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BURGH OF KILMARNOCK

REPORT
OF THE
Medical Officer of Health
FOR THE
YEAR 1964

Kilmarnock
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1965.



BURGH OF KILMARNOCK

REPORT

UPON THE

Health of Kilmarnock

FOR THE

YEAR 1964

BY

DAVID H. PATERSON, M.B., Ch.B., D.P.H., D.Obst.R.C.O.G.,

MEDICAL OFFICER OF HEALTH.

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PUBLIC HEALTH DEPARTMENT,
6 GRANGE STREET,
KILMARNOCK.

November, 1965.

To the Provost, Magistrates and Councillors of the Burgh of
Kilmarnock, and to the Scottish Home and Health Department.

LADIES AND GENTLEMEN,

In May, Dr. Bryce R. Nisbet retired as Medical Officer of Health to Kilmarnock, a post which he filled with distinction over most of his professional lifetime, and during these eventful years he brought fresh lustre to the Burgh. His career in Kilmarnock paralleled in a remarkable way and in a modern context that of a renowned predecessor, Dr. J. C. McVail, whose name is doubtless unfamiliar to the present generation. It is pleasing to hear that Dr. Nisbet is still actively engaged in health administration on an even wider scene than before.

The death rate in 1964 was the lowest ever recorded in Kilmarnock. Possibly of greater significance was the infant mortality rate, which also reached the lowest figure yet achieved. There was a welcome reduction in the stillbirth rate, following a period of progressive increase, although the 1964 rate exceeded the national rate and the rate for the large burghs as a whole. No deaths resulted from the principal infectious diseases, but the occurrence of a small number of cases of paratyphoid fever could not be regarded with equanimity. The number of deaths due to coronary disease and lung cancer remained high, especially among middle-aged men.

Tuberculosis, in adults, although the outlook for the individual patient has been immensely improved in recent years, stubbornly refuses to decline in incidence as rapidly as had been hoped for, but this cannot, in general, be attributed to inadequate housing. Active growth in the work of the Mental Health Service took place in 1964, mainly in respect of community after care. Once again the Home Help Service expanded owing to the increasing number of elderly men and women in need of assistance.

It is becoming apparent that the care and after care of those suffering from mental disorders, and the care of the aged in their own homes, will make increasing demands on the community services provided by the Health Department in the future. These tasks will give an added breadth and impetus to the work of the health visitors and, indeed, to the whole professional staff.

There is little indication at present of possible contractions in any other health functions to compensate for those which are expanding.

During the year, as in the past, a number of Council tenants applied to the Local Authority, on grounds of ill health, for transfer to houses of a type and location likely to ameliorate their physical or nervous disability. The medical aspects of these cases were assessed after due consultation with their own medical advisers. A striking finding which emerged from these investigations, was the aggravating and sometimes fundamental part played by excessive noise from contiguous dwellings, in precipitating and perpetuating states of ill health, particularly nervous disorders. The tenants of flatted houses suffered most from transmitted noise, especially when the adjoining flats housed children of an exuberant disposition.

The principal defect is one of sound insulation and the problem is not peculiar to houses in Kilmarnock. Almost all modern houses are deficient in this respect to some extent, and the social consequences can be considerable with the lives of some tenants disrupted and made intolerable by noise generated by the domestic activities of their neighbours. The technical solution of the noise problem has not yet been achieved, within reasonable economic limits, using currently available building methods and noise insulating materials.

I wish to record my thanks to the staff of the Public Health Department for their loyal service. I am also grateful for the co-operation of other officials and of the members of the Town Council for their combined interest in the work of this department.

I am, Ladies and Gentlemen,

Your obedient Servant,

DAVID H. PATERSON,

Medical Officer of Health.

BURGH OF KILMARNOCK

CONSTITUTION OF COMMITTEES AS AT 31st DECEMBER, 1964.

HEALTH COMMITTEE.

Convener—DEAN OF GUILD DANIEL CAIRNS, J.P.

Also Convener of General Health Services Sub-Committee and Slaughterhouse Sub-Committee.

PROVOST D. B. CUNNINGHAM, J.P.

BAILIE MRS. A. MACKIE.

BAILIE R. MILLER.

TREASURER W. WALLACE, M.A., B.A., B.Sc.

POLICE-JUDGE J. L. BRYSON.

POLICE-JUDGE R. H. BANKS, J.P., *Convener of* Cemeteries Sub-Committee ;
Also Home Safety Sub-Committee.

POLICE-JUDGE MRS. F. E. ROME.

POLICE-JUDGE J. P. MCCREADY, M.A., J.P., *Convener of* Baths Sub-Committee.

POLICE-JUDGE P. FARRELL, *Convener of* Cleansing Sub-Committee.

MEDICAL STAFF.

BRYCE R. NISBET, O.B.E., M.D., F.R.C.P.(Ed.), D.P.H., *Medical Officer of Health*.
(Retired 15/5/64).

DAVID H. PATERSON, M.B., Ch.B., D.OBST.R.C.O.G., D.P.H., *Medical Officer of Health*
(Appointed 15/5/64).

STEPHEN M. YOUNG, L.R.C.P., L.R.C.S.(Ed.), L.R.F.P.S.(GLAS.), D.P.H., *Assistant Medical Officer of Health*.

HEALTH VISITORS.

MISS I. MACKENZIE.

MISS J. LAING.

MISS I. M. NEILLY.

MISS I. L. BARR.

MISS M. GILMOUR.

MISS M. B. ROSS.

MISS A. CONNOR.

MISS L. MILLIKEN.

MISS M. MACKIE

(with duties specially related to the prevention of Tuberculosis).

MUNICIPAL MIDWIVES.

MISS E. G. COWAN.

MISS A. O'NEILL.

DAY AND RESIDENTIAL NURSERIES.

Matron—MRS. P. S. PATERSON—Hillbank.

Matron—MISS M. R. B. MOULDS—Flowerbank (Resigned 29/6/64).

Matron—MRS. M. JONES—Flowerbank (Appointed 27/7/64).

HOME NURSES.

Head Nurse—MISS M. McI. JOHNSTONE.

MRS. J. McLEAN.

MRS. J. McCALL (Resigned 22/1/64).

MRS. J. PALMER.

MRS. H. BOGLE.

MRS. JOHNSTONE (Commenced 22/1/64).

MENTAL HEALTH SERVICE.

ALEXANDER McCOURTY, R.M.N., *Senior Mental Health Officer*.

RALPH S. MCCOLM, R.M.N., *Assistant Mental Health Officer* (Appointed 6/4/64).

DOMESTIC HELP SERVICE.

Supervisor—MISS M. B. BROWN.

CLERICAL STAFF.

MRS. M. M. KERR, *Chief Clerical Assistant*.

MISS I. GEE (Resigned 21/8/64).

MRS. M. JARDINE (Resigned 15/5/64).

MISS E. COSGROVE.

MRS. M. JOHNSTONE (Appointed 20/4/64).

MISS J. ALLAN.

MRS. H. McMURTRIE.

MISS M. A. GRAY (Appointed 26/10/64).

WELFARE FOODS SERVICE.

MRS. C. M. CAMERON (Retired 15/5/64).

MRS. M. GRAY (Appointed 14/5/64).

Report of the Medical Officer of Health

FOR THE BURGH OF KILMARNOCK FOR THE YEAR 1964.

SUMMARY OF VITAL STATISTICS.

Area of the Burgh	...	...	...	...	3,920.7 Acres.
Population (estimated to middle of 1964)	...	...	...	...	48,273
Population Density	...	...	...	...	12.31 per Acre.

	Corrected Numbers.			Rate per 1,000 of Estimated Population.
	Males.	Females.	Total.	
Live Births ...	561	519	1,080	22.4
Live Births (Illegitimate) ...	22	29	51	4.7 *
Stillbirths ...	12	12	24	22 **
Deaths—All Causes ...	265	247	512	10.6 †
Tuberculosis (all forms) ...	3	—	3	0.06
Road Transport Accidents ...	6	1	7	0.15
Home Accidents ...	7	6	13	0.27
Principal Epidemic Diseases ...	—	—	—	—
Children aged under 1 year ...	16	7	23	21 ***
Children aged under 4 weeks ...	12	4	16	15 ***
Maternal Deaths ...	—	—	—	—

* Rate per 100 Live Births.

** Rate per 1,000 Total Births (Live and Still).

† Rate adjusted for Sex and Age Distribution = 11.5

*** Rate per 1,000 Live Births.

BIRTHS.

The birth rate for 1964 was high, substantially higher than the rate for 1963, which was 20.3. It has only been exceeded, in the past ten years, by the 1958 rate, which was 22.7. In terms of absolute numbers this means that 105 more infants were born in 1964 than in 1963 to women normally resident in the Burgh. The rate for Scotland in 1964 was 20.0 and for the large burghs it was 20.9.

Details of the birth rate since the early years of the present century are set out as follows:—

Years.	Birth Rate.	Years.	Birth Rate.
1901 - 1905 ...	29.8	1951 - 1955 ...	18.0
1906 - 1910 ...	25.9	1956 ...	20.7
1911 - 1915 ...	24.7	1957 ...	21.3
1916 - 1920 ...	22.3	1958 ...	22.7
1921 - 1925 ...	23.4	1959 ...	21.8
1926 - 1930 ...	20.2	1960 ...	22.3
1931 - 1935 ...	19.3	1961 ...	21.2
1936 - 1940 ...	19.0	1962 ...	21.5
1941 - 1945 ...	16.8	1963 ...	20.3
1946 - 1950 ...	19.1	1964 ...	22.4

(Rates for five year intervals are average rates over the period).

The births for 1964, as registered, were distributed as shown in the following table:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>%</i>
First Births	178	158	336	31
Second Births	135	147	282	26
Third Births	112	79	191	18
Fourth Births	56	52	108	10
Fifth and Subsequent Births ...	74	67	141	13
Information not available ...	6	16	22	2
	561	519	1080	100

In the Report for 1962 it was observed that in 1962 second births exceeded first births for the first time since birth place in the family had been analysed in the Annual Reports. The suggestion was made that such a finding might occur when a birth rate, which had been rising for a period, was about to fall.

In 1963 the birth rate did show a fall and first births exceeded second births by a narrow margin. The 1964 figures show that this pattern was maintained, and that first births clearly exceeded second births, during a year in which the birth rate rose markedly.

The relationship between the variations in the birth rate in recent years and the number of first and second births relative to each other, over the same period, further indicates the validity of the commentary made in the 1962 Report.

During the years 1959 to 1961 there was a progressive decrease in the excess of first over second births, the numbers in each category being expressed as percentages of the total births for the year. This culminated in the ratio being reversed in 1962, but in 1963 and 1964 the excess of first over second births, as already stated, re-established itself and has progressively increased, when the births are treated as percentages of the total annual births. It would be premature, however, to relate too conclusively this pattern to that of the birth rate on the basis of relatively short term statistics.

Of those mothers who gave birth to their first or second child the largest numbers, in both instances, were in their early twenties. Third, fourth and fifth births were most frequent in the case of mothers in their late twenties. There were sixty first births to mothers under the age of twenty. One was to a 16-year-old, ten were to 17-year-olds, nine were to 18-year-olds, and the remainder to 19-year-olds. One woman of 19 years had a third birth. The oldest woman to have a first birth was 41 years and the oldest woman to have a birth was 49 years; she gave birth to her fifth child. There were, all together, 141 fifth or subsequent births.

Age Group of Mothers (in Years).	No. in Group.	Birth Number in the Family.											* N.N.D.	** N.N.M.
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th		
Up to 20	67	60	6	1	—	—	—	—	—	—	—	—	2	29.0
20 - 24 ...	324	147	122	37	12	5	1	—	—	—	—	—	3	9.3
25 - 29 ...	351	86	102	78	50	19	7	5	3	1	—	—	5	14.2
30 - 34 ...	187	25	39	52	28	17	10	11	3	2	—	—	2	11.3
35 - 39 ...	108	17	11	21	16	10	10	10	8	2	3	—	4	37.0
40 - 44 ...	20	1	2	2	2	3	3	2	2	1	1	1	—	—
45 - 49 ...	1	—	—	—	—	1	—	—	—	—	—	—	—	—
Information not available	22	—	—	—	—	—	—	—	—	—	—	—	—	—
	1080	336	282	191	108	55	31	28	16	6	4	1		

*N.N.D.—Neo-Natal Death. **N.N.M.—Neo-Natal Mortality Rate.

“ Bad Risk ” Mothers in relation to Hospital Confinement.

The figures for the year are given below :—

	No. of these Births in Hospital.	
	No.	
Triplets ...	1	1
Twin Pregnancies ...	18	16
Elderly Primipara (35+)	17	17
Elderly Multipara (40+)	20	16

On the whole the proportion of hospital confinements in these groups of women, among whom the complications of childbirth occur relatively frequently, is satisfactory, although the delivery of two sets of twins at home calls for comment. In one case, where arrangements had been made for a hospital confinement, the rapid onset of premature labour precluded transfer to hospital, but the infants were admitted to hospital after birth. One of these twins died in hospital as a result of its premature state. The other set of twins was born at home to a woman who was parous for the fourth time. She had booked for confinement with the domiciliary midwives only a matter of days before the delivery actually took place, and this did not give sufficient time for full assessment. Both infants were transferred to hospital and survived.

Illegitimacy.

There were 51 illegitimate births in 1964, compared with 40 in the previous year. The rate per 100 live births is 4.7. This rate is to be compared with 5.4 for Scotland as a whole, and with 4.8 for the large burghs. Full details are available for only 40 of the 51 births, as a number took place in areas remote from Kilmarnock. The records for these births are transferred in with the minimum of background information. Of the 40, twenty-four were first births, seven second births, three third births and two fourth births. There were four, fifth or subsequent births. The ages of the mothers ranged from 16 to 40 years. Eleven of the mothers were under the age of twenty.

The occupations of the mothers of first infants were, as far as could be ascertained, as follows :—

Household Duties	...	...	6	Hairdresser	...	...	...	1
Mill Workers	...	...	5	Unascertained	...	...	...	3
Factory Workers	...	...	9					

The illegitimate birth rates over the past ten years are given for comparison. It will be seen that the average rate for the past five years is higher than that for the preceding five years.

<i>Year.</i>	<i>Rate per 100 Live Births.</i>	<i>Year.</i>	<i>Rate per 100 Live Births.</i>
1955	4.0	1960... ..	4.3
1956	3.0	1961... ..	4.2
1957	3.4	1962... ..	4.8
1958	4.0	1963... ..	4.3
1959	3.6	1964... ..	4.7

DEATHS.

512 deaths were registered in 1964, compared with 577 in 1963. 247 of the 1964 deaths were female and 265 were male. The death rate was 10.6. This is the lowest rate ever recorded in Kilmarnock. Previously the lowest recorded rate was in 1948 when the figure of 11.0 was achieved.

The death rates for the past twelve years are given below :—

<i>Year.</i>	<i>Death Rate.</i>	<i>Year.</i>	<i>Death Rate.</i>
1953	11.2 per 1000	1959	12.8 per 1000
1954	12.0 per 1000	1960	11.4 per 1000
1955	12.0 per 1000	1961... ..	11.7 per 1000
1956	12.9 per 1000	1962... ..	11.6 per 1000
1957	12.9 per 1000	1963... ..	12.0 per 1000
1958	11.2 per 1000	1964... ..	10.6 per 1000

Principal Epidemic Diseases.

The principal epidemic diseases include typhoid fever, scarlet fever, diphtheria, whooping cough, meningococcal infections, measles and influenza.

No deaths were recorded under this heading in 1964. The absence of deaths from the principal epidemic diseases has been recorded on only one occasion in the past—in 1958. In 1963 there were four deaths, all due to influenza. The vast majority of the deaths in this group over the past fifteen years have been due to influenzal infection.

Tuberculosis.

Three deaths, all in males, were attributed to pulmonary tuberculosis during the year. The details are as follows :—

Male, aged 58.....	Notified 1949.
Male, aged 60.....	Notified 1963.
Male, aged 67.....	Notified 1964.

These deaths, although very few in number, lend support to the view that the middle aged or elderly male is now relatively vulnerable to pulmonary tuberculosis, despite modern chemotherapy.

In addition, two females, aged 46 and 47 years, who were on the tuberculosis register, died during the year. The female patient of 46 years died as a result of renal failure. Her tuberculosis lesion had been in the spine. In the other female patient, aged 47 years, whose pulmonary tuberculosis had only been recently detected, death was due to intestinal obstruction (regional ileitis).

Deaths Classified according to the System Affected.

	Male.		Female.		Total.	
	Deaths.	% of Male Deaths.	Deaths.	% of Female Deaths.	Deaths.	% of Total Deaths.
Diseases of the Circulatory System	106	40	87	35.2	193	37.7
Cancer and Malignant Diseases	48	18.1	53	21.5	101	19.7
Diseases of the Nervous System	38	14.3	52	21.0	90	17.6
Diseases of the Respiratory System	24	9.0	14	5.7	38	7.4
Diseases of the Digestive System	9	3.4	7	2.8	16	3.1
Diseases of the Genito Urinary System ...	4	1.5	8	3.3	12	2.3
Violence (including Home Accidents)	17	6.4	10	4.0	27	5.3
Infections	4	1.5	—	—	4	0.8
Other Conditions	15	5.7	16	6.5	31	6.1
TOTAL	265		247		512	

Diseases of the heart and circulation were the cause of death in a little more than one-third of the total number. The second largest group comprised cancer, and other malignant diseases, including cancer of the lung. Diseases of the nervous system formed the third largest group, which includes apoplexy and cerebral haemorrhage. Deaths due to respiratory diseases were most frequently due to bronchitis, with pneumonia as the main subsidiary cause. It is noteworthy that deaths due to violent causes, including accidents in the home and on the road, constitute an important minor group. The combined total of deaths due to diseases of the digestive and genito urinary systems only exceeded the total number of deaths due to violent causes by one.

Deaths According to Age and Sex.

All Causes.	0-4 wks.	4 wks. to 1 yr.	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 and over	Total
Males ...	12	4	—	2	1	2	6	10	19	74	71	48	16	265
Females	4	3	2	—	1	3	1	5	20	43	69	74	22	247
TOTAL	16	7	2	2	2	5	7	15	39	117	140	122	38	512

The proportion of deaths at age 65, or older, was 58·9. This is somewhat lower than in 1963 and the following figures are given for comparison :—

<i>Years.</i>							<i>Proportion of Deaths at Age 65 or Older.</i>
1930 - 1934 ... ..	...	...	...	...	...	...	40·7%
1935 - 1939 ... ..	...	...	...	...	...	...	44·1%
1940 - 1944 ... ..	...	...	...	...	...	...	48·1%
1945 - 1949 ... ..	...	...	...	...	...	...	53·3%
1950 - 1954 ... ..	...	...	...	...	...	...	59·9%
1955 - 1959 ... ..	...	...	...	...	...	...	62·1%
1960 ... ..	...	...	...	...	...	...	62·6%
1961 ... ..	...	...	...	...	...	...	64·9%
1962 ... ..	...	...	...	...	...	...	64·3%
1963 ... ..	...	...	...	...	...	...	63·3%
1964 ... ..	...	...	...	...	...	...	58·9%

Infantile Mortality.

There were 23 infant deaths during the year. Sixteen of these infants were male and seven female. The infant mortality rate was twenty-one per thousand live births, the lowest rate ever recorded in the Burgh. In 1962 the rate was twenty-four, the lowest figure until then, and in 1963 it rose to twenty-nine. Sixteen of the twenty-three infant deaths occurred before the age of four weeks, and of the sixteen, twelve were males and four were female infants. In 1963 twenty-four infants died below the age of four weeks. The reduction in 1964 in the number of deaths in this group by eight is very satisfactory. The causes of infant deaths in 1964 were :—

	<i>Neo-Natal (under 1 Month).</i>	<i>Post-Natal (1 - 12 Months).</i>
Congenital Defects	4	2
Respiratory Distress Syndrome	4	—
Prematurity	4	—
Accidental Asphyxia	—	3
Cerebral Haemorrhage	2	—
Infectious (Pulmonary)	1	1
Cardiac Failure (Post-operative)	—	1
Anaemia (with Cardiac failure)	1	—
TOTAL	16	7

Of the sixteen neo-natal deaths all occurred in the first week of life, there being no infant deaths during the interval from the seventh to the twenty-eighth day. One infant died within one hour of birth and two died within six hours. Two further deaths occurred within twelve hours and three within twenty-four hours. Eight deaths occurred between the first and the seventh day.

The following tables give further particulars of the neo-natal deaths :—
Parity.

<i>Age of Mother.</i>	1st	2nd	3rd	4th	5th	6th	7th	8th	9th +	Total	<i>No. of Births in Group</i>
Up to 20...	1	1	—	—	—	—	—	—	—	2	67
20 - 24 ...	—	2	1	—	—	—	—	—	—	3	324
25 - 29 ...	1	1	1	1	—	1	—	—	—	5	351
30 - 34 ...	—	1	—	—	1	—	—	—	—	2	187
35 - 39 ...	1	1	—	2	—	—	—	—	—	4	108
40 - 49 ...	—	—	—	—	—	—	—	—	—	—	21
TOTAL ...	3	6	2	3	1	1	—	—	—	16	
No. of Births in Group ...	336	282	191	108	55	31	28	16	11		1058

(22—Information not available).

Parity, Age of Mother and Cause of Death.

<i>Age of Mother.</i>	1st	2nd	3rd	4th	5th	6th	7th	8th	9th
Up to 20... ..	CH	RDS	—	—	—	—	—	—	—
20 - 24	—	A I	CD	—	—	—	—	—	—
25 - 29	P	RDS	P	CH	—	P	—	—	—
30 - 34	—	RDS	—	—	CD	—	—	—	—
35 - 39	P	RDS	—	P CD	—	—	—	—	—
40 - 49	—	—	—	—	—	—	—	—	—

CD=Congenital Defect. RDS=Respiratory Distress Syndrome. P=Prematurity.
CH=Cerebral Haemorrhage. A=Anaemia. I=Infection.

Stillbirths.

There were 24 stillbirths during 1964, giving a rate of 22 per thousand (live and stillbirths). Twelve of the stillborn infants were male and twelve female. The number of stillbirths in 1963 was 27, and the stillbirth rate was 27 per thousand. There are grounds for a moderate degree of satisfaction as a result of the decrease in the stillbirth rate in 1964. In the table given below it will be seen that the rate rose progressively during the years 1959 to 1963. During this period the stillbirth rates for the nation as a whole decreased.

One stillbirth occurred in the group of domiciliary confinements. There was a severe congenital defect in the child and no preventive measures would have been practicable.

<i>Year.</i>	<i>Stillbirth Rate.</i>	<i>Year.</i>	<i>Stillbirth Rate.</i>
1955	23	1960... ..	21
1956	18	1961... ..	22
1957	25	1962... ..	25
1958	28	1963... ..	27
1959	16	1964... ..	22

Tables are now given analysing the numbers and causes of stillbirth and relating them to maternal age and parity. Full details of the mother's age and parity were lacking in three cases. Two of these were first births and the cause of the stillbirth in each case was anoxia, associated with maternal toxæmia. In the third case, where neither the maternal age nor parity were known, the cause of the stillbirth was a congenital defect incompatible with life.

It is of interest to note that the number of stillbirths resulting from second confinements in 1964 was very small, while stillbirths in this group were relatively much more frequent in 1963. However, it should be remembered that with small groups variations of this nature cannot infrequently be ascribed to random fluctuations.

	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	<i>4th</i>	<i>5th</i>	<i>6th</i>	<i>7th</i>	<i>8th</i>	<i>9th</i>
Up to 20... ..	2	—	—	—	—	—	—	—	—
20 - 24	2	1	—	2	—	—	—	—	—
25 - 29	—	1	1	2	2	—	—	—	—
30 - 34	—	—	—	—	2	—	—	—	—
35 - 39	—	—	—	1	—	1	1	—	1
40 - 49	—	—	—	—	—	1	—	1	—
TOTAL	4	2	1	5	4	2	1	1	1

<i>Age of Mother.</i>	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	<i>4th</i>	<i>5th</i>	<i>6th</i>	<i>7th</i>	<i>8th</i>	<i>9th</i>
Up to 20... ..	A (2)	—	—	—	—	—	—	—	—
20 - 24	T ; D	CD	—	A (2)	—	—	—	—	—
25 - 29	—	CD	O	A ; D	A ; CD	—	—	—	—
30 - 34	—	—	—	—	A (2)	—	—	—	—
35 - 39	—	—	—	A	—	CD	HD	—	A
40-49	—	—	—	—	—	A	—	HD	—

CD=Congenital Defect, 4 ; A=Anoxia, 11 ; HD=Haemolytic Disease, 2 ;
T=Maternal Toxaemia, 1 ; D=Maternal Diabetes, 2 ; O=Other Causes, 1.

Peri-natal Mortality.

Stillbirths and deaths in the first week of life are causally related and they are therefore combined to constitute the peri-natal mortality. The tables now given show the distribution of this mortality and, further, the prominent part played by conditions, which interfere with respiration in the child, both before and after birth, is apparent. To a certain extent the tabulation of causes

of stillbirth and early infant deaths is an artificial procedure, as in many cases multiple causative factors are involved.

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th +	Total	No. in Group
Up to 20 ...	3	1	—	—	—	—	—	—	—	4	69
20 - 24... ..	2	3	1	2	—	—	—	—	—	8	329
25 - 29... ..	1	2	2	3	2	1	—	—	—	11	357
30 - 34... ..	—	1	—	—	3	—	—	—	—	4	189
35 - 39... ..	1	1	—	3	—	1	1	—	1	8	112
40 - 49... ..	—	—	—	—	—	1	—	1	—	2	23
TOTAL... ..	7	8	3	8	5	3	1	1	1	37	
No. in Group	340	284	192	113	59	33	29	17	12		1079

(22—Information not available).

	Stillbirths.	Neo-Natal Deaths.	Total.
Intra-Uterine Anoxia	12	—	12
Respiratory Distress Syndrome ...	—	4	4
Maternal Toxaemia with Anoxia ...	2	—	2
Congenital Defect	5	4	9
Haemolytic Disease	2	—	2
Prematurity	—	4	4
Cerebral Haemorrhage	—	2	2
Maternal Diabetes	2	—	2
Infection	—	1	1
Others	1	1	2
TOTAL	24	16	40

CORONARY DISEASE.

During 1964 there were 105 deaths from coronary artery disease and arteriosclerotic heart disease, 70 being males and 35 females. No female deaths occurred below the age of 55 years. Three of the males were under 45 years and a further ten were between 45 and 54 years at death. Thirty-six deaths occurred between the ages of 55 and 64 years and of these nine were in females. Fifty-six deaths were in persons of sixty-five years and over. Thirty-six of the latter group were females. 46·4% of those who died at 65 years or over were females; this is to be compared with 18·4% female deaths in those who died below the age of 65 years.

Coronary disease accounted for 55·4% of all deaths due to diseases of the heart and circulation in 1964. Many factors have been implicated in the causation of coronary disease, but the relative magnitude of each is uncertain. However, two simple preventive measures are worthy of consideration. These are the taking of adequate exercise and the avoidance of an excessive food intake, including both carbohydrate and fatty foods.

CANCER.

There follows, in tabular form, the details of deaths from cancer and malignant disease, during the year.

Site of Primary Disease.	Males.								Females.								Total No.	No. Under 70 Years of Age.
	Age in Years.							No.	Age in Years.							No.		
	Under 30	40	50	60	70	80	90		Under 30	40	50	60	70	80	90			
Stomach.				54 63	61 74 76 76 77	71 74 76 76 77	80 81	10					59 64 65 68	70 70 73 75	80 85	10	20	7
Colon.			49	59	64 68 69	73		6					62 63 64 65 66 67 69	72 75		9	15	12
Lung.			48	57 58	62 63 63 63 68	71 71 72 73	80	13				51 56				2	15	10
Breast.											49	51 69	61 77	70 80 81 81 86	11	11	4	
Cervix.											45		63	70		3	3	2
Uterus.											47					1	1	1
Ovary.												52 54 55	61			4	4	4
Pancreas					63		82 83	3					66	75 78		3	6	2
Oesophagus				58	68	72 74	81	5				50		74		2	7	3
Bladder					64	74		2						78		1	3	1
Prostate					62	75		2									2	1
Rectum					65			1				59		72 77		3	4	2
Brain			45		63			2			44		62			2	4	4
Skin											46					1	1	1
Others					50 52	65 66		4			49					1	5	5
TOTAL			3	7	18	14	6	48			6	9	16	15	7	53	101	59

101 deaths in 1964 were due to malignancy, 53 being in females and 48 in males. Fifty-nine of those who died were below seventy years of age. The figure of 101 cancer deaths is to be compared with the corresponding figure of 100 in 1963 and 94 in 1962. The gradual increase in deaths from malignant disease in recent years has to be seen against the background of an increasing population and an ageing population. In 1964 cancer of the stomach was responsible for the largest number of deaths from malignant disease, the number ascribed to this cause being 20 deaths. Cancer of the lung and colon, with fifteen deaths each, were next in order of frequency. Cancer of the colon, lung and stomach, as a group, have been the three leading causes of death from malignancy in eight of the past ten years, although their order within the group has varied. In 1959 cancer of the female breast shared third place with cancer of the lung, and in 1963 cancer of the colon was displaced from the third to the fifth most frequent cause by cancer of the rectum and female breast.

Cancer of the lung has been the leading cause of death in five of the past ten years, 1956 and 1960 to 1963. During the years 1957 to 1959 cancer of the stomach was the leading cause, and in 1955 cancer of the stomach and colon were, equally, the leading cause of death from malignancy.

Thirteen of the 1964 lung cancer deaths occurred in males and two in females. Three of the males and both females were under sixty years of age at death, and four of the males were in the 60 - 65 age group. The trend in lung cancer deaths since 1960 has been to a slight extent a downward one, but too much significance should not be attached to this finding, nor should it be allowed to obscure the importance of the fact that lung cancer has figured consistently among the leading causes of death from malignant disease, to which reference has already been made.

Since 1955, 160 lung cancer deaths have occurred in the Burgh, 135 in men and 25 in women. Most, although not all, of these deaths would not have occurred in the complete absence of tobacco smoking. In January, two lecturers spent a week in the town, conducting an anti-smoking campaign. They came under the sponsorship of the Central Council for Health Education, and their aim was to reinforce the long term efforts of the health department staff in informing the residents of Kilmaronock, principally the young people, of the health hazards, including that of lung cancer, associated with tobacco smoking. The team came equipped with sound films suitable for child and adult audiences, specimens and demonstration material.

It was considered that the group which would be most likely to derive the greatest benefit from the team's visit was that of school-children aged twelve years and over. Consequently, six Kilmaronock schools were visited directly by the team during the week, and groups from another six schools attended similar sessions held in the Palace Theatre. Some 1,500 pupils heard the talks and saw the demonstration. A separate session was allocated to apprentices attending the local technical college and the audience on that occasion was 150.

Meetings were held in the Grange Church Hall and the Bellfield Church Hall, under the auspices of the Women's Guilds and the Young Mothers' Clubs respectively, with numerous audiences at both meetings.

A public evening meeting in the Palace Theatre was poorly attended. This was the only disappointing feature of an energetically conducted campaign which reached a receptive audience of 1,800 juveniles and adults. Subsequent enquiry was made to try and assess the campaign's impact on the

pupils, and it was concluded that the majority were clearly aware of the health hazards involved and that it was their intention to abstain from smoking. Of the pupils who already smoked, a considerable minority in certain schools, few seemed to have any sense of immediate danger to their own health. It must be admitted that in this age group their attitude was based on an appreciation of the facts which was not entirely incorrect, although it was one to be deplored in the long term. However, it was interesting that not a few in this group expressed anxiety regarding the potential risk to the health of their parents who had smoked for prolonged periods.

It is unrealistic to expect the young to refrain from smoking on health grounds, when in so many instances their parents continue to set such an unfortunate example by remaining indifferent to the overwhelming evidence already adduced in support of the belief that tobacco smoking is a significant health hazard.

No deaths from leukaemia or related diseases of the lymphatic system occurred in 1964. There were three such deaths in 1963 and eight in 1962. All the deaths in both years occurred in the adult age groups.

VIOLENCE.

During 1964, 27 deaths were ascribed to violence or accident. The corresponding figure for 1963 was 25 and for 1962 it was 24. Thirteen deaths resulted from home accidents, an increase of two over the 1963 total. A table is now given, showing the age and sex distribution of the fatal cases.

Cause.		4 wks. to 1 yr.	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
Suicide and Self- Inflicted Injury.	M.	-	-	-	-	-	1	1	-	-	-	-	-	2
	F.	-	-	-	-	-	-	-	-	1	-	-	-	1
Motor Vehicle Accident	M.	-	-	2	-	-	-	1	2	-	-	-	1	6
	F.	-	-	-	-	-	-	-	-	-	-	1	-	1
Acci- dents in the Home.	M.	2	-	-	-	-	1	1	-	1	-	2	-	7
	F.	-	1	-	-	-	-	1	2	1	-	-	1	6
Other Forms of Violence	M.	-	-	-	-	-	1	-	-	-	-	1	-	2
	F.	-	1	-	-	-	-	1	-	-	-	-	-	2
TOTAL	M.	2	-	2	-	-	3	3	2	1	-	3	1	17
	F.	-	2	-	-	-	-	2	2	2	-	1	1	10

Three of the thirteen home accident deaths involved young children, and asphyxia was the cause in each case. Two of the children were found to have inhaled food fragments, and in the third child the cause of the asphyxial process was uncertain. Two adult deaths were due to the accidental inhalation of domestic coal gas. These deaths, once again, point to the urgent need for the provision of non-toxic gas in the home. The use of non-toxic gas would be a valuable safety measure and one which would prevent recurrent wastage of lives. Coal gas containing carbon monoxide is a particular hazard to those

who have a defective sense of smell. In the older age groups there was one fatal burning accident. Most of the remaining deaths were due to accidents causing major fractures. In one instance a fractured skull, with associated brain damage, was caused by a fall on a staircase. Fractures of the upper end of the thigh bone (femur) were the initiating cause in the others, who in this, as in other years, formed an important group. Thigh bone fractures of this type in the elderly may result from quite minor falls, and their prevention is a challenge to those interested in the promotion of home safety.

PREVENTION OF HOME ACCIDENTS.

During 1964 many home accidents came to the knowledge of the health visiting staff, through visits paid to individual homes and from clinic interviews. In many cases children were the victims, but fortunately most of the injuries received were of a minor nature.

The complete reporting of all home accidents is never achieved in practice, but a group of 38 accidents to children where the injuries were of sufficient severity to warrant analysis, was scrutinised. Nineteen of the accidents resulted from falls and ten were burning or scalding accidents. Twelve of the falls resulted in a fracture as the principal injury, and in five lacerations were the main damage. In two cases both a fracture and lacerations occurred. The remaining injuries were lacerations and incised wounds not resulting from falls (4), crushing injuries to fingers caught in doors (3), and the impaction of beads in the ear, for the removal of which general anaesthesia was required (2).

The lower leg and the ankle region were the commonest sites of bone injury. In one case a child of school age sustained a fractured skull in a fall from a garden shed, but the injury was not recognised until a health visitor, who happened to visit the home on the following day, diagnosed the injury. This is an unusual sequence of events, as parents are usually acutely aware of such a possibility after a fall, and very often suspect injury to the skull or brain where none exists.

Scalding injuries were usually caused by children overturning pans of hot liquids, kettles and teapots. One severe burning injury resulted from an unguarded fire igniting the tail of a child's shirt. In another instance a guard was in place but not securely fixed. The partial protection of this loose fireguard reduced what would probably have been an extensive burn to one of limited area.

Most home accidents fall into a few main classes, and one of the lessons learned from their statistical grouping is the monotonous regularity with which accidents can be attributed to a restricted number of well recognised and preventable factors. While this type of enumeration has its value, a complementary and possibly more rewarding approach is the investigation of the circumstances surrounding individual accidents, as many display unique features from which new and more fruitful preventive lessons may, on occasion, be drawn. This is essentially the method of the health visitor.

Fireguard Scheme.

In 1964, as in previous years, the Public Health Department staff have vigorously promoted the use of fireguards in the home. Some members of the public are still reluctant to take this elementary safety precaution, but there appears to be a growing awareness of the need to protect children and the elderly from burning injury.

In 1955 the Home Safety Committee sponsored a fireguard scheme in which fireguards were available from the Health Department at minimum cost.

The scheme is now a function of the Home Safety Sub-Committee of the Town Council's Health Committee. Despite an increasing interest in fireguards by the public, the numbers issued have progressively declined in recent years from 46 in 1960 to 13 in 1964.

The guards available at the Health Department are of two types conforming to British Standards 2788 and 3140. British Standard 2788 relates to a fireguard suitable for use with a solid fuel burning open fire. There has been a declining demand for this appliance and instead the fireguard covered by British Standard 3140 is frequently asked for. This standard was drafted for fireguards intended for use in front of a combination grate, but it is sold by several manufacturers as a nursery type fireguard. The public have expressed a preference for this guard, and they wish it to be of large enough dimensions to fit outside the hearth. The size of fireguard available until recently, frequently precluded this use as hearths are in general too wide or deep.

The problem has been resolved by the development of an adjustable guard conforming to British Standard 3140, and it seems likely that this fireguard, which is issued with clear-cut fixing instructions, will meet the need. Nevertheless it cannot be said that an acceptable and completely satisfactory general purpose fireguard has so far evolved. It is understood that a Committee of the British Standards Institution is reviewing the situation.

GENERAL SICKNESS.

The local office of the Ministry of Pensions and National Insurance, which has for its area Kilmarnock and an adjacent portion of the County of Ayr, has furnished the following statistics for 1964 :—

Claims for Sickness Benefit.

					<i>Average No. per Week.</i>	<i>Total.</i>
January	...	...	...	...	321	1283
February	...	...	...	...	308	1231
March	...	...	...	...	314	1569 (5 weeks).
April	...	...	...	...	290	1161
May	...	...	...	...	289	1155
June	...	...	...	...	258	1290 (5 weeks).
July	...	...	...	...	225	901
August	...	...	...	...	183	733
September	...	...	...	...	261	1305 (5 weeks).
October	...	...	...	...	326	1303
November	...	...	...	...	380	1441
December	...	...	...	...	306	1529 (5 weeks).
						<hr/> 14,901 <hr/>

(Highest weekly total—week ending 24/11/64=382).

Quarterly Average	...	...	...	...	...	3725
						<i>Relation to Average.</i>
First Quarter (Total=4083)	...	...	...	...	...	+ 358
Second Quarter (Total=3606)	...	...	...	...	...	—119
Third Quarter (Total=2939)	...	...	...	...	...	—786
Fourth Quarter (Total=4273)	...	...	...	...	...	+ 548

The total number of claims decreased by 1,498 compared with 1963. Claims during the first quarter of 1964, as in most years, exceeded the quarterly average, but the excess was smaller than in any of the past ten years, with the exception of 1957, when an influenza epidemic caused an abnormally high quarterly average.

This year's decrease in total claims comes immediately after a four-year period, during which the claims increased by 32.5%, that is from 12,378 in 1960 to 16,399 in 1963. The insured population also increased during this period but to a relatively lesser extent. Such a rising trend in sickness claims, or even the persistence of a stationary state, taking into account the size and structure of the population involved, do not suggest that the National Health Service is making as much impact as it might be expected to on the substantial volume of short term illness occurring to-day. There are two possible explanations for this, and they also point to the continuation of the present state of affairs for some time to come.

One is the frequency of respiratory ailments which are often precipitated by or aggravated by virus infections. As these infections are largely insusceptible to treatment by antibiotic drugs, and as there are too many types of infecting agent to make preventive inoculations a practical proposition, little really effective action to contain the problem is possible in the present state of knowledge. The second possible reason is the widespread occurrence of mild psychoneurotic illness, often presenting as a physical state. These illnesses, which are currently considered to be evidence of minor emotional conflict, are a prominent feature of modern socceity. They could be reduced in incidence and severity by the orientation of families, and especially children, towards the more stable modes of living and the consequent avoidance of nervous tensions. This is a task of considerable magnitude which will call for more and better trained personnel in the fields of education and social medicine, working over a prolonged period.

CARE OF MOTHERS AND YOUNG CHILDREN.

Expectant Mothers.

The provision of ante-natal clinics at Kilmarnock Maternity Home was continued during 1964, as in the previous year. No ante-natal clinics have been held in the Local Authority premises for several years.

A member of the health visiting staff attended the Home on each Wednesday and Thursday afternoons to give instruction on the subject of Mothercraft. Two relaxation classes are held on the same afternoons and expectant mothers attend one or other of these classes, which are held from 2 - 2.45 and from 3.15 to 4 p.m. The health visitor's talk is given during the interval between the classes and both groups are combined, the earlier remaining after the first relaxation class and the later group coming earlier for it. These arrangements worked well and the attendances were satisfactory. All together, 397 women attended the classes and they made 1,483 attendances.

The instruction of expectant mothers who are, as a group, very receptive to advice on health matters in general, and child care in particular, is a rewarding field of health education and one which will pay dividends in improved child health.

Child Welfare.

The clinic times here remained as in previous years. They are as follows :—

<i>Time.</i>	<i>Place.</i>
Monday afternoon.....	Southern District Clinic, Treeswoodhead Road.
Tuesday afternoon.....	Central Clinic, Nelson Street.
Wednesday afternoon.....	Knockinlaw Clinic, Ardbeg Avenue.
Thursday afternoon.....	Central Clinic, Nelson Street.

The Central Clinic continued to function in temporary premises situated in Nelson Street. This building is a very old one with only limited accommodation. Some misgivings were initially entertained as to its suitability for health department purposes, but, in fact, the Nelson Street building has proved to be a sound choice, by virtue of its central position and the facility with which it was adapted to its present purposes. A number of voluntary and ancillary organisations were given the use of rooms in the building for evening meetings. There was insufficient accommodation for some afternoon clinical sessions, such as the paediatric clinic and the Ayrshire Family Planning Association clinic. These were held in the Southern District Clinic, where spacious accommodation of a high standard is available.

Construction of the new combined Health Department office and clinic building on a site adjacent to Flowerbank Nursery in Old Irvine Road was well under way at the end of 1964. Its completion will allow the concentration in one place of the main Health Department functions, and it will undoubtedly constitute a landmark in the Department's history.

Towards the end of the year reconstruction work began in the ground level portion of Knockinlaw House, when its use as a Community Centre was discontinued. It is intended that this part of the building shall be used as the main portion of an expanded Child Welfare Clinic. The reconstructed premises will be much more spacious, and in several other respects more suitable than the rooms previously available in the same building.

The following table gives information regarding attendances at Child Welfare Clinics.

<i>No. of Children who Attended once or more often during the year.</i>			<i>No. of Sessions held by :—</i>				<i>Total No. of sessions in columns (4) to (7).</i>
<i>Born in 1964</i>	<i>Born in 1963</i>	<i>Born in 1959-62</i>	<i>Medical Officer.</i>	<i>Health Visitor.</i>	<i>General Pract.</i>	<i>Hospital Medical Staff.</i>	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
757	672	369	183	267	—	27	477

In addition to these clinical sessions refraction clinics were held by consultant ophthalmologists of the Hospital Service, under the auspices of the School Health Service. Thirty-five clinics were held and 498 children attended. Spectacles were prescribed for 191 children. Thirty-three children were referred to the family doctor from the Child Welfare Clinics, and most of these children were further examined by hospital specialists.

In the Report for 1963 an account was given for the first time in Kilmarnock of the "at risk" register, which had been instituted at the beginning of the year. The register is designed to facilitate the supervision of infants and pre-

school children whose family or developmental history, including the pre and peri-natal periods, suggest that there is an increased risk of the occurrence of physical or mental defect, the effects of which can be combated or alleviated by early diagnosis. Such children are reviewed at home or in the Child Welfare Clinics at intervals of three months, on the average, until it has become clear that no defect has arisen or is likely to arise.

The register is still in the experimental stage and it currently exists in a composite form, including both the "at risk" group and some of those whose handicap has been identified but who still require a measure of supervision. One of the main difficulties is the comprehensive selection of those who are genuinely "at risk" without the inclusion of an unduly high proportion of infants, whose subsequent progress is normal and whose inclusion impedes the purpose of the register.

There were 167 children on the "at risk" register at the end of the year. A tentative classification is now given:—

Congenital Abnormalities	57
Prematurity	24
Adverse Home Conditions	21
Mental Retardation	15
Infections	13
Convulsive Disorders	6
Mongolism	4
Cerebral Diplegia	4
Birth Injury	3
Rickets (with normal Vitamin D intake)	2
Haemolytic Disease	2
Inborn Metabolic Disorders	2
Diabetes	1
Haemophilia	1
Other Conditions	12

Those in whom congenital abnormalities have been diagnosed forming a total of 57 are grouped as follows:—

Congenital Heart Defect	11
Spina Bifida (with meningocele)	7
Congenital Dislocation of Hip	6
Talipes Equinovarus	4
Congenital Cataract	3
Cleft Palate	3
Hare Lip and Cleft Palate	3
Spina Bifida with Hydrocephalus	2
Naevus	2
Pyloric Stenosis	2
Congenital Deafness	2
Congenital Inguinal Hernia	2
Fragilitas Ossium	1
Achondroplasia	1
Absence of Digits	1
Hypospadias	1
Deformity of External Ear	1
Absence of Lower End of Tibia (with Spina Bifida)	1
Extra Digit	1
Congenital Pharyngeal Tumour	1
Congenital Eye Anomaly	1
Hiatus Hernia	1
Hare Lip	1

Care of Premature Infants.

Ten infants were born prematurely at home. Four were cared for at home and they all survived. Six were transferred to hospital where three died, one within 24 hours, and the other two within 7 days. Four of the six transferred to hospital were associated with twin pregnancies and three of these survived. Forty-seven premature births occurred in hospital and of these two died, one within 24 hours of birth and one within 7 days. Seven premature stillbirths occurred in hospital and one premature stillbirth took place at home.

WELFARE FOODS.

There were no changes during the year in the arrangement for the distribution of welfare foods. The overall uptake of National Dried Milk continued to decline this year, by a substantial amount, 2335 units, although the uptake increased by 329 units over the 1963 figure at the Knockinlaw Clinic.

Cod Liver Oil, Vitamin A. and D. Tablets and Orange Juice all showed a slightly increased distribution. The uptake of Rose Hip Syrup, a rich source of Vitamin C, increased to a very considerable extent, 1384 bottles, compared with 1963, and the demand for Vitamin A and D. liquid concentrate was also considerable. This is a palatable and inexpensive preparation, which is very easy to administer, and it is therefore deservedly popular with mothers.

<i>Distribution Centre.</i>	<i>National Dried Milk (tins).</i>	<i>Cod Liver Oil (bottles).</i>	<i>Vitamin Tablets (packets).</i>	<i>Orange Juice (bottles).</i>	<i>Rose Hip Syrup (bottles).</i>	<i>Adexolin (bottles.)</i>
Welfare Food Distribution Centre, Grange Street (Main Centre). (Daily)	10,735	1,427	428	7,442	3,121	1,103
Welfare Food Distribution Centre, Southern District Clinic (Monday and Thursday afternoons) ...	1,595	258	47	1,194	—	—
Welfare Food Distribution Centre, Knockinlaw Clinic (Wednesday) ...	1,864	209	25	697	—	—
	14,194	1,894	500	9,333	3,121	1,103

NURSERY PROVISION.

Hillbank and Flowerbank Nurseries maintained their long established service during 1964. Hillbank Nursery, which provides forty day places, was built and opened in 1943. It was constructed to austerity standards, due to wartime restrictions, but this has not lessened its functional usefulness, and much effort has been devoted to enhancing its internal appearance by skilful decoration.

Flowerbank Nursery, which was originally a dwelling-house, was opened in 1945. It provides forty-three places for day children and ten residential places. The layout of the building has not been substantially changed since the nursery was opened apart from a certain amount of internal reconstruction, which was undertaken to comply with current fire safety regulations and which was completed early in 1964.

All the places for day children were taken up throughout the year, and there was a waiting list for admission at some periods. Both nurseries are approved training schools for nursery nurses, and five nurses employed by the Local Authority gained the recognised nursery nurses' certificate in 1964.

The day nurseries provide pre-school children with valuable social and developmental training by allowing them to take part in joint activities with others of the same age group under skilled supervision. They also give an opportunity to guide young children towards satisfactory standards of diet and hygiene at a very impressionable period of their lives.

MIDWIFERY.

The total number of births, which took place in the Burgh during 1964, before correction in respect of the mother's usual residence was 1,283, including eight stillbirths. After correction for residence the total number was 1,099, including twenty-four stillbirths. One hundred and twenty of these births, including two stillbirths, occurred at home and 979 took place in hospital, thus giving the percentage of home births as 10.9 and that of hospital births as 89.1. The proportion of domiciliary confinements to that of hospital confinements has remained fairly constant in recent years. Hospital confinement provides the maximum degree of safety for both mother and infant, and it is therefore to be encouraged. It seems probable, however, that a small proportion of women in this area will continue to prefer confinement in their own homes for a considerable time to come.

Such births are attended by two domiciliary midwives working in association with the family doctors. Their duties, undertaken unobtrusively and without fuss, demand constant vigilance and much patience. One hundred and twenty confinements were conducted by the domiciliary midwives and their pupil midwives, a doctor being present on ten occasions. Forty-five women received gas and air analgesia and ninety-eight received pethidine by injection.

The midwives attended each week ante-natal clinics held by two general practitioners in their surgeries. This arrangement has existed for some time and it has been satisfactory to all concerned.

A car is provided by the Local Authority for the use of the midwives, as a rapid means of transport for them and their bulky equipment is considered to be essential.

HEALTH VISITING.

The numerical details of the domiciliary work of the health visitors are given in the following table:—

Number of Home Visits and Cases.

<i>Visited by Health Visitors.</i>	<i>No. of Cases.</i>	<i>No. of Visits.</i>
1. Expectant Mothers	233	528
2. Children born in 1964	1157	5034
3. Children born in 1963	904	4852
4. Children born 1959-1962	2460	8695
5. School Children	189	276
6. (a) Persons Aged 65 and over	68	239
(b) Persons included above who were visited at the special request of a general practitioner or hospital ...	31	134
7. (a) Mental Health: Care and Aftercare	28	129
(b) Persons included in above who were visited at the special request of a general practitioner or hospital ...	19	70
8. (a) Other after care of hospital patients	3	7
(b) Persons included above who were visited at the special request of a general practitioner or doctor in the hospital service	1	3
9. For the prevention of Tuberculosis	120	6'8
10. For the prevention of other Infectious Diseases	34	32
11. Others	347	450

The Health Visiting staff in Kilmarnock undertake a variety of duties, although the main task of the health visitor is the imparting of the principles of healthy living and of guidance on the positive aspects of health, both to individuals of all ages and to family units. Her role is educational, advisory and, not least in importance, supportive. Personal contact in the home is probably the most rewarding avenue of approach in health matters, and a facility for effective communication is required by the health visitor, whose skills are founded on a broad basis of medicine and sociology. These widely known facts are restated here as confusion still appears to exist locally in some quarters, medical and otherwise, as to the health visitor's functions, possibly because of their apparently intangible nature.

It is becoming clear that in the field of maternal and child welfare, traditionally the main task, more selective visiting will be called for, with a greater proportion of time being devoted to those parents who are not availing themselves, to the optimum extent, of the health agencies provided in the community. It is certain that an increasing proportion of the health visitors' time will be allocated to assisting the elderly and the mentally ill.

The integration of the work of the health visitors and general practitioners is a very desirable step and a most logical one. A complete integration is perhaps an unrealistic immediate aim, but a functional liaison, more extensive than exists at the moment, is completely practicable, and it is one which is likely to be of mutual benefit to all those involved. In the present climate of local opinion among family doctors, who are already experiencing heavy demands on their time and energies, there is little evidence of any enthusiasm for a more positive degree of co-operation. Any extensive development of this nature would scarcely be possible in view of the considerable existing commitments of the health visiting staff. The provision of modest car allowances for four health visitors who use their own cars for their official

duties has allowed a numerically static staff to increase their work output commensurately with an expanding and a more widely distributed population.

For some time the training of hospital nurses has been undergoing progressive modification, and it is now considered desirable to acquaint student nurses with the various aspects of public health nursing and health visiting. This involves the assignment of a pupil nurse to a health visitor for a period of two or three weeks. For Kilmarnock Infirmary nurses, such attachments were made in 1964, as they had been in 1963. They will also be required in 1965 and in subsequent years.

A group of student nurses from Ballochmyle Hospital was also attached to the Local Authority for community based instruction. This worthwhile work is time consuming, but the youthful enthusiasm of the student nurses is a source of encouragement to their Local Authority nursing colleagues, who pass to them the benefits of their mature experience.

HOME NURSING.

As in 1963 the residential portion of the Nurses' Home remained on a care and maintenance basis during 1964, and the whole staff of five nurses remained non-resident. Nurses attend between the hours of 8.45 a.m. to 9.15 a.m., 2 p.m. to 2.30 p.m., and 6 p.m. to 10 p.m. These arrangements have worked well and no staffing difficulties have been experienced since their inception. Nursing care was given to 649 patients during 1964. The patients attended are grouped as follows :—

Number of New Patients Visited	536
Number continued from previous year	106
Number of Patients attending Nurses' Home for Treatment	7
	<hr/>
	649
	<hr/>

Classification of type of service given to new patients :—

General Nursing Care	111
Dressings	90
Miscellaneous forms of Treatment (Enemata, Douches, etc.)	79
Injections	256
	<hr/>
	536
	<hr/>

No maternity cases were attended during the year. The total number of visits paid by the Home Nursing staff was 13,524. This is a decrease of 1,701 visits from the 1963 total of 15,225. The decrease was partly due to a reduction in the number of injections given, reflecting a change in the prescribing habits of a number of general practitioners. No change took place in the number of cases requiring general nursing care. Visits to the homes of these patients are, in general, lengthy and they tend to be repeated at regular intervals over a long period of time. As a result the total work load of the nurses did not diminish and, in fact, it seems likely to increase with the growing proportion of elderly citizens. The subsidiary use of nurses with a

less comprehensive training than those employed at present, for the performance of certain of the simpler home nursing tasks, would be worthy of consideration, if relative staff shortages should arise.

The principal ailments occurring in the new patients are appended :—

			<i>Visited.</i>	<i>Attending Nurses' Home for Treatment.</i>
Inflammatory Conditions	...	...	110	3
Abdominal Conditions	...	...	105	—
Anaemic States	...	...	67	—
Respiratory Disorders	...	...	64	—
Malignant Diseases	...	...	39	—
Hemiplegia	...	...	36	—
Cardiac Conditions	...	...	18	—
Kidney Ailments	...	...	11	—
Chronic Nervous Diseases	...	...	20	—
Diabetes Mellitus	...	...	9	—
Senile States	...	...	9	—
Rheumatic Disorders	...	...	8	—
Fractures	...	...	6	—
Tuberculosis	...	...	4	—
Burns	...	...	4	—
Specific Disease	...	...	2	2
Other Conditions	...	...	24	2
			<hr/> 536 <hr/>	<hr/> 7 <hr/>

The age group to which the patients belonged were :—

	<i>Under 5</i>	<i>6 - 44 Years.</i>	<i>45 - 54 Years.</i>	<i>55 - 64 Years.</i>	<i>65 - 74 Years.</i>	<i>75 - 84 Years.</i>	<i>85 + Years.</i>	<i>Total.</i>
Male	18 (1)	46 (3)	14	29	33	28	4	172 (4)
Female	22 (1)	108 (2)	34	57	68	64	11	364 (3)
TOTAL	40 (2)	154 (5)	48	86	101	92	15	536 (7)

The numbers in brackets refer to patients who attended at Nurses' Home.

The following articles were lent out during the year :—

Bed Pans	...	...	...	38	Urinals	...	...	...	15
Air Rings	...	...	...	30	Commodes	...	...	...	12
Rubber Sheets	...	...	...	26	Wheel Chairs	...	...	...	7
Back Rests	...	...	...	24	Female Urinal	...	...	...	1
Bed Cradles	...	...	...	17	Feeding Cup	...	...	...	1

A list is now given of groups of patients who would have required admission to hospital but for the work of the Home Nursing Service.

Patients suffering from :—

Malignant Diseases	23	<i>Brought forward</i>	64
Hemiplegia	21	Diabetes Mellitus	4
Cardiac Conditions	10	Varicose Ulcer	3
Senile States	5	Respiratory Disorders	1
Chronic Nervous Diseases	5	Rheumatoid Arthritis	1
<i>Carry forward</i>	64		73

DOMESTIC HELP.

The Domestic Help Service continued to expand during 1964. Demands for help, from the public, general practitioners and hospital physicians, could only be described as inexorable, and there can be little doubt of the profound need for the service in the community. It is conservatively estimated that, but for the assistance given by the service, 76 patients, mainly elderly, would have required hospital admission. Most of these admissions would have been on a long term basis to geriatric units.

Number of Domestic Helps at the end of the year (all part-time)	130	(115)
Number of persons for whom help has been provided ...	354	(332)
Number of cases in which help was completed during the year	133	(134)
Number of cases in which help was continuing at 31st December, 1964	221	(198)

(The figures in brackets refer to 1963).

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Elderly and Infirm	39	126	165
Blind Persons	3	3	6
Illness—Short Term	4	27	31
Long Term	21	107	128
Tuberculosis	—	2	2
Maternity—Mother Confined at Home	—	3	3
Mother Confined in Hospital	—	19	19
	67	287	354

There follows a note of those assisted, classified by age :—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
5 Years	—	1	1
20 - 24 Years	—	3	3
25 - 34 Years	—	23	23
35 - 44 Years	—	16	16
45 - 54 Years	1	14	15
55 - 64 Years	8	31	39
65 - 74 Years	22	86	108
75 - 84 Years	31	93	124
85 + Years	5	20	25
TOTAL	67	287	354

The duration of assistance given is as follows :—

<i>Over 10 Years.</i>	<i>Between 7 and 10 Years.</i>	<i>Between 5 and 7 Years.</i>	<i>Between 3 and 5 Years.</i>	<i>Between 2 and 3 Years.</i>	<i>Between 1 and 2 Years.</i>	<i>Between 6 and 12 Months.</i>	<i>Between 3 and 6 Months.</i>	<i>Less than 3 Mths.</i>	<i>Total.</i>
4	8	20	40	40	69	45	33	95	354

There were 38 households with two persons requiring help.

There was one household in which three persons required help.

Visits were paid by the Home Help Supervisor to eight homes in which a bereavement had occurred, to determine if additional help from any section of the Health Department was required.

VACCINATION AND IMMUNISATION.

Some data relating to work carried out during 1964 are given opposite.

Primary Vaccination or Immunisation.

<i>Year of Birth.</i>	<i>Number who have completed a Full Course of Primary Vaccination or Immunisation against.</i>							
	<i>Smallpox</i>			<i>Diphtheria.</i>	<i>Tetanus.</i>	<i>Pertussis.</i>	<i>Diphtheria and Pertussis.</i>	<i>Diphtheria and Tetanus.</i>
	<i>" Takes "</i>	<i>" No Takes "</i>	<i>Not Examined.</i>					
1964	6	—	—	—	—	—	—	272
1963	280	9	—	—	—	—	—	438
1962	85	7	—	—	—	—	2	54
1961	8	—	—	—	—	—	4	19
1960	4	—	—	—	—	—	5	2
1959	1	—	—	—	—	—	38	2
1958	1	—	—	—	—	—	199	—
1957	—	—	—	—	—	—	—	—
or earlier	52	2	1	—	—	—	46	4
TOTALS	437 (299)	18 (16)	1 (—)	—	—	—	204 (—)	791 (458)

The figures in brackets represent the work of general practitioners.

Maintenance Inoculations.

Year of Birth.	Number receiving Maintenance Inoculations against								
	Smallpox			Diphtheria.	Tetanus.	Pertussis.	Diphtheria and Pertussis.	Diphtheria and Tetanus.	Pertussis Diphtheria and Tetanus.
	" Takes "	" No Takes "	Not Examined.						
1964	—	—	—	—	—	—	—	—	—
1963	—	—	—	—	—	—	—	2	11
1962	—	—	—	—	—	—	—	13	31
1961	3	—	—	—	—	—	—	5	5
1960	9	—	—	—	—	—	—	1	—
1959	2	—	1	—	—	—	—	106	4
1958	1	—	—	—	—	—	—	354	5
1957	2	—	—	—	—	—	—	84	—
1956	2	—	—	—	—	—	—	3	—
1955	1	—	1	—	—	—	—	—	—
1954	—	—	—	—	—	—	—	—	—
or earlier	171	15	4	—	—	—	—	1	—
	191 (170)	15 (15)	6 (4)	—	—	—	—	569 (2)	56 (56)

Again the figures in brackets represent work done by general practitioners.

Smallpox Vaccination.

In 1964 the timing of primary smallpox vaccinations was that introduced during 1963, when the elective age of vaccination was altered from two months to the period between the first and second birthdays. Inevitably the number of primary vaccinations performed in 1963 fell to a low level. On this account the figures for 1964 are not strictly comparable for those of 1963, although it is clear that the number of primary smallpox vaccinations in 1964, 437, was substantially higher than the 1963 number, which was 231. In consequence of the retiming of primary vaccination, the main interest in 1964 attached to those born in 1963. Three hundred of this group were vaccinated by the end of 1964, representing 31% of the total number of infants born in Kilmarnock during 1963. It is hoped that this low figure will be increased in future and the procedure of sending a birthday card, containing a vaccination reminder, to each child's parents on the child's first birthday, has been continued.

Diphtheria, Tetanus and Whooping Cough Vaccination.

These three agents were not used separately, but were only administered in combined form. Triple antigen, containing all three, was used, as it has been without interruption since its introduction into clinical practice, for the protection of infants and young children. A double antigen containing diphtheria and tetanus toxoids adsorbed on a mineral carrier was used for the primary immunisation of children at school entry. The same preparation was used for booster injections where triple antigen had been given previously. 569 booster injections of this type were given. The number of primary courses and booster injections given during 1964 was higher than those of 1963, especially the former. Of those children born in 1963, 60.1% of them had completed a triple antigen course by the end of 1964.

Poliomyelitis.

The following table shows the work done in 1964 :—

<i>Persons Vaccinated.</i>								<i>Number.</i>
Children born during 1964	...	...	...	...	...	...	...	114
Children born during 1963	...	...	...	...	...	...	...	539
Children born during 1962	...	...	...	...	...	...	...	136
Children born during 1961	...	...	...	...	...	...	...	17
Children and Young Persons born in 1943 - 1960	...	...	...	...	...	...	...	52
Young Persons born in 1933 - 1942	...	...	...	...	...	...	...	12
Others (<i>i.e.</i> , Persons aged 40 years or over, or Persons whose age is not known)	...	...	...	...	...	...	...	22
TOTAL	...	...	...	...	...	...	...	892

The above table refers only to those who completed a course of three doses of oral (Sabin) vaccine. No inactivated (Salk) vaccine was used in 1964. 376 fourth oral doses were given, mainly to children at school entry. Of the Kilmarnock children born in 1962, 67% received a complete course by the end of 1964. 63% of the children born in 1963 were similarly protected by the end of 1964. The number of courses completed in 1964 among children born during the year and the two preceding years was greater than the number given in 1963 to those born in 1963 and the two preceding years. There

was a considerable reduction in the number of courses completed by older children, adolescents and adults up to the age of 40 years, as compared with 1963. This is due, in part, to the absence of any confirmed cases of poliomyelitis during the year. The accumulated total number of completed courses given in Kilmarnock since 1958 is 24,690, including courses of oral and inactivated vaccine.

Typhoid and Paratyphoid Vaccination.

122 courses of injection of T.A.B.T. vaccine (containing tetanus toxoid) were given to school pupils proceeding abroad in organised groups. Ten adults received similar courses. Typhoid vaccination is particularly desirable for all who intend to travel to Southern Europe and some areas in Northern Europe.

PREVENTION, CARE AND AFTERCARE.

Tuberculosis.

Twenty-three notifications in respect of patients suffering from respiratory tuberculosis were received in 1964—fourteen in respect of male patients and nine in respect of female patients. The diagnosis was confirmed in all cases with the exception of one male patient.

There were seven notifications of non-respiratory cases of tuberculosis, and the diagnosis was confirmed in all these cases. Three of the patients were males and four were females.

The classification of the respiratory cases, with regard to the duration of the disease, is as follows :—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Early Acute 	12	9	21
Chronic with recent spread 	1	—	1
Chronic 	—	—	—
TOTALS 	13	9	22

In ten instances there was evidence of contact with a known source of infection—nine family contacts and one with contact from a non-familial source.

A group of four children, all from one family, were infected by their mother, who was in the infectious stage before she sought medical advice. This family were already known to adhere to sub-optimal nutritional standards despite a great deal of advice and guidance given by members of the Health Department staff over several years.

The classification of the non-pulmonary cases, by site, was :—

Cervical Glands, 4 ; Urogenital Organs, 2 ; Abdominal, 1.

In only one of these patients was there evidence of contact. This was a non-familial source.

The following table shows the composition of the Tuberculosis Register by sex and age. A total of 292 cases was computed.

<i>Form.</i>		<i>Under 1</i>	<i>1-4</i>	<i>5-14</i>	<i>15-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>	<i>65 +</i>	<i>All Ages</i>
Respiratory	M.	—	3	10	9	26	26	32	21	4	131
	F.	—	3	13	19	34	33	15	7	1	125
Non-Respiratory	M.	—	—	—	6	4	6	2	—	—	18
	F.	—	—	—	4	8	2	2	—	2	18
TOTALS ...		—	6	23	38	72	67	51	28	7	292

Contacts.

During 1964, 113 household contacts came under review.

Housing.

Only one house was allocated to a family in which there was a case of pulmonary tuberculosis, during 1964, although several other allocations to similar cases were in process of completion at the end of the year.

Provision of Milk.

9,154 pints of milk were provided at a cost of £393 2s 2d.

Provision of Articles for use in the Home.

No such provision was made in 1964.

B.C.G. Vaccination of Contacts.

149 contacts received B.C.G. Vaccination. It should be noted from the accompanying table that the total number is greater than that already recorded as household contacts investigated during 1964. This larger number was given B.C.G. vaccine because many young infants whose opportunity for contact is potential rather than actual are included in the contact group to secure maximum protection. Newborn infants are vaccinated without preliminary tuberculin testing.

<i>Group.</i>	<i>Tuberculin Tested.</i>			<i>Negative Reactors.</i>			<i>Successfully Vaccinated.</i>		
	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Contacts ...	61	48	109	59	46	105	77	72	149

B.C.G. Vaccination of the Thirteen-Year-Old Age Group.

1. PUBLIC RESPONSE : PARENTAL CONSENT TO TEST AND VACCINATION.

<i>School.</i>	<i>Pupils.</i>	<i>Consents.</i>	<i>Response.</i>	<i>Loss due to Absence or Previous History.</i>	<i>Numbers Tested.</i>
Academy	183	162	88.5%	2	160
Grange	97	83	85.4%	—	83
Jas. Hamilton High ...	179	164	91.6%	3	161
Onthank	101	74	73.3%	1	73
St. Joseph's High ...	191	172	90.1%	2	170
Shortlees	124	111	89.5%	3	108
TOTAL	875	766	87.5%	11	755

This is a satisfactory response rate, although it is slightly lower than the very high figures recorded in 1963.

2. RESULTS OF HEAF TESTING.

<i>School.</i>	<i>Males.</i>			<i>Females.</i>		
	<i>No. of Tests.</i>	<i>No. Positive.</i>	<i>% Positive.</i>	<i>No. of Tests.</i>	<i>No. Positive.</i>	<i>% Positive.</i>
Academy	76	10	13.2%	84	17	20.2%
Grange	46	5	10.9%	37	2	5.4%
Jas. Hamilton H. ...	64	13	20.3%	97	18	18.6%
Onthank	34	7	20.6%	39	7	17.9%
St. Joseph's High ...	81	12	14.8%	89	14	15.7%
Shortlees	57	9	15.8%	51	9	17.6%
TOTAL	358	56	15.6%	397	67	15.8%

Of the 119 positive reactors 28 had received B.C.G. previously.

3. B.C.G. VACCINATION.

<i>Boys.</i>						
<i>School.</i>	<i>Negative Reactors.</i>	<i>Not Vaccinated.</i>		<i>Vaccinated.</i>	<i>No. Re-Tested.</i>	<i>No. now known to be Positive.</i>
		<i>No.</i>	<i>%</i>			
Academy	66	—	—	66	66	66
Grange	41	—	—	41	41	35
Jas. Hamilton H. ...	51	3	5.9	48	48	44
Onthank	27	2	7.4	25	25	25
St. Joseph's High ...	69	1	1.4	68	67	61
Shortlees	48	—	—	48	48	42
TOTAL	302	6	2.0	296	295	273

<i>Girls.</i>						
<i>School.</i>	<i>Negative Reactors.</i>	<i>Not Vaccinated.</i>		<i>Vaccinated.</i>	<i>No. Re-Tested.</i>	<i>No. now known to be Positive.</i>
		<i>No.</i>	<i>%</i>			
Academy	66	2	3.0	64	64	64
Grange	35	—	—	35	35	35
Jas. Hamilton H.	76	3	3.9	73	73	70
Onthank	32	4	12.5	28	28	26
St. Joseph's High	74	2	2.7	72	72	66
Shortlees	42	—	—	42	42	42
TOTAL	325	11	3.4	314	314	303

The difference in the last two columns in each of the above two tables result from a small proportion of those vaccinated and retested following vaccination, having been absent from school for the reading of the tests at the end of the year.

Heaf Tests—Sixteen-Year-Olds.

<i>School.</i>	<i>Number Tested.</i>			<i>Number Positive.</i>		
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Academy	97	80	177	89	72	161
St. Joseph's High ...	28	10	38	14	6	20
James Hamilton High ...	15	6	21	8	7	15
TOTAL	140	96	236	111	85	196

Of the 196 pupils whose tuberculin tests were positive, 176 had already received B.C.G. vaccine at 13 years. Of the remaining 20, three were positive reactors at 13 years and four were found to have healed primary tuberculous foci on chest radiography.

Heaf Tests—Nine-Year-Olds.

<i>School.</i>	<i>Number Tested.</i>			<i>Number Positive.</i>		
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Shortlees	45	33	78	5	4	9
High Street	17	7	24	2	—	2
Hillhead	30	32	62	5	2	7
Onthank	47	50	97	4	7	11
St. Columba's	33	39	72	4	—	4
Loanhead	45	39	84	2	2	4
Bentinck	32	31	63	3	4	7
Grange	21	26	47	2	2	4
Kirkstyle	37	35	72	5	3	8
Grammar	16	12	28	1	1	2
TOTAL	323	304	627	33	25	58

Fifty-eight children in this group gave a positive reaction, and of these 23 males and 11 females had already received B.C.G. vaccine as contacts. A further male was a known positive reactor. The tuberculin reaction state of the remaining 23 children was not known. Chest radiography was carried out in all these cases and in no instance was pulmonary disease detected.

Heaf Tests—Five-Year-Olds.

<i>School.</i>	<i>Number Tested.</i>			<i>Number Positive.</i>		
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Shortlees	52	43	95	7	6	13
High Street	9	11	20	—	2	2
Hillhead	56	57	113	5	7	12
Onthank	47	41	88	4	5	9
St. Columba's	70	82	152	3	2	5
Loanhead	37	41	78	3	2	5
Bentinck	26	39	65	5	3	8
Grange	38	34	72	—	2	2
Kirkstyle	42	33	75	4	5	9
Grammar	31	19	50	—	—	—
Bellfield	60	57	117	3	6	9
Glencairn	27	5	32	2	—	2
TOTAL	495	462	957	36	40	76

Of the 76 positive reactors, 24 males and 26 females had already been vaccinated with B.C.G. The other 26 children were unknown to the department in regard to their tuberculin state. Chest radiography failed to reveal pulmonary disease in any of these children.

Chest Radiography.

468 persons were referred by the Health Department for chest radiography.

Home Visiting.

The tuberculosis health visitor visited 120 homes of patients and 648 home visits were paid to these homes.

Deaths from Tuberculosis.

There were three deaths from pulmonary disease and none from non-pulmonary disease. Further information on these deaths is given under the general heading of deaths.

HANDICAPPED PERSONS.

<i>Nature of Handicap.</i>	<i>Up to 14 Years</i>	<i>15-24 Years</i>	<i>25-34 Years</i>	<i>35-44 Years</i>	<i>45-54 Years</i>	<i>55-64 Years</i>	<i>65 Years and over</i>	<i>Total</i>
Asthma	3	2	2	4	1	—	—	12
Blindness	2	2	—	1	5	7	40	57
Cerebral Palsy ...	10	8	3	1	1	—	—	23
Deafness	6	5	15	2	5	7	10	50
Epilepsy	10	9	6	4	1	—	—	30
Fragilitas Ossium ...	1	—	1	—	—	—	—	2
Heart Disease ...	10	7	3	2	—	—	—	22
Huntington's Chorea	—	—	—	—	2	—	—	2
Mentally Subnormal (In institutions) ...	4	7	11	11	5	5	1	44
Mentally Subnormal (In the community)	92	84	51	19	14	15	8	283
Muscular Dystrophy	2	—	—	—	—	—	—	2
Poliomyelitis ...	9	9	2	2	1	1	—	24
Rheumatoid Arthritis	1	—	—	—	—	2	—	3
Bone Tuberculosis ...	4	8	7	1	1	1	1	23
Miscellaneous Cases	29	2	—	2	6	1	3	43
TOTAL	183	143	101	49	42	39	63	620

The above table refers only to cases known to the Health and Welfare Departments. In some instances the figures given are an accurate index of the true prevalence in the community, while others, such as those for asthma and heart disease, represent only a portion of the actual number resident in the town, and especially those who have received advice and help from the Health Department. Individuals of all ages are included, but one age group is now recognised to be of special importance and that is the group of pre-school children. This is because the diagnosis of a mental or physical handicap at the earliest possible age allows remedial measures to be undertaken with the maximum degree of benefit to the child. In cases where a cure is not possible early diagnosis is still valuable, as it allows the timely use of all the facilities available for the guidance of parents and the alleviation of the onerous task of caring for their handicapped child.

Congenital physical defects are frequently detected at an early age by family doctors or by doctors in the maternity hospital in which the child is born, and an informal system of notification of such defects to the Local Authority is in operation. Some defects are first detected at child welfare clinics or in the day nurseries, during routine medical examinations. In this way unsuspected cardiac abnormalities are, among others, discovered from time to time. Congenital dislocation of the hip joint is a not uncommon defect which can be readily cured, when diagnosed in early infancy by relatively simple clinical tests. Despite this, cases still occur, in which the diagnosis is not made until the child begins to walk or even later. In such children the prospect of a complete cure is correspondingly reduced. Acquired physical defects in the pre-school child are commonly detected by general practitioners or health visitors. Squints in young children are common and unless treated early, severe visual loss is a likely result. Health visitors are particularly aware of this, and they refer many cases detected by them in the home or at child welfare clinics.

The identification of mental defect in the young is sometimes simple, but it is often a matter of some difficulty. Information is commonly supplied

by family doctors and in other instances the health visitor is the first to suspect the presence of a defect. An accurate assessment may be preceded by a long period of observation and developmental testing, and here the ready assistance of the educational psychologists on the staff of Ayr County Council Child Guidance Service has proved invaluable. A few cases become known through the hospital and specialist services. In these instances there is usually a neurological deficit associated with the mental handicap.

Almost all handicapped children become known to the Local Authority before school entry, and the school medical service is made aware of their needs beforehand.

CHIROPODY SERVICE.

A chiropody service, mainly for the elderly, is provided by Kilmarnock Old People's Welfare Committee. Recipients can obtain treatment from a panel of four chiropodists in private practice, and they attend the surgery of the chiropodist of their choice. Those who are unable to do so receive domiciliary treatment.

Each year the Local Authority, through its Health Committee, makes a grant towards the maintenance of the service. This is in accordance with the provisions of Section 27 of the National Health Service (Scotland) Act, 1947. Towards the end of 1964 the grant was raised from £500 to £650.

It is becoming increasingly difficult for the Old People's Welfare Committee to raise the remainder of the income required to meet the costs incurred in providing the service, as both the latter and the annual total number of treatments given continue to increase.

CONTROL OF INFECTIOUS DISEASES.

Number of Notifications (including 29 in respect of Tuberculosis)

during 1964 105

Average Annual Number of Notifications received during the five

years 1959 - 1963 138

The details of the notifications (excluding those for Tuberculosis) are given in the following table :—

<i>Disease.</i>		<i>At all Ages</i>	<i>Under 1</i>	<i>1 - 4</i>	<i>5 - 14</i>	<i>15 - 24</i>	<i>25 - 34</i>	<i>35 - 44</i>	<i>45 - 64</i>	<i>65 +</i>
Cerebro-Spinal Fever.	M.	2	1	1	—	—	—	—	—	—
	F.	3	1	1	1	—	—	—	—	—
Dysentery.	M.	5	—	1	1	—	—	—	—	3
	F.	5	1	2	—	—	1	1	—	—
Food Poisoning.	M.	1	—	—	1	—	—	—	—	—
	F.	2	1	1	—	—	—	—	—	—
Pneumonia.	M.	20	3	5	2	—	1	2	5	2
	F.	11	1	2	—	—	—	—	4	4
Scarlet Fever.	M.	11	—	3	8	—	—	—	—	—
	F.	12	—	6	6	—	—	—	—	—
Paratyphoid B.	M.	4	—	3	1	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
TOTALS	M.	43	4	13	13	—	1	2	5	5
	F.	33	4	12	7	—	1	1	4	4

There was a decrease in the non-tuberculous notifications from 102 in 1963 to 76 in 1964. This low figure underestimates the true incidence of some notifiable diseases and takes no account of the large amount of non-notifiable, but nevertheless important, infections occurring in the community. Notifications of pneumonia fell by 50% as compared with 1963. Dysentery notifications increased, but the ten notified cases almost certainly represents only a fraction of the true number. The disease is usually mild and in many possible cases bacteriological examination is not carried out. Twenty-three cases of scarlet fever were reported. In 1963, 21 cases were notified and in the three years 1960-1962 only 12 cases were reported. Scarlet fever is currently a relatively mild infection and many cases are treated at home when social conditions are favourable.

The occurrence of food poisoning in three cases was reported, and in each instance the organism responsible was *Salmonella Typhi-murium*. A further seven infections, due to the same organism and occurring in three families, became known to the Health Department. In these cases the association with foodstuffs was surmised but not demonstrated. Two children became temporary carriers of the infection and they were rendered free from the organism only with some difficulty.

Four cases of paratyphoid fever were identified during the year in two families. All were children, one being a young infant in whom the infection presented as a meningitis of considerable gravity. The remaining three children were moderately ill. No source of infection was detected in these cases despite energetic attempts to do so. Paratyphoid B. fever has been absent from the town for a long period, apart from a rather doubtful case in 1961.

A number of elderly patients were affected by paratyphoid B. fever in a geriatric hospital situated in the County area, just outwith the Kilmarnock Burgh boundary. These infections occurred over several months and involved a small group of Kilmarnock patients. No carriers or cases of the infection were detected among their relatives and visitors. Bacteriological tests were carried out on the staff and residents in the Burgh's three eventide homes. No carriers or cases of infection were found.

VENEREAL DISEASES.

The staff of the Health Department continued to examine and treat male and female patients at the Bank Street and Nelson Street Clinics, as in previous years, on behalf of the Western Regional Hospital Board. Particulars of the work done are given in the following table :—

	<i>Nature of Illness in New Patients.</i>								
	<i>Acquired Syphilis.</i>		<i>Gonorrhoea.</i>		<i>Non-Specific Urethritis.</i>	<i>Other Conditions (Venereal).</i>		<i>Other Conditions (Non-Venereal)</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
New Patients Attending	3	1	14	2	13	—	—	14	12

Age and Sex Distribution of the New Cases during 1964.

<i>Disease.</i>	<i>Sex.</i>	<i>5 - 14 Years.</i>	<i>15 - 24</i>	<i>25 - 34</i>	<i>35 - 44</i>	<i>45 +</i>	<i>Total.</i>
Syphilis— Acquired	M.	—	—	2	1	—	3
	F.	—	—	—	1	—	1
Congenital	M.	—	—	—	—	—	—
	F.	—	—	—	—	—	—
Gonorrhoea	M.	—	1	10	1	2	14
	F.	—	1	1	—	—	2
Non-Specific Urethritis.	M.	—	6	3	3	1	13
Trichomonas Infection.	M.	—	—	—	—	—	—
	F.	—	—	2	—	—	2
Other Venereal Conditions.	M.	—	—	—	—	—	—
	F.	—	—	—	—	—	—
Total Venereal Conditions.	M.	—	7	15	5	3	30
	F.	—	1	3	1	—	5
Total Non-Venereal Conditions.	M.	—	5	4	2	3	14
	F.	—	5	6	—	1	12

The total number of new patients treated during the year showed a decrease on the previous year. One-third of the new patients suffered from non-venereal conditions. The commonest infection in the past ten years has been gonorrhoea. Non-specific urethritis is also very common, although less so than gonorrhoea. Gonococcal infections in women are frequently symptomless, or almost so, and this accounts for the small numbers treated at the clinic. It is very probable that a number of cases remains undetected, and these women can still spread the disease in a virulent form although they themselves may appear to be well. The incidence of syphilis has been low for a long period. No cases of congenital infection in infants and young children have occurred for a number of years, owing to the routine blood testing of expectant mothers and the energetic treatment of those found to be infected. Early syphilitic infection of the acquired variety is a rare event in this area, and most cases of syphilis are in the latent phase, having been infected in the fairly remote past.

The number of patients treated at the clinics fluctuates from year to year, and there has been no sustained increase in the incidence of infections. There is reason to believe, however, that the numbers could be increased by about one-third, if patients treated by general practitioners, without referral to clinics, were known. A substantial number of infections are acquired outside this area during visits to large cities in Scotland and England, and during holidays spent at Mediterranean resorts, where the customary degrees of sexual restraint are not always exercised. When it is remembered that patients attend the Kilmarnock clinics from a wide area in Ayrshire, the known number of infections does not present a problem of great magnitude.

MENTAL HEALTH.

During 1964 only two mentally ill persons were compulsorily admitted to Ailsa Hospital from Kilmarnock, in accordance with the procedures laid down in the Mental Health (Scotland) Act, 1960. In addition, the emergency recommendation procedure was involved in fourteen instances. In all these fourteen cases it quickly became possible to allow the patients to remain in hospital on a voluntary basis, without the need to use continuing compulsory detention. All other Kilmarnock admissions to mental hospitals were informal in type from the outset.

During the year the weekly outpatient sessions, held in Kilmarnock Infirmary, were continued, and they were conducted by members of the staff of Ailsa Hospital. 270 patients were seen for the first time and there were 1,031 return visits to the clinic. The total number of clinic attendances was 1,301.

The number of patients from Kilmarnock in mental hospitals on 31st December, 1964, was :—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Ailsa Hospital	42	44	86
Dykebar Hospital	1	—	1
Hawkhead Hospital	2	—	2
Ravenspark Hospital	2	5	7
TOTAL	47	49	96

These figures show an increase of 14 on the corresponding figure for 1963.

In 1964 the liaison between the Local Authority's mental health service and Ailsa Hospital was strengthened. Regular visits were paid to the hospital by the mental health officers and a health visitor with special experience in the care and aftercare of psychiatric patients. There has been an increase in the number of patients from Ailsa Hospital referred to the Health Department for aftercare in the community. This work is aided by the provision of a club for ex-hospital patients. Meetings are held each week in the Central Clinic premises for a growing number of men and women, who receive friendship and support there. They are a group, whose illness has tended to isolate them from many social activities which have a beneficial effect in preventing further mental breakdown.

Another group, Alcoholics Anonymous, also holds weekly meetings in the clinic. Alcoholism, as is well known, presents one of the major mental health problems of modern times. It can lead to profound mental deterioration and much distress in the families of those who are caught in its toils. Medical treatment is far from effective in many cases and the efforts of Alcoholics Anonymous form one of the few bright prospects in the control of the disease. A prior requirement for success in the individual case is an acceptance of the simple but fundamental tenets of the group. The Mental Health (Scotland) Act, 1960, places a considerable emphasis on the community care of those suffering from mental disorders, and there is no doubt that this is being done to a progressively increasing extent. A great deal of informal supervision is undertaken by the Health Department staff, and much help is given to patients afflicted with mental illness or mental deficiency.

An assistant mental health officer was appointed during the year, and this appointment has facilitated the work of the mental health service in general. Some mentally ill patients, despite hospital treatment, have residual symptoms which can lead to anti-social behaviour of different types. The families, neighbours and friends of such patients know only too well the disrupting effects of their capricious activities and the mental health officers experience formidable difficulties in helping them to become integrated with the ordered pattern of domestic and community life. Some patients have exhibited inadequate, unstable personalities throughout their adult lives, and it is doubtful if any existing or proposed mental health legislation will solve their problems. Prolonged incarceration in hospital would be uncalled for, although temporary periods of hospital care are needed from time to time. The provision of hostel accommodation in the community would allow a satisfactory degree of continuous care and supervision without impairing the liberty of those receiving it.

At the end of 1964 the number of mentally defective patients in Institutions was :—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Birkwood Institution	—	1	1
Caldwell House	1	—	1
Dunlop House	4	3	7
Larbert Institution	5	1	6
Lennox Castle Institution	6	5	11
Ravenspark Hospital	8	1	9
St. Mary's Home	—	1	1
Stanmore House	—	2	2
Waverley Park Institution	—	1	1
Windsor Hospital	—	2	2
TOTAL	24	17	41

In addition to the above there were three males and one female under guardianship during 1964.

Work at the Glebe Occupation Centre was actively carried on, virtually throughout the year, and the average daily attendance rose to 22 pupils. The staffing arrangements, by which some help was received from Ayr County Council, worked satisfactorily. Many voluntary organisations, local business houses and private individuals have, in the past, shown an interest in the Occupation Centre and given freely of their support. This generosity, if anything, increased during 1964, and it is gratefully acknowledged here. The Rotary Club once more entertained the pupils to a Christmas Dinner, and the ensuing film show was provided by Blackwood, Morton & Company. Christmas gifts for the Occupation Centre pupils and others in hospitals, to the value of £30, were donated by the Association of Parents of Mentally Handicapped Children. The 120 Club also donated gifts and, in addition, paid for a holiday given to seven of the pupils at Ballantrae. Hallowe'en and Christmas parties were held for the pupils by the Bellfield Ladies' Club in the Bellfield Community Centre.

These are only a few of the many benefactions enjoyed by the Occupation Centre pupils.

At the end of the year planning of the composite mental health centre had reached an advanced stage. A general description of the proposed centre and its functions was given in last year's Report. The facilities of this centre will be of the greatest importance in the development of the town's mental health provisions. They will considerably enhance and extend those of the present building which is inadequate in many ways. The new centre will allow the establishment of a day nursery for severely handicapped pre-school children, a small group, but one which has not been well catered for hitherto. There will be accommodation for a clubroom to be used by the ex-hospital patients, to whom reference has already been made in this section of the Report. Four small houses for single persons should, in part at least, alleviate the difficult residential requirements of the same group.

SCHOOL HEALTH SERVICE.

All school medical inspections in the Kilmarnock day schools were performed, as in previous years, by the staff of the Health Department, by arrangement with Ayr County Council. A similar arrangement exists for the treatment of minor ailments at the Local Authority Clinics. This work is reported in full by the County Medical Officer of Health in his Annual Report. A new feature of the school medical inspection programme was the introduction of selective medical examinations for the nine-year-old (intermediate) group. Comprehensive questionnaires were sent to the parents of all children in this group, and the completed questionnaires were carefully scrutinised by the School Medical Officer, who then selected the children to be inspected. If the parents requested an examination this was done, even in instances where there was no suspicion of any defect from the replies given in the questionnaires. Further children were included, despite the absence of any indication of a defect on the completed questionnaire, where the school doctor, health visitor or teacher considered examination to be desirable. 45% of the nine-year-old population were examined in full, and more time was made available for this by the exclusion of those with a satisfactory health history and without symptoms. All the children received a tuberculin test and a test of visual acuity. This method of selective examination was found to work well in practice, and to be acceptable to parents, although the selection procedure was very time consuming. A comprehensive follow-up scheme for those found to have abnormalities, or suspected abnormalities, was envisaged, but it was not fully implemented owing to lack of time.

<i>Entrants.</i>	<i>Selected 9 year Group.</i>	<i>Routine 12 year Group.</i>	<i>Routine 15 year Group.</i>	<i>Total.</i>	<i>Seven Year Vision Group.</i>	<i>Special Inspections.</i>	<i>Grand Total.</i>
1037	351	812	264	2464	492	39	2995

Re-Examination of Children previously found Defective—20.

Clinics.

<i>School Clinic.</i>			<i>Eye Clinic.</i>		
<i>Number of Clinics Held.</i>	<i>Number of Children Attended.</i>	<i>Number of Attendances.</i>	<i>Number of Clinics Held.</i>	<i>Number of Children Attended.</i>	<i>No. of Persons for whom Glasses were Prescribed.</i>
43	27	27	35	498	191

PERCENTAGE DISTRIBUTION OF EXPENDITURE.

Section 22—Mothers and Young Children—						<i>Gross.</i>	<i>Net.</i>
Clinics ... ..	...	...	...	...	...	6.9%	7.8%
Flowerbank Nursery (Day and Residential)	...	...	...	...	...	22.0%	19.7%
Hillbank Nursery (Day)	...	...	...	...	...	11.8%	10.5%
Welfare Foods...	...	...	...	...	...	0.9%	1.2%
						41.6%	39.2%
Section 23—Midwifery ... ..	...	...	...	...	...	4.3%	4.7%
Section 24—Health Visiting ... ..	...	...	...	...	...	5.0%	6.2%
Section 25—Home Nursing ... ..	...	...	...	...	...	8.7%	10.7%
Section 26—Vaccination and Immunisation ...	...	...	...	...	...	3.6%	4.5%
Section 27—Prevention, Care and Aftercare...	...	...	...	...	...	3.8%	4.7%
Section 28—Domestic Help ... ..	...	...	...	...	...	26.3%	22.0%
Section 29—Research ... ..	...	...	...	...	...	0.1%	0.2%
Mental Health (including Occupational Centre)	...	...	...	...	...	6.1%	7.2%
Other Health Expenditure ... ..	...	...	...	...	...	0.5%	0.6%
						100.0%	100.0%

In 1964 the percentage expenditure on the Home Help Service increased, as did that for Flowerbank Nursery. Expenditure on Hillbank Nursery showed a relative decrease.

FOOD SUPPLY.

No large outbreak of illness due to infected or contaminated foodstuffs occurred during the year. Reference has already been made to a small number of cases of gastro-intestinal infection in which the organism isolated from the patients was *Salmonella Typhi-murium*. Despite lack of proof, it is probable that the infection was food-borne, in at least some of the cases. Contamination of meat and poultry is a not uncommon event, because the organisms of the *Salmonella* group are widely distributed as a natural infection of domestic livestock.

The occurrence of four cases of Paratyphoid B. infection among the children of two unrelated families was an unwelcome event which directed suspicion to transmission by food. Despite intensive investigation no specific article of diet was implicated.

Public interest in food hygiene rose to a high level during the Aberdeen typhoid epidemic. This interest has since declined, but there is good evidence that the public in general has a greater awareness of the need for high standards of food hygiene than it is usually credited with. Satisfactory food hygiene demands a certain amount of care, attention and effort, and this is more than many are prepared to devote to the matter during a busy working day.

HOUSING.

This subject is considered in full in the Annual Report of the Sanitary Inspector.

CLEAN AIR.

The principal source of smoke pollution of the atmosphere in the Burgh is now the domestic fireplace. Only one Smoke Control Area Order is in force, covering almost the whole of the Grange Area. Thus, domestic smoke control is enforced in only a very limited area of the town and the absence of any extension to this small acreage is a disappointing feature. There is evidence, however, that householders in steadily increasing numbers are abandoning the traditional open coal fire in favour of gas and electric installations. This voluntary change in heating methods will, by a cumulative effect, reduce present pollution levels. The impact is comparatively small at present, but the use of smokeless sources is gradually gaining momentum.

NOISE ABATEMENT.

During 1964 two complaints alleging a noise nuisance were investigated, from the medical aspect, jointly with the Sanitary Department officials. The fact that there were only two formal complaints is in itself remarkable, when the ever-increasing number of noise sources in the community is taken into account. For example, many tasks, previously carried out by the use of hand tools, are now undertaken with the aid of power-driven appliances, which generate a considerable volume of noise, and the absence of complaints is a tribute, more to the adaptive powers and tolerance of many people than to the lack of grounds for complaint.

It is not unduly difficult to measure the intensities and frequencies of noise sources, with suitable apparatus, and it is always wise to do so, but it should be remembered that the subjective assessment of a noise by the hearer depends not only on the sensitivity of the hearing mechanism in the ear but also upon the individual's nervous make-up and the functional state of his nervous system, which can be markedly influenced by a number of psychological factors. On this account it is not possible to lay down strict criteria by which a noise nuisance can be objectively defined. A large volume of sound is not always an essential feature of a noise nuisance. On occasion a continuous noise of low intensity, especially if it is high pitched and heard on a quiet background, as at night, can have an adverse effect on all but the most insusceptible citizen.

In one of the cases investigated three noise sources were detected in one building, the most prominent being equipment used for the testing of mechanical saws. This produced a sound pattern of distressing intensity

and a nearby householder had resorted to the use of tranquillising drugs before the noise was abated to a reasonable level.

The second complaint concerned noise from a pottery in which an oil-fired hot air drying plant was in use. Equivocal health features emerged in this instance and these indicated a period of observation prior to a decision on the most appropriate action to be taken. Matters remained thus at the end of the year.

It is clear that much annoyance and subtle damage to mental health could be avoided by the judicious use of sound insulating materials.

HEALTH EDUCATION.

A sustained effort was directed to the education in health matters of mothers of young children by the health visiting staff. Much was done informally during home visits and clinic consultations. The giving of advice on an individual basis in this way, by the medical and nursing staffs, remains the basic method of health education in this town, and attempts were made to reach all members of families where necessary. Pupils at school were given advice and health teaching, both individually and in groups during hygiene inspections and at other selected times. Talks and lectures were given to clubs, guilds and youth groups on matters relevant to health. Mental health and food hygiene were two of the subjects chosen. Other topics were the medical aspects of atmospheric pollution and the hazards, genetic and otherwise, of atomic radiation. The lecture-demonstrations, given twice weekly by health visitors to groups of expectant mothers, have already been described. There is fairly clear evidence, from subsequent contact with individual members of the mothercraft classes that health education of this type is worthwhile. With regard to the results achieved by lectures to guilds and other adult groups, it is not possible to assess their value precisely. Membership of such organisations exists for purposes other than that of receiving health education lectures, but it also implies a responsible attitude to health and civic affairs generally, and a willingness to be informed on subjects of interest.

Discussion periods following such talks are illuminating. Over a period of several years two subjects, Food Hygiene and Clean Air, have consistently evoked much interest and promoted lively discussion.

The members of women's groups appear keen to maintain a high standard of food hygiene in their own homes by personal endeavour, but many have been quick to allege the existence of shortcomings, in this respect, on the part of some shopkeepers, whom they consider to be in greater need of advice than the housewife.

That there is a need to reduce atmospheric pollution by the use of smokeless domestic fuels appears to be widely appreciated, but all audiences expressed distinct misgivings about the high cost of smokeless fuels. A further uniformly expressed viewpoint was that of sufferers from bronchitis and respiratory disorders, among whom there is a widespread belief that smokeless fuels are a source of irritant fumes within the home and this belief will not be readily dispelled. Anti-smoking propaganda was regarded as unconvincing by the majority of adult audiences.

FACTORIES ACT, 1961.

Inspections.

<i>Premises.</i> (1)	<i>Number on Register.</i> (2)	<i>Number of</i>		
		<i>Inspections.</i> (3)	<i>Written Notices.</i> (4)	<i>Occupiers Prosecuted</i> (5)
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	18	—	—	—
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	227	13	6	—
(3) Other Premises in which Section 7 is enforced by the Local Authority (including Out-Workers' Premises)	53	2	—	—
TOTAL	298	15	6	—

Particulars of Defects Found.

Particulars.	Number of Cases in which Defects were Found.				Number of Cases in which Prose- cutions were Instituted.
	Found.	Remedied.	Referred		
			To H. M. Inspector.	By H. M. Inspector.	
(1)	(2)	(3)	(4)	(5)	(6)
Want of Cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable Temperature...	—	—	—	—	—
Inadequate Ventilation ...	—	—	—	—	—
Ineffective Drainage of Floors	—	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or Defective	8	4	—	5	—
(c) Not Separate for Sexes	—	—	—	—	—
Other Offences against the Act (not including Offences relating to Outwork) ...	—	—	—	—	—
TOTAL	8	4	—	5	—

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