the project which has been passed by the Council for the extension of the central heating to the wards and the re-organisation for the heating system generally should improve matters further.

The following Table gives some particulars of cases admitted :-

Admissions and Discharges during 1947.

	No.	in			Ac	Admissions.	ons.					Disc	Discharges.					No. in	in
	Hospital at 1/1/47.	Hospital at 1/1/47.	1 a	nd r 5.	5 an	15.	1 and 5 and 15 and under 5. under 15. over.		Total	. Im	Total. Improved Improved Total. Deaths. 31/12/47	I Imi	Vot	To	tal.	Dea	ths.	Hosp at 11/12	tal
	M.	F.	M.	E.	M.	F.	M.	E	I. F	. N	M. F.	M.	E.	M.	Ä	M.	E.	M.	E
Виван—																			
Pulmonary	13	œ	1	1	1	1	6	14	9 1	4 10	9 14 9 14 10 7 2 5 12 12 3 1 7 9	31	10	12	12	60	-	-	6
Non-Pulmonary	1	1	1	1	1 1	1		1	1	1	1	1	1	1	1	1	1	1	1

OTHER SANATORIA.

38 patients were admitted for treatment in Sanatoria belonging to other Authorities. The details are as follows:—

Hairmyres Hospital	 7	Bridge of Weir Sanatorium	 1
St. Andrew's Home, Millport	 6	Heathfield Hospital, Ayr	 1
Glenafton Sanatorium	 12	Philipshill Hospital, Busby	 1
Avrshire Central Hospital	 4	Biggart Home, Prestwick	 5
Robrovston Hospital, Glasgow	 1	00	

BURGH MATERNITY HOME.

The Staff consisted of :-

The Matron.
1 Sister.

6 Staff Nurses.

6 Pupil Midwives.

In 1947, 1,062 patients were admitted to the Home. 944 confinements took place, 952 babies being born.

The percentage of instrumental deliveries during the year was 8.27. This is to be compared with an average rate for the years 1943-1947 (inclusive) of 9.63%.

The following table shows the places of residence of the patients admitted to the Home:—

Kilmarnock Burgh	 	 	 	 	835
County of Ayr	 	 	 	 	167
Burgh of Ayr	 	 	 	 	60

During the year 1,065 births occurred in Institutions in the town. This gave a percentage of the total births notified of 83.9. The fees collected in the Burgh Maternity Home during the year amounted to £4,806 19s 9d as compared with £4,879 2/- in the previous year.

SUMMARY OF THE WORK OF THE HOME.

No. of Confinements	 	 		944
No. of Babies Born	 	 		952
Normal Confinements	 	 		850
With Private Doctor	 	 	322	
Without Private Doctor	 	 	528	
Abnormal or Complicated Confinements	 	 		94
Caesarean Sections	 	 	-	
Instrumental Deliveries	 	 	71	
Others	 	 	23	
No. of Women having Antenatal Care at Cl		 		358
No. of Women admitted for Antenatal Care	 	 		80
No. of Maternal Deaths	 	 * ***		2
No. of Stillbirths	 	 		23

INFANTS.

There were 952 babies born including 8 sets of twins. There were 21 infantile deaths and 23 still-births in the Home.

STATISTICS.

The number of in-patient days was 10.866 (mothers).

The average duration of stay was 10 days.

The average number of beds occupied during the year was 29.

The highest number occupied was 42 on 23rd January, and the lowest number was 15 on 30th December.

3 Patients had blood transfusions.

X-RAY EXAMINATIONS.

Patients X-Rayed			 	 	 		75
Chest			 	 	 	7	
Abdomen			 	 	 •••	68	
ANTENATAL CONSULTA	TION	s.					
Attended during 1947	7		 	 	 		358
Attendances			 	 	 		1693

TRAINING.

The Maternity Home offers facilities for the training of nurses for both parts I and II of the State Certificated Midwives examination. In connection with part II the pupils work under the directions of the Municipal Midwives on the district. In 1947, 2 nurses passed part I of the examination and 12 passed part II.

REGISTRATION OF NURSING HOMES.

The only two premises in the Burgh for which registration is in operation are Richardland Nursing Home, which is mainly used for maternity cases, and the Kilmarnock Infirmary, where registration is mainly a formal one.

AMBULANCE FACILITIES.

For general, medical and surgical cases the Kilmarnock Infirmary provides an ambulance service. They have a fleet of 2 vehicles, and they serve, in addition to the Burgh, the surrounding County area. For infectious diseases, Kirklandside Hospital maintains two ambulances and Kaimshill Sanatorium one ambulance, the latter suitable mainly for sitting cases. In addition to these facilities there is an ambulance available for the cases to be admitted to the Burgh Maternity Home.

HEALTH EDUCATION.

During 1947 the medical staff gave talks to various Guilds and Societies as has been their custom in past years. In addition, the facilities of the Central Council for Health Education with regard to bills and pamphlets giving useful information on health subjects has been utilised.

Meetings were held in the Empire Picture House on three occasions, when, after appropriate films had been shown, health addresses were given and questions from the auditorium were answered.

In addition to these items continual use has been made of the Empire Marketing Board poster frames at the Town's Green and at Riccarton, where each month a fresh set of posters, illustrative of some aspect of health education, is exhibited.

FOOD SUPPLY.

1. MILK.

For a detailed report on the Milk Supply to the Burgh reference should be made to the report of the Chief Sanitary Inspector. In terms of Sections 20 and 21 of the Milk and Dairies (Scotland) Act, 146 samples of ordinary milk were examined, when 9 were found to be deficient in milk fats.

The following Table sets forth some particulars of samples of graded Milks :-

No. of				Unsatis	factory.	
Samples Taken.	Grade of M	Iilk.	Chemical.	Bacterial.	Other Tests.	Total.
16	Certified		 _	2	_	2
103	Tuberculin Test		 _	11	_	11
4	Standard		 _	_	_	_
61	Pasteurised		 	4	1	5
19	Tuberculin Teste Pasteurised	d	 _	5	3	8

In addition to the above tests it should be noted that samples of Milk for the inoculation test to the number of 67 were taken. On no occasion was a positive result returned, but as on 16 occasions the guinea pigs died prematurely it is not possible to state that the Milk supply is entirely free of Tuberculosis infection.

2. MEAT AND OTHER FOODS.

Particulars of meat and other foods are dealt with in the Annual Report of the Sanitary Inspector.

3. FOOD INFECTIONS.

No outbreaks of food infections were noted during the year.

4. NUTRITION.

The vital statistics for 1947 suggest that the nutritional state of the community is not quite so good as in 1946. As long as rations can be supplemented by meals taken outside of the household, and by other means, matters are tolerable, but to the family whose means precludes these extras the needs for good nutrition would seem to fall short of what is effective. Again the greatest need is for an increased allowance of fat.

GENERAL SANITATION.

The most hopeful development in 1947 has been the increased rate at which new houses have been completed. The need for houses is pressing and acute, but it is now felt that the programme is really under way.

