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BURGH OF PAISLEY



REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

for the year 1951,

BY THE

MEDICAL OFFICER OF HEALTH



*re. ad. 28/1/50*

BURGH OF PAISLEY

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HOUSE OF COMMONS



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Public Health Department,  
20 Back Sneddon Street,  
Paisley.

December, 1952.

To the Provost, Magistrates and Councillors  
of the Burgh of Paisley.

Miss Leishman and Gentlemen,

I have the honour to submit the Annual Report of the Medical Officer of Health of the Burgh of Paisley for the year 1951.

In preparing the Report I have confined myself to a factual statement of the work done in the Public Health Department as Dr. G.V.T. McMichael was Head of the Department during the year which is now reviewed.

The facts and figures for the year 1951 show that the general health of the community was satisfactory and that the various indices by which we measure health continued to improve. Even the statistics relating to Tuberculosis showed an improvement but much still remains to be done. Satisfactory as conditions may be we must not be complacent, but rather ever watchful, lest, being filled with new enthusiasms and exploring new avenues in preventive medicine, we allow ourselves to be forgetful of those diseases and environmental conditions which, in former years, were a real menace to the public health.

I should like, in presenting this Report to place on record, the privilege all of us in this Department have felt it has been to work with Dr. McMichael. His work for the people of this town has been referred to elsewhere. We are glad that we are constantly reminded of his work by the comprehensive and beneficial Services which are available to the citizens of this progressive Burgh, and that we have a permanent record of it in the Annual Reports of the Medical Officer of Health from 1920 onwards.

It is a pleasure to thank the members of the Town Council, and especially the Conveners and Depute Conveners of the Health Committee, for their interest in, and help to, the Department throughout the year; also, to thank those who work in the Public Health, Sanitary, Welfare and Childrens' Departments for their very fine work during 1951, and all the officials in other departments for their ever ready help and advice when a common problem has occurred.

I am, Miss Leishman and Gentlemen,

Your obedient Servant,

*Thomas Bennie*

Public Health Department,

55 West Madison Street,

Chicago,

December 1931.

To the Governor, Registrar and Commissioners  
of the State of Illinois.

Miss Lathrop and Gentlemen,

I have the honor to acknowledge the receipt of the  
Medical Officer of Health of the State of Illinois for the  
year 1931.

In preparing the report I have endeavored to give  
a factual statement of the work done in the Public Health  
Department as far as it is concerned with the  
Department during the year which is now before you.

The work and progress for the year 1931 may not be  
general health of the community was satisfactory and that  
the various indices by which we measure public health  
is improved. Even the statistics relating to tuberculosis  
showed an improvement and more still remains to be done.  
Satisfactory as conditions may be we are not complacent  
and rather ever watchful. I am, however, sure that  
we are not neglecting any new avenue of preventive medicine  
we also endeavor to be thorough in our studies and  
environmental conditions which, in former years, were a real  
menace to the public health.

I should like, in presenting this report to place on  
record, the privilege of us in this Department have  
felt it has been to work with Mr. Lathrop. His work  
for the people of this State has been pointed to elsewhere.  
We are glad to see constantly renewed by his work in  
the comprehensive and systematic manner which has resulted  
in the success of this progressive work, and that we have  
a permanent record of it in the annual reports of the  
Medical Officer of Health from 1920 onwards.

It is a pleasure to thank the members of the Town  
Council, and especially the Governor and Mayor, for their  
of the Health Department, for their interest in the work of  
the Department throughout the year. Also, to those  
who work in the Public Health, Sanitary, and  
Children's Departments for their cooperation and work during 1931,  
and all the officials in other departments for their ever  
ready help and advice when a council, board and committee.

I am, Miss Lathrop and Gentlemen,

Very obediently,  
  
Your obedient servant,  
  
J. H. ...

VITAL STATISTICSPopulation.

The population of the Burgh, as estimated by the Registrar-General at 30th June, 1951, was 93,838, being a decrease of 3,262 on the mid-year estimate for 1950. This estimate for 1951 is based on the census population taken at midnight on 8th April 1951.

The reports containing all the particulars ascertained at this census, which was the fifteenth census of Scotland, have not yet been published, but the first report on the general position of the population shows that in Paisley the total population was 93,704 - 44,022 males and 49,682 females. This represents an increase of 7,259 persons on the 1931 census population of the Burgh as then existing, and an increase of 5,320 persons on the 1931 census population in the area now comprising the Burgh. The population of the Burgh at the 1931 census was 86,445 - 40,673 males and 45,772 females. The population of the Burgh plus the area added in 1946 was, in 1931, 88,384 - 41,598 males and 46,786 females.

BIRTHS.

LIVE-BIRTHS. The total number of live-births during the year 1951, corrected for "transfers" was 1,600 (801 males and 799 females) of which 67 or 4.2% were illegitimate births. This gives a birth rate of 17.1 per-1,000 population, as compared with 17.4 in 1950.

The following table shows the rates for Paisley compared with the other Large Burghs and all Scotland for the post-war years to 1951.

Live-Births  
Rate per 1,000 of Population

Year	Paisley	Large Burghs	All Scotland
1951	17.1	17.8	17.7
1950	17.4	17.8	17.9
1949	18.5	18.5	18.5
1948	18.9	19.6	19.4
1947	22.5	22.6	22.0
1946	20.0	24.7	20.3

The natural increase for the year i.e. the excess of births over deaths, was 405, as compared with 510 in 1950. In 1938, the increase was 611.

STILL-BIRTHS. The number of still-births, after correction for "transfer", was 52 giving a rate of 31 per 1,000 total births as compared with a rate of 33 in 1950. The rate for the Large Burghs and Scotland as a whole was 27 per 1,000 total births.

MARRIAGES/



MARRIAGES.

During 1951 there were 887 marriages within the Burgh. This is equivalent to a rate of 9.5 per 1,000 of population. For comparative purposes, the following table is submitted:-

Year.	Number	Rate per 1,000 population.
1951	887	9.5
1950	817	8.4
1949	841	8.7
1948	927	9.6
1947	942	9.8
1946	876	9.6

DEATHS.

There were 1,195 deaths (559 males and 636 females) from all causes during 1951 compared with 1,175 in 1950. The death rate per 1,000 of the population was 12.7 in 1951 compared with 12.1 in 1950. For the Large Burghs the death rate was 13, and for Scotland as a whole it was 12.9 in 1951.

The total number of deaths and the death rate for each of the years 1946 to 1951 are given in the following table:-

Year	Number	Rate per 1,000 of population
1951	1195	12.7
1950	1175	12.1
1949	1158	12.0
1948	1161	12.1
1947	1235	12.8
1946	1175	12.9

An analysis of the deaths during 1951 showing causes and age distribution, is contained in Tables 2 and 3 of the statistical appendix to this Report.

CONTROL OF INFECTIOUS DISEASES.

General. During the year 2,793 cases of infectious disease were notified, being an increase of 394 cases over the previous year. The chief variations in the number of infectious cases in 1951 and 1950 were as follows:-

	1951	1950	Increase.	Decrease.
Poliomyelitis	3	37	-	34
Chickenpox	524	294	230	-
Mumps	172	452	-	280
Whooping Cough	729	219	510	-

Cerebro-Spinal Fever Eight cases of this disease were notified in 1951 compared with 1 case notified in 1950. One of the cases died in 1951.

Diphtheria Of this disease 5 cases were confirmed during 1951 compared with 1 case in 1950. Of the 5 cases, 1 child was immunised and 4 children were not immunised. There were no deaths from the disease during the year and such a clear record now runs from March 1947 when a non-immunised child died from laryngeal diphtheria. There is no doubt that the continuing satisfactory position regarding the incidence of diphtheria within/

within the Burgh is due to diphtheria immunisation and the progress of this scheme will be commented upon in a later section of this Report.

Dysentery. In 1951 there were 69 notifications of this disease, all of the Sonne type, as compared with 76 cases during 1950. There were no deaths from the disease.

Erysipelas. There were 15 notifications of this disease during the year compared with 10 notifications in 1950. There were no deaths.

Ophthalmia Neonatorum. Four cases were notified in 1951 compared with 7 in 1950. There were no notifications of blindness due to this cause during the year.

Pneumonia, Acute Primary. During the year 220 cases of this disease were notified and compares with 216 cases in 1950. There were 33 deaths which equals the number in 1950.

Poliomyelitis. There were 3 cases of this disease with no deaths compared with 37 cases with 1 death in 1950.

Puerperal Pyrexia. Four cases were notified in 1951 with no deaths. No cases were notified in 1950.

Scarlet Fever. The notifications of this disease during the year were 194 compared with 192 notifications in 1950. There were no deaths.

Tuberculosis. Of the Respiratory type of the disease, 194 cases were notified during 1951 compared with 203 cases notified in 1950. There were 49 deaths during the year which figure compares with 67 deaths the previous years.

There were 18 notifications of the non-respiratory type of the disease and 8 deaths compared with 20 cases and 8 deaths in 1950.

The incidence of this disease is fully analysed in Tables 5, 6, 7 and 8 of the Statistical Appendix to this Report and the subject of Tuberculosis will be commented upon more fully in a subsequent section.

Paratyphoid B. Two cases of this disease were notified during the year. There were no deaths. These are the first cases of this disease to be notified since 1941.

Intensive investigation of these cases was carried out but no definite source of infection was discovered. At the time these two cases occurred, cases of Paratyphoid B infection were being reported in Glasgow, Lanarkshire, and Clydebank, and it may have been that these cases were part of this epidemic. The source of the epidemic appeared to be located in Glasgow therefore the bulk of the investigation fell on the Public Health Department of that City.

Whooping Cough. This disease became compulsorily notifiable on 1st January, 1950. During that year 219 cases were notified with 3 deaths. In the year under review 729 cases were notified with 1 death.

No cases of the other notifiable diseases occurred during 1951. Leprosy was added to the list of these notifiable diseases on 1st September, 1951.

There are other common infectious diseases which are not compulsorily notifiable but some indication of their incidence is got from notification by schools and Health Visitors. During 1951/

1951 the incidence of these diseases was:-

	1950		1951	
	Cases	Deaths	Cases	Deaths
Chickenpox	294	-	524	-
Measles	661	-	610	-
Mumps	452	-	172	-

The incidence of notifiable and non-notifiable Infectious Diseases by age-groups is given in Table 4 of the Statistical Appendix.

Venereal Diseases. The investigation and treatment of these diseases is carried out at the Special Treatment Centre, Royal Alexandra Infirmary Annexe, Craw Road. The incidence of these diseases during 1951 can be gauged from an analysis of the new cases coming to the Centre during the year and this is done in Table 9 of the Statistical Appendix.

The trend of the various Venereal diseases is shown in the following figures.

		Syphilis		Gonorrhoea		Soft Sore		Non-specific Venereal Infection	
		Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Average	1938	27	12	101	29	2	-	30	1
	1939-45	55	26	100	29	1	-	41	6
	1946	37	25	78	24	-	-	41	-
	1947	34	28	73	15	-	-	14	-
	1948	29	26	71	14	1	-	33	7
	1949	18	23	35	3	-	-	21	5
	1950	15	16	40	5	-	-	9	-
	1951	8	8	37	3	-	-	23	-

#### CARE OF MOTHERS AND YOUNG CHILDREN.

Maternal Mortality. In Paisley in 1951 there were 3 deaths from causes related to pregnancy and childbirth, compared with 2 deaths in 1950. This figure for 1951 gives a maternal mortality rate per 1,000 total births of 1.2 compared with a rate of 1.1 for Scotland as a whole. The age-grouping of the fatal cases was as follows:-

25 - 35 years	-	2 deaths.
45 - 55 years	-	1 death.

Infant Mortality. During 1951 there were 72 deaths among children under 1 year of age as compared with 63 deaths in 1950. The infant mortality rate for the year was 45 per 1,000 live births and compares with the rate of 37 for Scotland as a whole, and 39 for the Large Burghs, during the same period.

The/

The causes of death in this period of life, according to the International classification of deaths given by the Registrar-General are as follows.

General Disease	1.
Non Meningococcal Meningitis	1.
Pneumonia	5.
Bronchitis	2.
Diarrhoea	4.
Diseases of Skin	1.
Congenital Malformation	12.
Birth injuries, atelectasis and post-natal asphyxia	9.
Pneumonia of Newborn	1.
Other diseases peculiar to early infancy	29.
Ill-defined causes	1.
Violence	6.

These 72 deaths included 45 neo-natal deaths, i.e. deaths of infants under one month. This figure compares with 34 neo-natal deaths in 1950 and gives a rate of 28 per 1,000 live births against a rate of 22 for the whole of Scotland.

Still Births. In 1951 there were 52 still births compared with 58 in 1950, giving a rate of 31 per 1,000 total births which compares with the rate of 27 for Scotland as a whole.

Ante-Natal and Post-Natal Clinics. Ante-natal clinics were held at three centres in the Burgh, namely, the Russell Institute, Causeyside Street, St. Ninian's Church Hall, Ferguslie Park, and Mossvale Church Hall, Russell Street. In addition to the clinics which were conducted at Barshaw Maternity Hospital by Medical Officers of the Hospital Board, a Post-natal Clinic was conducted at the Russell Institute. Advice to nursing mothers was given at all the centres.

The statistics for each of these clinics are set out in Tables 10 and 11 of the Statistical Appendix.

Child Welfare Clinics. These clinics were conducted from the same centres as the Ante-natal clinics and the statistics for each of them are contained in Table 12 of the Statistical Appendix.

In conjunction with each of these clinics established for the care of mothers and their young children, there was available during the year an artificial sunlight clinic, and a dental clinic, working in the Russell Institute.

The Artificial Sunlight Clinic was staffed by a Health Visitor of the Public Health Department and while the bulk of the cases treated there were drawn from the various child welfare clinics a goodly number were referred from the Medical Officers of the School Health Service and the Chest Department of the Western Regional Hospital Board.

The Dental Clinic operated during the year on the basis of one Session a week, and, as in previous years, the Local Health Authority made use of the Dental Officers of the School Dental Service on a customer basis.

Following/

Following upon the introduction of charges for the provision of dentures by the National Health Service Act 1951, the Local Health Authority resolved to meet their obligation in providing dentures for expectant and nursing mothers by referring suitable cases to dental practitioners working in the general dental services of the Renfrew County Executive Council and by paying the patients' contribution to the cost in such cases. This scheme was necessary, due to the lack of facilities to provide dentures out of the existing Service, but during 1951 no cases were considered to require such treatment and in fact the scheme was never implemented because the Executive Council were reluctant to accept such a scheme which split the responsibility for the priority classes and they could get no official guidance from the Department of Health for Scotland.

The Statistics for each of these Special Clinics are given in Table 13 of the Statistical Appendix.

#### Day and Residential Nurseries.

The facilities available for the care of pre-school children in Nurseries were as in the previous year and the Statistics relating to these services were as set forth in Tables 14 and 15.

#### MIDWIFERY.

Particulars regarding all births including still births, within the Burgh during 1951 are analysed in Table 16 of the Statistical Appendix, and the work carried out by the Corporation's Domiciliary Midwifery Service is given in some detail in Table 17.

The staff of this latter Service consisted of a Supervisor of Midwives and nine whole-time midwives, and to each midwife was allocated a definite area of the Burgh as her particular sphere of work.

During the year, and in response to D.H.S. Circular No. 84/1951, the Town Council resolved to provide Maternity outfits free of charge to all women being confined at home. Such a resolution was in fact only an extension of a practice carried out in Paisley for many years.

#### HEALTH VISITING.

At the end of 1951 the total staff employed as Health Visitors was 16, one of whom was employed in duties divided between the artificial sunlight and immunisation and vaccination clinics. During the year, too, the aforementioned staff was assisted, in the visiting and care of tuberculous persons, by a Health Visitor of the Board of Management for Paisley and District Hospitals.

The Statistics appertaining to this service are given in Table 18 of the Statistical Appendix.

### HOME NURSING.

The number of cases attended and the number of visits paid by the Nurses, employed by the Peter Brough District Nursing Association, who, during the year under review continued to provide their home nursing service on behalf of the local health authority, are set forth in Table 19 of the Statistical Appendix.

### DOMESTIC HELP SERVICE

Statistical details of this Service are contained in Table 20 of the Statistical Appendix. These figures indicate that during the year under review there was a great increase in the demand for the services of domestic helps. With the resulting increase in Helps necessary to cope with the work, it was decided to appoint a full-time Supervisor of Domestic Helps. Miss Jean C. Waddell was appointed to this post on 16th August, 1952.

### VACCINATION AND IMMUNISATION.

Vaccination against Smallpox. This procedure ceased to be compulsory with the introduction of the National Health Service (Scotland) Act 1947 and since the 5th July, 1948, there has been a marked decrease in the number of infants vaccinated each year. In the immediate post war years 1946 and 1947, 47.1% and 46.8% respectively of the infants born in each of these years were vaccinated. In 1949 the percentage of infants vaccinated was 19.5% but the figures for 1951 show an improvement at 39.2% of infants vaccinated. It is to be hoped that this will continue as there can be no doubt about the advantage of infant vaccination. Smallpox is not the serious problem it once was to this country or still is in certain Asiatic and African areas, but that it can be imported into this country and give rise to much alarm is well known. While it is not claimed that infant vaccination will protect a person throughout life it is amply proved that infant vaccination does make subsequent vaccinations less troublesome.

Vaccination, during the year, was performed by general medical practitioners and by the medical staff of the Public Health Department at special vaccination clinics and Child Welfare Centres.

The statistics of this service are contained in Table 21.

Immunisation against Diphtheria. During 1951 every effort was made to ensure that as many infants as possible were immunised and that children entering upon their school life were given a boosting inoculation if immunised for the first time in infancy. At the same time as schools were visited to carry out these boosting inoculations, publicity was given to the value of primary immunisation to those children who had never been immunised and in this way many children who might have been missed and might have proved a potential source of infection, were protected.

The/

The number of children dealt with at the several centres where such a procedure was available are shown in Tables 22 and 23 of the Statistical Appendix.

The figures showing the incidence of diphtheria within the Burgh from 1938 to 1951 need little comment and certainly give every encouragement to maintain the progress already made with immunisation. These figures are as follows:-

Year	Cases Notified.	Cases Confirmed.	Deaths.	Case Mortality Rate.
1938	435		23	5.2%
1939	331		21	6.3%
1940	662		38	5.7%
1941	447		21	4.7%
1942	276		6	2.1%
1943	198		3	1.5%
1944	147		1	0.6%
1945	139		2	1.4%
1946	116		2	1.7%
1947	74	32	1	1.3%
1948	78	15	-	-
1949	37	4	-	-
1950	22	1	-	-
1951	15	5	-	-

There have been no deaths among immunised children.

At the end of 1951 it was estimated that 79.7% of the child population of the Burgh (children 15 years and under) was immunised. The figure for school children immunised remained very satisfactory at 97.6% but the number of pre-school children immunised remained too low at 47.5% despite all the steps taken to improve the figure.

#### PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

##### TUBERCULOSIS.

The incidence of this disease within the Burgh during 1951 has been commented upon briefly in an earlier section of this Report and reference has been made to Tables 5, 6, 7 and 8 of the Statistical Appendix.

However, much more must now be said of the very active steps taken during the year by the Town Council in an attempt to halt the rising incidence of this disease and bring help to those already suffering from it. In facing this problem the Town Council were always ready to support their Health Committee, who approached their great task with understanding and realism, and it must have been gratifying to them to know at the end of the year that the rising incidence had been halted and that their efforts were being rewarded. The statistics for the year may be summarised as follows:-

New Cases arising in 1951. For the first time since 1938, notifications of Respiratory Tuberculosis showed a slight decrease, being 9 less than the record high figure of 203 in 1950, but it must be pointed out that the 1951 figure is still fully/

fully double that for 1938 (92 new cases). The non-respiratory cases notified during the year showed a further reduction and the figure of 18 new cases is the lowest recorded for the Burgh.

Deaths in 1951. Deaths from Respiratory Tuberculosis were 17 less than in 1950 and this was a substantial and very welcome decrease. Non-respiratory deaths numbered 8 being equal to the number of such deaths in 1950.

Some of the outstanding measures taken during 1951 to combat this disease are detailed in the following pages of this Report.

#### TUBERCULOSIS CONFERENCE.

Towards the end of 1950 the Town Council decided to convene a Conference of Local Health Authorities and other statutory bodies in the County of Renfrew, concerned with Tuberculosis. Such a Conference was held on 12th January, 1951. Present also were "observers" from the Department of Health for Scotland and the Western Regional Hospital Board. At the Conference a very full discussion of the problem of Tuberculosis in all its aspects was initiated and sustained and the Resolutions which appear hereunder were passed and circulated to the various bodies concerned.

#### Resolutions.

1. That the attention of Central and Local Authorities, the Western Regional Hospital Board, Boards of Management of Hospitals, the Local Executive Council and all other bodies concerned, be called to the continued high incidence of tuberculosis, especially that of pulmonary tuberculosis, in the County of Renfrew, and that these bodies be urged to keep the problem under constant review and take every possible action which might help towards its alleviation.
2. That the Conference, deploring the serious shortage of institutional accommodation for tuberculosis patients which has resulted in growing waiting lists, and recognising that the main cause of the shortage is the failure to recruit sufficient nurses to staff the available but unstaffed hospital and sanatorium beds, call on the Department of Health for Scotland to initiate a sustained national campaign to recruit additional nurses on similar lines to that conducted for immunisation against diphtheria.
3. That the Conference stress the need for consideration being given not only to early cases but to chronic cases of an open nature recommended by the Medical Officer of Health for the purposes of segregation.
4. That the Conference, recognising that early treatment of patients is essential if good results are to be obtained, urge the Western Regional Hospital Board to explore the possibility of their Specialist Tuberculosis Staff making use, as has been done successfully in other areas, of modern methods of treatment in the homes of the patients who are waiting admission to institutions.



5. That the Conference, being of opinion that bad housing conditions, especially overcrowding of houses, is a main factor of the high incidence of pulmonary tuberculosis, recommend:-
- (a) that local housing authorities in the County of Renfrew should urge the Department of Health for Scotland to give an extra allocation of houses for tuberculous families, outwith the ordinary housing and based on the incidence of pulmonary tuberculosis in each area, following the precedent of the special allocation made in the year 1948, and
  - (b) that local housing authorities in the County should agree to increase their existing allocation of houses for tuberculous families;
  - (c) that having regard to the particular economic circumstances of the T.B. patients the Conference considers that some form of financial assistance be made available from the Treasury to enable them to take advantage of the improved housing accommodation available.
6. That the Conference, being of the opinion that the time is opportune for extending the present use of B.C.G. Vaccination, recommend that local health authorities in the County of Renfrew should consider the advisability of extending its use under Section 27 of the National Health Service (Scotland) Act, 1947 to school children approaching leaving age and if supplies of B.C.G. permit, to pre-school children attending child welfare clinics.
7. That the Conference recognising that the Domestic Help Service of local authorities is becoming increasingly used for tuberculous cases, and that such cases cannot usually afford any material contribution to the cost of the service, recommend that local health authorities in the County of Renfrew should press the Department of Health for Scotland for 100% grant when domestic helps are provided for tuberculous persons who are on the waiting list for sanatorium treatment, and also for cases discharged from institutional treatment and certified by the Area Tuberculosis Physician as requiring domestic helps for proper care in their own homes.
8. That the Conference, being of opinion that nourishing and regular meals are essential to good health, and that to economise on food is false economy indeed, urge men and women who have to carry out heavy duties to utilise to the full the canteens and restaurants specially provided for their use.
9. That the Conference, recognising the value of, and the need for continuous health education on the subject of tuberculosis, recommend that the Department of Health for Scotland should be requested to conduct a national campaign on the subject lasting for at least two years and stressing especially the great importance of maintaining good health during adolescence, the necessity for early diagnosis and the protection afforded by vaccination.
10. That the Conference considers the Government should explore the possibilities of setting up one or more centres in Scotland such as at Papworth, Cambridge, or Prestonhall, Maidstone.

The foregoing Resolutions were discussed by the Health Committee and they were approved generally by the Town Council. Of the positive action which stemmed from this Conference special reference must be made to:-

- (a) The discussions which took place during 1951 in order to prepare the way for the B.C.G. vaccination of children approaching school leaving age.
- (b) The decision of the Town Council to increase the percentage of houses allocated to persons on the Tuberculosis Priority list from 15% to 25% and
- (c) The representations which were made to the Western Regional Hospital Board so that an additional Tuberculosis Physician was allocated to the staff of the Area Supervising Tuberculosis Physician in order to provide a fuller domiciliary service for Tuberculous persons unable to gain admission to hospitals or in need of care in their own homes after discharge.

#### B.C.G. VACCINATION OF CHILDREN APPROACHING SCHOOL-LEAVING AGE.

During 1951 no vaccinations were carried out in this group of children but much time was spent in preparing the way.

The Medical Officers of Health of the three Local Health Authorities within the County of Renfrew decided at the outset, and when approval to the Scheme was given in principle by the Department of Health for Scotland in a letter dated 16th July 1951, that their individual Schemes of administration and operation would be identical. This principle proved of great value in the discussions which followed and, combined with the ever ready and expert knowledge given throughout by Professor F. R. G. Heaf, David Davies Professor of Tuberculosis, the Welsh National School of Medicine, and Dr. Ian Macgregor of the Department of Health for Scotland, an administrative and technical scheme was soon evolved. This scheme and the facts considered at these discussions can best be recorded by reproducing hereunder (a) "B.C.G. Vaccination of children of school leaving age - Details of Scheme" dated 29th October, 1951, and (b) "B.C.G. Vaccination Scheme for School leavers - Notes of Meeting held in Public Health Department, 20 Back Sneddon Street, Paisley, on 2nd December 1951," dated 7th December, 1951.

#### B.C.G. Vaccination of children of school leaving age.

##### Details of Scheme.

##### General.

- (1) The Department of Health have approved the scheme in principle (letter dated 16.7.51.)
- (2) The Education Committee of the County Council of Renfrew have approved the proposals of the Local Health/

Health Authorities and remitted to the appropriate officials to carry them out.

- (3) The Medical Officer of Health will have the overall administrative responsibility for carrying out the scheme in his area.
- (4) The details of the scheme have been discussed with the Area Tuberculosis Physician who has approved the procedure for the actual testing and vaccination.
- (5) Appropriate records, approved by the Department of Health for Scotland, will be kept by the Local Health Authority.
- (6) The Local Health Authority will make the necessary arrangements for maintaining a Central Register of Records of all persons in their area who have had B.C.G. vaccination. This Register will be kept in the Public Health Department and the records will be available to officers of the Department of Health, tuberculosis physicians, medical practitioners and hospitals clinically concerned. Copies of these records will be transferred to other areas when appropriate.
- (7) Wherever possible, the testing and vaccination of children of school leaving age will be carried out in the schools.
- (8) The team for testing and vaccination will consist of a medical officer, a nurse and a clerkess. In the reading of the tests a Tuberculosis Physician will act along with the medical officer of the Local Health Authority.

#### Preliminary Procedure.

- (1) The officials of the Education Committee estimate that in the Burgh of Paisley approximately 1,600 children leave school each year.
- (2) A meeting with the Head Teachers of the local schools will be arranged at which the Medical Officer of Health will explain the aims and scope of the scheme and the procedure proposed for carrying it out. In this way, it is hoped to secure the full and active co-operation of the Head Teachers.
- (3) A leaflet has been prepared for issue to parents of the children who will be leaving during the current school year explaining the aims of the scheme giving brief details etc. of the testing and vaccination involved and asking for their consent on a form attached to the leaflet. A copy of this leaflet is enclosed.
- (4) The leaflet and consent form will be issued by the the Head Teachers of the schools to children known to be leaving during the year and the consent forms will be returned to the Head Teachers who will notify the numbers to the Medical Officer of Health.
- (5) A meeting with the parents of children of school leaving age will be held within a few days of the issue of the leaflet to them. At this meeting, further information regarding the scheme will be given and parents will have the opportunity to ask questions. Invitations to the meeting will be sent along with the leaflets issued by the schools.
- (6)/

- (6) When the consent forms have all been returned, arrangements will be made with the Head Teachers for the actual testing and vaccination, the dates and hours being fixed to interfere as little as possible with the school programmes. The vaccination procedure will in all cases require to be carried out on Thursday or Friday since the weekly batch of vaccine is only released on Wednesday afternoon.
- (7) Before the work in the schools is started, a letter describing the aims and scope of the scheme will be sent to all medical practitioners in the area and their active co-operation will be invited.
- (8) Where considered necessary, nurses and medical officers carrying out the work of the scheme will receive preliminary tuition in the technique to be observed from the Area Tuberculosis Physician.

#### Technique of Testing and Vaccination.

The Department of Health have agreed to make available the necessary supply of vaccine.

#### Testing.

- (i) (a) The test employed will be the Mantoux Test and will consist of an intradermal injection of 0.1 c.c. 1/1000 Standardised Old Tuberculin.
- (b) The area to be used for the test will be at the junction of the upper third and lower two-thirds of the volar aspect of the left forearm.
- (c) The skin of the area of injection will be cleansed by swabbing with methylated ether.
- (d) The sterile needle used only for 1/1000 S.O.T. will be inserted for about 1/8" as nearly parallel with the skin as possible, and with the bevel upwards and bore visible, before the injection is made. At the correct depth some resistance will be felt and a white weal about 7 mm. in diameter will result from the injection and only when it is produced will the test be considered to have been carried out properly.
- (e) No dressing will be applied to the site of injection.
- (f) Step (c) will be carried by Nurse. Step (d) by the Medical Officer.

#### (ii) Reading of Test.

- (a) The test will be read 48 hours afterwards.
- (b) The results of the test will be recorded as follows:-

Positive (+) - Indicated by an area of infiltration 6 mm. or more in diameter. Erythema will be neglected in reading the results.

Negative/

Negative (-) - No reaction or an area of erythema without any infiltration.

Doubtful(?) - Area of erythema with infiltration less than 6 m.m. in diameter.

(c) All reading will be done by the doctor.

(iii) Vaccination.

- (a) This will be carried out on the same day as the results of tests are read and will apply to Negative Reactors only.
- (b) The area to be used for vaccination will be that over the lower insertion of the left deltoid. In left-handed children the same area of the right arm will be used.
- (c) Before vaccination, the site will be cleansed by swabbing with methylated ether.
- (d) The sterile needle, used only for B.C.G. Vaccine, will be inserted for about 1/8" as nearly parallel with the skin as possible, and with the bevel upwards and bore visible, before the injection is made. At the correct depth some resistance will be felt and a white weal 7 mm. in diameter should result from the intradermal injection of 0.1 c.c. of the vaccine.
- (e) No dressing will be applied to the site of vaccination.
- (f) Step (c) will be carried out by the Nurse.  
Step (d) by the Medical Officer.

(iv) Retesting.

This will be carried out six to eight weeks after vaccination and procedure will be as in (i), (a), (b), (c), (d), (e) and (f) above. The results will be interpreted as in (ii) (a) (b) and (c) above.

(v) Re-vaccination.

Where this is considered necessary it will be carried out as in (iii), (a), (b), (c), (d), (e) and (f) above.

In testing and vaccination syringes and needles will be reserved exclusively for each procedure.

Glass tuberculin syringes and luer platinum or stainless steel needles (No. 25  $\frac{1}{4}$ " ) will be used throughout.

The syringe and needles will be sterilised by autoclaving.

Follow-up Procedure.

Positive Reactors. It is not intended to lose touch with these children without first investigating the state of their lungs and associated glands. As a Mass Radiography Survey was carried out in Paisley in April-May 1951 and the present group of children were covered then, it will suffice to/

to refer back to the findings of the survey in their case. Any positive reactors who were not examined at that time will be x-rayed at the Russell Institute.

In future years, an attempt will be made to have children who enter the B.C.G. Vaccination Scheme surveyed by the Mass Radiography Unit just before or immediately after testing, and if this is not possible, the positive reactors at least will be x-rayed by large plate at the Russell Institute.

At all times an attempt will be made to correlate the findings of x-ray examination with the results of Mantoux Testing and to assess the value of these procedures in the field of Preventive Medicine.

Negative Reactors. After vaccination is carried out and conversion is established, it is intended to follow up these adolescents into young adult life. Contact may be maintained by personal visits by Health Visitors. As a start, visits will be paid once yearly when general details of illnesses will be obtained.

With the present staffing position, the above is considered to be a minimum and with experience and an increased staff of Health Visitors it may be possible to increase the number of visits per year and to extend this type of follow-up to Positive Reactors so that some comparison may be obtained between those naturally and those artificially protected.

#### B.C.G. Vaccination Scheme for School Leavers.

Notes of Meeting held in Public Health Department, 20 Back Sneddon Street, Paisley, on 2nd December, 1951.

Present: Professor Heaf, Drs. Macgregor, McMichael, Gray, Duncan, Frew and Bennie.

Discussion was based on the Notes prepared by Dr. Macgregor and enclosed with his letter of 27th November. These Notes were considered seriatim, as follows:-

#### 1. Administrative and Clinical responsibilities for the Scheme.

The following general Statement was agreed.

"The Medical Officers of Health will be responsible for the administration of the whole Scheme and the clinical work will be carried out by their Staffs."

"The Area Supervising Tuberculosis Physician, in his capacity of Senior Assistant Medical Officer of Health will co-operate in the whole Scheme as part of his duties under Section 27 National Health Service (Scotland) Act 1947, and in particular will be Adviser on all clinical matters including the technique for testing and vaccination and he, or his staff, will assist in the interpretation of Tuberculin Tests. He will also order supplies of tuberculin and B.C.G. Vaccine and will receive and distribute these to the Medical Officers of Health. For this purpose the Medical Officers of Health/

Heath will inform him of the requisitions required 2 - 4 weeks in advance of the dates on which it is planned to carry out the tests and vaccinations concerned. His Staff will be available for advice when clinical complications arise."

2. Composition of, and instruction for, B.C.G. Vaccination (including tuberculin testing) Teams.

In Paisley the Testing and Vaccination Team will consist of:-

- 1 Medical Officer - To carry out all Mantoux Tests and read the results along with a member of the Staff of the A.S.T.P. and to vaccinate and deal with complications.
- 1 Nurse - To prepare needles and syringes to be used in testing and vaccinating and to prepare the children.
- 1 Clerkess - To collect Consent Forms and carry out all clerical work connected with the Scheme.

In Paisley during the first year of the Scheme there will be an additional medical officer in training and reserve.

In the area of Renfrew County Council and the Burgh of Greenock similar teams will carry out the work of the Scheme.

In all areas, and where considered necessary, Medical Officers and Nurses forming the team will receive preliminary instruction in the technique to be observed from the Area Supervising Tuberculosis Physician.

Professor Heaf at this point drew attention to some points to be considered in routine and technique. These were as follows:-

- (1) The carrying out of 30 - 40 Mantoux Tests per hour was probably a maximum.
- (2) Routine is important and if well planned, and co-operation at schools is good, the above number of Tests per hour might be exceeded.
- (3) A good method of packing and transporting equipment must be sought in order to cut down time in closing-down in one school, moving, and setting-up in another school. Consideration might be given to the "Box" introduced by Dr. K. Neville Irvine, or the method of carrying needles in a cylindrical cigarette box containing small test-tubes for each needle, used by the M.R.C., or the method employed by Dr. Gray in his Scheme for the Orphan Homes of Scotland.

(4)/

- (4) Needles should always carry a stilette when not in use. This avoids using a blocked needle with subsequent loss of vaccine. Suggested that after use needles should be syringed through with water, rinsed in methylated ether, stiletted, then autoclaved.
- (5) Needles should not exceed  $\frac{1}{2}$ " in length.

Dr. Gray referred to the scattering of schools in his area and thought that he could complete one school in a session of either testing or vaccination and that two schools per day could be dealt with in this way.

### 3. Records.

(i) B.C.G. Record Card.

(a) What type of Record Card will be used?

The form of Record Card will be left to each M.O.H. but the information contained thereon shall be uniform throughout the County.

The Card when agreed upon shall be reviewed after 5 years.

It was agreed that the sample Card submitted met the requirements of the next 5 years when the following changes and additions were made to it.

- (i) Instead of Age, Date of Birth should be recorded.
- (ii) Space to be provided for the name of the family doctor.
- (iii) "P.E." should be added to "abbreviations used" to denote pleural effusion.

It was decided that an ulcer following vaccination should be defined as "a punched out hole in the skin", and only when such a complication occurred should the space provided in the Record Card be filled in.

(b) Will Cards be completed for all children tested with a view to vaccination or will it be used only for negative tuberculin reactors who receive B.C.G.? Will there be any record of naturally positive reactors?

There will be a Record Card for all children tested with a view to vaccination. Those children, whose parents do not consent, will not be recorded. A record will therefore be kept of all naturally positive reactors who avail themselves of the Scheme.

(c) Where will Records be kept? Presumably at the Public Health Department.

Yes. These Cards will be available in the Public Health Department for the Tuberculosis Physicians to peruse and for copying by their Clerical Staff.

(ii)/



(ii) B.C.G. Register.

- (a) Will this include the names of all vaccinated persons in the Area (i.e. Nurses, Contacts and Students as well as School Leavers.)?

The Record Cards will be filed in alphabetical order of Surname and will constitute the B.C.G. Register. It will, as soon as possible include all persons vaccinated in the Area since B.C.G. vaccination was introduced and its completeness will be maintained. The present Record Cards kept by the Area Supervising Tuberculosis Physician will be copied into the agreed Record Card and filed in the Public Health Department.

- (b) Will the transfer of records of vaccination be practicable (however desirable)?

It is considered that the transfer of records of vaccination to other areas should be practicable although some time may elapse between moving of person and notification of M.O.H. of new area, but where possible it shall be carried out.

- (iii) Can any effective arrangement be made for linking-up new notifications of Tuberculosis with the B.C.G. Vaccination Records?

Yes. Any new notifications received can be looked up in the Card Register. If B.C.G. Vaccination has been carried out, the Area Supervising Tuberculosis Physician will be notified when he receives his copy of the notification.

4. Optimum time for Vaccination during last school year.

- (i) Is it intended to avoid vaccinating pupils during the period when epidemic diseases (e.g. measles or whooping cough) are most prevalent?

It is not intended to stop vaccination during periods when epidemic diseases are most prevalent, except in the case of Acute Poliomyelitis and Smallpox.

No child will be vaccinated while known to be suffering from a disease or during a period of at least 6 weeks after an acute infectious disease. Each child who has had a recent illness will be dealt with individually.

- (ii) It is thought best to vaccinate during the 6 months immediately following the 14th birthday, so that post vaccination reactions can be healed and post-vaccination conversion obtained before the pupil leaves school. It is felt that, at any rate, the vaccinations should be made at least 3 months before the pupil leaves school.

From observations by Head Teachers it appears that it would be better to deal with an age-group rather than a group related to a school date. In this way the greatest number of children would be covered and those who leave after their 15th birthday at short notice would not be missed.

It/

It was decided, therefore, to leave the question of the age-group to be taken until after further talks between Dr. Gray and the Head Teacher who first raised the question, but that the age-group as near as possible to the school leaving age and consistent with a reasonable period of surveillance at school (3 months) should be chosen. Dr. Macgregor suggested the group  $13\frac{1}{2}$  -  $14\frac{1}{2}$  and this was noted.

5. Will pupils in secondary schools (leaving at 17 and 18 years of age) be vaccinated at 14 years or before leaving school at 17 or 18 years?

These children will be vaccinated in the age-group agreed upon in 4 (ii) above.

6. Tuberculin and B.C.G. Vaccine Supplies.

It was decided to use Standardised Old Tuberculin and B.C.G. Vaccine supplied from Official Sources. The Area Supervising Tuberculosis Physician will be responsible for these supplies and Medical Officers of Health will requisition so that he can give the 3 weeks notice which is necessary for supplies of Tuberculin and the 2 weeks notice necessary for B.C.G. Vaccine.

7. Tuberculin Testing.

- (i) The use of a single pre-vaccination Mantoux Test using 10 I.U. (1/1000 dilution) of Old Tuberculin, is agreed although this strength may give rise to a few brisk reactions.

No comments.

- (ii) One exception to the above is in the case where there is known family contact. In such cases two pre-vaccination tests should be carried out (using the above strength in both) with an interval of six weeks between. Vaccination should be performed only after the second test is negative. In all such cases an X-ray examination of the chest should be carried out before vaccination.

Known contacts of pulmonary Tuberculosis will not be dealt with in the Scheme as they will be presumed to have been dealt with already by the Area Supervising Tuberculosis Physician. As a check, such cases will be referred to him.

- (iii) If vaccination is to be carried out on negative reactors at the time of reading the pre-vaccination tuberculin reaction, it is desirable (to pick up delayed reactions) that the test should be read at 72 hours and not 48 hours as previously recommended.

Decided to read all tests in 72 hours and not 48 hours. This means that the general plan for School visitation will be:-

Monday	Group A Schools	} Testing.
Tuesday	Group B Schools	
Thursday	Group A Schools	} Reading and Vaccination.
Friday	Group B Schools	

8. B.C.G. Vaccination.

- (i) Will pupils be given an individual card recording the fact that they have been vaccinated ?

No, but in future the name of the family doctor will be asked for on Consent Form and will be recorded on Record Card so that he can be notified.

- (ii) Will the post-vaccination reactions be observed in the school at intervals and their degree and extent recorded?

Decided, on the advice of Professor Heaf, that as only one post-vaccination visit can be paid to observe reaction and test for conversion, it should be carried out during the 8th week after vaccination.

The type of reaction and its extent will be recorded in the Record Card.

The post-vaccination Mantoux Test will be read after 72 hours.

9. Follow-up.

- (i) Will this include annual tuberculin testing or will it involve merely an enquiry regarding general health?

It was decided that with the present staff and the cumulative aspect of the Scheme only an enquiry regarding general health is possible. All illnesses and especially illnesses involving the chest or upper respiratory tract, will be recorded.

- (ii) How soon will it be possible to offer X-ray examination as part of the follow-up procedure?

In view of the decision taken in 9 (i) above, plus the added shortage of x-ray films it was decided that x-ray examination could not, for some time to come, form part of the follow-up procedure.

10. Special Observations.

Dr. Macgregor explained that these were for consideration only and that the primary object was to get the Scheme under way. It might be possible however, to throw some light on some of the problems still unsolved and he would be most grateful for any information we could abstract from our records which might help.

It was decided therefore that the five specific points raised in Dr. Macgregor's Notes could not be dealt with as a scientific investigation, but that for the present it might be possible to give information on points (i) and (iii).

The five points were as follows:-

- (i) The individual error in reading tuberculin reactions i.e. the number of cases where the two medical observers differed.
- (ii) The incidence of mediastinitis following B.C.G. vaccination and its duration.
- (iii) The relationship between the degree of response to B.C.G. vaccination and the development of allergy.
- (iv)/

- (iv) The comparison between different techniques of tuberculin testing - for example the multiple puncture and the intradermal method.
- (v) The comparison between Old Tuberculin and P.P.D.

During the discussion of these points the following interesting information was supplied by Professor Heaf.

(i) Tuberculin Testing by Multiple Puncture Method.

This is a new method, at present in an experimental stage, but introduced as a method which is:-

- (a) Free from personal error.
- (b) Avoids the errors of dilution.
- (c) Can be done by anyone.

In one experiment where the method has been compared with a Mantoux Test of 1/100 dilution the error has been 0.5 - 1%.

The apparatus is manufactured by Allan & Hanbury and the head contains 6 needles.

(ii) B.C.G. Vaccination by Multiple Puncture Method.

It is only in Norway (Birkhaug) that this method is at present carried out on a large scale. It is not advocated in this country because:-

- (a) The strength of the vaccine has to be increased to 40 mgms. of B.C.G. to 1 ml. to give any reaction.
- (b) With this strength of Vaccine we do not get quick and good conversion.
- and (c) We can expect 25% reverting very soon after vaccination.

(iii) Severe Reaction to Intradermal B.C.G. Vaccination in Children.

Reactions which are severe may be due to one or a combination of the following factors:-

- (a) A vaccine which is too strong.
- (b) Injury to the local lesion by the person vaccinated.
- (c) Faulty technique i.e. going too deep.

The severer reactions should not exceed 1%. When an ulcer forms it can be treated with Propamidine or P.A.S., and should be covered with a dry gauze dressing and fastened by one narrow strip of adhesive plaster. It should not be enclosed.

(iv)/

(iv) Illnesses which should be watched for when vaccinating.

Silicosis is, in the present state of knowledge, the only disease which is adversely affected by B.C.G. Vaccination.

There is no danger in Tuberculin Testing asthmatics.

Although some cases of Poliomyelitis have been recorded after B.C.G. vaccination, this is thought to be a coincidence.

A child who has been vaccinated against smallpox and still has his reaction present should not be vaccinated with B.C.G. and vice versa.

(v) Re-vaccination.

This should be carried out on non-converters but if again unsuccessful should not be repeated.

(vi) Who shall be Vaccinated? Decided to vaccinate negatives only.

Positives and doubtfuls to remain unvaccinated. Professor Heaf is of the opinion that 2% - 3% will give doubtful reactions.

11. Minimum X-Ray Requirements.

It was decided that as in our Scheme we were only seeking conversion, x-ray examination was not necessary. There might occur the odd case of accelerated reaction to B.C.G. due to a healed lesion, but this is a purely academic point.

Following the submission of these two documents to the Department of Health for Scotland, the Secretary of State gave his approval to "the Town Council's detailed proposals for the vaccination by B.C.G. Vaccine of children approaching school leaving age, subject to any applicable modifications stated in the Note of the meeting of 2nd December, with particular reference to the agreement reached about the administrative and clinical responsibilities for the scheme as set out on page 1 of the Note." This was on 27th December 1951.

While awaiting this final approval, steps were taken to be ready to commence testing and vaccinating as early as possible in 1952 if approval were given. To this end the following procedure was carried out:-

1. On 21st November a meeting of Medical Officers of Health with the Head Teachers of the Schools involved in the Scheme was held in the Education Offices, Glasgow Road, Paisley, and the proposed Scheme presented in detail.
2. On 22nd November the specially prepared leaflet on B.C.G. (the text of which is reproduced at the end of this Section of the Report) was issued to schools and on 26th November it was issued to the children along with an invitation to the parents or guardians to attend a meeting in the New Templar Halls, Old Sneddon Street, Paisley.

3. At the meeting of Parents held on 29th November a short play written by Dr. C. Stewart Black, at the time Convener of the Health Committee, was produced and it emphasised the value of B.C.G. Vaccination. It was a pity that there was such a disappointing turn out at this meeting, as the producer of the play, ex-Bailie Robert Thorburn, and the Players, members of the Public Health Staff and friends, had put in much hard work.
4. The number of consents to the procedure in each school was collected and at 16th December, 1951, the position was as follows:-

School	No. of Forms issued to Pupils.	No. of Consents.	Percentage Consenting.
John Neilson Institution	95	65	68.4
Abercorn	126	71	56.3
Camphill	149	73	49.6
Mossvale	58	41	70.6
Faisley Grammar	76	49	64.4
South	208	89	42.7
West	125	59	47.2
Williamsburgh	57	30	52.6
St. James'	43	33	76.7
St. Margaret's	45	31	68.8
St. Mirin's Academy	190	97	51.0
<u>Special Schools</u>			
Laighpark	9	7	77.7
Sandyford	7	2	28.5
Gateside	-	-	-
Kersland Occupation Centre	-	-	-
Total	1188	647	54.46%

Thus was the stage set for commencing the Scheme in 1952.

Text of B.C.G. leaflet specially prepared for Scheme.

"Protection against Tuberculosis.

The Health of our children.

Some Facts about B.C.G. Vaccination.

A letter to Parents and Guardians.

Dear/

Dear Sir or Madam,

Your child is approaching school-leaving age, and very soon he or she will be entering upon a life which will introduce new stresses in changed surroundings. As I am responsible for the health of the community, I feel it is my duty to point out one real risk to health which may be encountered during this period of change.

There is no doubt that it is at this stage that the greatest number of cases of illness from Pulmonary Tuberculosis have their beginning, although they may not be brought to light for another 5 to 10 years. While modern methods of treatment now offer a reasonable hope of success, especially to cases discovered at an early stage, such treatment does of necessity last a long time. There is no need for me to stress the effect such an interruption of these young adults' early training might have on his or her future work or career.

Tuberculosis can affect a person in many ways and attack different parts of the body; but at the present moment our greatest concern is the number of young persons who develop Tuberculosis of the lungs. Tuberculosis is an infectious disease; but it is surprising to learn that in a large proportion of young adults who suffer from Tuberculosis it is not possible to determine the source of the infection, and it must be inferred that they have developed the disease from some chance contact at work or at play. You will realise that every child at this age enters upon his or her working life faced with a risk, and that we must try to protect him or her before starting work.

The main purpose of this letter, therefore, is to indicate to parents and guardians a way in which added protection to their children who are about to leave school can be given; and I would urge every person who receives a copy of this letter to read it carefully, and then comply with the request made.

Naturally, the enquiring parent will have many questions to ask; and I shall attempt, in the remainder of my letter, to answer these. If at the end I have not answered all your questions, please get in touch with me by writing or by a visit to the address given.

Can a child of school-leaving age be protected against Tuberculosis?

From infancy the body, aided by good parental care, builds up a certain amount of resistance to ill-health. It is well known that adequate sleep, well spent leisure, good surroundings, and nutritious food are invaluable aids in building up the body's resisting powers to Tuberculosis, and as the child enters adolescence and approaches young adult life attention to these points becomes more and more important. Recently, however, there has been made available another method of protection - namely, B.C.C. Vaccination - and its application is a very simple procedure.

Is B.C.G. Vaccination accepted as a recognised way of giving added protection?

B.C.G. Vaccination has been practised in many countries - notably Scandinavia - over many years, and since the end of the second world war its use has been extended throughout the world. Since 1948, its use in Britain has been growing steadily/

steadily, but has been confined to people working and living in contact with actual cases of Tuberculosis. There are certainly reasonable grounds for believing that B.C.G. Vaccination does improve the resistance to Tuberculosis.

Now all the Health Authorities in Renfrewshire are to receive supplies of B.C.G. for use on school-leavers because these young people do appear to stand in special risk of contracting the disease.

Is B.C.G. Vaccination a safe procedure for the child?

There is no doubt in the minds of those who have used B.C.G. over a long period of years that it is safe.

What have I to do so that my child may be vaccinated?

Attached to this letter there is a Consent Form. If you fill in the particulars asked for, and sign and return the form to the Head Teacher of the School the child is attending, the procedure will be carried out by the staff of the Health Department and during school hours.

What will the procedure be after I consent?

It must be emphasised that not every school-leaver will require to be vaccinated. Many of the children will have reached this stage having developed, without knowing it, some natural protection against Tuberculosis. The remainder will not have acquired such protection naturally, and it is they alone who will require to be protected artificially with B.C.G.. The first step, therefore, will be to discover those who should be vaccinated, and this can only be done by applying a "Test" to all the children.

The Test consists of a small injection into the skin of the forearm and the raising of a small whitish lump which will disappear very quickly. In some cases nothing further will happen after the injection. In the others, and during the course of the next two days, a slight itchiness may be felt, and a small area of redness will appear around the point of the injection. After two days the Test will be examined by a doctor, and, depending upon the result, vaccination will be carried out, or you will be informed that because of natural protection vaccination is not necessary.

The actual vaccination with B.C.G. is a very simple matter. A minute quantity of fluid, which is the actual vaccine, is injected into the skin of the upper part of the arm. Immediately after injection a small pea-sized lump appears, but quickly vanishes. About three weeks after vaccination a similar sized red lump will appear, but in a week or two it will gradually disappear. In some cases this lump may also ooze, but healing will soon take place without any special treatment. In the end all that will remain as the result of vaccination will be an almost invisible dot. During the period of vaccination there will be no general upset, and the children will be able to attend school and take part in games except swimming.

Eight to ten weeks after being vaccinated the child will again be tested to see that the vaccination has had the desired effect, and the test will be carried out in the same manner as at the beginning.



How long will protection by Vaccination last?

It is believed that protection conferred by B.C.G. Vaccination can last as long as five to six years or even during the remainder of life. It is, therefore, specially important to use it now for school leavers in order to obtain a period of protection which will cover the most dangerous age period.

The concern each parent has for the good health and welfare of his or her child is well known to me. It has been shown in many ways, and probably the most striking demonstration of this has come from your response to the Diphtheria Immunisation Campaign. You know full well the benefits which that scheme has brought to the children. At the moment the same claims are not made for B.C.G. Vaccination. B.C.G. Vaccination cannot be considered to give complete protection, although there are certainly reasonable grounds for believing that it does improve resistance against Tuberculosis. I do believe, however, that in B.C.G. Vaccination we have a safe and valuable weapon against Tuberculosis which should be used along with all other protective methods.

Yours faithfully,

Medical Officer of Health.

Public Health Department,  
20 Back Sneddon Street,  
Paisley. "

B.C.G. Vaccination. The statistics related to work carried out during the year among contacts, nurses etc., are set forth in Table 24 of the Statistical Appendix.

MASS RADIOGRAPHY. During the year a Survey was carried out within the Burgh and the details were as follows.

In January, 1951, Dr. T. J. R. Miller, Medical Director of the Western Regional Hospital Board's Mass Radiography Service approached the Medical Officer of Health on the subject of carrying out a Survey of Paisley's school children during the months of March and April. During preliminary discussion with the Officers of the Unit it was agreed that the facilities of the Unit should also be offered to industrial and office workers. On 24th January a direct approach was made by the Medical Officer of Health to Dr. Gray, Renfrew County Medical Officer of Health and Chief School Medical Officer, and he approved of the suggested Survey. The proposal was then presented to the Health Committee of the Town Council and Renfrew County Council Education Committee and both these bodies approved. During discussions on the subject in Paisley Town Council, it was suggested that food workers in the Burgh should also be examined and this was agreed.

As in the case of the 1948/49 Survey the administrative arrangements were left in the hands of the Medical Officer of Health, Paisley, and in the case of school children in conjunction with the Director of Education.

It was then decided that the Survey should be divided into 3 phases and that during the first and third phase the Unit should/

should be divided into 3 phases and that during the first and third phase the Unit should be accommodated in a central hall to which school children could be brought and to which small firms in the centre of the town could send their employees. Also during the third phase persons requiring re-examination for abnormalities discovered during the second phase when the Unit was going round industrial firms could be dealt with.

The three categories involved were dealt with as follows:-

### School Children.

#### Consent Forms.

It was necessary to obtain the consent of the parent or guardian before examination could be carried out. To this end Consent Forms were printed and these were distributed by the Director of Education to the Head Teachers of the schools involved in the Survey. One Form was given to each child of 12 years and over and when completed by the parent or guardian returned to the school. The Forms were retained by the Head Teacher until the time of the examination when each child took his or hers to the centre.

#### Publicity.

The purpose of the examination was explained on the Consent Form but in addition the co-operation of the Paisley Daily Express and Paisley & Renfrewshire Gazette was sought and a half column was devoted to this subject.

#### Hall Accommodation.

In view of the very excellent accommodation provided by Abbey Close Church in their Halls in Thread Street during the 1948/49 Survey the help of the Halls Committee of this Church was again sought and obtained. As in the previous Survey there was a difficulty with the electricity supply but a temporary installation was put in under the direction of the Chief Radiographer and no trouble was experienced. Once again we were most fortunate in obtaining the wholehearted co-operation of Mr. John R. Morrison, Preses, Abbey Close Church of Scotland.

#### Transport.

The children were transported from their schools to the centre in buses according to a detailed timetable and no trouble was encountered here.

#### X-Ray Examination.

All arrangements having been completed the Mass Radiography Unit moved into Abbey Close Church Halls on 12th March and commenced work on the 13th. After carrying out the first half of the Survey of the school children, they moved out on 24th March and visited industrial firms and returned to the centre on 16th April to complete the examinations.

Clinical/

Clinical Examinations.

Those cases showing abnormal X-ray pictures had to be examined clinically and to this end 2 rooms were made available in the Russell Institute on Tuesday, 15th and 22nd May, at 2 p.m. Here Dr. Miller, the Medical Director, examined the suspicious lung cases and Dr. Rogan, the Consultant Cardiologist, examined the heart cases.

Industrial and Office Workers.

Because of the amount of equipment carried by the unit it was not possible for every factory to be visited and so 5 of the larger firms in different parts of the town were approached and asked to accommodate the Unit for several days and, at the same time as having their own employees examined, to offer hospitality to neighbouring smaller firms. In this way 4 of the firms very readily agreed and in all 12 firms were dealt with in this way. The Medical Officer of Health made the first contact with these firms and afterwards the working out of timetables and dates of examination were undertaken by Mr. John Trodden, Organising Secretary of the Mass Radiography Unit. The examination of these workers was carried out during the period 27th March to 14th April.

Food Workers.

Several of the large firms within the Burgh employed in the Food Trade were approached directly by the Medical Officer of Health and they agreed to the examination of their employees. Contact with the smaller firms was a more difficult problem and it was agreed in the end that a notice should be printed in the Paisley Daily Express and the Paisley & Renfrewshire Gazette on several occasions. The examination of these workers was carried out at the centre during the period 16th April to 5th May.

Statistics.

1. Estimated number of School children 12 years and over. 5,500.
2. Details of Schools and Volunteers (at 6th March).

<u>School</u>	<u>Boys.</u>	<u>Girls.</u>	<u>Total.</u>
Camphill	470	329	799
John Neilson Institution	250	235	485
Paisley Grammar	325	296	621
St. Margaret's	-	286	286
St. Mirin's Academy	427	266	693
Abercorn	185	185	370
Mossvale	116	115	231
South	160	229	389
West	236	205	441
Williamsburgh	107	108	215
St. James'	101	104	205
Sandyford	89	61	150
Gateside	6	3	9
Lairpark	6	11	17
Kersland Occupational Centre	6	2	8
Kibble	100	-	100
	<u>2,584</u>	<u>2,435</u>	<u>5,019</u>

3. Percentage of appropriate child population volunteering 91.25%.

4. Details of work done by Mass Radiography Unit.

	<u>Miniature Films.</u>		<u>Large Films.</u>		<u>Clinical Examinations.</u>	
	<u>Males.</u>	<u>Females.</u>	<u>Males.</u>	<u>Females.</u>	<u>Males.</u>	<u>Females.</u>
School children examined	2590	2339	90	93	17	31
Adults examined	<u>1807</u>	<u>1694</u>	<u>101</u>	<u>106</u>	<u>10</u>	<u>19</u>
	<u>4397</u>	<u>4033</u>	<u>191</u>	<u>199</u>	<u>27</u>	<u>50</u>

5. Details of X-Ray Findings/

5. Details of X-Ray Findings.

	School Children.			Adults.			School Children per 1000 of group examined.			Adults per 1000 of group examined.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
(1) Active or ?Active Tuberculosis	4	5	9	5	18	23	1.55	2.14	1.83	2.79	10.63	6.57	2.05	5.70	3.8
(2) Inactive or ?Inactive Tuberculosis	1	7	8	40	32	42	0.39	3.00	1.62	22.14	18.88	20.56	9.32	9.67	9.49
(3) Previously Diagnosed Tuberculosis	4	1	5	3	6	9	1.55	0.42	1.01	1.66	3.54	2.57			
(4) Primary Tuberculosis	29	18	47	9	11	20	11.19	7.69	9.53	4.98	6.49	5.71	8.64	7.19	7.95
(5) Other lung conditions	12	20	32	15	12	27	4.65	8.56	6.48	8.37	7.08	7.71			
Total showing abnormal lung shadows	50	51	101	72	79	151	19.3	21.82	20.45	39.8	46.5	43.1			
(6) Acquired Heart Disease	1	1	2	1	5	6	0.39	0.42	0.41	0.55	2.87	1.71			
(7) Abnormal X-ray but no defect clinically	5	22	27	2	2	4	1.93	9.4	5.46	1.10	1.15	1.13			
Total showing abnormal heart shadows	6	23	29	3	7	10	2.32	9.82	5.87	1.65	4.02	2.84			
(8) Other abnormalities	3	-	3	x(b) 3	-	3									
x(a) includes:-	1 lung abscess.			1 ? tuberculosis.			1 congenital heart.								
x(b) includes:-	2 siderosis.			1 ? lung tumour.											

Cost of Survey.

	£	s.	d.
Printing of Consent Forms	13	-	-
Hiring	64	17	6
Use of Abbey Close Church Halls	125	-	-
Electrical Work	16	9	11
Electricity consumed	-	7	1
Advertising	2	5	-
	<hr/>		
Total	221	19	-
	<hr/>		

In cases where any disease or suspected disease has been found, the Director of the Unit sends a full report to the family doctor concerned, and copies of the report to the Area Tuberculosis Physician and the Medical Officer of Health. The doctor is told that the Area Tuberculosis Physician will keep the case under observation if requested so to do.

CONCLUSIONS.(1) School Children - 12 years and over.

5,019 children agreed to be examined, or 91.25 per cent of the estimated school population of that age group. This compares favourably with the figure of 71.9% for the 1948 Survey, and indicates the growing education of the public on the advantages of such surveys.

4,929 children were actually examined, as compared with 1,279 children in 1948. Of that total, only 9 were found to be suffering from active or "suspect" active tuberculosis not previously diagnosed; that number represents an attack rate per 1,000 of 1.83 which may be regarded as quite satisfactory. 5 cases of previously diagnosed tuberculosis were also brought to light. 2 cases of acquired heart disease were discovered as well as a few other abnormal conditions of the chest organs.

(2) Industrial Workers.

3,501 adult workers were examined, as compared with 2,362 in the 1948 survey. (Approximately 56.2% of workers covered - varied from 77% in one Firm to 23% in another.)

Of that total, 23 - 5 males and 18 females - were found to be suffering from active or "suspect" active tuberculosis not previously diagnosed. That number represents an attack rate per 1,000 of 6.57 which can also be regarded as satisfactory; the attack rate per 1,000 in males was 2.79 and in females 10.63. 9 cases of previously diagnosed tuberculosis were also found. There were 6 cases of acquired heart disease, and a few other abnormal conditions of the chest organs.

## (3) There can be no question that these radiographic surveys are most useful contributions to the field work of preventive medicine, especially if they can be regularly repeated.

### MENTAL HEALTH SERVICE.

The Town Council have no direct responsibility for the institutional care of the mentally sick, but during the year they remained responsible for the ascertainment, care and after-care of patients in their own homes.

In the wide field of mental health the Town Council retained their interest in, and contributed materially to, the Clinic for Nervous Disorders and Child Guidance run by the Voluntary Association for Mental Welfare (Paisley and District) and during the year 1951 this Clinic did much good work.

During the year 93 cases of mental illness were admitted to hospital, 80 of whom were certified.

Also during 1951, 6 cases of mental deficiency were certified, 4 of whom were admitted to an institution. It was not found necessary to re-certify any case attaining the age of 16 years and 2 cases were placed under guardianship.

### SCHOOL HEALTH SERVICE.

Since 16th March, 1949, the routine work of the School Health Service within the Burgh has been carried out by medical, nursing and clinical staff of the Town Council. During 1951 the agreed arrangements continued to work satisfactorily and Table 25 of the Statistical Appendix contains some facts on the work carried out during the school session 1950-51.

### HEALTH EDUCATION.

During the year talks and film shows were given to small groups of selected audiences and visits to the Russell Institute were arranged for parties interested in the work. Experience has led to the opinion that such audiences are more receptive to what the Staff of the Department have to tell them about their Health Services and the maintenance of Good Health than the larger audiences which at one time were gathered into Picture Houses and large halls and addressed and entertained for periods of two to three hours.

In Paisley, Womens' Guilds, Mens' Clubs, Youth Clubs and Organisations and First Aid Training Organisations have always been ready to help the Public Health Department in their task of educating the citizen in the ways which lead to good health. The staff of the Department are indeed grateful to them for such help which supplements their working day task of instilling the principle of preventive medicine.

At these evening meetings and Maternal & Child Welfare Clinics leaflets on health subjects were distributed and posters exhibited. In this field the help of the Scottish Council for Health Education must be acknowledged.

In this Section mention must also be made of the good work done by the Paisley Clean Food Association in educating the traders and the public on the dangers of impure and unclean food and the benefits to be derived from preparing and selling food which is known/

known to have been hygienically processed and served. My colleague, Mr. John Innes, Chief Sanitary Inspector, will be dealing fully with this subject in his Report but I must refer to the great part he played in the early days of the Association and in sustaining its activities during the year. In his efforts he introduced novel methods in Health Education e.g. the dramatic presentation of good and bad practice in food establishments, and there is no doubt that such a method can be adapted to other subjects as was done during the year in publicising B.C.G. Vaccination of school leavers.

#### WELFARE SERVICES.

Under the provisions of the National Assistance Act 1948, the Town Council are required to provide accommodation for aged and infirm persons within their area who cannot be adequately looked after either in their own homes or by relatives. In June 1951, Spiersfield House was opened as an Old Peoples' Home to accommodate 25 persons and although the arrangement was for 18 females and 7 males it was felt that it was a flexible allocation of the accommodation between the sexes depending upon the demand for care.

Apart from those resident in Spiersfield House the Town Council had other old people under care in such places as Craw Road Institution and Gleniffer Home for Incurables during the year.

In addition to the aged and infirm the Town Council were also responsible, in whole or in part, for the care of certain handicapped persons in Craw Road Institution, the Epileptic Colony, Bridge of Weir, the Laidlaw Memorial Home, Ascog, Cairnhill Home, Airdrie, and in various other local authority Institutions.

Under Section 47 of the National Assistance Act 1948 power is given to local authorities to remove to suitable premises for care and attention any persons, "who are suffering from grave chronic diseases or being aged, infirm or physically incapacitated are living in insanitary conditions and are unable to devote to themselves and are not receiving from other persons, proper care and attention". Although several old people in such circumstances were reported to the Medical Officer of Health during the year it was not necessary to invoke the Act as all cases were dealt with by persuasion and material help from the Sanitary, Welfare and Public Health Departments and accepted care and attention voluntarily.

Another provision of the National Assistance Act is the power it gives to local authorities to care for and protect the property of persons admitted to hospital or other institution. During 1951, 3 cases were dealt with.

Twenty five burials of persons who had no relatives willing and able to bury them were carried out during the year.

The/



The number of persons who were registered as blind persons on 1st January 1951 was 176. At the end of the year the number was 175.

Those persons at the beginning and at the end of the year were classified in age-groups as follows:-

	1st January 1951.		31st December 1951.	
	Males	Females	Males	Females
Under 20 years of age	1	1	1	1
20 - 30 years of age	5	2	7	2
31 - 40 years of age	11	4	11	4
41 - 60 years of age	24	21	21	23
61 - 69 years of age	22	14	22	15
70 years and over	26	45	30	38
Totals	<u>89</u>	<u>87</u>	<u>92</u>	<u>83</u>
	176		175	

STATISTICAL APPENDIX.

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STATISTICAL ABSTRACT

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1.	Vital Statistics - Births, Deaths, Marriages, Divorces, and Fetal Deaths, 1950-1954	250
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24.	U.S.C. Vaccination	46
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TABLE No. 1.  
Vital Statistics.

	1950	1951
<u>POPULATION AND AREA.</u>		
Population, estimated at 30th June.	97,100	93,838
Population, 1951 Census	-	93,704
Area of Burgh in Acres	6,369	6,369
Density of Population per Acre	15.24	14.73
<u>BIRTHS.</u>		
Total <u>Live Births</u> (including illegitimate Births)	1,685	1,600
Males	845	801
Females	840	799
Birth Rate per 1,000 of population - Paisley	17.4	17.1
Scotland	17.9	17.7
Large Burghs	17.8	17.8
Total <u>Illegitimate Births</u>	71	67
Illegitimate Birth Rate per 100 live births - Paisley	4.2	4.2
Scotland	5.2	5.1
Large Burghs	5.2	5.1
Total <u>Still-Births</u>	58	52
Still-Birth Rate per 1,000 all births - Paisley	33	31
Scotland	27	27
Large Burghs	28	27
<u>DEATHS.</u>		
Total deaths - <u>All Causes</u>	1,175	1,195
Death Rate per 1,000 of Population - Paisley	12.1	12.7
Scotland	12.4	12.9
Large Burghs	12.5	13.0
Total deaths from <u>Tuberculosis - All forms</u>	75	57
Tuberculosis Death Rate (All forms) per 1,000 -		
Paisley	0.77	0.61
Scotland	0.54	0.43
Large Burghs	0.69	0.53
Total deaths from <u>Respiratory Tuberculosis</u>	67	49
Respiratory Tuberculosis Death Rate per 1,000 -		
Paisley	0.69	0.52
Scotland	0.47	0.37
Large Burghs	0.61	0.46
Total deaths from * <u>Epidemic Diseases</u>	9	16
Epidemic Diseases Death Rate per 1,000 - Paisley	0.09	0.17
Scotland	0.1	0.22
Large Burghs	0.08	0.2
Total <u>Infant Deaths</u>	63	72
Infant Mortality Rate per 1,000 live births -		
Paisley	37	45
Scotland	39	37
Large Burghs	40	39
Total <u>Neonatal Deaths</u>	34	45
Neonatal Death Rate per 1,000 live births -		
Paisley	20	28
Scotland	23	22
Total <u>Maternal Deaths</u>	2	3
Maternal Death Rate per 1,000 all births -		
Paisley	1.08	1.81
Scotland	1.1	1.1

\* Typhoid fever, Cerebro-spinal fever, Scarlet fever, Whooping Cough, Diphtheria, Influenza and Measles.

TABLE No. 2.

## Analysis of Deaths 1951.

	Actual Deaths	Percentage of Total Deaths
<u>Systemic Diseases</u>	<u>1,057</u>	<u>88.46</u>
Heart Disease.	394	32.9
Cerebral Haemorrhage and Thrombosis.	164	13.7
Other Circulatory Diseases.	33	2.8
Malignant Disease.	170	14.2
Tumour (non-malignant).	3	0.3
Pneumonia.	33	2.8
Bronchitis.	60	5.0
Other Respiratory Diseases (excluding Tuberculosis).	7	0.6
Diseases of the Nervous System.	19	1.6
Diabetes Mellitus.	19	1.6
Gastric and Duodenal Ulcer.	12	1.0
Appendicitis.	1	0.08
Diseases of the Liver.	5	0.4
Other Diseases of the Digestive System	20	1.7
Nephritis	12	1.0
Other Diseases of the Genito-Urinary System.	18	1.5
Diseases of the Skin and Locomotor System.	6	0.5
Other General Diseases	19	1.6
Acute Rheumatism	1	0.08
Old Age	12	1.0
Suicide	5	0.4
Violence - Road Accidents	7	0.6
Others	29	2.4
Cause Ill-defined	8	0.7
<u>Infectious and Contagious Diseases.</u>	<u>80</u>	<u>6.66</u>
Respiratory Tuberculosis	49	4.1
Non-respiratory Tuberculosis	8	0.7
Influenza	14	1.2
Syphilis and Sequelae	4	0.3
Whooping Cough	1	0.08
Meningococcal Meningitis	1	0.08
Other Infectious and Parasitic Diseases	3	0.2
<u>Diseases of Infancy other than Infectious.</u>	<u>55</u>	<u>4.68</u>
Congenital Malformation	16	1.3
Birth Injuries and Atelectasis	9	0.7
Pneumonia of the Newborn	1	0.08
Other diseases	29	2.4
<u>Diseases associated with Pregnancy.</u>	<u>3</u>	<u>0.2</u>
Puerperal Sepsis	-	-
Other Puerperal Causes	3	0.2

TABLE No. 3.

## DEATHS IN THE VARIOUS AGE GROUPS.

	Actual Deaths	Percentage of all Deaths.
Under 4 weeks	45	3.7
4 weeks upwards	27	2.3
1 year "	18	1.5
5 years "	5	0.4
10 " "	9	0.8
15 " "	21	1.8
25 " "	31	2.6
35 " "	37	3.1
45 " "	115	9.6
55 " "	173	14.5
65 " "	298	24.9
75 " "	331	27.7
85 " "	85	7.1

TABLE No. 4.

## INCIDENCE OF NOTIFIABLE &amp; NON-NOTIFIABLE INFECTIOUS DISEASES.

	Under 1 year	1 4 yrs.	5 14 yrs.	15 24 yrs.	25 34 yrs.	35 44 yrs.	45 64 yrs.	65 & over	Total	Cases re- moved to Hospi- tal.
<b>NOTIFIABLE:</b>										
Cerebro-spinal fever	2	5	1	-	-	-	-	-	8	8
Cholera	-	-	-	-	-	-	-	-	-	-
Continued fever	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	3	2	-	-	-	-	-	5	5
Dysentery	12	38	5	7	-	4	1	2	69	54
Encephalitis Lethargica	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	1	2	12	-	15	4
Jaundice, Acute Infective	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	4	-	-	-	-	-	-	-	4	-
Plague	-	-	-	-	-	-	-	-	-	-
Pneumonia, Acute Influenzal	-	-	-	-	-	-	-	-	-	-
Pneumonia, Acute Primary	18	31	14	21	16	24	55	41	220	175
Poliomyelitis	-	1	1	-	-	1	-	-	3	3
Puerperal Fever	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	2	2	-	-	-	4	4
Scarlet Fever	-	88	97	4	3	2	-	-	194	174
Tuberculosis, Respiratory	-	5	15	57	55	20	34	8	194	113
Tuberculosis, Non-respiratory	-	3	4	7	2	1	1	-	18	14
Typhoid Fever	-	-	-	-	-	-	-	-	-	-
Paratyphoid A	-	-	-	-	-	-	-	-	-	-
Paratyphoid B	-	1	-	1	-	-	-	-	2	2
Typhus	-	-	-	-	-	-	-	-	-	-
Whooping Cough	53	322	351	1	1	1	-	-	729	23
<b>NON-NOTIFIABLE.</b>										
Chickenpox	5	90	424	2	2	1	-	-	524	11
Measles	16	191	403	-	-	-	-	-	610	26
Mumps	-	18	154	-	-	-	-	-	172	1
Pneumonia (other than above)	3	17	2	-	-	-	-	-	22	20

TABLE No. 5.

TUBERCULOSIS - NOTIFICATIONS BY AGE AND SEX.

		Under 1 yr.	1 4 yrs.	5 9 yrs.	10 14 yrs.	15 24 yrs.	25 34 yrs.	35 44 yrs.	45 64 yrs.	65 and over	Total
Respiratory	Males	-	4	2	2	23	24	14	27	4	100
	Females	-	1	5	6	34	31	6	7	4	94
	Total	-	5	7	8	57	55	20	34	8	194
Non- Respiratory	Males	-	1	1	-	2	-	-	-	-	4
	Females	-	2	2	1	5	2	1	1	-	14
	Total	-	3	3	1	7	2	1	1	-	18
Respiratory and Non- Respiratory	Males	-	5	3	2	25	24	14	27	4	104
	Females	-	3	7	7	39	33	7	8	4	108
	Total	-	8	10	9	64	47	21	35	8	212

TABLE No. 6.

TUBERCULOSIS - AGE AND SEX DISTRIBUTION OF ALL KNOWN CASES WITHIN  
THE BURGH AT 31st DECEMBER, 1951.

		CASES IN AGE GROUPS:-									Total
		Under 1 yr.	1 4 yrs.	5 9 yrs.	10 14 yrs.	15 24 yrs.	25 34 yrs.	35 44 yrs.	45 64 yrs.	65 and over	Total
<u>RESPIRATORY.</u>											
Sputum or other material examined and tubercle bacilli found.	Males	-	1	1	-	28	58	32	44	4	168
	Females	-	-	1	2	60	69	27	8	-	167
Sputum or other material examined but no tubercle bacilli found.	Males	-	1	1	2	36	57	37	39	6	179
	Females	-	1	2	7	76	79	36	17	2	220
Sputum or other material not examined.	Males	-	2	10	3	8	2	6	4	-	35
	Females	-	2	3	-	2	2	-	1	2	12
<b>TOTALS</b>		-	7	18	14	210	267	133	113	14	781
<u>NON- RESPIRATORY</u>											
Abdominal	Males	-	-	2	1	-	-	-	-	-	3
	Females	-	-	1	-	-	2	-	-	-	3
Spine	Males	-	2	1	3	3	3	1	1	-	14
	Females	-	-	3	1	2	4	1	1	-	12
Bones & Joints (excluding spine)	Males	-	2	4	4	5	4	-	-	-	19
	Females	-	-	4	2	3	4	-	1	1	15
Superficial Glands	Males	-	1	1	-	-	-	-	1	-	3
	Females	-	-	1	-	1	1	1	-	-	4
Lupus	Males	-	-	-	-	-	-	-	1	-	1
	Females	-	-	-	-	-	-	-	1	-	1
Other parts and organs	Males	-	-	-	1	1	2	2	1	-	7
	Females	-	1	-	-	2	2	-	1	-	6
<b>TOTALS</b>		-	6	17	12	17	22	5	8	1	88
Respiratory and Non-Respiratory Totals		-	13	35	26	227	289	143	121	15	869

TABLE No. 7.

TUBERCULOSIS - NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS WITHIN THE BURGH DURING 1951 WITH PARTICULARS OF PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Not notified or notified only at death.	3	2	2	2
Notified less than 1 month before death	4	-	-	-
Notified from 1 - 3 months before death	2	2	-	-
Notified from 3 - 6 months before death	-	2	-	-
Notified from 6 - 12 months before death	3	2	-	-
Notified from 1 - 2 years before death	-	5	-	-
Notified over 2 years before death	15	10	-	1
	27	23	2	3
No. who died within 28 days after discharge from Institution	-	1	-	-
No. who died more than 28 days after discharge from Institution	9	10	-	-

TABLE No. 8.

TUBERCULOSIS - NUMBER OF CASES WHICH RECEIVED TREATMENT IN SANATORIA DURING THE YEAR.

		Number of Patients					
		In Sanatoria on 1.1.51.	Admitted during year	Discharged during year	Died in Sanatoria	In Sanatoria on 31.12.51.	
Respiratory	* Adults	Males	42	84	58	10	58
		Females	53	63	55	3	58
	Children	Males	5	3	4	-	4
		Females	5	7	3	1	8
Non-Respiratory	* Adults	Males	5	2	4	-	3
		Females	10	19	13	1	15
	Children	Males	7	-	1	-	6
		Females	2	-	1	-	1
Totals			129	178	139	15	153

\* Note:- All patients of 15 years and upwards are classified as Adults.



TABLE No. 9.

VENEREAL DISEASES - CASES TREATED AT  
SPECIAL TREATMENT CENTRE.

Age in Years	Syphilis		Gonorrhoea		Soft Sore		Non-Specific Venereal Infection		Conditions other than VD		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 yr.									-	1	-	1
1 - 4									1	-	1	-
5 - 14							1	-	1	-	2	-
15 - 24	2	3	10	-	-	-	3	-	3	6	18	9
25 - 34	2	3	15	-	-	-	10	-	20	2	47	5
35 & over	4	2	12	3	-	-	9	-	13	3	38	8
Total New Cases	8	8	37	3	-	-	23	-	38	12	106	23
Total Attendances Old and New Cases	734	980	280	33	-	-	126	4	127	42	1267	1059

TABLE No. 10.

MATERNAL AND CHILD WELFARE SERVICE - ANTENATAL CONSULTATIONS.

	Russell Institute Clinics	Ferguslie Clinic	Mossvale Clinic	Total
No. of Expectant Mothers attending	779	146	70	995
Made up:- New Cases	616	121	39	776
Re-attending	163	25	31	219
Total No. of attendances	4541	862	331	5734
No. of cases referred to Antenatal Wards of Hospitals	9	-	1	10
No. of cases treated at Clinic	607	121	38	766
Source of New Cases:-				
General Medical Practitioner	311	43	11	365
Midwife	1	-	-	1
Health Visitor	6	1	1	8
Own Accord	298	77	27	402

TABLE No. 11.

MATERNAL AND CHILD WELFARE SERVICE - POST NATAL CONSULTATIONS.

Total No. of Cases attending	392
Made up:- New Cases	367
Re-attending	25
Total Attendances	1,542

TABLE No. 12.

## MATERNAL AND CHILD WELFARE SERVICE - CHILD WELFARE CONSULTATIONS.

	Russell Institute Clinics	Ferguslie Clinic	Mossvale Clinic	Total
No. of Children attending				
<u>Under 1 year</u>	744	196	100	1,040
Made up:- New Cases	591	160	80	831
Cases Re-attending	153	36	20	209
No. of Attendances	4,048	568	1,002	5,618
<u>Over 1 year</u>	643	112	120	875
Made up:- New Cases	192	36	47	275
Cases Re-attending	451	76	73	600
No. of Attendances	2,312	687	572	3,571
Cases referred to Hospital:-	33	4	14	51
For operation	26	4	1	31
For Consultation	6	-	10	16
For Observation or Medical Treatment	1	-	3	4

TABLE No. 13.

## MATERNAL AND CHILD WELFARE SERVICE - SPECIAL CLINICS.

<u>Artificial Sunlight Clinic.</u>		
Total No. of Cases Attending		154
New Cases from:-	Child Welfare Clinics	60
	School Health Service	57
Cases re-attending from:-	Child Welfare Clinics	21
	School Health Service	16
Total No. of attendances:-		
Made up:-	Child Welfare Clinics	1,489
	School Health Service	1,483
<u>Dental Clinic.</u>		
No. of New Cases		44
Made up:-	Mothers	22
	Children	22
No. of attendances:-	Mothers	65
	Children	103
No. of Extractions:-	Mothers	17
	Children	19
No. of Conservations	Mothers	13
	Children	31
No. of Dressings:-	Mothers	30
	Children	65
No. of Dentures		-

TABLE No. 14.

## DAY NURSERIES.

	No. of approved places		No. of Children on Register at end of year.		Average daily Attendance	
	0 - 2 years	2 - 5 years	0 - 2 years	2 - 5 years	0 - 2 years	2 - 5 years
Castle Street Day Nursery	14	46	14	46	11	40
Underwood No. 1 Day Nursery	-	30	-	35	-	31
Underwood No. 2 Day Nursery	20	-	20	-	17	-
Hugh Smiley Day Nursery	20	30	22	33	16	30
Totals	54	106	56	114	44	101

TABLE No. 15.

## CHAPEL HOUSE RESIDENTIAL NURSERY.

No. of beds provided		Children Admitted	Children Discharged	Average daily residents
0 - 2 years	2 - 5 years			
10	10	122	118	12.12

TABLE No. 16.

## BIRTHS.

Total No. of Births including Still-births occurring in the Area before correction for Residence	1,748
No. of Births in Maternity Hospital	1,058
No. of Births in General Hospital	1
No. of Births in Private Nursing Homes	215
No. of Births occurring at Home	474
No. of Still-births in Total	27
Cases dealt with under Section 23 (2) National Health Service (Scotland) Act 1947	416
Made up:- Doctor engaged and present at confinement	18
Doctor engaged and not present at confinement	394
Midwife alone (no doctor engaged)	4
Other Domiciliary Cases	58
Made up:- Doctor and midwife engaged	51
Midwife alone (no doctor engaged)	7
Without doctor or midwife	-

TABLE No. 17.

## DOMICILIARY MIDWIFERY SERVICE

No. of Midwives employed in Service	10
No. of Cases booked by Service	465
No. of women attended in labour	412
Made up:- Delivered by midwife	394
Delivered by midwife and doctor	2
Delivered by midwife and doctor (emergency)	16
Conditions requiring medical aid:-	
Delayed second stage of labour	6
Retained Placenta	7
Post Partum Haemorrhage	2
Breech delivery	1
No. of infants born	416
No. of live infants born	409
No. of stillborn infants	7
No. of twins born (sets)	4
No. of Neonatal deaths	4
No. of Maternal deaths	-
No. of Natal visits	6,881
No. of Antenatal visits	8,008
No. of Postnatal visits	1,621
No. of patients given Gas and Air Analgesia during labour	334
No. of cases in which pethidene was administered by midwife	141

TABLE No. 18

## HEALTH VISITING

	First Visits	Total Visits
Expectant Mothers	527	1,418
Children under 1 year of age	1,582	15,283
Children between age 1 - 5 years	3,906	15,352
Tuberculosis Cases	195	2,137
Other cases (mainly Infectious Diseases)	2,370	2,390
	8,580	36,580

TABLE No. 19

## HOME NURSING SERVICE

No. of Nurses employed	10
No. of Cases attended	698
Total No. of Visits paid to these Cases	26,231

TABLE No. 20.

## DOMESTIC HELP SERVICE.

No. of Helps employed at end of year	47
(a) whole-time	33
(b) part-time	14
No. of Cases dealt with during the year	232
(a) Maternity - Confinement at home	58
Confinement in hospital	9
(b) Aged persons	87
(c) Tuberculosis Cases	23
(d) General Illness	52
(e) Others	3
No. of Visits paid by Supervisor of Service	1,478

TABLE No. 21.

VACCINATION AGAINST SMALLPOX

	Typical Vaccinia greatest at 7th - 10th day	Accelerated (Vaccinoid) Reaction 5th - 7th day	Reaction greatest 2nd - 3rd day	No local reaction	Total
Primary	594	7	1	25	627
Re-vaccina- tion	141	39	50	14	244

TABLE No. 22.

DIPHTHERIA IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Local Health Authority Clinics	At Schools	By General Medical Practitioners	Total
1951	14		31	45
1950	212		424	636
1949	61		182	243
1948	17		38	55
1947	10	3	22	35
1946	7	137	16	160
1945		159	7	166
1944	1	114	2	117
1943		49		49
1942		20	1	21
1941		14		14
1940		3		3
1939 or earlier		8	2	10
Totals	322	507	725	1554

TABLE No. 23.

## DIPHTHERIA IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Local Health Authority Clinics	At Schools	By General Medical Practitioners	Total
1947	1	99	11	111
1946	9	600	70	679
1945	4	516	34	554
1944	1	441	11	453
1943		384	5	389
1942		202	3	205
1941		106	2	108
1940		78	3	81
1939		23	2	25
1938		12	1	13
1937		20	1	21
1936 or earlier		21	1	22
Totals	15	2,502	144	2,661

TABLE No. 24

## B.C.G. VACCINATION

	Tuberculin Tested		Negative Reactors		Successfully Vaccinated	
	Male	Female	Male	Female	Male	Female
Nurses	-	51	-	23	-	22
Medical Students	-	-	-	-	-	-
Contacts	142	192	62	96	51	86
Others	-	-	-	-	-	-
Totals	142	243	62	119	51	108

TABLE No. 25.

SCHOOL HEALTH SERVICE

SCHOOL SESSION 1.8.50 - 31.7.51.

GENERAL STATISTICS

Population of Area	93,800
No. of Primary Schools under Education Authority	10
No. of Secondary Schools under Education Authority	11
No. of Special Schools serving the Area	4
No. of Special classes in Ordinary Schools	-
No. of Children on the Registers	16,800
No. of children in average attendance	15,100

CLINICAL STATISTICS

No. of Routine Medical Inspections:-		
Nursery Schools		35
Entrants		1,471
Born:- 1943		893
1941		1,880
1937		1,062
1934		100
Total No. of children examined		5,441
No. of Re-examinations		6,562
No. of Non-Routine Examinations		9,314
No. of Home Visits		380
No. attending Medical Officers Clinic		1,410
	New Cases	Total Attendances
No. of children treated at Minor Ailment Clinic for:-		
Injuries, Cuts, Bruises, etc.	83	241
Diseases of the Ear, Nose and Throat	264	2,348
Diseases of the Eye	237	893
Diseases of the Skin	1,322	4,457
Other Conditions	2	2
Totals	1,908	7,941