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CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR

1949

BY THE

MEDICAL OFFICER OF HEALTH

LHB16/2/50



CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

With

Dr. W. G. Clark's

Compliments.

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PUBLIC HEALTH DEPARTMENT,
JOHNSTON TERRACE,
EDINBURGH, June, 1950.

To

The Corporation of the City of Edinburgh.

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Public Health Department for the year 1949.

1. Another Good Year.

A short and prosaic verdict on Edinburgh's health for 1949 might be that it was "another good year." While that would be true enough, it would be wrong to assume that the health indications were commonplace. On the contrary, they reflected a standard of wellbeing which not so long ago would have been regarded as almost Utopian. Workers in the field of preventive medicine may well begin to feel that the phenomenal reductions in mortality and morbidity rates of the past few years are no passing phase but are the fruits of nearly a hundred years of public health endeavour.

Progress in Edinburgh during the past year was steady practically all along the line. It was a year of exceptional warmth and sunshine. The span of life continued to lengthen. There were fewer infant deaths than ever before, as well as a sustained reduction in diphtheria and scarlet fever which used to rank high among the killing diseases. Maternal mortality showed a record low figure and even in the melancholy toll of pulmonary tuberculosis there seemed rays of returning hope, the deaths being down by 10 per cent. and the notifications only very slightly up.

Tuberculosis without a doubt remained the most difficult problem confronting the local health authority. There are signs that its spread is being halted, but we cannot look for substantial improvement until the "open" case is segregated either by adequate housing or by an increase in hospital beds, which in turn means a higher recruitment of nurses. To safeguard children, students and hospital staffs, a start has been made with vaccination by B.C.G. This necessarily represents long-term policy and in the meantime every administrative resource should be employed to lessen the ravages of a disease that takes heavy toll of people in what should be the best years of their lives.

2. Vital Statistics.

Edinburgh's population has not yet reached the half-million mark, but according to estimates by the Registrar-General for Scotland, increases have

occurred every year since the end of the war. The estimate for 1949 was 489,028, which was 697 higher than the estimate for the previous year. Since 1938 the population of Edinburgh is estimated to have gone up by 19,580. There has, of course, been no census since 1931 and the population estimates are made from data connected with births, deaths, rationing, housing and the movement of population into and out of the country.

Births to Edinburgh citizens during 1949 numbered 8,154 and the birth-rate per thousand of the estimated population was 16.7 compared with 8,420 births and a rate of 17.2 in the previous year. Following the post-war peak of two years ago, the birth-rate is showing a downward tendency although it is still higher than the rates prevailing immediately before the war. Still-births were the lowest since they became registrable eleven years ago.

There were only four deaths connected with child-bearing and the rate of 0.5 per thousand total births was easily the lowest known in the city. For the previous five years the average number of maternal deaths was 17. In 1939 the total was as high as 43. These figures are arrived at after investigation by the Maternity and Child Welfare Medical Officer. The classification by the Registrar-General for 1949 was even more favourable, being only two deaths and a maternal mortality rate of 0.2 per thousand total births, but for many years the Maternity and Child Welfare Officer has sought additional information and published revised totals and rates.

The striking fall in infant deaths recorded a year ago was not only maintained but accelerated, the infant mortality rate being 32 per thousand live births, the lowest in city records. It is quite apparent that efforts in the field of maternity and child welfare are bearing excellent results.

There were 6,099 deaths of Edinburgh citizens which gives a rate of 12.5 per thousand of the estimated population. This was 0.3 per thousand higher than in 1948, when a record low figure was returned, but it is still a lower rate than for many years before the war. Sixty-two per cent. of the deaths were of persons over 65 years of age.

3. National Health Service.

The National Health Service which came into being on 5th July, 1948, is still in the settling down process. Much of its novelty has worn off and the early rush for new services is subsiding. It is doubtful whether the man in the street could confess to a full understanding of the administrative machine and what he can obtain from it. Broadly his impression probably is that a fairly costly stamp goes on to his card each week and that, when required, he receives in return medical advice and medicines; dental, optical and hearing aids and hospital treatment. These services are procured through the administrative arrangements of the Local Executive Council and the Regional Hospital Board. In addition, maternity, sickness, accident, unemployment, retirement and death benefits are obtained through the Ministry of National Insurance.

What the local authority is empowered to provide as a contribution to the National Health Service is probably not so well understood and it is deemed

advisable to repeat the list here. Briefly, the functions of the local authority are to make adequate provision for:—

- (1) Care of Mothers and Young Children.
- (2) Domiciliary Midwifery.
- (3) Health Visiting.
- (4) Home Nursing.
- (5) Vaccination and Immunisation.
- (6) Prevention of Illness, Care and After-care.
- (7) Domestic Help.
- (8) Research and Health Education.
- (9) Co-ordination of Health Services and
- (10) Lunacy and Mental Deficiency.

To these functions should be added those of the School Health Service and the duties connected with the control of infectious diseases and those duties falling to the Sanitary and Veterinary Departments. Comments on the working of these arrangements appear in this Report. Where the arrangements are closely associated with those of other bodies, consultation has taken place with a view to defining spheres of responsibility and improving the service. For example, the Local Executive Committee raised points about the home treatment of tuberculosis patients and about the development of group practice. Similarly the Regional Hospital Board were consulted by the Local Authority as to the provision of specialist medical services at ante-natal clinics.

Certain of the local authority services are not yet fully developed, and are under consideration by the Finance Committee of the Town Council. An example of this is the scheme for research and health education—a branch of preventive medicine which is capable of wide expansion and likely to bring worth-while results. Similarly, the service for lunacy and mental deficiency will be expanded as soon as a senior medical officer with appropriate qualifications can be secured. Another blank in the local health service is the absence of a comprehensive scheme under Section 27 of the Act by which adequate forms of care and after-care would be available to patients in their own homes. Provision of this kind exists for tuberculosis patients, but proposals are under consideration for extending the service to those afflicted with other forms of illness.

4. Care of Mothers and Young Children.

Something like two-thirds of the staff of the Public Health Department devote themselves to the care of mothers and young children. This large proportion is appropriate since the keynote of the local authority health services is prevention and it is well that preventive measures should begin early. The operative Section of the National Health Service Act in this connection stipulates that mothers and young children are to have "access to all forms of care, including assistance and advice, required for health purposes." To this broad mandate the Corporation have responded by enlarging their network of child welfare clinics and increasing the number of Health Visitors.

At the child welfare centres the emphasis is on education rather than treatment. It has been found that expectant mothers are usually eager to receive instruction in breast-feeding and in the promotion of infant and personal hygiene. Two

senior Health Visitors who attended the British Hospital for Mothers and Babies, Woolwich, London, to study the Waller method of breast-feeding preparation, have been spreading the knowledge among their colleagues and it has been arranged that two others will make a similar visit to London soon with the object of speeding up the training and enabling more women to benefit from the instruction.

New clinic premises are now functioning at Gilmerton and Corstorphine, where they serve families belonging to new housing areas. A move from Craigmillar College to Niddrie Mains Farmhouse gave that area one of the best equipped centres in Edinburgh.

The city had 20 centres open during the year and the number of clinics held was 1,883, from which it will be realised that the Maternity and Child Welfare Department wields its wholesome influence far and wide. Unfortunately, the provision of dental care for the expectant mother and the pre-school child was on a limited scale owing to the fact that dental officers were attracted by higher salaries in private practice and a full establishment could not be maintained.

5. Domiciliary Midwifery.

No material change took place in the Domiciliary Midwifery Service provided by the Corporation in fulfilment of their obligation under the National Health Service Act, the major part of the work being undertaken by former voluntary bodies in return for payments by the Corporation under agreements. Negotiations, however, were begun, and are still proceeding, for a re-organisation of the Service, under which the work would be gradually taken over by qualified midwives employed directly by the Corporation and residing in nurses' homes in various parts of the City. As an integral part of this scheme, training facilities would be provided for pupils belonging to the maternity hospitals and the Queen's Institute of District Nursing.

During the year, the number of births attended by midwives in the mothers' own homes was 2,026. This represents about a fifth of the total births in the City. Of the total domiciliary births, Queen's Nurses were in attendance at 871 (43 per cent.), Simpson Memorial Maternity Pavilion Nurses at 504 (25 per cent.), and Elsie Inglis Memorial Hospital Nurses at 330 (16 per cent.). The midwives employed directly by the Corporation attended 281 or 14 per cent. of the cases, but the two midwives at Cowgate Dispensary did not begin duty till June, and the Crewe Road establishment of five qualified midwives was below strength for part of the year.

6. Health Visiting.

Thanks to the success of the training facilities, good progress has been made in building up the staff of Health Visitors. A full enrolment of 36 was obtained for the training school which began in the Public Health Department in October and at the examination in Glasgow in April, 1950, all the 33 candidates who presented themselves from the Edinburgh class obtained the Health Visitor's Certificate. This was the second year in succession in which a one hundred per cent. pass list had been secured.

Appointments to the health visiting staff were accepted by eleven of those who had gained the certificate and of these three were allocated to the Tuberculosis Service, bringing the establishment of that Department up to the full strength of ten; two went to the School Health Service and six to the Maternity and Child Welfare Department. The establishment of the Maternity and Child Welfare Department is meanwhile 59. There is provision for it to be increased to 70 by 1953, which would meet approximately the ratio of one Health Visitor to 500 children under five years of age as recommended by the Orr Committee on Infant Mortality in Scotland.

The influence of these Health Visitors is not to be reckoned in figures. They are the advisers and the friends of the mothers and the young children whom they visit and are welcomed accordingly. The National Health Service Act provides that the Health Visitor's sphere should be widened in such a way that she will become a health counsellor to the family as a unit. It is an ideal to aim at, but in the meantime there are not enough trained Health Visitors to overtake fresh responsibilities.

7. Home Nursing.

The Corporation's obligation under the National Health Service Act to provide facilities for the nursing of the sick in their own homes was carried out on an agency basis by the Queen's Institute of District Nursing and the Buccleuch Nursing Association. Towards the end of the year the Buccleuch Association, who employed four nurses in midwifery and general nursing duties, intimated their intention of discontinuing the service which for over 68 years they had provided in the crowded central area of which the Nurses' Home at 3 Buccleuch Place was the focal point. The question of giving up was carefully considered at a meeting of the contributors and the decision to sell the property and place the Association's considerable funds under a Trust having objects connected with the welfare of old people meant that an old-established nursing organisation had come to an end. This occurred on 28th February, 1950, and it was arranged that the Queen's Nurses would take over the medical and surgical nursing cases in the district and that the maternity work would be done by the Corporation's two domiciliary midwives based on the Livingstone Dispensary in Cowgate.

During 1949 the Queen's Institute of District Nursing rendered nursing services to over 19,000 patients in districts representing Central Edinburgh and the various peripheral areas formerly managed by suburban nursing associations. Of the total patients, 871 were maternity cases, 14,000 were medical cases and 4,283 surgical cases. The total number of visits was 241,379 and the average time per visit, including hours spent at confinements and travelling time, was approximately 45 minutes. These figures give an indication of the important contribution made by the Queen's Nurses to the alleviation of human suffering in the city. It is doubtful if the citizens are fully aware of the extent of it, but among those who receive its benefits appreciation is profound. The Health Committee would like to see the service extended as soon as more nurses can be trained and a scheme is under consideration for a redistribution of centres so that new housing areas may share in the benefits of domiciliary maternity services by Corporation midwives and of home nursing by the Queen's Nurses.

8. Domestic Help.

The Home Help Service provided under the National Health Service Act became more widely known throughout the year and calls for help frequently exceeded our ability to meet them, due to the difficulty in recruiting staff. Appeals for more women to undertake this work were made by advertisement and by letters addressed to ministers of various denominations throughout the city. A home help is required to have a somewhat rare combination of qualities. She is expected to be clean, tidy, willing, active and tactfully discreet about references to household affairs and the supervisor spends much of her time looking for the right types. During the year the numbers were increased from 30 to 46 and further additions were being made slowly. In all, 535 families received the services of a home help to tide them through an emergency. All were asked to state whether they were satisfied with the service and many appreciative remarks were made. About 75 per cent. were confinement cases.

9. Children's Nurseries.

During the year an additional day nursery was opened at Dean Terrace and the nursery organisation then totalled 17 centres—four residential institutions with 80 places and 13 day nurseries with 575 places. There is keen competition for vacancies, particularly in the day nurseries. Admission priorities are strictly observed, first consideration being for children who have only one parent and for whom no other guardian is available. Next come those in overcrowded or otherwise unsatisfactory houses and cases in which there are medical reasons affecting mother or child. In Group III of the priority list are the families with economic difficulties which the mother seeks to solve by going out to work, leaving the child in a nursery. This group accounts for a large proportion of the waiting list, which throughout the year exceeded 700.

Nursery children are visited regularly by the medical staff of the Maternity and Child Welfare Department. While it is generally agreed that a child's best environment is at home beside its mother, there can be no doubt that nursery life reacts favourably on the health, habits and happiness of these future citizens. The Health Committee have expressed concern about the growing expenditure on nurseries, the average cost per child per day having risen from 6s. 9d. in 1947-48 to 8s. 0½d. in 1948-49. A large proportion of the expenditure represents salaries and these have to conform to national scales. Moreover, the ratio of staff to children has to be in accordance with a scale laid down by the Department of Health. It is, therefore, difficult to effect economies, but the financial aspect of the nursery organisation is still under review.

10. Voluntary Organisations.

Tribute is paid once more to the voluntary associations which have given valuable help in the care of mothers and young children for many years. The Voluntary Health Workers' Association, whose activities began in 1908, successfully managed 18 toddlers' playgrounds throughout the city during the past year, with 488 children on the roll and an average attendance of 400. There is a waiting list large enough to duplicate the attendances if accommodation were available.

Eight of the playgrounds are in church halls, one is in a scout hall, three are in huts in open spaces, four in community centres, one is in a specially built hut and one in a converted shop. In most cases the premises are given free. A paid Superintendent is in charge at each playground and about 50 voluntary helpers take a share in the work. The children, aged two to five, attend from ten till noon and are visited periodically by medical officers of the Maternity and Child Welfare Department, whose reports reflect the happiness and improved health of the toddlers.

The Scottish Association for the Adoption of Children, run in close association with the Maternity and Child Welfare Department, has also completed another year of valuable work. This Association has been in existence for 26 years and gives help in relieving the mother who may be unable to support her child, in bringing happiness to adopting parents, and giving a chance in life to the child who might otherwise experience difficulties. During 1949 the Association arranged 79 adoptions and 21 other children were in new homes passing the probationary period before legal adoption. As part of its work, the Association owns an adoption home where infants are received until adoption arrangements are completed. In all, 1,479 children have been adopted through the Association.

A third voluntary body which deserves our acknowledgments is the Edinburgh Association for Mental Welfare, whose members interested themselves in 102 children who passed out of the special schools and 15 who left the occupational centre. These mentally handicapped young people were helped into suitable and happy employment and encouraged to attend continuation classes in needlework, dressmaking, leatherwork, cobbling, woodwork and similar crafts. They also took part with much enjoyment in a wide variety of social activities. This is valuable work, calling for patience, kindness and wise discretion and the voluntary helpers are to be commended for this contribution to human happiness and well-being.

11. School Children.

Experience of the first year of the National Health Service was reflected in decreased attendances at doctors' clinics and minor ailment clinics for school children, the presumption being that parents were making greater use of the services of their own general practitioner. On the other hand, attendances at the special clinics conducted by aurists and oculists were not affected. Parents apparently preferred to see specialists at the school clinics by appointment rather than incur a long wait for specialist advice at a hospital.

Another sequel to the National Health Service was that a shortage of lenses, due to the abnormal demand for spectacles by adults, entailed a wait of six to eight months before children could be fitted with spectacles. Still another effect of the National Health Service was the transfer to the Regional Hospital Board of the psychiatric section of the Child Guidance Clinic. This meant that the psychiatrists and the psychiatric social workers gave their services in association with hospital clinics, while the children in need of psychological assessment—a predominantly educational service—continued to attend at the Child Guidance Clinic provided by the Education Department of the Corporation.

Apart from these considerations, the School Health Service functioned as before, for the National Health Service Act of 1947 did not alter the obligation

of local authorities to provide a health service for school children in terms of the Education (Scotland) Act, 1946. For session 1948-49 Edinburgh's 139 schools had a nominal roll of 59,598 children—an increase of 1,124 over the previous session. Reporting on the routine medical inspections the Acting Chief Executive School Medical Officer concluded that the health of the school child in Edinburgh was not quite so good as in the previous year. An increase of slightly over 5 per cent. was noted in the number of children in whom defects were discovered, but the increase related chiefly to illnesses of a temporary character.

The standard of personal cleanliness as revealed by class examinations conducted by doctors and nurses was reasonably good, the percentage of children showing "marked defect" being the lowest for many years. Those with "slight defect," however, showed an increase, and a considerable rise in the number of parents who received cards of advice about the condition of their children's heads emphasised the need for vigilance. It should be added that the percentages are influenced by the fact that classes known to be the least satisfactory are selected for inspection.

New developments in the School Health Service included mass radiography examination and the provision of a chiropody service. A pilot experiment among children aged 14 in one school brought an excellent response by those willing to have a chest examination at the Mass Radiography Unit, and arrangements were made to extend the offer to children of this age in all the Secondary schools. At the chiropody clinic in Leith 6,273 pupils were examined and 619 were treated for foot troubles arising largely from ill-fitting and unsuitable shoes.

The dental service was handicapped by staff shortages caused by the departure of dental surgeons to higher-paid posts connected with the National Health Service. Nevertheless, the volume of work overtaken exceeded that of the previous session, the total inspections being 23,521 as against 19,744 in session 1947-48.

The numbers actually treated (13,128) and the attendances (21,117) were also higher than in the previous session, and there was a greater demand by parents and older children for conservations rather than extractions. A new surgery to be opened at Niddrie Mains Farmhouse will provide excellent facilities in that area. The organisation for dental work among school children has been improved substantially in recent years, and should bring encouraging results as soon as staffing difficulties have been overcome.

12. Health Education.

A point of criticism against the National Health Service Act is that it makes wide provision for cure and does not give sufficient emphasis to the prevention of ill-health. Local authorities, however, have sought to redress the balance to some extent by stressing the value of health education as a contribution to preventive medicine. Efforts to this end in Edinburgh have been on an active but modest scale for many years and probably all that can be claimed is that the surface of a big field has been scratched. There is, nevertheless, virtue in perseverance and encouragement from signs that the public are interested. Proof of this has been forthcoming in the steady support given to film shows in the past four years and in the degree of interest shown in the talks and the questions which form part of the evening programmes.

Experience last winter suggested that new methods of approach are warranted. In an audience of two thousand interest may be strong for the films but liable to flag when the talking begins. It is consoling to reflect that probably something will "stick" and that we should, in any case, be thankful to have at least attracted young people and helped them to begin the process of learning about life and health. At the same time a relatively small section of irrepressibles may easily cause annoyance to others and it may be that large meetings should give place more frequently to smaller ones where the link between audience and speaker is less remote.

These impressions apart, the series of meetings produced many interesting results. They attracted an aggregate attendance of over 13,000 and raised talking points which met the eye of many thousands more in the next day's newspapers. An evening devoted to films about accidents, with a talk by a surgeon whose daily work was concerned with the victims of accident, led to the Public Health Department setting up a system of inquiry into all accidents in the home—their cause, the nature of injury, prevention and so on. Another good meeting revealed that food handling was a subject of deep interest to a large public and was followed by a series of other meetings at which clean food was actively discussed. Sunday evening audiences also heard talks on mental health, venereal diseases and health in industry, and the questions covered a wide variety of subjects. Keeping the health conscience active is to be recommended if it helps people to be clean and tidy, to live simply and to be cheerful and neighbourly.

The health education programme included another anti-fly campaign in which a hot summer favoured the enemy and put repressive measures under a severe test. Sanitary inspectors expressed themselves as well satisfied with the results of their spraying operations in farms, stables and other breeding grounds. The efficacy of insecticides was tested by comparing the "catches" on fly papers in a group of shops which had been sprayed and a group which had not been sprayed. Increased sales of insecticides by chemists and others indicated that the public were alive to the importance of keeping down flies and it is hoped to make the campaign an annual event.

Arrangements for health education in schools have been carried a stage further by the appointment by the Scottish Council for Health Education of a woman lecturer, whose services will be available on request. This is an important step, and in view of the interest shown by parents and teachers in recent pilot experiments, it will be worth while noting developments.

13. Immunisation and Vaccination.

Immunisation against diphtheria and vaccination against smallpox should be the birthright of every child born in the city. Both procedures are voluntary and it is the duty of the local health authority to provide facilities for carrying them out and to encourage parents to accept the protection for their children. Intensive propaganda over many years has gone far to secure a significant response to the call for immunisation and probably the best persuasive of all has been the striking fall in the incidence of diphtheria.

Vaccination, on the other hand, has suddenly been removed from the category of compulsion and it is obvious that as with immunisation a constant process of

education will be required to bring the response up to a satisfactory level and keep it there. It is only when an outbreak of smallpox occurs that the public realise the importance of protection by vaccination. The city's health visitors exercise a considerable influence in this connection and medical practitioners also can do much to obtain a ready acceptance of what should be regarded as wise policy.

During the past year 9,093 children in Edinburgh received a complete course of immunisation against diphtheria. This was 2,180 fewer than in the previous year when, however, the figures were inflated by the removal of a waiting period before an immunisation could be regarded as complete. The 9,093 immunisations were carried out in almost equal proportions by three agencies—child welfare centres, schools and general practitioners. In addition, 7,042 children received reinforcing injections, most of them in school.

The number of primary vaccinations against smallpox for the year was 4,960, of which 3,153 related to children born in 1949, and 1,681 to children born in 1948. In addition there were 1,687 re-vaccinations. It is believed that an unknown number of vaccinations were not reported owing to the fact that up to the end of April, 1950, agreement on the amount of the fee to be paid to general practitioners for certificates had not been reached by the negotiating bodies.

14. Infectious Diseases.

The total of 5,056 notifications of infectious diseases was one of the largest in recent years. Measles (1392) and Scarlet Fever (1,183) accounted for approximately one half of the total, but happily the infections generally were mild in character. Indeed, for a fourth year in succession there were no fatal cases of scarlet fever. Measles, however, caused one death and there were six deaths in a total of 760 notified cases of whooping cough. As from 1st January, 1950, whooping cough became compulsorily notifiable, and the data thus collected should in time prove of value to those who are working to establish adequate preventive measures. The total of 661 notifications of pulmonary tuberculosis were evenly spread throughout the year. Dysentery, of which there were 277 cases, exceeded by 32 the rather high incidence of the previous year. It is apparent that personal hygiene and care in cooking are not being so widely observed as they should. A return of 111 cases of influenzal pneumonia, 48 of them in February, reflected an unwelcome prevalence of that disease in the early months. There were 52 deaths from influenza or conditions associated with it. Poliomyelitis showed 27 cases as against 30 in the previous year and diphtheria was down to the record low total of seven notifications, with no deaths.

15. Tuberculosis.

After eighteen months' experience, it is possible to form a tentative estimate of the working of anti-tuberculosis measures in Edinburgh under the new administrative machinery of the National Health Service Act. Treatment of the patient is, of course, a matter for general practitioners and for the Regional Hospital Board and the Management Board controlling the tuberculosis hospitals, the two dispensaries and the diagnostic facilities of the Mass Radiography Unit.

The local health authority's duty is limited to preventive measures and to the care and after-care of patients in their own homes.

With tuberculosis still a serious menace to the public health, the three administrative bodies—Executive Council, Regional and Management Boards, and Local Authority—have been keenly alive to their responsibilities. The general practitioners through their Executive Council asked for increased facilities for nursing patients at home to offset the shortage of hospital beds. The Boards extended the dispensary service considerably and devoted much time to the difficult problem of recruiting nurses. The Local Authority maintained their home supervision as far as a depleted staff of Health Visitors would allow and continued to give a generous measure of priority in housing to tuberculosis patients. They also made plans for protecting child contacts by vaccination with B.C.G.

Three columns of attack are thus directed against tuberculosis. Difficulties beset each of them, but by all concerned there is a frank recognition of the common aim. In conferences held among the three bodies, much helpful discussion took place. The considered opinion was that an increase in hospital beds, so that the "open" case would no longer be a danger to his fellows, offers the best approach to the eradication of the disease.

Statistics for the past year suggest that the heavy toll of life is being reduced. The number of deaths from pulmonary tuberculosis in Edinburgh was 270 as compared with 301 in the previous year and 314 in 1947. Notifications, on the other hand, numbered 661, an increase of eight on the total for 1948. It may be, however, that this increase is due in part to the greater numbers attending for diagnosis at the dispensaries and the mass radiography centre. Among the new sufferers from the disease, males exceeded females by 361 to 300. There are, of course, more males "at risk," *i.e.*, engaged in industry. It is a disturbing fact to note that almost 47 per cent. of the new cases belonged to the age-group 15-30 years.

During the year the Housing Committee, continuing their policy of allotting new houses to T.B. sufferers at the rate of one in nine, found new dwellings for 158 patients. There are still 300 on the waiting list.

Some delay occurred in procuring supplies of B.C.G. from Denmark, but arrangements were completed early in 1950 with Willowbrae House as an isolation centre for giving the vaccination protection to children from infected homes.

Notifications of non-pulmonary tuberculosis have been the same for the past three years—131, the lowest they have ever been. There were 21 deaths, also a new low record. The progressive fall in non-pulmonary tuberculosis cases is due largely to the more extensive use of tubercle-free milk.

16. Venereal Diseases.

Provision for the treatment of venereal diseases has been on a regional basis for over thirty years and the figures quoted in this Report refer, as formerly, to an area including Edinburgh, the Lothians and the Border counties of Peebles, Selkirk, Roxburgh and Berwick. The main treatment centre is at the Royal Infirmary of Edinburgh, with subsidiary centres for women only at Bruntsfield Hospital, Elsie Inglis Memorial Hospital and the Simpson Memorial Maternity Pavilion. Outpatient treatment is provided in Dispensaries at Windsor Street,

Torphichen Street and the Shore, Leith. Arrangements for both the hospital and the dispensary treatment are the responsibility of the Regional Hospital Board and their Boards of Management.

From returns submitted by the Regional Board, it is noted that 3,945 new registrations were made at the various centres during 1949. This was a decrease of 552 as compared with the previous year and 1,136 less than in 1947. Since the post-war peak was reached with 5,979 new registrations in 1946, a drop of 34 per cent. has occurred in the number of persons reporting for the first time. It may be assumed that the apparent reduced incidence of the disease reflects to some extent the return of more stable conditions following the war. On the other hand, the figures may not reveal the whole picture since treatment by penicillin and the sulphonamide drugs is obtainable from general practitioners without attendance at a public clinic.

The Board's return shows that the new infections included 725 cases of syphilis, 795 of gonorrhoea and 1,178 of non-specific venereal disease. This is a heavy toll on the community and considering that venereal disease is preventable, it represents a regrettable impairment of working efficiency, to say nothing of the distress and unhappiness that are frequently involved. It is the duty of the local authority to point out the dangers of venereal infection and this has been done by various forms of publicity, including a Sunday evening film show. Two Health Visitors have continued their work of keeping in touch with patients to ensure that treatment is continued until a cure has been effected.

17. Mental Health Services.

During the year, an increase was noted in the number of persons certified to be suffering from mental illness. In all, there were 276 applications and, of these, 233 were certified and removed to hospital. The comparable figures for the previous year were 221 and 198. The increase is probably a reflection of the ageing population and of the increasing tendency, which is to be deprecated, to seek hospital protection for old and feeble persons whose mental condition is deteriorating. Of the 233 persons certified, 142 or 61 per cent. were females. The number over 60 years of age was 102 or 43 per cent.

Twelve new mentally defective patients were admitted to institutions and thirteen others were re-certified and detention continued. Thirteen new cases were placed under guardianship. At the end of the year there was a waiting list of 70 for admission to institutions. The number boarded out was 156.

The interim arrangement whereby the City Social Services Officer acted as "authorised officer" in the removal of patients was continued during the year as a temporary measure pending the appointment of a medical officer with appropriate qualifications in mental health.

18. Food Inspection and Environmental Hygiene.

The services of the Bacteriology Department of Edinburgh University have been available as before for investigations connected with infectious disease, and in the examination of samples of water, milk, ice-cream and foods of various kinds. Professor T. J. Mackie, Consultant Bacteriologist to the South-Eastern

Regional Hospital Board, Scotland, submits in this issue a report of the work done for the city. He and his staff have been most helpful in providing the Public Health Department with skilled advice on many matters.

Reviews of the work carried out by the Chief Sanitary Inspector and the Veterinary Inspector are also included in this Report. They reflect the manifold activities necessary in these days to safeguard food supplies and to secure clean living quarters and working conditions. The Chief Sanitary Inspector records the minor revolution that has occurred in bringing about improvements in the manufacture and sale of ice-cream. The Veterinary Inspector's statement about the city's food supplies are likewise well worth the close attention of the citizens.

19. Acknowledgments.

I wish to record my gratitude to members of the Health and other Committees of the Town Council for their sympathetic interest in the work for public health. I would also thank heads of departments and all the staff for their loyal service throughout the year. The courtesy of Scotsman Publications Limited in granting permission to reproduce photographs is also gratefully acknowledged. This is only one of many helpful gestures made by the Press of Edinburgh in the cause of public health.

I have the honour to be,

My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

WILLIAM GEORGE CLARK,
M.B., Ch.B., F.R.C.P. (Edin.), D.P.H. (Camb.),
Medical Officer of Health.

NOTE—Owing to the scarcity of skilled printing craftsmen, publication of this Report was delayed from 6th July to 28th September 1950.

CITY AND ROYAL BURGH OF EDINBURGH.

Members of the Health Committee, 1950-51.

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† Convener of General Health Services Sub-Committee.

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- 14 *Councillor William Moncrieff*

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Assistant Medical Officer of Health—Dr JOHN M. MAIR.

Maternity and Child Welfare Medical Officer—Dr HALDANE P. TAIT.

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Chiropodist—Miss BRENDA GORDON.

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1945, 1946, 1947, 1948 and 1949.

	1945	1946	1947	1948	1949
Population (Civilian) at Mid-Year ...	426,280	459,430	485,664	488,331	489,028
Area of City—Acres ...	32,526	32,526	32,526	32,526	33,183
Density of Population—					
Persons per acre ...	13.1	14.1	14.9	15.0	14.7
Inhabited Houses ...	131,859	132,294	133,652	136,460	139,384
Marriages Registered ...	5,523	4,878	4,877	4,606	4,276
Birth-Rate ...	15.4	19.5	20.3	17.2	16.7
Death-Rate ...	14.4	14.1	13.4	12.2	12.5
Infant Mortality Rate (per 1,000 Live Births) ...	50	52	49	34	32
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	25	26	23	19	19
Still-Birth Rate (per 1,000 Total Births) ...	28	32	26	29	24
Maternal Mortality Rate (per 1,000 Total Births) ...	2.4	1.6	1.0	1.6	0.2
Cancer Death Rate ...	2.4	2.1	2.0	2.1	2.1
Pulmonary Tuberculosis Death-Rate ...	0.5	0.6	0.6	0.6	0.6
*Epidemic Diseases Death-Rate ...	0.2	0.3	0.15	0.05	0.12

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-Spinal Fever and Influenza.

BIRTHS, DEATHS and MARRIAGES in EDINBURGH—1925-1949

Year	Estimated Population	NUMBERS			RATES				
		Live Births		Deaths	Per 1000 of Estimated Population		Illig. Births per cent. of Live Births	Deaths under 1 year per 1000 Live Births	Still Births per 1000 Total Births (Live & Still)
		Total	Illegitimate		Live Births	Marriages			
1925	427,664	7,843	499	All Ages	18.3	9.5	6.4	96	Still Births became Registrable in 1939
1926	429,535	7,926	549	Under 1 Year	18.5	9.0	6.9	80	
1927	431,413	7,921	542	6,138	17.7	8.9	7.1	80	
1928	433,299	7,420	476	5,710	17.1	8.7	6.4	75	
1929	435,165	7,304	531	6,066	16.8	9.1	7.3	80	
1925-29	431,421	7,623	519	5,872	17.7	9.0	6.8	82	
1930	437,098	7,307	441	6,046	16.7	8.4	7.0	82	
1931	443,042	7,164	499	6,038	16.2	8.6	7.0	69	
1932	447,800	6,960	466	5,726	15.5	8.8	6.7	73	
1933	452,773	6,835	443	6,032	15.1	8.9	6.5	66	
1934	457,099	7,188	457	5,964	15.7	9.3	6.4	62	
1930-34	447,562	7,091	461	5,873	15.8	8.8	6.5	70	
1935	460,877	7,037	486	5,927	15.3	9.3	6.9	70	
1936	464,139	7,391	464	4,291	15.9	9.6	6.3	68	
1937	466,817	7,375	462	6,226	15.8	9.5	6.3	61	
1938	469,448	7,549	467	5,974	16.1	9.6	6.2	59	
1939	471,897	7,300	417	6,169	15.5	11.7	5.7	59	
1935-39	466,636	7,330	459	4,322	15.7	9.9	6.3	66	
1940	477,439	6,930	411	6,209	15.5	13.2	5.9	68	
1941	479,179	6,934	504	6,802	15.0	10.6	7.3	66	
1942	484,547	7,386	559	6,545	15.8	10.5	7.6	56	
1943	415,318	7,605	637	6,132	16.2	8.5	8.4	54	
1944	418,374	7,908	720	6,338	16.6	8.3	9.1	51	
1940-44	422,971	7,353	566	5,979	15.8	10.2	7.7	59	
1945	426,280	7,362	723	6,363	15.4	11.6	9.8	50	
1946	459,430	9,350	658	6,147	19.5	10.2	7.0	52	
*1947	485,664	9,865	560	6,485	20.3	10.0	5.7	49	
1948	488,331	8,420	515	6,503	17.2	9.4	6.1	34	
1949	489,028	8,154	455	6,099	16.7	8.7	5.6	32	

* Birth and Marriage Rates are calculated as usual on the Total Population which includes an allowance for persons in the Armed Forces. Death Rates are based on all Deaths registered in Scotland (corrected for usual residence) and Total Population, and not, as in the years 1940-46, on Civilian Deaths and Civilian Population.

VITAL STATISTICS.

Population.—The population of the City of Edinburgh at 30th June 1949, estimated by the Registrar-General, was 489,028. Compared with 1948, this figure represents an increase of 697. The table below sets out the age distribution of the population at three censal years—1901, 1921 and 1931. The age-group percentages for 1949 are based on estimates received from the Registrar-General. It will be noted that since 1901, a substantial increase in the proportion of elderly people to total population has taken place, and that the proportions of those in the age-groups 5–15 and 15–25 show progressive decreases.

Age Distribution of Population.

Age Groups	1901	1921	1931	1949
	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Under 1 Year	2·1	1·9	1·5	1·6
1– 5 Years	7·8	5·8	5·9	6·5
5–15 „	20·8	17·7	15·2	13·9
15–25 „	21·4	18·8	18·4	15·3
25–45 „	28·6	29·3	29·1	28·6
45–65 „	14·9	20·3	22·2	23·9
65 and over	4·4	6·2	7·7	10·2
	100	100	100	100

Redistribution of Wards.—The passing of the Local Government (Scotland) (Edinburgh Wards) Order, 1948, brought about a new alignment of ward boundaries within the City. This became necessary as a result of the development of industry and the creation of new housing colonies in the past twenty-five years, when the tendency was for people to move away from congested central areas. In the redistribution an attempt was made to restore some degree of parity between ward populations and at the same time to maintain as far as possible the character of communities prior to the changeover.

The vital statistics for the wards of the City shown on page 26 refer to the new wards. Ward populations shown in the same table are estimates based on the electoral register and the number of births in wards during 1949. Notice was also taken of statistics produced in the Social Survey of 1946 and of the figures supplied by the City Assessor in respect of the number of inhabited houses in wards.

In view of the changes in ward boundaries, comparison of the various ward rates with previous years is no longer possible, and it will be some years before the health trends of the new communities become apparent.

Inhabited Houses.—The number of inhabited houses in the City at Whitsunday 1949 was 139,384, an increase of 2,924 over the previous year. A table supplied by the City Assessor giving the number of inhabited houses in each ward of the City is shown on page 27.

Births.—The number of births registered in the City during the year was 9,795, from which there are to be deducted 1,759 births to parents resident outside Edinburgh, and to be added 118 births to Edinburgh citizens residing temporarily in other parts of Scotland. The corrected figure is thus 8,154, of which 4,164 were males and 3,990 were females. The birth rate was 16·7 per thousand of the estimated population. This represents a fall from the post-war peak of 20·3 per thousand recorded in 1947 and from 17·2 per thousand in 1948.

The percentage of illegitimate births to live births was 5·6 per cent. compared with 6·1 per cent. in 1948 and 5·7 per cent. in 1947. Still-births during the year numbered 203, representing a still-birth rate of 24 per thousand births (live and still), the lowest rate recorded since still-births became registrable in 1939.

Marriages.—A slight fall in the number of marriages compared with 1948 was reported—4,276 as against 4,606. The marriage rate for the year was 8·7 per thousand of the estimated population. The average number of marriages in the five years preceding the war was 4,646, and the average rate 9·9 per thousand.

Deaths.—Deaths from all causes numbered 6,099—2,900 males and 2,199 females—and were equivalent to an annual death rate of 12·5 per 1,000 of the estimated population. This was 0·3 per 1,000 higher than the rate for 1948 and the second lowest rate recorded in the City. The principal causes of death during 1947, 1948 and 1949 are set out in the following table.

Principal Causes of Death and Rates per 100,000 of Population.

CAUSE OF DEATH	1947		1948		1949	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease	1,973	406	1,711	350	1,866	382
Other Diseases of Circulatory System	192	40	210	43	209	43
Malignant Diseases	969	200	1,018	208	1,042	213
Diseases of Nervous System	898	185	870	178	834	171
Pneumonia (all forms) ...	276	57	247	51	273	56
Bronchitis	283	58	226	46	248	51
Tuberculosis Respiratory ...	314	65	301	62	270	55
„ (other forms)	48	10	37	7	21	4

It will be noted that decreases occurred in the number of deaths from respiratory and other forms of tuberculosis. (See Tuberculosis Report.)

Deaths from cancer on the other hand showed an increase, the total of 1,042 being 24 more than in the previous year and 73 more than in 1947, and equal to a rate of 213 per 100,000 of the population. A table giving particulars of sex, age and site of the disease is shown on page 23.

Diseases of the circulatory system including heart disease, accounting for 1,866 deaths, were equal to a death rate of 425 per 100,000 of the population. The greater number (77 per cent.) were of persons over 65 years of age.

All causes of death classified in age and sex groups are shown on pages 24 and 25.

In the principal epidemic diseases group there were 88 deaths, an increase of 30 over the previous year, accounted for by an abnormal number of influenza deaths in February and March. The table below sets out the causes of death in this group from 1944-1949.

	1944	1945	1946	1947	1948	1949
Typhoid Fever ...	...	1	...	...	...	...
Measles ...	...	16	4	10	8	1
Scarlet Fever ...	3	1	...	...	...	...
Whooping Cough ...	10	17	7	20	5	6
Diphtheria ...	12	13	10	2	1	...
Cerebro-spinal Fever ...	1	4	10	8	1	3
Influenza ...	30	17	75	35	9	52
Diarrhoea and Enteritis (under 2 years) ...	47	55	104	100	34	26
	103	124	210	175	58	88

Deaths of infants and children under 5 years are dealt with in the report of the Maternity and Child Welfare Medical Officer.

Analysis of Deaths from Cancer, 1949.

SITE	SEX AND AGE-PERIODS												TOTALS									
	Under 15	15-20		20-25		25-35		35-45		45-55		55-60		60-65		65-75		75 and up-wards		M.	F.	Both Sexes
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Brain ...	2	...	1	...	...	1	1	2	...	4	5	1	...	1	2	3	2	1	15	11	26
Jaw, Face and Ear ...	...	...	...	...	...	...	...	...	2	2	...	1	...	...	...	1	2	2	8	5	13
Tongue and Mouth ...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	2	9	12	7	19
Larynx, Pharynx & Neck ...	1	...	...	...	...	...	...	7	2	36	2	1	...	...	...	10	...	2	16	7	23
Thorax and Lungs ...	...	1	...	...	...	...	...	...	2	...	6	35	3	20	7	27	9	11	137	35	172
Breast ...	...	...	...	...	...	...	1	...	5	...	12	10	6	...	...	25	...	21	80	80	160
Stomach and Oesophagus ...	...	...	...	...	...	...	...	6	3	16	5	9	3	11	16	35	27	26	104	79	183
Liver and Gall Bladder ...	...	...	...	...	...	...	...	...	1	1	3	2	1	2	5	9	7	1	13	24	37
Intestines and Rectum ...	1	...	...	...	...	1	2	2	2	10	16	11	5	12	8	43	27	41	106	118	224
Pancreas ...	...	...	...	...	...	...	...	...	1	2	12	1	2	2	2	4	8	4	13	17	30
Uterus ...	...	...	...	...	...	...	...	...	4	...	10	...	9	...	5	16	...	5	...	49	49
Ovaries and Vagina ...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	12	...	8	...	50	50
Penis and Scrotum ...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...	1	2	...	3	...	7
Abdomen and Pelvis ...	...	...	...	...	...	...	...	2	...	3	3	2	...	...	...	6	2	...	4	6	23
Kidney ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Prostate ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bladder ...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...
Bones ...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Ductless Glands ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Otherwise specified ...	...	1	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...	...	...
Totals	5	3	3	...	21	83	79	63	62	167	101	509	533	1042								

CITY OF

Deaths from Specified Causes
and Death Rates per 1000

CAUSE OF DEATH	MALES											Total Males
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+	
1. Typhoid and Paratyphoid Fevers	...	...	...	...	...	...	...	...	...	...	...	...
2. Cerebro-spinal Fever	1	...	...	...	...	...	...	...	...	...	...	1
3. Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...
4. Whooping Cough	2	...	...	...	...	...	...	...	...	...	...	2
5. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
6. Measles	1	...	...	...	...	...	...	...	...	...	...	1
7. Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...
8. Pulmonary Tuberculosis	1	1	1	...	23	17	26	28	33	17	2	149
9. Tubercular Meningitis	...	1	...	...	1	...	...	...	...	...	...	2
10. Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
11. Other Tuberculous Disease	...	...	...	...	...	1	...	3	...	...	1	5
12. Syphilis	...	...	...	...	...	...	1	4	4	3	1	13
13. Influenza	...	...	...	...	...	...	2	4	2	8	4	20
14. Cancer	...	3	1	1	6	1	21	83	125	167	101	509
15. Acute Rheumatism	...	...	1	1	...	...	...	1	1	...	...	4
16. Diabetes Mellitus	...	...	...	...	...	...	...	2	4	6	1	13
17. Cerebral Hæmorrhage, etc.	...	...	...	1	...	2	7	16	37	107	115	285
18. Other Nervous Diseases	7	2	1	2	3	...	3	9	6	9	3	45
19. Heart Disease	...	1	...	1	3	7	27	78	155	272	325	869
20. Other Circulatory Diseases	...	...	...	...	1	1	...	5	16	29	33	85
21. Bronchitis	6	4	...	...	...	2	2	14	34	42	45	149
22. Pneumonia	14	4	...	1	...	...	3	8	27	33	43	133
23. Other Respiratory Diseases	3	2	...	1	...	...	1	1	8	19	8	43
24. Gastric and Duodenal Ulcer	...	...	...	...	...	2	2	14	17	15	7	57
25. Diarrhœa and Enteritis	13	1	...	...	...	1	...	...	1	...	...	16
26. Appendicitis	1	...	1	...	1	...	1	...	1	2	...	7
27. Other Digestive Diseases	1	...	1	...	1	...	3	5	7	16	12	46
28. Nephritis	...	...	...	1	1	...	2	4	8	13	13	42
29. Other Diseases of Genito-Urinary System	...	...	...	...	...	...	2	1	10	28	35	76
30. Puerperal Sepsis	...	...	...	...	...	...	...	...	...	...	...	...
31. Other Maternal Causes	...	...	...	...	...	...	...	...	...	...	...	...
32. Congenital Debility, Premature Birth, Malformations, etc.	90	1	2	1	3	...	2	...	...	...	...	99
33. Old Age	...	...	...	...	...	...	...	...	...	1	19	20
34. Suicide, Road Transport Accidents and other Violent Causes.	10	4	5	3	12	10	11	22	23	18	22	140
35. All Other Causes	8	3	1	1	4	3	5	6	20	8	10	69
TOTALS	158	27	14	14	59	47	121	308	539	813	300	2,900

EDINBURGH.

in Sex and Age Groups
of the Population.

CAUSE OF DEATH	FEMALES											Total Fe- males	Total both Sexes	Rate per 1000 Pop.
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+			
1. Typhoid & Paratyphoid Fevers.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2. Cerebro-spinal Fever	...	1	...	...	...	...	...	...	...	1	...	2	3	0.01
3. Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4. Whooping Cough	3	1	...	...	...	...	...	...	...	...	...	4	6	0.01
5. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6. Measles	...	...	...	...	...	...	...	...	...	...	...	...	1	0.00
7. Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8. Pulmonary Tuberculosis	1	...	1	4	44	38	16	10	2	3	2	121	270	0.55
9. Tubercular Meningitis	...	2	...	...	2	...	...	...	...	...	...	4	6	0.01
10. Abdominal Tuberculosis	...	...	...	...	1	1	1	1	...	...	...	4	4	0.01
11. Other Tuberculous Disease.	...	...	...	...	...	1	...	...	1	2	2	6	11	0.02
12. Syphilis	1	...	...	...	...	2	1	...	3	3	...	10	23	0.05
13. Influenza	1	1	...	...	1	1	...	...	5	12	11	32	52	0.11
14. Cancer	...	...	...	1	1	5	26	79	111	177	133	533	1,042	2.13
15. Acute Rheumatism	...	...	1	...	...	1	...	1	...	...	...	3	7	0.01
16. Diabetes Mellitus	...	...	...	...	...	...	...	1	8	8	11	28	41	0.08
17. Cerebral Hæmorrhage, etc.	...	...	...	...	1	2	9	16	53	154	223	458	743	1.52
18. Other Nervous Diseases	1	1	1	...	1	1	6	4	8	11	12	46	91	0.19
19. Heart Disease	...	...	...	1	4	6	22	30	103	285	546	997	1,866	3.82
20. Other Circulatory Diseases.	...	...	...	...	...	5	3	10	38	68	...	124	209	0.43
21. Bronchitis	8	...	...	...	...	1	2	5	12	28	43	99	248	0.51
22. Pneumonia	12	1	...	...	2	2	2	8	18	27	68	140	273	0.55
23. Other Respiratory Diseases.	3	...	...	...	1	1	4	6	6	10	15	46	89	0.19
24. Gastric and Duodenal Ulcer.	...	...	...	...	...	...	...	3	3	6	3	15	72	0.15
25. Diarrhœa and Enteritis	12	...	...	...	...	...	...	3	1	3	2	21	37	0.08
26. Appendicitis	...	...	...	...	1	2	...	...	2	2	1	8	15	0.03
27. Other Digestive Diseases	...	...	2	...	4	2	4	6	17	16	22	73	119	0.24
28. Nephritis	...	1	...	...	...	5	7	11	15	27	...	66	108	0.22
29. Other Diseases of Genito-Urinary System.	...	...	...	...	...	1	3	4	1	7	3	19	95	0.19
30. Puerperal Sepsis	...	...	...	...	1	...	...	...	...	...	...	1	1	0.00
31. Other Maternal Causes	...	...	...	...	1	...	...	...	...	...	...	1	1	0.00
32. Congenital Debility, Premature Birth, Malformations, etc.	58	...	...	...	...	1	...	1	...	...	...	60	159	0.33
33. Old Age	...	...	...	...	...	...	...	...	...	7	33	40	60	0.12
34. Suicide, Road Transport Accidents and other Violent Causes.	3	3	2	1	2	4	11	8	8	22	58	122	262	0.54
35. All other Causes	2	3	...	...	1	2	10	19	16	26	37	116	185	0.38
TOTALS	105	14	7	7	68	72	128	216	396	863	1323	3,199	6,099	12.5

Table showing the Population, etc., also the Births and Deaths in each Ward during 1949.

No.	WARD	Estimated (Civilian) Population at Mid-Year	Area in Acres	Density of Population per Acre	BIRTHS (Live)		INFANT MORTALITY		STILL BIRTHS		DEATHS					
					No.	Rate per 1,000	Deaths	Rate per 1,000 Births	No.	Rate per 1,000	PULMONARY TUBERCULOSIS		*EPIDEMIC DISEASES		ALL CAUSES	
											No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000
1	St Giles	25,510	394	64.7	488	19.1	13	27	19	38	18	0.7	1	0.04	405	15.9
2	Holyrood	21,970	915	24.0	471	21.4	15	32	12	25	11	0.5	..	..	324	14.7
3	George Square	19,150	318	60.2	270	14.1	5	19	8	29	11	0.6	..	..	254	13.3
4	Newington	23,610	905	26.1	327	13.8	14	43	6	18	5	0.2	..	..	384	16.3
5	Liberton	18,160	4,848	3.7	359	19.8	8	22	12	32	12	0.7	..	..	141	7.8
6	Morningside	18,520	687	26.8	197	10.6	5	25	7	34	2	0.1	..	..	328	17.7
7	Merchiston	17,420	745	23.4	202	11.6	5	25	1	5	8	0.5	..	..	255	14.6
8	Colinton	16,730	6,159	2.7	258	15.4	6	23	4	15	13	0.8	..	..	189	11.3
9	Sighthill	19,980	1,218	16.4	353	17.7	9	25	13	36	12	0.6	..	..	173	8.7
10	Gorgie-Dalry	23,930	413	57.9	367	15.3	10	27	11	29	12	0.5	..	..	310	13.0
11	Corstorphine	18,240	3,436	5.3	227	12.4	8	35	2	9	8	0.4	..	..	224	12.3
12	Murrayfield-Cramond	14,620	3,468	4.2	165	11.3	6	36	4	24	4	0.3	..	..	197	13.5
13	Pilton	23,620	1,214	19.5	532	22.5	29	55	23	41	15	0.6	..	..	195	8.3
14	St Bernard's	22,230	1,426	15.6	301	13.5	10	33	8	26	8	0.4	..	..	263	11.8
15	St Andrew's	20,090	382	52.6	401	20.0	15	37	12	29	11	0.5	..	..	271	13.6
16	Broughton	20,800	518	40.2	334	16.1	6	18	7	20	6	0.3	..	..	291	14.0
17	Calton	20,820	317	65.7	299	14.4	8	27	8	26	6	0.3	..	..	262	12.6
18	West Leith	19,560	882	22.2	320	16.4	11	34	5	15	11	0.6	..	..	263	13.5
19	Central Leith	23,870	307	77.8	495	20.7	19	38	9	18	12	0.5	..	..	283	11.9
20	South Leith	23,400	731	32.0	386	16.5	20	52	7	18	16	0.7	..	..	318	13.6
21	Craigentinny	24,330	791	30.8	359	14.8	9	25	8	22	22	0.9	..	..	246	10.1
22	Portobello	24,650	1,635	15.1	465	18.9	10	22	6	13	16	0.6	..	..	273	11.1
23	Craigmillar	16,490	1,474	11.2	421	25.5	18	43	7	16	17	1.0	..	..	123	7.5
	Institutions	11,328	...	...	157	...	4	...	4	...	14	...	..	..	122	...
	Totals	489,028	33,183	14.7	8,154	16.7	263	32	203	24	270	0.6	..	..	6,099	12.5

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, and Diarrhoea and Enteritis under 2 years.

NOTE.—Births and deaths occurring in institutions are allocated to wards, except in cases where a permanent domicile cannot be established.

CITY OF EDINBURGH
Inhabited Houses.

NUMBER OF INHABITED HOUSES					
WARD	1946-47	1947-48	1948-49	NEW WARDS	1949-50
1. Calton ...	5,436	5,453	5,446	1. St Giles ...	7,199
2. Canongate ...	4,764	4,774	4,716	2. Holyrood ...	6,558
3. Newington ...	5,929	5,967	5,989	3. George Square ...	5,634
4. Morningside ...	7,337	7,363	7,380	4. Newington ...	7,080
5. Merchiston ...	6,300	6,320	6,342	5. Liberton ...	4,712
6. Gorgie ...	7,930	7,931	7,911	6. Morningside ...	6,313
7. Haymarket ...	5,549	5,618	5,707	7. Merchiston ...	5,646
8. St Bernard's ...	6,488	6,574	6,622	8. Colinton ...	5,083
9. Broughton ...	4,895	4,884	4,908	9. Sighthill ...	5,523
10. St Stephen's ...	4,592	4,564	4,681	10. Gorgie-Dalry ...	7,392
11. St Andrew's ...	2,684	2,700	2,726	11. Corstorphine ...	5,502
12. St Giles ...	4,082	4,065	4,051	12. Murrayfield-Cramond ...	4,417
13. Dalry ...	5,137	5,139	5,134	13. Pilton ...	6,049
14. George Square ...	4,486	4,474	4,475	14. St Bernard's ...	6,660
15. St Leonard's ...	4,470	4,470	4,484	15. St Andrew's ...	6,168
16. Portobello ...	10,243	10,493	10,918	16. Broughton ...	6,206
17. South Leith ...	7,392	7,404	7,446	17. Calton ...	6,461
18. North Leith ...	3,644	3,617	3,619	18. West Leith ...	5,807
19. West Leith ...	5,059	5,067	5,101	19. Central Leith ...	6,924
20. Central Leith ...	3,196	3,197	3,188	20. South Leith ...	6,963
21. Liberton ...	5,427	5,506	6,285	21. Craigentinny ...	6,755
22. Colinton ...	4,584	4,649	5,024	22. Portobello ...	6,651
23. Corstorphine and Cramond ...	12,670	13,423	14,307	23. Craigmillar ...	3,681
	132,294	133,652	136,460		139,384

Year	Increase
1942-43	672
1943-44	479
1944-45	393
1945-46	366
1946-47	435
1947-48	1,358
1948-49	2,808
1949-50	2,924

INFECTIOUS DISEASES

The diseases falling to be dealt with under this heading are as follows :—

- (a) Diseases specified in the Infectious Disease (Notification) Act, 1889, and the Public Health (Infectious Diseases) Regulations, 1932.
- (b) Measles and whooping cough (first case under 5 years of age, in each household) notifiable under Local Provisional Orders. After 31st December, 1949, whooping cough became compulsorily notifiable.

Enteric Group.—Eight persons were notified as suffering from typhoid fever and in all cases the diagnosis was confirmed. Of these, three proved to be *B. Typhosus* infections, all of whom were infected outwith the City, and five were *B. Paratyphosus B.*, of whom two contracted the disease outwith the City.

Diphtheria.—The number of confirmed cases during the year was seven, the lowest figure yet recorded. All the cases were removed and treated in hospital. The reduction in the number of notifications in the last nine years is a significant reflection of the local authority's campaign for immunisation. The average number of notifications for the years 1940-1944 inclusive was 481. In 1945 there were 362 notifications; in 1946, 172; in 1947, 50; and in 1948, 14. For the first time in the records of the City, no deaths occurred from diphtheria during the year.

Scarlet Fever.—There were 1,183 cases of scarlet fever reported during the year, compared with 1,051 in 1948. The prevalent type was mild, and for the fourth year in succession there were no deaths. Seven hundred and twenty-three cases were removed and treated in hospital. These were the more severe cases and those for whom, in the doctor's opinion, adequate treatment and segregation at home were not possible.

The incidence of the disease was highest in the early months of the year, representing the tail of the mild epidemic which occurred in the closing months of 1948. After a comparative lull in the summer, notifications increased to 110 in October, 132 in November and 102 in December.

Cerebro-spinal Fever.—Twenty-seven cases of cerebro-spinal fever were reported and admitted to hospital during the year, compared with 17 notifications in 1948 and 57 in 1947. The majority of cases (22) were children under 5 years of age. Three deaths occurred, representing a case mortality of 11.1 per cent.

Acute Poliomyelitis.—The notifications of acute poliomyelitis for the year numbered 27, compared with 30 in 1948 and 151 in 1947. Twenty-three of the 27 cases reported were admitted to hospital for treatment. No deaths were reported from this disease during the year.

Measles and Whooping Cough.—There were 1,392 cases of measles and 760 cases of whooping cough reported during 1949. This compares with 2,240 notifications of measles and 402 cases of whooping cough in 1948. Normally, these notifications were confined to children under five and the first case in each household. In addition, a number of children over five years who were admitted to hospital are included in the notifications for both of these diseases. One death occurred from measles and six from whooping cough.

Smallpox Precautions.—During the month of April, the liner S.S. "Mooltan" arrived in London from Australia with a fatal case of smallpox aboard. Several passengers from this vessel subsequently developed the disease, and although no case occurred in the City, seventeen contacts arrived here and were under daily surveillance for the quarantine period. The vaccination of contacts was carried out on board ship, and it was noted that a number of the passengers had not been previously protected against smallpox.

INFECTIOUS DISEASES.

The following Table shows the number of Notifications for each Month of the Year 1949 :—

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Diphtheria	2	8	1	10	13	1	7	9	1	2	9	12	7
Erysipelas	22	122	106	97	97	84	70	63	11	110	132	102	139
Scarlet Fever	1,183
Typhoid Fever	8
Puerperal Fever	25
Cerebro-spinal Fever	14
Infected Jaundice	27
Tuberculosis, Pulmonary	661
Tuberculosis, other forms	131
Ophthalmia Neonatorum	13
Malaria	7
Dysentery	277
Acute Primary Pneumonia	272
Acute Influenzal Pneumonia	111
Measles	1,392
Whooping Cough	760
Poliomyelitis, Acute	27
Encephalitis Lethargica	1
Totals	365	490	527	522	540	547	463	343	264	300	330	365	5,056

INFECTIOUS DISEASES.

Return of Cases of Infectious Disease notified during the Year ended 31st December 1949.

DISEASE		NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH										Cases removed to hospital	Cases not removed to hospital
		At all Ages	At Age—Years										
			Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards			
CEREBRO-SPINAL FEVER	M	11	2	7	...	1	1	...	...	...	11	...
	F	16	9	4	1	1	...	...	...	1	16	...
CHICKENPOX	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
CHOLERA	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
CONTINUED FEVER	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
DIPHTHERIA	M	1	...	...	1	...	...	...	...	...	1	...
	F	6	...	1	3	1	...	1	...	...	6	...
DYSENTERY	M	133	18	84	25	...	3	1	2	...	108	25	
	F	144	17	82	14	16	4	4	6	1	114	30	
ENCEPHALITIS	M	1	...	...	...	...	...	...	...	1	...	...
LETHARGICA	F	...	...	...	...	...	...	...	...	...	...	...
ERYSIPELAS	M	58	...	1	3	2	5	5	29	13	21	37	
	F	81	...	...	1	4	8	17	36	15	26	55
JAUNDICE, ACUTE	M	...	...	...	...	...	...	...	...	...	...	...
INFECTIVE	F	1	...	...	...	...	1	...	...	...	1	...
MALARIA	M	6	...	...	...	...	3	2	1	...	...	6
	F	1	...	...	...	...	1	...	...	...	...	1
MEASLES	M	697	47	616	30	3	...	...	...	...	120	577
	F	695	47	610	31	3	3	...	1	...	131	564	
OPHTHALMIA	M	6	6	...	...	...	...	...	...	...	1	5
NEONATORUM	F	7	7	...	...	...	...	...	...	...	...	7
PLAGUE	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
PNEUMONIA, ACUTE	M	46	...	3	6	1	4	5	17	10	24	22	
INFLUENZAL	F	65	5	6	3	5	11	8	12	15	53	12	
PNEUMONIA, ACUTE	M	164	17	23	33	5	11	12	45	18	28	136	
PRIMARY	F	108	5	22	13	12	9	11	20	16	14	94	
PNEUMONIA (not otherwise notifiable)	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
POLIOMYELITIS, ACUTE	M	12	2	4	2	2	1	1	...	...	12	...
	F	15	1	6	3	2	2	1	...	...	11	4
PUERPERAL FEVER	M	...	...	...	...	...	...	...	...	...	...	...
	F	25	...	...	...	7	12	6	...	...	22	3
PUERPERAL PYREXIA	M	...	...	...	...	...	...	...	...	...	...	...
	F	14	...	...	...	6	6	2	...	...	14	...
SCARLET FEVER	M	533	1	135	339	43	7	4	4	...	337	196	
	F	650	4	138	427	68	2	5	6	...	386	264	
SMALLPOX	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
TUBERCULOSIS—	M	361	3	16	25	78	67	68	83	21	96	265	
PULMONARY	F	300	...	9	17	144	64	34	25	7	80	220	
TUBERCULOSIS—	M	53	...	8	14	12	7	3	6	3	19	34	
NON-PULMONARY	F	78	2	4	12	22	14	9	10	5	19	59	
TYPHOID FEVER	M	2	...	...	...	1	1	...	...	...	2	...
	F	1	...	1	...	...	...	...	...	...	1	...
PARA-TYPHOID A	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
PARA-TYPHOID B	M	3	...	...	1	1	...	...	1	...	3	...
	F	2	...	...	...	1	...	...	1	...	1	...
TYPHUS FEVER	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
WHOOPING COUGH	M	376	54	312	10	...	...	...	...	...	77	299
	F	384	46	325	12	...	1	...	...	...	66	318
	M	2,463	150	1,209	489	149	111	101	188	66	860	1,603	
	F	2,593	143	1,208	537	292	138	98	117	60	971	1,632	
TOTAL	..	5,056	293	2,417	1,026	441	249	199	305	126	1,831	3,235	

Table showing the Infectious Disease Notifications and Deaths in each Municipal Ward during the Year 1949.

No.	WARD	Typhoid Fevers		Puerperal Fever		Diphtheria		Scarlet Fever		Erysipelas		Cerebro-Spinal Fever		Measles		Whooping Cough	
		Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
1	St Giles ...	...	...	1	...	1	...	45	...	12	...	1	...	37	...	44	...
2	Holyrood ...	...	...	1	...	...	...	55	...	6	...	...	...	51	...	38	...
3	George Square ...	...	...	1	...	...	...	31	...	3	...	...	...	9	...	17	...
4	Newington ...	...	...	2	...	...	...	40	...	4	...	3	...	24	...	24	...
5	Liberton ...	...	...	...	...	...	...	25	...	1	...	...	...	18	...	18	...
6	Morningside ...	...	...	...	...	...	...	31	...	4	...	...	...	14	...	7	...
7	Merchiston ...	...	...	...	...	...	...	31	...	6	...	1	...	31	...	12	...
8	Colinton ...	...	...	...	...	...	...	19	...	1	...	...	...	61	...	37	...
9	Sighill ...	...	...	2	...	...	...	68	...	5	...	...	...	59	...	25	...
10	Gorgie-Dalry ...	...	...	...	...	...	...	44	...	6	...	3	...	63	...	24	...
11	Corstorphine ...	...	...	...	...	...	...	27	...	5	...	...	...	58	...	21	...
12	Murrayfield-Cramond ...	...	...	...	...	...	...	22	...	3	...	1	...	22	...	11	...
13	Pilton ...	...	...	3	...	...	...	117	...	4	...	...	...	265	...	45	...
14	St Bernard's ...	...	...	1	...	...	...	41	...	2	...	...	...	38	...	15	...
15	St Andrew's ...	...	...	1	...	...	...	50	...	2	...	...	...	37	...	11	...
16	Broughton ...	...	...	...	...	...	...	46	...	5	...	1	...	30	...	21	...
17	Calton ...	...	...	1	...	...	...	45	...	5	...	...	...	28	...	26	...
18	West Leith ...	...	...	2	...	...	...	47	...	7	...	2	...	103	...	37	...
19	Central Leith ...	...	...	...	...	...	...	98	...	12	...	1	...	165	...	52	...
20	South Leith ...	...	...	1	...	...	...	80	...	15	...	1	...	63	...	47	...
21	Craigentinny ...	...	...	2	...	...	...	79	...	13	...	1	...	74	...	87	...
22	Portobello ...	...	...	1	...	...	...	47	...	3	...	...	...	47	...	56	...
23	Craigmillar ...	...	...	1	...	...	...	42	...	12	...	2	...	16	...	60	...
	Institutions	...	...	5	...	1	...	53	...	3	...	9	...	79	...	25	...
	Totals	8	...	25	...	7	...	1183	...	139	...	27	...	1392	...	760	6

Cases of Certain Specified Infectious Diseases notified in Edinburgh during the last 28 Years.

YEAR	TYPHOID FEVERS		DIPHTHERIA		SCARLET FEVER		CEREBRO-SPINAL FEVER		*MEASLES		*WHOOPING COUGH	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1922	16	4	800	57	1,702	32	4	3	Not notifiable	113	Not notifiable	109
1923	29	2	770	69	1,897	93	12	8	79	79	2,043	89
1924	27	1	720	73	1,761	68	15	11	120	120	2,043	85
1925	30	1	870	82	2,351	62	12	10	85	85	2,043	188
1926	33	7	552	43	1,852	32	25	20	42	42	2,043	17
1927	78	2	599	44	1,848	19	30	25	71	71	2,043	43
1928	19	2	629	30	1,046	6	25	21	77	77	1,390	80
1929	76	2	1,171	55	1,154	3	63	48	...	...	863	39
1930	35	2	1,102	71	1,278	8	52	37	106	106	1,638	72
1931	14	1	901	28	647	4	48	36	811	4	839	19
1932	26	4	662	27	1,080	8	54	39	878	89	1,205	56
1933	50	3	606	21	4,516	21	41	25	178	2	984	65
1934	13	...	546	27	2,419	17	34	22	3,200	67	189	6
1935	32	3	308	16	1,511	7	19	13	854	11	877	37
1936	25	5	622	26	1,083	5	19	13	2,491	41	804	25
1937	16	...	600	43	1,680	10	19	15	1,508	16	1,425	67
1938	35	1	361	29	1,430	5	20	14	2,248	36	253	4
1939	25	2	734	29	734	1	23	2	678	2	1,521	41
1940	32	2	749	61	652	1	326	45	2,818	13	255	8
1941	68	4	446	28	1,070	3	194	36	1,123	7	1,365	44
1942	14	2	480	31	2,023	5	84	14	2,307	10	135	2
1943	7	...	422	15	1,598	4	37	7	1,723	7	775	19
1944	8	...	306	12	1,222	3	37	1	1,124	...	409	10
1945	3	1	362	13	1,029	1	55	4	2,920	16	494	17
1946	5	...	172	10	434	...	73	10	2,064	4	483	7
1947	6	...	50	2	310	...	57	8	1,403	10	790	20
1948	4	...	14	1	1,051	...	17	1	2,240	8	402	5
1949	8	...	7	...	1,183	...	27	3	1,392	1	760	6

* From 1925 only first case in household notifiable.

From 1933, only first case (under 5 years) in household notifiable.

Incidence and Death Rates per 100,000 of Population and Case Mortality per Cent.

YEAR	TYPHOID FEVERS			DIPHTHERIA			SCARLET FEVER			CEREBRO-SPINAL FEVER			MEASLES			WHOOPING COUGH		
	Incidence Rate	Death Rate	Case Mortality	Incidence Rate	Death Rate	Case Mortality	Incidence Rate	Death Rate	Case Mortality	Incidence Rate	Death Rate	Case Mortality	Incidence Rate	Death Rate	Case Mortality	Incidence Rate	Death Rate	Case Mortality
1922	3.8	0.9	25.0	189.5	13.5	7.1	403.2	7.6	1.8	0.9	0.7	75.0	...	26.8	...	25.8	...	...
1923	6.8	0.5	6.9	181.6	16.3	8.9	447.5	21.9	4.9	1.9	1.9	66.6	...	18.6	...	21.0	...	...
1924	6.3	0.2	3.7	169.1	17.1	10.1	413.5	16.0	3.8	2.8	2.6	73.3	...	20.0	...	20.0	...	...
1925	7.0	0.2	3.3	203.4	19.2	9.4	549.8	14.5	2.6	2.8	2.3	83.3	526.6	28.2	3.8	477.7	44.0	9.2
1926	7.7	1.6	21.2	128.5	10.0	7.8	421.1	7.4	1.7	5.8	4.7	80.0	779.0	19.9	1.3	65.2	4.0	6.1
1927	18.1	0.5	2.6	138.8	10.2	7.3	428.4	4.4	1.0	7.0	5.8	83.3	649.7	16.5	1.1	197.0	10.0	5.1
1928	4.4	0.5	10.5	145.2	6.9	4.8	241.4	1.4	0.6	5.8	4.8	84.0	1,002.0	1.2	2.5	320.8	18.5	5.9
1929	17.5	0.5	2.6	269.1	12.7	4.7	265.2	0.7	0.3	14.5	11.0	76.2	77.7	...	...	198.3	9.0	4.5
1930	8.1	0.5	5.7	252.1	16.2	6.4	282.4	1.8	0.6	11.9	8.5	71.1	1,643.1	24.2	...	374.8	16.5	4.4
1931	3.2	0.3	7.1	203.4	6.3	3.1	146.0	0.9	0.6	10.8	8.1	75.0	183.1	0.9	0.5	189.4	4.3	2.3
1932	5.8	0.9	15.4	148.0	6.0	4.1	241.2	1.8	0.7	12.1	8.7	72.2	1,962.0	19.9	1.0	269.0	12.5	4.6
1933	11.0	0.7	6.0	133.8	4.6	3.5	997.4	4.6	0.5	9.1	5.5	61.0	39.3	0.4	1.1	217.3	14.4	6.6
1934	2.8	...	...	119.4	5.9	4.9	529.2	3.7	0.7	7.4	4.8	64.7	700.1	14.0	2.1	41.4	1.3	3.2
1935	6.9	0.7	9.4	66.8	3.5	5.2	327.9	1.5	0.5	4.1	2.8	68.4	185.3	2.4	1.3	190.3	8.0	4.2
1936	5.4	1.1	20.0	80.5	5.6	7.0	238.3	1.1	0.5	4.1	2.8	68.4	536.7	8.8	1.7	173.2	5.4	3.1
1937	3.4	...	...	133.5	9.2	6.9	359.9	2.1	0.6	4.1	3.2	79.0	323.0	3.4	1.1	305.2	14.4	4.7
1938	7.5	0.2	2.9	128.0	9.4	7.3	304.6	1.1	0.4	4.3	3.0	70.0	478.9	7.7	1.6	53.9	0.9	1.6
1939	5.3	0.4	8.0	76.5	6.1	8.0	155.5	0.2	0.1	4.9	0.4	8.7	143.7	0.4	0.3	322.3	8.7	2.6
1940	7.5	0.5	6.3	175.2	14.3	8.1	152.5	0.2	0.2	45.2	10.5	13.8	659.2	3.0	0.5	59.7	1.9	3.1
1941	15.8	0.9	5.9	103.9	6.5	6.3	249.3	0.7	0.3	19.8	8.4	18.6	261.7	1.6	0.6	318.1	10.3	3.2
1942	3.3	0.5	14.3	113.1	7.3	6.5	476.6	1.2	0.2	3.3	16.7	543.5	543.5	2.4	0.4	31.8	0.5	1.5
1943	1.7	...	...	101.6	3.6	3.6	384.8	1.0	0.2	8.9	1.7	19.0	414.9	1.7	0.4	186.6	4.6	2.5
1944	1.9	...	...	73.1	2.9	3.9	292.1	0.7	0.2	8.8	0.2	2.7	268.7	...	...	97.8	2.4	2.4
1945	0.7	...	...	84.9	3.1	3.5	241.4	0.2	0.1	12.9	0.9	7.3	685.0	3.8	0.5	115.9	4.0	3.4
1946	1.1	...	...	37.4	2.2	5.8	94.5	...	...	15.9	2.2	13.7	449.3	0.9	0.2	105.1	1.5	1.4
1947	1.2	...	...	10.3	0.4	4.0	63.8	...	...	11.7	1.6	14.0	288.5	2.1	0.7	162.7	4.1	2.5
1948	0.8	...	...	2.9	0.2	7.1	215.2	...	...	3.5	0.2	5.9	458.7	1.6	0.4	82.3	1.0	1.2
1949	1.6	...	...	1.4	...	...	241.9	...	...	5.5	0.6	11.1	284.6	0.2	0.1	155.4	1.2	0.8

DIPHTHERIA IMMUNISATION.

The Public Health Department during 1949 received 9,093 notifications of complete immunisations and notification of 7,042 reinforcing injections. The number of primary immunisations carried out was 2,180 less than the previous year, but the total then was abnormally large due to the inclusion of immunisations given between October and December 1947. Up to that date it was the practice to observe a waiting period of three months for immunity to develop. The agencies providing this service were:—

Child Welfare Centres	...	...	...	3,090
School Health Service	...	...	...	3,086
General Practitioners	...	...	...	2,917

The reinforcing injections were carried out by the School Health Service, except for 363 done by medical practitioners.

The estimated number of children under five years of age in the City at the end of the year was 41,000, more than half of whom (51 per cent.) had undergone a complete course of immunisation. Percentages of immunised children under five years of age in 1947 and 1948 were 44 per cent. and 50 per cent. respectively.

These figures relate only to children regarding whom full details of immunisation have been notified to the Public Health Department. It is known that a number of immunisations are not notified, and in consequence the percentage of pre-school children protected will be higher than 51 per cent.

DIPHTHERIA IMMUNISATION SINCE 1923.

Year	Number Protected	Total Cases Notified	Immunised Children Notified	Fatal Cases amongst the non-Immunised	Fatal Cases amongst the Immunised
1923	157	770	...	69	...
1924	3,329	720	28	73	...
1925	256	870	16	82	...
1926	1,969	552	18	43	...
1927	1,603	599	27	44	...
1928	743	629	11	30	...
1929	1,194	1,171	66	53	2
1930	1,175	1,102	24	71	...
1931	560	901	20	28	...
1932	776	662	3	27	...
1933	1,940	606	12	21	...
1934	3,362	546	13	26	1
1935	3,856	308	2	16	...
1936	2,717	374	6	26	...
1937	3,440	622	11	43	...
1938	4,038	600	31	43	1
1939	2,075	361	23	29	...
1940	1,429	749	6	61	...
1941	52,386	446	29	28	...
1942	11,065	480	74	29	2
1943	4,927	422	105	14	1
1944	5,872	306	80	12	...
1945	11,550	362	149	11	2
1946	6,773	172	62	10	...
1947	6,071	50	10	2	...
1948	11,273	14	5	1	...
1949	9,093	7	1	...	...
	153,629	14,041	832	892	9

DIPHTHERIA IMMUNISATION ANALYSIS for YEAR 1949.

	YEAR OF BIRTH																	Total
	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933 or earlier	
1. GENERAL PRACTITIONERS :— Half-Year to 30th June	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1,473
" " 31st Dec.	203	974	142	56	24	24	7	5	3	1	2	...	1	1	...	...	1	1,444
2. CHILD WELFARE CENTRES :— Half-Year to 30th June	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2,917
" " 31st Dec.	305	935	153	54	43	7	...	...	...	...	...	...	...	...	...	...	...	1,593
3. SCHOOLS :— Half-Year to 30th June	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1,497
" " 31st Dec.	305	2095	407	157	95	27	4	...	...	...	...	...	...	...	...	...	...	3,090
4. REINFORCING INJECTIONS :— GENERAL PRACTITIONERS	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2,272
SCHOOLS	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	814
TOTAL PRIMARY IMMUNISATIONS :— GENERAL PRACTITIONERS	203	1905	505	123	52	65	25	11	6	5	6	2	2	1	...	5	1	2,917
CHILD WELFARE CENTRES	305	2095	407	157	95	27	4	...	...	...	...	...	...	...	...	...	...	3,090
SCHOOLS	1	10	27	39	48	543	454	54	55	100	1338	46	3	55	298	14	1	3,086
	509	4010	939	319	195	635	483	65	61	105	1344	48	5	56	298	19	2	9,093

VACCINATIONS.

Following are the vaccinations reported to the Department during 1949 :—

Primary Vaccinations.

Year of Birth	Typical Vaccinia greatest at 7th-10th Day	Accelerated (Vaccinoid) Reaction 5th-7th Day	Greatest Reaction 2nd-3rd Day	No Local Reaction	Total
1949	2,522	69	26	536	3,153
1948	1,248	41	17	375	1,681
1947	29	2	...	2	33
1946	8	...	...	...	8
1945	11	...	2	1	14
1944	8	...	1	...	9
1943	5	...	1	1	7
1942	4	...	...	...	4
1941	1	...	...	1	2
1940 or earlier	23	3	17	6	49
Totals	3,859	115	64	922	4,960

Re-Vaccinations.

Typical Vaccinia greatest at 7th-10th Day	Accelerated (Vaccinoid) Reaction 5th-7th Day	Greatest Reaction 2nd-3rd Day	No Local Reaction	Total
744	179	271	493	1,687

Vaccination and Inoculation of Persons Proceeding Overseas.

The foregoing figures on vaccination for the year 1949 exclude vaccinations of persons proceeding abroad either by sea or air. In addition, facilities were available at the Public Health Chambers for courses of inoculation against Typhoid and Paratyphoid Fevers, Typhus Fever, Cholera and Plague. A total of 397 persons destined for many parts of the globe took advantage of this service and international certificates were issued to those receiving injections. A number of travellers preferred to be inoculated or vaccinated by their own doctors, and vaccines were supplied by the Department to general practitioners on request. The only inoculation in general use not given by the Department was that against yellow fever, which, as previously, continued to be given at the Tropical Diseases Unit, Eastern General Hospital, Edinburgh.

The undernoted table gives a summary of the number of inoculations given at the Public Health Chambers during the year.

	No. of Persons
Smallpox	155
Typhus Fever	36
Cholera	83
Plague	8
Typhoid and Paratyphoid Fevers	115
	<u>397</u>

CITY HOSPITAL FOR INFECTIOUS DISEASES.

REPORT FOR THE YEAR 1949.

The total number of patients admitted to the hospital in 1949 was 2,713. Of these 161 were suffering from tuberculosis so that 2,552 were admitted to the acute infectious diseases wards. Owing to the reallocation of function decided upon by the South-Eastern Regional Board in respect of a number of the smaller fever hospitals, the City Hospital was called upon to admit all forms of infectious diseases from a wider area than formerly, and 171 patients came from outside the city boundaries. Thirty-one patients were admitted at the request of the service authorities. The greatest number of patients under treatment (including those suffering from tuberculosis) on any one day was 433 on 26th February, and the lowest, 322 on 19th August. Occasionally we were hard put to it to find accommodation for certain types of acute infectious disease, even when there were empty beds in the hospital, this arising from the necessity for classifying patients according to disease as well as on the usual basis of age and sex. This was particularly the case in respect of measles, shortage of nursing staff precluding the possibility of setting aside a ward for this disease so that patients had to be accommodated in the side wards attached to main wards. Apart from the ever present possibility of transfer of infection to the main wards, in these circumstances overcrowding becomes all too easy, the temptation to allocate an additional patient to a small unit already full not being easily resisted.

The number of cases of the principal infectious diseases for which admission was sought, the number in which the diagnosis was eventually confirmed, and the case fatality in each is tabulated as follows:—

Disease	No. of notified cases	No. of confirmed cases	Case fatality per cent.
Diphtheria	127	7	Nil.
Scarlet fever	930	845	Nil.
Measles	260	250	0·8
Whooping cough	155	130	4·61
Puerperal sepsis	36	26	Nil.
Enteric fever	11	6	Nil.
Erysipelas	60	50	Nil.
Cerebro-spinal fever	97	22	4·54
Rubella	12	6	Nil.
Chickenpox	86	73	Nil.
Bacillary dysentery	322	212	1·88
Mumps	31	17	Nil.
Pneumonia	104	88	2·27
Poliomyelitis	71	27	3·70
Gastro-enteritis	110 137	5 110	4·5

From the figures set out above it will be seen that by far the greatest contribution to our admissions came from scarlet fever, 845 confirmed cases, the

largest number since 1944. The increase in admissions of whooping cough and bacillary dysentery was substantial, and that for erysipelas and cerebro-spinal fever less marked.

Diphtheria continued its downward trend, 7 cases with no deaths, and it is with a considerable degree of satisfaction that we can compare these figures with the situation existing no longer ago than 1940, when we treated 671 cases with an 8·35 per cent. case fatality. Another interesting decline is in the admissions for puerperal sepsis, 21, the smallest number since 1927. In 1946, 1947, and 1948 the corresponding figures were 112, 72, and 51.

The behaviour of poliomyelitis in 1949 resembled that of 1948 in remaining relatively quiescent and the hospital was called upon to treat 27 cases. Very much the same state of affairs existed throughout Scotland, this being in marked contrast to the prevalence in England and Wales, where the epidemic assumed proportions only exceeded by the outbreak in 1947. Whether this curious epidemiological contrast was a chance event, or whether some factor discouraging to epidemic prevalence emerged in Scotland in 1949 is not clear, but in view of recent experience of poliomyelitis in the United Kingdom we are bound to be a little apprehensive on the approach of the late summer and autumn months.

From the gastro-enteritis statistics it will be seen that the hospital made a valuable contribution to the treatment of this serious condition. That the case fatality for 1949 was 4·5 per cent., as compared with 17·02 for 1948, does not mean that any specially successful form of treatment has been evolved but rather that we were probably dealing with milder forms of the disease.

Nursing Staff.—The major problem in respect of this most important branch of the hospital services, recruitment, remained unsolved. The slight improvement in overall numbers reported in some quarters did not reach the City Hospital, and if the position was not one of unrelieved gloom it was only because the decline was somewhat less than in the immediate past. Our affiliations with Kirkcaldy Hospital, the Sanderson Hospital, Galashiels, and the County Infectious Diseases Hospital, Haddington, were terminated during the year. These hospitals sent approximately fifteen nurses per annum to the City Hospital, and to that extent therefore we shall be at a further disadvantage. Recruitment of ward sisters was still insufficient during the year to reach our objective of having one sister in charge of every ward.

Thirty nurses completed their training during the year and twenty-six were granted state registration as fever nurses after examination. Three nurses from Kirkcaldy Hospital, two from Sanderson Hospital, and one from the County Infectious Diseases Hospital, Haddington, completed one year's training. Three general-trained nurses obtained a certificate after one year's training here. Twenty-four nurses went to general training schools and six left for other reasons.

The nurses' prize-giving and reunion was held on Wednesday, 22nd June. Lady Fraser, of the Nursing Committee of the South-Eastern Regional Board, presented the prizes and gave an address. The "Claude Buchanan Ker Memorial Medal" was awarded to Nurse Alice Binning, the runner-up being Nurse Margaret Murdoch.

Medical Instruction.—Two hundred and sixty-one undergraduates attended demonstrations in acute infectious diseases at the hospital, these being divided into six sections involving approximately 90 hours' teaching. Post-graduate instruction was also given to candidates for the D.P.H. and in connection with other courses such as those for general practitioners and the advanced course in internal medicine.

Works and Developments.—The main items under this heading concern the X-ray department and the laboratory. The former came into full activity on 1st February and during the remaining eleven months of the year the number of radiological examinations carried out in tuberculosis patients was 2,034, in fever patients 500, and in staff 400. A new laboratory, fully equipped, was opened in a spare room in the teaching block in July and added greatly to the efficiency of this department. Further extensions to this department were envisaged, additional laboratory accommodation and an animal house being essential, but at the end of the year these had not progressed beyond the planning stage.

The remaining instalment of the laying of the main cable to enable the electricity supply to be altered from direct to alternating current was completed, but in only one or two of the hospital blocks has it been possible to avail ourselves of alternating current.

Acknowledgments.—It is with great satisfaction that I record that during the period of transition from the former to the present administration the work directed towards the welfare of the patients has continued uninterrupted. To all members of the hospital staff who have contributed to this I am grateful.

HEALTH EDUCATION.

FILM SHOWS AND AN ANTI-FLY CAMPAIGN.

Public interest in health education was stimulated by the holding of another series of Sunday evening film exhibitions and by a repetition of the anti-fly campaign which attracted considerable notice during the summer of 1948.

Unlike its predecessor, the summer of 1949 was warm and favourable to the breeding of flies. Combative measures thus received a more searching test. A wide campaign of insecticide spraying was arranged by the sanitary inspectors, who visited farms, stables, refuse tips, and certain types of shops in which the breeding of flies might occur. The inspectors received a welcome measure of co-operation, and were able to convince many occupiers of the value of insecticides and of the wisdom of avoiding collections of manure and waste which harbour flies. In all, 279 premises and areas were treated in the early part of the summer, and in August a second treatment was given in 213 instances.

The interest of the public was aroused by the issue of placards, posters and leaflets. College of Art students were invited to submit designs in a poster competition, and copies of the winning design were displayed in trams, buses, shops, offices and factories. In the schools, children were given leaflets to take home, and some teachers gave short lessons on the evolution of the fly, stressing the dangers of fly-borne disease.

Waste food bins and their sites were sprayed regularly by the staff of the Cleansing Department. Even so, complaints came in from people who regarded these bins as a source of annoyance, although the trouble arose chiefly from carelessness in leaving lids off or allowing waste to spill on the ground.

Even with the greater prevalence of sunshine, there were no reports of any plague of flies, and it could be assumed that a considerable section of the population had acted on the advice to keep their houses and premises in a clean and orderly condition and to spray insecticides on places where flies alight. Householders living in camps appreciated a visit of the spraying van to carry out preventive measures in communal kitchens, lavatories, bathhouses, and food bin centres.

Learning from Films.

The programme of Sunday evening film shows for the winter of 1949-50 included ten meetings which attracted aggregate attendances totalling 13,100. This compares with nine meetings and an aggregate of 17,800 in the previous winter. The falling off in numbers is due to the fact that, for the first time, some of the meetings were held in cinemas of relatively small capacity in Leith, Granton, and Craigmillar.

This was the fourth winter of the meetings, and it was felt that citizens resident in districts away from the centre of the city should have an opportunity of showing their interest in health education. In this way new people were reached, but it was found that reactions were not always favourable, due to the

fact that a small proportion of restless young people were apparently more concerned about an evening's entertainment than in the serious aspect of what was said and seen. The Health Committee appreciated this difficulty, and resolved that the work should continue with a recommendation that other forms of approach should be considered.

There is little doubt about films being a potent attraction for many people. Pictures move rapidly and hold the eye by their novelty, wide sweep, and artistic presentation, so much so that the onlooker is not disturbed by the possible propaganda angle, or is probably unconscious of it. The films are mainly documentaries, but some have the human touch cleverly incorporated. Most of them were again supplied by the Scottish Information Office, and in addition special films were loaned by the National Film Board of Canada and the Royal Society for the Prevention of Accidents, London.

Considerable interest was taken in the meeting which emphasised the danger of accidents to young children in the home. It was addressed by an Edinburgh plastic surgeon who described the types of patient who reach his hospital wards as the result of burning accidents. The films for this meeting were appropriate to the occasion, and while some of the audience were apparently amused at seeing accidents in the home and on the street, it was the view of experienced observers that "they may laugh, but they learn." As a sequel to this meeting, the Public Health Department allotted to one of its Health Visitors the special duty of investigating and reporting upon every home accident that comes to its notice.

Subjects Discussed.

Guest speakers were present at five of the meetings, and members of the staff of the Public Health Department gave the talks at the other five. The subjects discussed included the Nation's Health, Clean Food, Accidents in the Home, Care of the Feet, Health of the City, Health in Industry, Mental Health, Smoking, and Venereal Diseases. Questions were invited at all the meetings and the number received was 331, of which 147 were answered by medical teams from the Public Health Department.

The evening devoted to Clean Food proved timely in that it coincided with the beginning of a national campaign on the same subject. This led to a considerable measure of publicity in the Press which was bound to be seen by food handlers, housewives, and the public generally. A film entitled "Another Case of Poisoning" issued by the Scottish Information Office proved a useful adjunct to this campaign and gave the Medical Officer of Health, the Chief Sanitary Inspector, and the Veterinary Inspector opportunities of meeting people engaged in the food handling industries and discussing their problems.

Another outstanding Sunday evening event was a platform discussion on Venereal Diseases before an audience of two thousand people of both sexes. The platform party included two medical specialists in venereal diseases (a man and a woman) and the Medical Officer of Health. This "Focus on V.D." was listened to with deep attention even on the part of the younger element who are usually inclined to be restless. A woman councillor who occupied the chair remarked that such a meeting probably could not have been held a few years ago, and still less likely was it that a woman would be in the chair. It was, she said, right that

the "hush-hush" attitude should be departed from and that the dangers, the cure, and above all the wise road of prevention of venereal diseases should be made known to all.

Full reports of the talks and the questions at the Sunday evening meetings appeared in the Press and reached a large section of the population. Indeed, the success of the meetings is due in some measure to the prominence they received in newspapers. The members of the Health Committee showed their interest by taking it in turn to appear on the platform.

During the winter 45 meetings of women's guilds and parents' associations received film shows and talks by speakers from the Public Health Department. The aggregate attendances were 2,709.

The programmes at the Sunday evening film shows were as follows:—

1949

- Oct. 16—New Victoria, Clerk Street.
Films: "This is Our Canada."
"Man Alive."
"This is Britain, No. 21."
Address by Dr A. F. Wilkie Millar, Edinburgh:
"The Nation's Health and You."
Chairman: Councillor J. J. Stone.
- Oct. 30—State Cinema, Leith.
Films: "A Modern Guide to Health."
"Your Children's Sleep."
"No Accidents."
"Your Very Good Health."
Address by Dr H. E. Seiler, Depute Medical Officer of Health:
"Clean Food."
Chairman: Councillor John Cormack.
Music by Newhaven Fisher Lassies' Choir.
- Nov. 13—New Victoria, Clerk Street.
Films: "Human Factor."
"Trouble in Toytown."
"Gang Warily."
"Footsteps to Beauty."
Address by Mr A. B. Wallace, F.R.C.S.:
"Accidents in the Home."
Chairman: Bailie J. G. Banks.
Music by Edinburgh Southern Light Opera Company.
- Nov. 27—Embassy, Boswall Parkway.
Films: "The Three A's."
"Your Children's Ears."
"Defeat Tuberculosis."
"World Garden."
Address by Dr W. N. Boog-Watson, Assistant School Medical Officer:
"Care of the Feet."
Chairman: Bailie John Kane.

1950

- Jan. 15—New Victoria, Clerk Street.
Films: "We of the West Riding."
"Peckham Centre."
"Worth the Risk."
Address by Dr W. G. Clark, Medical Officer of Health:
"Health of the City—Today and Tomorrow."
Chairman: Councillor J. J. Stone.
- Jan. 22—St. Francis School, Craigmillar.
Films: "Mass Radiography."
"Your Children's Teeth."
"Playing with Fire."
"Your Children's Meals."
"A Question of Taste."
Address by Dr J. L. Gammie, Depute Medical Officer of Health:
"Some Aspects of Public Health Activities."
Chairman: Councillor J. J. Stone.

- Jan. 29—State Cinema, Leith.
Films : " Report on Industrial Scotland."
" Young Housewife."
" Playing with Fire."
" Old Wives' Tales."
Address by Dr J. L. Gammie, Depute Medical Officer of Health :
" Industrial Health."
Chairman : Councillor F. H. N. Walker, C.A.
Music by Edinburgh Southern Light Opera Company.
- Feb. 12—New Victoria, Clerk Street.
Films : " Made by Design."
" Feeling of Hostility."
" Britain Can Make It."
Address by Dr Wm. M'Alister, Medical Superintendent, Bangour Hospital :
" Mental Health."
Chairman : Councillor J. J. Stone.
- Feb. 26—Embassy, Granton.
Films : " A Question of Taste."
" Five Towns."
" Another Case of Poisoning."
" This is Britain."
Address by Professor F. A. E. Crew, Edinburgh University :
" Smoking."
Chairman : Councillor Andrew M. Iverson.
Music by Newhaven Fisher Lassies' Choir.
- Mar. 12—New Victoria, Clerk Street.
Films : " Blood Transfusion."
" North-East Corner."
" The People at No. 19."
" A Question of Taste."
Focus on V.D.—Discussion between Dr R. C. L. Batchelor, Dr M. M. Murrell, Edinburgh Royal Infirmary V.D. Department, and Dr W. G. Clark, Medical Officer of Health.
Chairman : Bailie Mrs Alice M. Ross.

HEALTH EDUCATION—ATTENDANCES AT MEETINGS.

(1) SUNDAY EVENING CINEMA SHOWS.

									Approx. Attendance
1949									
Oct.	16—New Victoria	...	...	...	...	...	...	...	1,700
"	30—State, Leith	...	...	...	...	...	...	...	1,000
Nov.	13—New Victoria	...	...	...	...	...	...	...	2,000
"	27—Embassy, Granton	...	...	...	...	...	...	...	850
1950									
Jan.	15—New Victoria	...	...	...	...	...	...	...	1,600
"	22—St. Francis' School, Craigmillar	...	...	...	...	...	...	...	150
"	29—State, Leith	...	...	...	...	...	...	...	1,000
Feb.	12—New Victoria	...	...	...	...	...	...	...	2,000
"	26—Embassy, Granton	...	...	...	...	...	...	...	800
Mar.	12—New Victoria	...	...	...	...	...	...	...	2,000
									13,100

(2) FILM SHOWS AND TALKS TO ADULTS.

									Approx. Attendance
1949									
Sept.	21—Abbeyhill School Parents' Association, Abbeyhill School	...	...	...	...	...	...	...	100
"	30—46th Holyrood Rover Scouts, Portsburgh Gardens	...	...	...	...	...	...	...	12
Oct.	14—National Association of Local Government Officers, City Chambers	...	...	...	...	...	...	...	36
"	19—Workers' Travel Association, Ruskin House, Windsor Street	...	...	...	...	...	...	...	60
"	24—Kirkgate Church Woman's Guild, Leith	...	...	...	...	...	...	...	83
"	24—St. Cuthbert's Women's Guild, Granton Branch	...	...	...	...	...	...	...	40
Nov.	4—Hope Cottage Child Garden, Cowan's Close	...	...	...	...	...	...	...	45
"	15—British Legion, South Side Branch, Richmond Street	...	...	...	...	...	...	...	50
"	23—Peffermill Mothers' Club, Peffermill School	...	...	...	...	...	...	...	35
"	24—Edinburgh College of Domestic Science, Visit to Gorgie Abattoir	...	...	...	...	...	...	...	12
Dec.	5—Gilmerton Parish Church Woman's Guild	...	...	...	...	...	...	...	50
"	5—St. Margaret's Episcopal School, Parent-Teachers' Association	...	...	...	...	...	...	...	28
"	10—Voluntary Health Workers' Association, Visit to Gorgie Abattoir	...	...	...	...	...	...	...	17

									Approx. Attendance
1950									
Jan.	24—Institution Management Association, Visit to Gorgie Abattoir	...	...	...	...	...	...	...	30
"	30—David Kilpatrick Nursery School, Mothers' Club	...	...	...	...	...	...	...	25
"	31—West Pilton Community Centre, Brains Trust	...	...	...	...	...	...	...	100
Feb.	13—N.U.R. Women's Guild, 4 Hillside Crescent	...	...	...	...	...	...	...	21
"	13—Stenhouse Co-operative Women's Guild, Stenhouse School	...	...	...	...	...	...	...	45
"	13—Mayfield Church Woman's Guild	...	...	...	...	...	...	...	50
"	14—Granton Parish Church Woman's Guild	...	...	...	...	...	...	...	60
"	14—Stockbridge Parent-Teachers' Association, Stockbridge School	...	...	...	...	...	...	...	37
"	21—St. Cuthbert's Women's Guild, Abbey Church Hall	...	...	...	...	...	...	...	65
"	21—Old Age Pensioners' Association, Merchiston Branch	...	...	...	...	...	...	...	120
"	22—Colinton Mains Church, Guild of Friendship	...	...	...	...	...	...	...	35
"	27—Redhall (Longstone) Ratepayers' Association	...	...	...	...	...	...	...	33
Mar.	2—Women's Organisations, Gateway Theatre	...	...	...	...	...	...	...	367
"	3—Women's Voluntary Services, Darby & Joan Club	...	...	...	...	...	...	...	50
"	8—N.U.R. Women's Section, Russell Road	...	...	...	...	...	...	...	60
"	10—Edinburgh College of Domestic Science, Visit to Gorgie Abattoir	...	...	...	...	...	...	...	25
"	15—Peffermill Mothers' Club, Peffermill School	...	...	...	...	...	...	...	50
"	17—National Council for Women, St. John's Hall, Princes Street	...	...	...	...	...	...	...	120
"	21—School Meals Service, Supervisors and Cooks, St. Giles Street	...	...	...	...	...	...	...	50
"	22—St. Cuthbert's Women's Guild, 50 South Bridge	...	...	...	...	...	...	...	50
"	23—Saughtonhall Townswomen's Guild, Association Hall	...	...	...	...	...	...	...	52
"	24—Danish Bacon Co., 199 Leith Walk, Employees	...	...	...	...	...	...	...	40
April	3—Blackhall Townswomen's Guild, Davidson's Mains School	...	...	...	...	...	...	...	106
"	19—Craigmillar Women's Guilds, St. Francis School	...	...	...	...	...	...	...	50
"	20—School Meals Service, Dining Attendants, St. Francis School	...	...	...	...	...	...	...	30
"	21—School Meals Service, Men Cooks, St. Giles Street	...	...	...	...	...	...	...	50
"	26—School Meals Service, Dining Attendants	...	...	...	...	...	...	...	40
"	28—Gorgie Abattoir, Slaughtermen	...	...	...	...	...	...	...	70
"	28—School Meals Service, Dining Attendants	...	...	...	...	...	...	...	60
May	2—Leith Provident Co-operative Society, Fleshing Employees	...	...	...	...	...	...	...	50
"	12—School Meals Service, Dining Hall Charge Hands	...	...	...	...	...	...	...	50
"	15—Edinburgh District Factory Canteen Manageresses	...	...	...	...	...	...	...	150
									2,709

MOTOR AMBULANCE SERVICES.

At 5th July 1948 the provision of ambulance services became the obligation of the Secretary of State for Scotland in terms of the National Health Service (Scotland) Act, 1947. The ambulance services provided by the Public Health Department and by the City Police were accordingly merged with those of the St Andrew's Ambulance Association and the amalgamated service is now administered by that Association, who are responsible for dealing with street accidents in addition to removing patients to hospitals, nursing homes and other institutions. The amalgamated fleet consists of twenty-two ambulances. In addition, there is one van for conveying specimens from hospitals to the Bacteriological Department of the University.

The Public Health Department have two motor vans for the conveyance of bedding and clothing for disinfection, one van for disinfestation operations in houses, and a mobile dental van for providing dental treatment at outlying schools.

DEVELOPMENT OF HEALTH SERVICES

as shown by Municipal Expenditure.

The development of Public Health Services consequent on the introduction of new schemes from time to time is shown in the following table of Municipal Expenditure :—

Year		Gross Expenditure	Revenue	Net Expenditure
1909-10		£35,159	£699	£34,460
1912-13	T.B. Scheme begun.	37,618	2,690	34,928
1915-16		56,827	12,997	43,830
1916-17	C.W. Scheme begun.	58,323	23,216	35,107
1917-18		75,198	30,552	44,646
1918-19	V.D. Scheme begun.	99,563	43,029	56,534
1919-20		130,877	49,138	81,739
1920-21	Amalgamation with Leith.	210,875	89,098	121,777
1929-30		*182,136	62,559	119,577
1930-31	Includes General Hospitals	*394,088	48,070	346,018
1931-32	and Mental Institutions.	*354,499	48,205	306,294
1937-38		*473,940	81,964	391,976
1938-39	Hospital Beds increased	*456,037	84,633	371,404
1939-40	for war emergencies.	*587,474	198,958	388,516
1940-41		*659,472	242,347	417,125
1941-42		*769,959	323,653	446,306
1942-43		*842,335	371,534	470,801
1943-44		*930,615	455,960	474,655
1944-45		*1,092,064	587,011	505,053
1945-46		*1,067,063	626,634	440,429
1946-47		*1,126,854	536,601	590,253
1947-48		*1,218,062	665,592	552,470
1948-49	Hospitals transferred to Regional Boards.	*254,450	132,635	121,815

* Interest and Debt Charges included.

DISINFECTION.

A statement given below shows the number of dwelling houses, etc., disinfected during the last three years :—

	1947		1948		1949	
	Number	Apart- ments	Number	Apart- ments	Number	Apart- ments
Dwelling Houses, etc.—						
After Tuberculous Disease	614	853	662	812	593	764
After other Diseases ...	1,206	1,157	1,051	978	973	697
Bug Disinfestation ...	165	...	252	...	258	...

The number and description of the articles dealt with at the disinfecting station, High School Yards, during 1949 are given in the following table :—

DESCRIPTION	NUMBER OF ARTICLES	
	After Tuberculous Disease	After Other Diseases
Mattresses and Palliasses	346	2,277
Blankets, Sheets, Quilts, etc.	739	7,822
Beds, Pillows, Bolsters, etc.	943	3,834
Curtains, Table Covers, Wraps, etc. ...	237	373
Table Napery, Towels, etc.	12	1,348
Body Clothes	466	9,732
Carpets and Rugs	6	61
Miscellaneous	272	1,080
Destroyed by request	642	28

Personal Cleansing.—Facilities for personal cleansing are provided at the disinfecting station. Of the 804 persons who availed themselves of the opportunity to attend for baths and disinfection of their clothing, 26 adults and 261 school children suffered from scabies. In addition, 517 attendances were made by adults and children requiring treatment for verminous conditions.

PREVENTION OF TUBERCULOSIS.

CARE AND AFTER-CARE OF PATIENTS.

The local health authority's part in the campaign against tuberculosis is limited to preventing the spread of the disease and providing care and after-care for patients in their own homes. This task has been fraught with difficulties, chief of them being the continued shortage of nurses and the consequent inability of hospital authorities to receive all the patients who should be in tuberculosis wards instead of remaining at home and incurring the risk of infecting other members of the family.

At the end of 1949 there were 3,482 persons resident in the City of Edinburgh who were known to be suffering from tuberculosis, an increase of 263 over the previous year. Of the 3,482 affected persons, 2,922 suffered from respiratory tuberculosis and 560 from the non-respiratory forms of the disease. The medical supervision of these patients, apart from those in hospital, is in the hands of general practitioners, with, in addition, the specialist medical services available at the Royal Victoria Dispensary and Leith Dispensary for Diseases of the Chest and the services of the local authority's Health Visitors. The hospital and dispensary services are under the control of the Royal Victoria and Associated Hospitals Board of Management.

Owing to resignations and the difficulty in obtaining new members, the local authority's establishment of ten Health Visitors was not maintained throughout the year and this put a heavy strain on the existing staff, whose devotion to duty was warmly praised by Dr H. C. Elder, the Medical Director of the dispensaries.

Extended Dispensary Facilities.—The dispensaries offered extended facilities for diagnosis and treatment and had the busiest year in their history. This was made possible through the medical staff being relieved of hospital duty and devoting their whole time to the investigation and diagnosis of tuberculosis in all its forms and, in addition, to all forms of diseases of the chest.

The Royal Victoria Dispensary now receives patients every afternoon and every forenoon and on two evenings per week, making twelve sessions per week as compared with seven per week in former days. With this increase of facilities the Dispensary received in 1949 over a thousand more new patients than in the previous year and there was an increase of some 7,000 attendances, the aggregate being 34,574, of which fully 20 per cent. represented attendances by children. A table showing the growth of attendances at the Royal Victoria Dispensary during the past eight years is given on page 51.

Greater Scope.—In addition to receiving more patients, the Dispensary enlarged the scope of its services. These now include all modern diagnostic procedures and routine radioscopic and radiographic investigations. Sputum specimens are examined by concentration methods and by culture, and, when indicated, by guinea-pig inoculation. The bacteriological investigations are undertaken by Professor T. J. Mackie of the Bacteriological Department of the

University and his assistants. From certain patients specimens of the fasting gastric juice are obtained for investigation. A blood test is made in all new cases and from time to time in all other patients who attend for treatment and after-care.

Every patient under 25 years of age is submitted to tuberculin testing, chiefly by the Mantoux procedure. Bronchograms are taken when necessary and those requiring a tomograph investigation are referred to the Western General Hospital. The Dispensary has the privilege of being able, when required, to call upon the services of Mr Logan, the Thoracic Surgeon at the Thoracic Unit of the Eastern General Hospital.

Focal Point.—From the foregoing it will be apparent that the Royal Victoria Dispensary is a well-equipped focal point for anti-tuberculosis measures. The Dispensary is conveniently situated for the attendance of contacts and for those in need of certain types of treatment not requiring a period in hospital, and the evening sessions are of great convenience to those who work during the day. An important function of the Dispensary is the making of arrangements for admission to hospital—the City Hospital for advanced cases and the Royal Victoria Hospital and Southfield Sanatorium for early cases. Those affected with non-pulmonary tuberculosis are treated at Bangour Hospital.

On leaving these hospitals, patients receive a full measure of after-care either at the Dispensary or in their own homes from the Health Visitors. In brief, the Dispensary sets out to do everything possible for the tuberculosis sufferer and his family, not excluding the issue of medicines and the giving of advice on domestic problems such as marriage, pregnancy, employment, housing, emigration, life assurance, service pensions, and so on.

Family Welfare.—Health Visitors, who are the link between the Dispensary and the patients at home, maintain an intimate touch with all aspects of the family welfare, which are reviewed from time to time at conferences between the medical staff and the Health Visitors. Her primary function being education, the Health Visitor is required to emphasise the dangers of infection and how to combat them and to give advice on the safe disposal of sputum, on ventilation and on maintaining cleanliness in the home. Advice about the choice of food and its preparation and serving is also important.

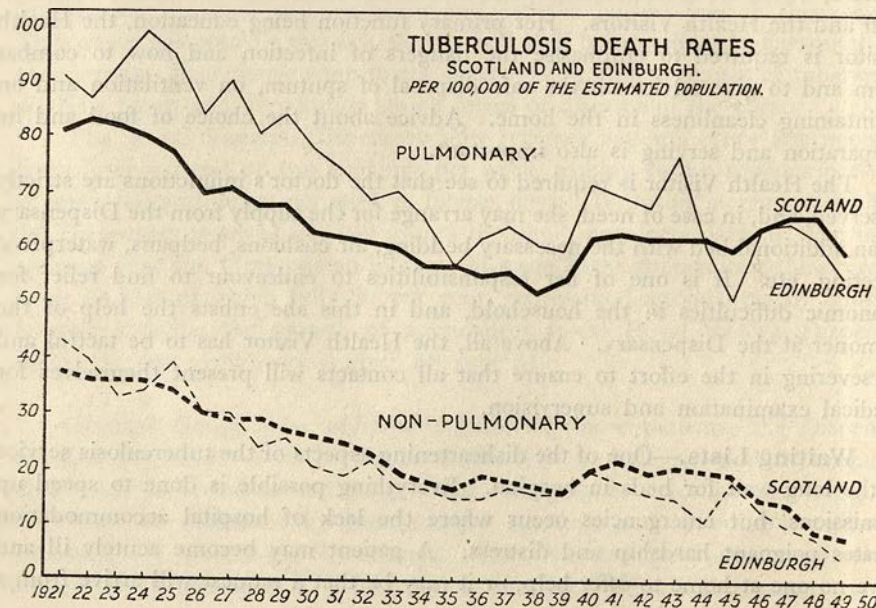
The Health Visitor is required to see that the doctor's injunctions are strictly observed, and, in case of need, she may arrange for the supply from the Dispensary of an additional bed with the necessary bedding, air cushions, bedpans, waterproof sheeting, etc. It is one of her responsibilities to endeavour to find relief for economic difficulties in the household, and in this she enlists the help of the Almoner at the Dispensary. Above all, the Health Visitor has to be tactful and persevering in the effort to ensure that all contacts will present themselves for medical examination and supervision.

Waiting Lists.—One of the disheartening aspects of the tuberculosis service is the long wait for beds in hospital. Everything possible is done to speed up admissions, but emergencies occur where the lack of hospital accommodation creates poignant hardship and distress. A patient may become acutely ill and have no one at home to offer help, or it may be that a request will arrive from a

general hospital for the immediate transfer of a patient who has been found on admission to be suffering from active pulmonary tuberculosis and who cannot be retained in a general medical ward. These and similar cases tax the administrative resources of the Royal Victoria Dispensary staff, especially when, as sometimes occurs, it is discovered that a patient whose removal has been delayed has in the interval been the means of infecting other members of the household.

To overcome these dangers, the inauguration of a preventorium has been suggested more than once, and the need for it has not become less urgent in recent years. An experiment on a modified scale is being attempted at Willowbrae House in connection with the scheme of B.C.G. vaccination. Meanwhile, an effort is being made to augment the home nursing service rendered by the Queen's Institute of District Nursing under their agreement with the Corporation. Similarly, the Corporation have continued their system of priority in the allocation of houses. One house in every nine houses built is allotted to a tuberculosis patient whose need has been certified by the Medical Officer of Health. During the past year 390 patients were recommended for rehousing and 158 families were given more suitable accommodation, either in the form of a new house or in a re-let house. At the end of the year 300 families still awaited improved housing conditions.

B.C.G. Vaccination.—The Health Committee, in response to a recommendation by the Department of Health for Scotland, put forward a scheme for providing vaccination by B.C.G. of children who are in contact with persons suffering from active pulmonary tuberculosis. Under this scheme, which received the approval of the Secretary of State, children are accommodated in Willowbrae House, where they receive the vaccine treatment under carefully controlled conditions. Willowbrae House is an ideally situated children's home, and the Tuberculosis Health Visitors have stated that there will be no lack of applicants for places.



TUBERCULOSIS DISPENSARIES.

Attendances.—The following table shows the number of attendances for 1949 at the Royal Victoria Dispensary and at the Leith Dispensary:—

	New Cases		Old Cases	
	Edinburgh	Leith	Edinburgh	Leith
Male ...	1,860	16	11,416	623
Female ...	2,010	75	12,024	725
Children ...	1,123	173	6,141	1,074
Total ...	4,993	264	29,581	2,422

The following table shows the growth of attendances at the Royal Victoria Dispensary during the past eight years.

	1942	1943	1944	1945	1946	1947	1948	1949
January ...	1,126	1,343	1,511	1,356	1,632	2,079	2,115	2,672
February ...	1,045	1,397	1,422	1,646	1,936	1,660	2,523	2,736
March ...	1,440	1,465	1,590	1,728	1,990	1,980	2,423	3,073
April ...	1,282	1,387	1,386	1,447	1,770	1,909	2,299	2,912
May ...	1,290	1,472	1,493	1,423	1,665	2,070	2,213	3,029
June ...	1,346	1,530	1,420	1,410	1,561	1,860	2,109	2,910
July ...	1,155	1,236	1,297	1,328	1,519	1,750	2,071	2,637
August ...	1,083	1,349	1,769	1,350	1,810	1,760	2,231	2,770
September ...	1,140	1,360	1,450	1,353	1,475	1,901	2,322	2,903
October ...	1,384	1,420	1,565	1,616	1,980	2,419	2,361	3,005
November ...	1,246	1,473	1,543	1,747	1,947	2,046	2,511	3,279
December ...	1,248	1,283	1,190	1,345	1,623	2,074	2,327	2,648
Totals ...	14,785	16,715	17,636	17,749	20,898	23,508	27,505	34,574

Examination of Contacts.—The total number examined was 2,130, of whom 36 were found to be suffering from tuberculosis, 2,093 were proved to be negative and one was doubtful.

X-Ray Examinations.—A total of 6,699 X-ray photographs were taken of patients' chests during the year.

Sun-Ray Treatment.—The number of patients attending for sun-ray treatment at the Royal Victoria Dispensary was 70. There were 1,780 irradiations as compared with 57 patients and 1,536 irradiations in the previous year.

Reports to Central Authorities.—The Dispensary staff supplied medical reports on tuberculous ex-service men to the Ministry of Pensions in 86 instances. In the previous year the number was 126. At the request of the Medical

Recruiting Boards for National Service, reports were provided on 237 recruits who were referred to the Royal Victoria Dispensary for clinical and X-ray examination.

Home Visitation.—During the year, Health Visitors made 15,036 visits to patients in their own homes as follows :—

January	1,386
February	975
March	1,349
April	944
May	1,229
June	1,630
July	1,422
August	1,391
September	763
October	1,223
November	1,590
December	1,134
	<hr/>
	15,036

Tuberculosis Maintenance Allowances.—The system of paying monetary grants to patients, authorised by a Department of Health circular in 1943, is continued by the National Assistance Board. Those eligible are persons suffering from pulmonary tuberculosis which renders them unable to pursue a gainful occupation, and the objects of the grants are "to provide adequate maintenance for persons undergoing approved treatment by observation, or their dependants, and to enable certain standing charges associated with the maintenance of the improvement to be made whilst the breadwinner is undergoing treatment." Claims for these grants are investigated by the Almoner at the Royal Victoria Dispensary, and the following are details of the work during the year 1949 :—

Number of applications for Tuberculosis Allowances ...	405
Number of Tuberculosis Allowances granted	366
Number refused on assessment	32
Number withdrawn by applicant	7

Number of tuberculosis allowances stopped so far as relating to applications sent in during the year :—

Deaths	26
Fit for work	21
Income over scale	35
Miscellaneous reasons	9
	<hr/>
	91

Number of tuberculosis allowances payable at 31st December 1949 :—

On applications sent in from 1st January to 31st December 1949	275
On applications sent in prior to 1st January 1949	93
	<hr/>
	368

MASS RADIOGRAPHY UNIT.

During 1949 the Mass X-ray Unit functioned wholly at the base at Warriston Close, 323 High Street. The numbers examined totalled 33,123.

The examinees were drawn mainly from factories, workshops, banks, insurance offices, civil departments, the university, and colleges.

In the City of Edinburgh a large number of the school leavers were examined before going into civil employment.

Women from the various ante-natal clinics in the City were examined by Mass Miniature Radiography as a routine.

The public are becoming more health minded, and it is gratifying to note that more managements are anxious to have their staffs periodically examined.

During the year several lectures and film shows were given to members of clubs and social groups. The films were shown by the courtesy of the Scottish Information Office.

In December a Mobile X-ray Van and Generator-trailer was delivered, and it is hoped to have the equipment functioning early in 1950. The Mobile Van will facilitate the examination of groups of individuals in the areas outwith the main City centre, whereas the greater proportion of the City firms can be catered for by the static unit.

The total number of individuals examined for the year to 31st December 1949 was :—

Males	14,432
Females	18,691
	<hr/>
Total	33,123

Large Film Investigations.

	Males	Females	Total
Number recalled for large film examination	655	788	1,443
Percentage of examinees required to attend	4.45	4.21	4.35
Number who did not attend	19	31	50
Number examined	<hr/> 636	<hr/> 757	<hr/> 1,393

Clinical Investigations.

	Males	Females	Total
Number recalled for clinical examination ...	359	404	763
Percentage of examinees recalled for clinical examination following large film examination	2.63	2.16	2.33
Number who did not attend	6	10	16
Number clinically examined	<hr/> 353	<hr/> 394	<hr/> 747

Age Groups of Examinees.

	Under 20 years	20-24 years	25-34 years	35-44 years	45-54 years	55+ years	Totals
Males ...	2,764	2,544	4,062	2,740	1,622	700	14,432
Females ...	5,013	5,360	5,187	2,087	813	231	18,691
Both Sexes	7,777	7,904	9,249	4,827	2,435	931	33,123

Cases Diagnosed as Pulmonary Tuberculosis (Post Primary).

	Active	Inactive	Total
Males ...	93 (.64%)	112 (.77%)	205 (1.42%)
Females ...	126 (.67%)	112 (.60%)	238 (1.22%)
Both Sexes ...	219 (.66%)	224 (.68%)	443 (1.34%)

Analysis of 443 Cases of Pulmonary Tuberculosis (Post Primary), showing Number of Cases in each Age Group with corresponding Percentages (in brackets).

		Under 20 years	20-24 years	25-34 years	35-44 years	45-54 years	55+ years	Total
Males ...	No. of Examinees	2,764	2,544	4,062	2,740	1,622	700	14,432
	Active ...	13 (.47)	9 (.35)	34 (.83)	21 (.77)	11 (.67)	5 (.71)	93 (.64)
	Inactive ...	3 (.11)	14 (.55)	27 (.66)	29 (1.06)	22 (1.35)	17 (2.43)	112 (.77)
Females ...	No. of Examinees	5,013	5,360	5,187	2,087	873	231	18,691
	Active ...	51 (1.02)	32 (.59)	24 (.45)	13 (.62)	6 (.74)	...	126 (.67)
	Inactive ...	19 (.37)	26 (.48)	36 (.69)	18 (.86)	11 (1.35)	2 (.86)	112 (.60)
Both Sexes	No. of Examinees	7,777	7,904	9,249	4,827	2,435	931	33,123
	Active ...	64 (.82)	41 (.52)	58 (.63)	34 (.70)	17 (.67)	5 (.54)	219 (.66)
	Inactive ...	22 (.28)	40 (.52)	63 (.68)	47 (.97)	33 (1.36)	19 (2.04)	224 (.68)

Number of cases referred to Doctors for further investigation :—

Males ...	170
Females ...	214
Total ...	384

Other Conditions Diagnosed.

Diseases of heart and blood vessels ...	53
Bronchiectasis ...	9
Pneumoconiosis ...	3
Intrathoracic new growth ...	8
Pneumonia ...	5
Congenital cystic lung ...	2
Diaphragmic hernia ...	2
Substernal thyroid ...	1

PULMONARY TUBERCULOSIS.

Notifications.—The number of new cases notified during the year was 661, an increase of 8 over the previous year and the highest number since 1926. There has been a steady increase in notifications since the end of the war, but this may be due in part to the improved facilities for diagnosis. A point of interest is that 53 per cent. of the notifications related to persons between the ages of 15 and 35. Among the 300 females notified 69 per cent. were in the 15-35 age-group. Details of the pulmonary notifications in the City since 1935 are given on page 61. The following table shows the sex and age-groups of those notified in 1949 :—

Sex	Under 5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70 and over	Total
Male	19	8	17	39	39	47	20	34	34	25	19	15	24	8	13	361
Female	9	2	15	71	73	44	20	16	18	6	12	5	2	2	5	300
Total	28	10	32	110	112	91	40	50	52	31	31	20	26	10	18	661

Cases allocated to Municipal wards :—

	Notifi- cations	Rate per 1000		Notifi- cations	Rate per 1000
1. St Giles	46	1.8	15. St Andrew's	25	1.2
2. Holyrood	31	1.4	16. Broughton	29	1.4
3. George Square	21	1.1	17. Calton	32	1.5
4. Newington	16	0.7	18. West Leith	16	0.8
5. Liberton	23	1.3	19. Central Leith	33	1.4
6. Morningside	10	0.5	20. South Leith	34	1.5
7. Merchiston	18	1.0	21. Craigmillar	45	1.9
8. Colinton	32	1.9	22. Portobello	21	0.9
9. Sighthill	37	1.9	23. Craigmillar	33	2.0
10. Gorgie-Dalry	39	1.6	Institutions and Military Quarters	12	...
11. Corstorphine	22	1.2			
12. Murrayfield-Cramond	10	0.7			
13. Pilton	52	2.2			
14. St Bernard's	24	1.1	Total	661	1.35

Type of House occupied by the Infected Persons :—

1 Roomed House	2 Roomed House	3 Roomed House	4 Rooms and Over	Lodging Houses	Institutions, Etc.	Total
44	143	269	183	16	6	661

Twenty-eight per cent. of the sufferers were living in houses of two rooms or less.

Deaths.—The total of 270 deaths from pulmonary tuberculosis is a decrease of 31 compared with the previous year and was the smallest total since 1945, and smaller than totals commonly prevailing before the war. The death rate was 55 per 100,000 of the population. When comprehensive anti-tuberculosis measures were introduced under the National Health Insurance Act in 1912, the death rate from pulmonary tuberculosis in Edinburgh was 130 per 100,000 of the population.

The number of deaths during the year, together with the ward death rates, sex and age, are tabulated herewith.

Deaths and Death Rates in Municipal Wards of the City.

No.	WARDS	No. of Deaths	Rate per 1000	Sex		Age-periods															
				M	F	Under 15 years		15 and under 20 years		20 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 yrs. and upwards	
						M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	St Giles	18	0.7	12	6	...	...	...	1	...	1	1	2	3	1	5	1	3	...	...	...
2	Holyrood	11	0.5	9	2	...	...	1	...	3	...	...	2	2	2	...	1	...	...	...	...
3	George Square	11	0.6	7	4	...	...	1	...	...	1	1	2	...	2	2	...	1	...	...	...
4	Newington	5	0.2	1	4	...	...	2	...	1	2	...	...	...	...	...	...	...	...	...	...
5	Liberton	12	0.7	6	6	...	...	1	...	1	2	1	4	2	...	...	1	...	...	...	...
6	Morningside	2	0.1	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...
7	Merchiston	8	0.5	5	3	...	...	...	...	...	...	1	2	1	...	...	...	3	1	...	...
8	Colinton	13	0.8	7	6	...	...	...	...	1	...	1	1	1	1	3	1	...	4	...	...
9	Sighthill	12	0.6	6	6	...	1	2	1	1	1	1	2	1	2	1	...	1	...	1	...
10	Gorgie-Dalry	12	0.5	7	5	...	1	1	...	1	2	1	...	1	2	...	3	...	...	...	...
11	Corstorphine	8	0.4	2	6	...	...	1	1	1	...	2	1	2	...	...	...	...	...	...	...
12	Murrayfield and Cramond	4	0.3	4	...	...	...	...	...	1	...	1	...	1	...	...	...	1	...	...	...
13	Pilton	15	0.6	9	6	1	...	1	1	1	2	4	2	...	...	2	...	...	...	...	...
14	St Bernard's	8	0.4	5	3	...	...	1	1	1	1	1	2	...	1	...	1	...	...	...	...
15	St Andrew's	11	0.5	5	6	1	...	1	...	1	...	2	...	1	2	1	2	...	...	...	...
16	Broughton	6	0.3	3	3	...	...	1	1	...	2	...	...	...	...	2	...	...	...	...	...
17	Calton	6	0.3	5	1	...	...	...	...	1	...	1	...	1	...	...	...	3	...	...	...
18	West Leith	11	0.6	5	6	...	...	1	...	...	2	2	3	1	2	...	...	...	...	...	...
19	Central Leith	12	0.5	7	5	...	...	...	3	...	1	4	...	...	...	3	...	...	1	...	...
20	South Leith	16	0.7	9	7	...	1	1	2	...	2	3	...	...	1	2	...	2	2	...	...
21	Craigentony	22	0.9	12	10	...	1	1	3	1	3	3	2	...	1	3	...	3	1	...	...
22	Portobello	16	0.6	6	10	1	1	1	1	2	4	...	1	2	1	...	1	...	1	...	...
23	Craigmillar	17	1.0	6	11	...	1	1	1	...	2	1	7	1	...	2	...	...	...	1	...
	Institutions and Military Quarters	14	...	10	4	...	1	...	...	1	3	...	...	...	3	...	4	...	2	...	...
	Totals	270	0.55	149	121	3	6	8	16	15	28	17	38	26	16	28	10	33	2	19	5

Tuberculosis Death Rates in Scotland.

The death rates quoted below are taken from the Registrar-General's preliminary statement for 1949 and enable a comparison to be made with Edinburgh and other large centres of population in Scotland.

Town	Death rate per 1000		Town	Death rate per 1000	
	Pulmonary Tuberculosis	All forms of Tuberculosis		Pulmonary Tuberculosis	All forms of Tuberculosis
Glasgow ...	1.00	1.13	Paisley ...	0.70	0.78
Edinburgh ...	0.55	0.60	Greenock ...	1.11	1.25
Dundee ...	0.75	0.84	Motherwell & Wishaw	0.86	0.95
Aberdeen ...	0.31	0.35	Clydebank ...	0.74	0.81

SCOTLAND :—Pulmonary T.B., 0.59 ; All forms 0.67.

NON-PULMONARY TUBERCULOSIS.

Notifications.—The number of new patients notified as suffering from non-pulmonary tuberculosis was the same as in 1947 and 1948, namely 131. The sex groups were 53 males and 78 females. This total is the lowest ever recorded in the City and is a reflection of the wider use of milk from tubercle-free cows. As usual, the commonest sites of the disease were—neck glands, 26 per cent. ; spine, 19 per cent. ; meningitis, 16 per cent. ; and abdomen, 11 per cent. The age incidence of the 131 notified cases was as follows :—

Sex	Under 5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70 and over	Total
Male	8	8	6	7	5	5	2	1	2	3	2	...	1	1	2	53
Female	6	4	8	15	7	8	6	6	3	2	2	2	4	2	3	78
Totals	14	12	14	22	12	13	8	7	5	5	4	2	5	3	5	131

Twenty-six cases out of the total of 131, that is, 20 per cent., relate to children under the age of 10 years.

Deaths.—Like the notifications, the deaths from non-pulmonary tuberculosis were the lowest on record, viz. 21, as compared with 37 in the previous year and 48 in 1947. Since 1935 the death rate from non-pulmonary tuberculosis has dropped from 15 per 100,000 of the population to 4 per 100,000 of the population.

The age at death, sex and the organ or region affected by the disease are shown herewith :—

Cause of Death	All Ages			Age Periods											
	Both Sexes	Males	Females	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75 and over	
Tuberculous Meningitis	6	2	4	...	3	...	...	3	...	...	...	...	...	...
Tuberculosis of Intestines and Peritoneum	4	...	4	...	...	...	...	1	1	1	1	...	...	...
" Vertebral Column	4	1	3	...	...	...	...	...	...	...	...	1	1	2
" Other Bones and Joints	2	1	1	...	...	...	...	...	...	...	1	...	1	...
" Skin	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" Lymphatic System	2	1	1	...	...	...	...	...	...	...	1	...	...	1
" Genito-urinary System	1	1	...	...	...	...	...	...	...	...	1	...	...	...
Disseminated Tuberculosis, acute and chronic	2	1	1	...	...	...	...	...	2	...	...	...	...	...
Totals	21	7	14	...	3	...	...	4	3	1	4	1	2	3

Non-Pulmonary Tuberculosis Notified Cases and Deaths.

The following is a record of notifications and deaths since 1925 :—

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuberculosis, etc.		Total (All Non-Pulmonary Forms)		Rates per 100,000 of Population	
	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Incidence Rate	Death Rate
1925	194	10	93	37	58	57	6	...	13	3	17	8	71	7	30	11	498	165	116	39
1930	94	5	69	25	45	41	9	...	15	3	20	4	30	...	6	12	295	90	67	21
1935	62	4	62	13	34	36	9	2	19	5	11	5	22	3	5	2	233	70	51	15
1940	42	1	17	11	46	38	1	...	6	3	9	7	33	1	6	24	174	85	41	20
1941	33	...	16	9	44	34	1	...	8	5	19	2	35	5	5	21	185	76	43	18
1942	47	2	21	11	37	24	4	3	1	3	16	3	32	4	6	17	183	67	43	16
1943	29	...	18	9	33	27	3	...	5	5	20	4	28	2	2	15	150	64	36	15
1944	41	3	13	5	27	21	1	1	4	4	21	3	25	1	3	9	151	47	36	11
1945	38	3	16	10	32	35	5	1	3	8	19	11	18	4	2	2	143	76	34	18
1946	28	3	18	4	28	31	4	...	6	4	19	5	16	5	1	7	133	59	29	13
1947	23	...	22	6	24	24	2	...	6	1	14	6	21	3	19	8	131	48	27	10
1948	30	...	20	4	23	21	3	1	6	1	19	2	24	4	6	4	131	37	27	8
1949	34	2	15	4	21	6	1	...	9	1	25	4	22	2	4	2	131	21	27	4

Hospital Beds for Tuberculosis.

The total number of beds available in hospitals in the area for the treatment of tuberculosis was as follows :—

Colinton Mains Hospital (Pulmonary Tuberculosis) ...	191 beds.
Royal Victoria Hospital " " " "	76 "
Southfield Sanatorium (Pulmonary and Non-Pulmonary Tuberculosis) ...	63 "
Bangour (Non-Pulmonary Tuberculosis) ...	50 "
Total	380 beds.

CITY OF EDINBURGH.

Return showing the number of Tuberculosis Patients Treated in Sanatoria during the year 1949.

	Remained at 1st Jan. 1949	Admitted During year	Discharged	Died		Remaining at 31st Dec. 1949
				Over 28 Days Residence	Under 28 Days Residence	
PULMONARY						
Adults { M ...	147	171	130	27	4	157
{ F ...	106	130	68	25	8	135
Children { M ...	7	19	18	1	...	7
{ F ...	7	16	10	1	1	11
Total ...	267	336	226	54	13	310
NON-PULMONARY						
Adults { M ...	11	20	14	1	1	15
{ F ...	16	22	14	1	...	23
Children { M ...	18	23	14	3	2	22
{ F ...	10	19	13	2	...	14
Total ...	55	84	55	7	3	74
Grand Total ...	322	420	281	61	16	384

CITY OF EDINBURGH.

Return of Number of Persons Resident in the Area at 31st December 1949
who were known to be Suffering from Tuberculosis.

		NUMBER OF CASES IN AGE GROUPS									
		Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and up- wards	Total
RESPIRATORY											
1. Sputum or other material examined and tubercle bacilli found	M	...	2	6	12	151	249	220	271	31	942
	F	...	...	4	6	230	256	162	102	12	772
2. Sputum or other material examined and tubercle bacilli never found	M	...	3	9	18	76	89	77	79	22	373
	F	...	...	3	8	101	76	40	39	5	272
3. Sputum or other material not examined	M	3	18	30	26	66	65	39	42	6	295
	F	...	10	16	29	101	63	22	17	10	268
TOTAL		3	33	68	99	725	798	560	550	86	2,922
NON-RESPIRATORY											
1. Abdominal	M	...	1	3	6	18	5	1	1	...	35
	F	...	...	3	...	19	12	5	5	...	44
2. Spine	M	...	1	5	10	12	13	6	5	1	53
	F	...	...	5	8	18	19	12	7	...	69
3. Bones and joints exclus- ive of spine	M	...	6	12	15	17	16	6	2	...	74
	F	...	1	5	11	19	17	6	12	1	72
4. Superficial glands	M	...	1	4	10	8	6	2	4	...	35
	F	1	1	5	5	19	10	10	4	2	57
5. Lupus	M	...	...	...	2	2	3	2	...	...	9
	F	...	...	...	...	2	...	...	4	2	8
6. Other parts or organs	M	...	2	5	3	4	12	7	11	4	48
	F	...	1	3	6	10	10	14	12	...	56
TOTAL		1	14	50	76	148	123	71	67	10	560
GRAND TOTAL		4	47	118	175	873	921	631	617	96	3,482

CITY OF EDINBURGH.

Pulmonary Tuberculosis Notifications.

Year	Under 15 years		15-20 years		20-25 years		25-35 years		35-45 years		45-55 years		55-65 years		65+ years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1935 ...	18	19	15	26	22	40	58	52	41	23	37	18	33	12	15	8	239	198	437	95
1936 ...	7	10	23	36	37	52	55	62	39	23	48	19	36	12	13	21	258	235	493	106
1937 ...	20	17	26	47	47	43	52	45	50	35	34	23	21	10	11	6	261	226	487	104
1938 ...	12	14	26	39	31	45	58	53	46	29	44	12	28	16	14	9	259	217	476	101
1939 ...	12	18	28	47	26	32	50	44	30	21	43	20	24	14	14	10	227	206	433	92
Average 1935-39	14	16	24	39	33	42	55	51	41	26	41	18	28	13	13	11	249	216	465	100
1940 ...	14	13	40	50	25	45	45	62	56	22	41	13	25	15	19	4	265	224	489	114
1941 ...	20	28	39	53	21	27	40	62	46	26	39	19	26	9	17	7	248	231	479	111
1942 ...	25	17	51	36	24	51	55	59	53	24	33	8	34	12	9	10	284	217	501	118
1943 ...	26	32	39	66	24	58	56	64	68	41	43	12	34	10	13	6	303	289	592	142
1944 ...	16	21	46	53	31	69	66	74	57	16	42	10	31	1	5	10	294	254	548	131
Average 1940-44	20	22	43	52	25	50	52	64	56	26	40	12	30	9	13	7	279	243	522	123
1945 ...	26	18	35	49	45	50	70	67	59	24	35	12	24	9	15	2	309	231	540	127
1946 ...	21	14	37	63	34	47	84	65	57	36	57	10	33	6	18	10	341	251	592	129
1947 ...	28	20	27	67	33	64	68	74	67	32	42	10	44	7	15	8	324	282	606	125
1948 ...	40	42	32	61	48	60	72	75	46	32	60	12	33	5	26	9	357	296	653	134
1949 ...	44	26	39	71	39	73	67	64	68	34	44	18	39	7	21	7	361	300	661	135

Pulmonary Tuberculosis Deaths.

Year	Under 15 years		15-20 years		20-25 years		25-35 years		35-45 years		45-55 years		55-65 years		65+ years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1935 ...	7	6	4	8	9	15	28	32	31	19	30	16	26	12	16	6	151	114	265	57
1936 ...	1	5	11	9	15	21	26	30	26	20	40	13	28	9	17	16	164	123	287	62
1937 ...	2	8	10	22	19	25	33	46	28	16	22	11	30	13	8	7	152	148	300	64
1938 ...	7	3	12	23	17	29	33	28	23	22	37	3	21	10	13	5	163	123	286	61
1939 ...	4	4	7	14	15	21	21	30	33	19	41	18	25	9	17	7	163	122	285	60
Average 1935-39	4	5	8	15	15	22	28	33	28	19	34	12	26	11	14	8	159	126	285	61
1940 ...	5	8	11	22	8	21	31	41	37	12	30	16	24	13	20	9	166	142	308	72
1941 ...	3	7	9	16	10	34	31	38	31	15	27	17	31	10	18	4	160	141	301	70
1942 ...	5	5	10	22	11	32	20	41	28	17	25	7	28	11	13	14	140	149	289	68
1943 ...	6	9	10	16	8	27	31	37	36	29	36	12	31	8	16	9	174	147	321	77
1944 ...	5	9	9	17	10	25	17	32	26	27	24	7	26	3	11	7	128	127	255	61
Average 1940-44	5	8	10	19	9	28	26	38	32	20	28	12	28	9	16	9	154	141	295	70
1945 ...	1	6	8	10	10	14	20	31	32	10	28	6	18	5	14	5	131	87	218	51
1946 ...	7	4	8	22	15	27	22	32	31	14	43	6	27	5	18	11	171	121	292	64
1947 ...	9	10	3	24	12	22	25	40	33	31	33	6	36	4	20	6	171	143	314	65
1948 ...	8	11	9	22	13	19	31	33	21	24	44	10	21	5	19	11	166	135	301	62
1949 ...	3	6	8	16	15	28	17	38	26	16	28	10	33	2	19	5	149	121	270	55

CITY OF EDINBURGH.

Non-Pulmonary Tuberculosis Notifications.

Year	Under 5 years		5-10 years		10-15 years		15-25 years		25-35 years		35-45 years		45-55 years		Over 55 years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1935 ...	19	10	28	14	22	15	22	30	12	12	7	11	5	8	10	8	125	108	233	51
1936 ...	31	24	24	23	17	14	15	30	9	10	8	12	5	6	8	6	117	125	242	52
1937 ...	31	17	24	29	13	16	26	27	13	11	6	6	5	6	3	14	121	128	247	53
1938 ...	22	17	21	30	8	11	19	33	11	16	6	9	4	4	11	6	102	126	228	49
1939 ...	16	15	12	16	11	9	17	27	9	16	3	1	10	9	3	4	81	97	178	38
Average 1935-39	24	17	22	22	14	13	20	29	11	13	6	8	5	7	7	8	109	117	226	48
1940 ...	28	15	20	8	15	16	5	22	8	9	4	4	8	8	4	...	92	82	174	41
1941 ...	24	16	9	12	5	10	18	20	8	16	4	4	12	16	4	7	84	101	185	43
1942 ...	21	13	11	12	10	10	14	26	8	13	10	4	9	7	11	4	94	89	183	43
1943 ...	18	9	6	6	15	9	12	23	5	10	6	10	2	10	4	5	68	82	150	36
1944 ...	10	9	14	2	8	13	11	23	7	14	4	11	9	12	1	3	64	87	151	36
Average 1940-44	20	12	12	8	11	12	12	23	7	12	6	7	8	10	5	4	81	88	169	40
1945 ...	10	14	6	6	9	8	8	22	4	15	2	12	5	14	3	5	47	96	143	34
1946 ...	17	13	10	6	9	5	12	18	6	12	2	4	4	5	6	4	66	67	133	29
1947 ...	12	8	8	8	5	10	10	21	9	8	3	13	4	3	4	5	55	76	131	27
1948 ...	17	4	7	3	10	11	11	23	7	9	3	5	3	3	5	10	63	68	131	27
1949 ...	8	6	8	4	6	8	12	22	7	14	3	9	5	4	4	11	53	78	131	27

Non-Pulmonary Tuberculosis Deaths.

Year	Under 5 years		5-10 years		10-15 years		15-25 years		25-35 years		35-45 years		45-55 years		Over 55 years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1935 ...	10	7	7	4	6	4	3	6	5	3	1	2	1	2	6	3	39	31	70	15
1936 ...	10	8	4	4	3	1	5	3	6	6	3	3	1	4	2	8	34	37	71	15
1937 ...	11	8	8	5	3	3	9	4	5	4	2	1	2	3	2	9	42	37	79	17
1938 ...	7	7	5	6	2	2	4	9	4	3	...	6	4	...	8	7	34	40	74	16
1939 ...	8	7	6	8	1	5	8	10	1	6	1	1	...	2	6	4	31	43	74	16
Average 1935-39	9	7	6	5	3	3	6	7	4	4	1	3	2	2	5	6	36	38	74	16
1940 ...	13	11	11	2	4	10	1	6	6	5	2	3	3	1	4	3	44	41	85	20
1941 ...	16	11	3	4	1	3	4	16	1	4	...	1	1	2	4	5	30	46	76	18
1942 ...	13	8	4	4	3	2	...	6	2	3	2	1	1	2	10	6	35	32	67	16
1943 ...	12	5	1	2	2	6	3	10	4	1	3	2	2	4	3	4	30	34	64	15
1944 ...	3	7	1	...	1	5	2	9	1	5	...	3	3	1	3	3	14	33	47	11
Average 1940-44	11	8	4	2	2	5	2	9	3	4	1	2	2	2	5	4	31	37	68	16
1945 ...	8	12	3	4	4	2	2	10	3	3	2	3	3	4	4	9	29	47	76	18
1946 ...	5	9	3	4	3	4	6	1	5	2	1	3	4	2	3	4	30	29	59	13
1947 ...	5	3	5	3	...	3	4	3	1	4	1	4	3	2	5	2	24	24	48	10
1948 ...	7	1	3	1	3	5	1	6	1	1	...	...	1	...	3	4	19	18	37	8
1949 ...	1	2	...	...	...	...	1	3	1	2	...	1	3	1	1	5	7	14	21	4

HOME NURSING

Service by the Queen's Nurses and the Buccleuch Nurses.

A new obligation placed on the Corporation by the National Health Service Act was that of being responsible for the nursing of sick persons in their own homes. This duty has been carried out on an agency basis by nurses employed by the Queen's Institute of District Nursing and by the Buccleuch District Sick-Nursing Home.

Towards the end of 1949, the Committee of Management of the Buccleuch District Sick-Nursing Home which had been in existence for 68 years intimated their intention of discontinuing the service of home nursing owing to the difficulty of procuring staff. The closure took place on 28th February 1950, and the Committee of Management decided that a Trust should be formed to apply their funds to objects connected with the welfare of sick and elderly people. The house at 3 Buccleuch Place was sold to the University of Edinburgh. During 1949, the four Buccleuch Nurses made 8,139 visits to 556 patients.

It was arranged that the general nursing in the Buccleuch district would be taken over by the Queen's Institute of District Nursing and that the maternity work in the area would be carried out by the two Corporation midwives resident in the Livingstone Dispensary at Cowgate.

The Queen's Nurses are thus charged with the duty of providing domiciliary nursing services throughout the whole city. For this purpose, the Central Training Home at 26 Castle Terrace provides the personnel to serve the central area, while 17 fully trained Queen's Nurses resident in ten suburban areas cover the districts formerly organised by voluntary nursing associations. The Central Training Home, which trains nurses in domiciliary nursing who find their way to all parts of Scotland, had at the end of the year a superintendent, 3 assistant superintendents, 5 Queen's nursing sisters, 45 nurses in training and 10 pupil midwives.

During 1949, the Queen's nurses attended 19,154 patients and made 241,379 visits. Of the total patients 871 were maternity cases, 14,000 were medical, and 4,283 surgical. Agreement has been reached on a proposal by the Corporation that maternity work in the city should be done by Corporation midwives, and that the Queen's nurses should devote themselves to general nursing. The change will be made gradually, and training facilities for the Queen's pupil midwives will continue to be available as before.

From their headquarters the Queen's Nurses issue certain nursing requisites on loan to patients unable to provide them for themselves. It is proposed to enlarge this provision by including a greater variety of articles to be available under Section 27 of the National Health Service Act which authorises local authorities to provide nursing requisites on loan.

HOME NURSING—CITY OF EDINBURGH.

Patients attended by the Queen's Institute of District Nursing during 1949.

DISTRICT	STAFF	MATERNITY					GENERAL		Total hours on duty	Average time per visit, including hours spent at confinements and travelling time
		Midwife, no Doctor	Midwife and Doctor	Doctor engaged not present	P.M. under supervision	TOTAL	Med.	Surg.		
Central ...	5 Q.N. 45 Trainees 10 Pupils	...	...	120	304	424	9,674	2,759	181,059	43 minutes
Colinton ...	1	...	31	13	...	44	288	80	2,977	45 "
Duddingston and Craigmillar ...	2	1	18	31	3	53	279	479	8,546	44 "
Leith ...	4	1	34	9	7	51	1,222	287	13,697	48 "
Liberton and Gilmerton	2	2	42	6	92	142	282	97	4,376	80 "
Portobello and Joppa ...	2	1	10	5	...	16	481	112	6,013	44 "
Sighthill ...	1	...	66	23	...	89	270	61	3,540	42 "
Southfield ...	1	...	11	9	1	21	105	74	3,315	40 "
Wardie and Granton ...	2	...	22	3	...	25	647	91	7,899	38 "
Davidson's Mains and Barnton	2	...	6	...	...	6	460	147	6,479	38 "
Corstorphine ...	...	...	...	...	...	...	292	96	3,478	38 "
						871	14,000	4,283	241,379	174,432½

ADMINISTRATIVE STAFF—1 Superintendent,
3 Assistant Superintendents
1 Office Assistant.



BABIES WON'T
POSE.

Staff of
Stenhouse Nursery
with some of
their charges.

Photo :
Weekly Scotsman.



MEET THE
PENGUINS.
St Kentigern's
Nursery
children
at Edinburgh
Zoological
Park

MATERNITY AND CHILD WELFARE.

REPORT BY THE MATERNITY AND CHILD WELFARE
MEDICAL OFFICER.

Throughout the year, some modifications in the work of the Department, brought about by the National Health Service Scheme, became more evident. The Corporation continued to provide ante-natal clinics as in the past, but it was obvious that the demand for such clinics was steadily lessening, as indicated by the much smaller number of women attending. The explanation of this is two-fold. The first reason is undoubtedly that more and more women are being confined in institutions, and therefore they receive their ante-natal care at the clinics associated with the institutions, while the second reason is that those women who wish to be confined at home are seeking ante-natal supervision from their own medical practitioners. The majority of women attending the Corporation ante-natal clinics are already booked to have their confinements in hospitals.

The Rheumatic Clinic passed over to the control of the South East of Scotland Regional Hospital Board, and a Health Visitor from the School Medical Service took over the liaison work at this clinic in place of one from the Maternity and Child Welfare Department.

Other activities of the Department, however, increased, and the Midwifery, Health Visitor, Nursery, Home Help, Almoner and Clerical sections of the staff all participated in this expansion.

As in former years, the tables referred to in the commentary are grouped together for convenience of reference at the end of the text. Modifications have been made on many of the tables shown in previous reports so that it has been possible to reduce their number without losing factual information.

Maternal Health and Welfare.

(a) **Ante-Natal Supervision** (Table 1).—Twelve ante-natal clinics continued to be provided by the Corporation, and these were largely under the medical charge of consultant obstetricians. A total of 1,696 women attended the clinics, a reduction of 5,211 cases compared with 1948. It has become obvious that the necessity for the Corporation providing such ante-natal supervision is less than before. While this may be so, the educational value of such clinics is lost, but it is hoped that, before long, the ante-natal clinics as at present constituted will be replaced by educational ones, with particular reference to teaching mothercraft and especially to preparation of the breasts for maternal feeding. Two senior members of the Health Visitor staff studied during the year under Dr Harold Waller at the British Hospital for Mothers and Babies, Woolwich. On their return, they began giving instruction to their colleagues at the ante-natal clinics on Dr Waller's method so that it might be studied and its results noted. This initial experiment was very successful and it is hoped to extend it in the succeeding years so that not only the Health Visitor staff but also the Midwives may become proficient in this branch of ante-natal care.

Co-operation with the Director of the Mass Radiography Unit continued during the year, and a greatly increased number of pregnant women availed themselves of the opportunity of attending the Unit for examination.

The steadily rising incidence of institutional deliveries was again noted. There were 10,159 notified births in the City and 8,044, or 79 per cent., of these births took place in institutions, while 2,115, or 21 per cent., were domiciliary. In 1948 the percentages were 77 and 23, and in 1947, 69 and 31. The whole argument of domiciliary as opposed to institutional midwifery is ably discussed in the *Report on Neo-natal Mortality and Morbidity* (H.M.S.O., 1949). One important aspect, from a practical point of view, arises in connection with the domiciliary training of medical students and midwives.

(b) **Post-Natal Supervision** (Table 1).—Owing to prevailing conditions, the number of women attending Corporation clinics for post-natal care showed a considerable reduction. Only 134 women received such care compared with 1,297 in the previous year.

(c) **Midwifery Service** (Table 2).—

Midwives Acts.—There were no privately practising midwives in the City during the year.

Domiciliary Midwifery Service.—In May, the Health Committee took another step in the direction of building up a full-time midwifery service for the City. The Corporation then came to an agreement with the Edinburgh Medical Missionary Society whereby two midwives employed by the Corporation were given residential accommodation in the Livingstone Dispensary. There the midwives worked in full co-operation with the resident medical officer of the Dispensary. Thus the original nucleus of five full-time municipal midwives was augmented, bringing the number up to seven. The other arrangements with the Boards of Management of the Royal Infirmary and Elsie Inglis Hospital continued as in previous years and these were supplemented by the close liaison with the Queen's Institute of District Nursing. Twelve midwives operated from the two hospitals for extern duties and the Queen's Institute of District Nursing provided twenty-two maternity nurses.

During the year 10,159 births, live and still, were notified and of these 2,115 were domiciliary. In only one case was the confinement not attended by either a medical practitioner or midwife.

Nursing Homes (Table 3).—The number of nursing homes, including maternity homes, registered under the Nursing Homes Registration (Scotland) Act, 1938, on 1st January 1949 was 43. During the year, four nursing homes cancelled registration and one new nursing home was registered. Thus, on 31st December 1949, there were 40 registered nursing and maternity homes. The number of births occurring in maternity homes was 1,403 and the total number of maternity beds available in such homes was 148. Staffing difficulties still remained the major problem in running private nursing and maternity homes.

Nursing Agencies.—The Nurses Agencies (Scotland) Regulations, 1945, made under Part II of the Nurses (Scotland) Act, 1943, require that all nursing

agencies must be licensed with the local authority, and this licence must be renewed annually. Application for renewal of licence must be made at least four weeks before 31st December each year, the date on which the annual licence expires.

Five nursing agencies were licensed by the Corporation as at 1st January 1949. During that month, a licence was granted to a further agency, bringing the number of such organisations up to six. Three agencies closed down during the year and their licences were cancelled, while three continued to function as at 31st December 1949.

Dental Care of Mothers and Children under Five Years (Table 4).—

The provision of this priority service was continued under increasing difficulties owing to the resignations from the staff of dental officers. Thus, in November, the dental clinic at Gorgie had to be closed and a reduction made in the number of sessions at the Leith clinic. None the less, the extent of dental care of mothers and pre-school children steadily increased throughout the year and was accomplished in a commendable way by the depleted dental staff. Some 171 expectant mothers were routinely examined and all required some degree of dental care. Only 12 refused treatment, the remaining 159 accepting and receiving the appropriate measures. Of 42 nursing mothers referred for examination, all needed treatment and 36 received it. Pre-school children examined numbered 453 and were almost exclusively drawn from the 3-5 year old age group. Of these pre-school children, 380 were found to require dental care and 329 actually received treatment.

Puerperal Pyrexia and Puerperal Fever (Tables 5 to 8).—The number of notifications of puerperal pyrexia during the year was 17, compared with 44 in the previous year. Of these notified cases, 9 subsequently were proved to be cases of puerperal fever. Notifications of puerperal fever numbered 22, of which 16 were confirmed. Thus there were 25 cases of confirmed puerperal fever. No deaths occurred among the cases of puerperal fever or pyrexia.

Maternal Deaths (Tables 9 to 12).—The steady and progressive decline in the maternal death rate for the City was maintained this year. There were 4 deaths associated with pregnancy and childbirth, giving a rate of 0.5 per 1,000 total births, compared with 1.7 in 1948 and 1.2 in 1947. Table 11 shows two sets of figures from 1944 to the present. One set is calculated from the Registrar-General's classification based on death certification, while the other is arrived at after clinical investigation.

It will be noted that, after clinical investigation, 4 deaths were classed as maternal ones compared with 2 as accepted by the Registrar-General. It was felt that the association of pregnancy and the puerperium with the conditions causing the deaths of the two patients concerned could not be ignored. Hence the rate for the City was calculated on this basis. One death was associated with volvulus of the small intestine in a woman whose pregnancy was estimated at 25 weeks' duration and who had had no ante-natal care, and the other was of a patient who died from an overwhelming streptococcal respiratory infection on the sixth day of the puerperium.

Child Health and Welfare.

Births (Tables 2, 13, 14).—There were 8,154 registered live births during the year after the necessary corrections had been made. Of these births 4,164 were males and 3,990 females. Thus the birth rate was 16.7 compared with rates of 17.2 in 1948 and 20.3 in 1947. The rate for the City is once again lower than those of the three large cities of Scotland and also lower than the rate for Scotland as a whole.

Notified births numbered 10,159, compared with 10,648 in 1948 and 12,169 in 1947.

There were 203 stillbirths registered during the year, the rate for the City being 24.0 per 1,000 total births as against rates of 29.0 in 1948 and 26.0 in 1947.

The illegitimate births for the year totalled 455, with an illegitimate birth rate of 5.6 per cent. of the live births. This rate has remained fairly steady since 1945, when it reached the high level of 9.8 per cent.

Ophthalmia Neonatorum (Table 15).—Comment was made in previous reports on the possible reasons for the small number of notifications of this disease that are received. The number this year was also small, amounting to 13 cases. No case was due to the gonococcus and no impairment or loss of vision was reported. Hospital treatment was not required in any of the notified cases.

Infant Deaths (Tables 16 to 24).—The infant mortality rate for the City reached an even lower level than that recorded last year. The rate per 1,000 live births was 32.0, compared with 34.0 in 1948 and 49.0 in 1947. The actual number of deaths of infants under one year of age was 263, a reduction of 21 over last year's figure of 284 deaths.

The neonatal mortality rate was 19.0 per 1,000 live births—the same as that recorded for 1948. The post-natal mortality rate for the year was 13.0, compared with 15.0 last year, so that once again a reduction in infant mortality has been achieved during the post-natal period. Reference to Table 19 shows the major causes of death during the first year of life.

Prematurity occupied first place, and all 44 deaths ascribed to this cause occurred in the neonatal period. Respiratory infections (bronchitis and pneumonia) were the second major cause of death, accounting for 15 neonatal and 25 post-natal deaths. Congenital malformations caused 36 deaths, 24 of which took place in the neonatal period. Birth injuries followed, causing 27 neonatal deaths and one post-natal death. Gastro-enteritis dropped a place lower among the major causes of infant death, occupying fifth place this year compared with fourth last year and first place in 1947. No neonatal deaths occurred from this infection, and indeed no outbreaks of the disease were reported during the year.

Neonatal mortality compared favourably with recent years. Of the total of 263 deaths under one year during 1949, 154, or 59 per cent., occurred during the first month of life. Of these 154 neonatal deaths, 128, or 83 per cent., took place during the first week of life. Prematurity, as in previous years, was the most important single factor predisposing to infant death, and accounted for 44, or 29 per cent., of neonatal fatalities. Comment was made in last year's report on some of the more important aspects of the problem of prematurity.

Birth injuries occupied second place among the causes of death in the first month of life, and accounted for 27 (18 per cent.), and 25 of these deaths occurred during the first week. Congenital malformations and a miscellaneous group of diseases shared third place among the death-dealing disorders of the newborn, each accounting for 16 per cent. of the deaths. Respiratory infections brought up the rear of the important causes of neonatal death.

A major contribution to the subject of neonatal mortality and morbidity during the year was the report by a joint committee of the Royal College of Obstetricians and Gynaecologists and of the British Paediatric Association (H.M.S.O., 1949). The value of the report lies not only in its discussions of obstetric and paediatric aspects of the problem, but also in the no less important social and economic considerations. The report is a real contribution to social medicine.

The infant mortality rates for the various newly-constituted wards of the City show a fairly even state of affairs. The lowest rate recorded is that for Broughton (18.0) and the highest that for Pilton (55.0).

Forty-one deaths took place among children between the ages of one and five years. The respiratory infections were the predominant infections causing death, and the 22 miscellaneous causes included 6 from violence and 3 from malignant disease.

Health Visiting (Table 25).—During the year, the work of the health visitors has steadily expanded. The permanent establishment remained at 41 with, in addition, a supervisor and assistant supervisor. Recruitment to the staff was counterbalanced by retirements and resignations. The establishment still falls far short of the estimated requirement of 70 health visitors, based on the recognised maximal ratio of one health visitor to 500 children under five years. It cannot be too strongly emphasised that the health visitor is the pivot on which the whole work and success of the Department revolves. Florence Nightingale, with remarkable foresight, wrote of health visitors in 1891 that "They require tact and judgment unlimited to prevent the work being regarded as interference and becoming unpopular. . . . She must create a new work and a new profession for women."

In October 1948, the Corporation undertook the responsibility of organising yearly courses of instruction in health visiting for nurses studying for the Health Visitor Certificate granted by the Royal Sanitary Association of Scotland. These courses are recognised by both Central Government Departments concerned and by the Royal Sanitary Association of Scotland. It is gratifying to record that all students of this first course organised by the Corporation were successful in the examination for the Health Visitor Certificate held in April this year. In October, there were 40 applicants for 36 places, and another full complement of 36 students commenced the second course of instruction.

During the year, 7,349 first visits were made to infants under one year of age in their homes by members of the health visitor staff and health visitor students during their practical work, for purposes of health supervision. In addition to these first year visits, 46,309 visits were paid to children aged between one and five years. The grand total of visits paid to infants and children under five years was 83,976—an increase of 11,053 over last year's total. Home visits to expectant

mothers totalled 3,104, compared with 3,622 in 1948 and 3,717 in 1947. In addition to home visits to mothers and children, the health visitors also undertook visits to cases of illness, old age, etc., in conformity with the new functions of health visitors as laid down in the National Health Service Act. These additional visits numbered 1,244, making a grand total of visits to mothers, children, cases of illness, old age, etc., of 88,324 for the year.

A startling new feature of the statistical returns on health visiting for the year was the large number of waste visits, not included in the above figures. Waste visits are classed as such when houses are found shut or the health visitor fails to find the particular person at home to whom she is paying the visit. Such waste visits numbered 19,286 during the year.

The teaching of mothercraft to senior schoolgirls continued as in past years, but it was not found possible to augment the number of health visitors seconded for this purpose. It is desirable that the scope of such teaching should be enlarged, but, till recruitment to the health visitor staff improves, it will not be possible to do so.

Health Supervision (Table 26).—The provision of clinic services forms an integral part of the Corporation's scheme, and regular attendance at these child welfare clinics is encouraged so that a child's progress may be checked and advice offered to the mother on matters pertaining to feeding, clothing, general hygiene and care, and immunisation. During the latter part of the year, a clinic was opened at Gilmerton, bringing the number of clinics for which the Corporation is directly responsible to twenty. Some 1,883 clinic sessions were held during the year at these twenty centres, and 6,238 infants under one year attended for the first time and 1,173 children over one year, a total of 7,411 first attendances. The total number of attendances made by infants under one year was 47,582 and by children over one year 17,810, making a grand total of 65,392. The reduction in the number of attendances at the clinics, compared with last year when 74,585 attendances were recorded, is accounted for by the fact that two clinics associated with hospitals and for which the Corporation was formerly responsible, passed over to the Regional Hospital Board, and therefore their attendance returns are not included in this year's recorded attendances at City clinics. This, together with the slight reduction in the birth rate, largely accounts for the apparent decline in clinic attendances during the year. As far as the age groups of children attending the clinics are concerned, the following statement gives some idea of the proportions:—

Under 1 year	...	...	...	...	73 per cent.
Between 1-2 years	...	...	...	...	14 "
" 2-3 "	...	...	...	...	8 "
" 3-4 "	...	...	...	...	3 "
" 4-5 "	...	...	...	...	2 "

Ultra-Violet Ray Clinics (Table 27).—During the year, 592 sessions were held at the ultra-violet ray clinics, and 6,883 attendances were made. Children only receive courses of artificial sunlight if such are recommended by medical officers of the Department or medical practitioners.

Orthopædic Clinic.—Increasing use is being made of this clinic and the closest co-operation is maintained with the orthopædic surgeon and physiotherapist.

Vaccinations and Immunisations.—In the course of the year, 3,181 smallpox vaccinations were carried out at the child welfare centres, and 3,090 diphtheria inoculations were completed.

Day and Residential Nurseries.

Day Nurseries (Table 28).—The number of day nurseries at the beginning of the year was 12, with places for 545 children. Throughout the year, reconstruction work went on at 12 Dean Terrace and, on 21st December, the Dean Nursery was opened, with places for 30 children aged from two to five years. This brought the nurseries up to 13, with accommodation for 575 children.

In January, the Health Committee, after a thorough examination of the many types of applications received for day nursery care of children, formulated a policy of priorities which were to be used as guides in the selection of children for day nursery care. As a result of this decision of the Committee, children are now admitted in the following priority grades:—

Category A.—Children with only one parent to care for them, and for whom no guardian is available.

Category B.—Children from homes where the housing conditions are very bad. Cases of delicate health, malnutrition, and others requiring special care. Children whose mothers were under medical care. Cases referred to the Child Welfare Medical Officer by the Child Guidance Clinic and other similar organisations.

Category C.—Children from homes where there was economic distress.

Category D.—Children whose mothers were specially skilled workers or held key positions in industry.

Throughout the year, admissions to the day nurseries were from categories A, B and C.

The health of the children remained excellent throughout the year, the total attendances amounting to 85 per cent. of the possible figure. This must be regarded as a remarkably high rate when it is borne in mind that most of the children have a summer holiday of at least a week's duration while the nursery is open, and that each such child is marked "absent" during its holiday period. Reference to Table 28 shows that many of the nurseries have more on the roll of attendance than there are approved places. This is accounted for by the fact that the demand for admission of very young infants to the nurseries is not considerable, but the demand for admission of children aged between 8 months and 2 years is very great. Such children cannot be passed on immediately on reaching 2 years to the 2-5 years section of the nursery on account of the full complement of this latter group in that section of the nursery. Consequently, these children are retained and therefore add slightly to the roll of attendance at many of the nurseries.

The health of the staff continued to be satisfactory and shortage of staff was a less pressing problem than last year. The revised training scheme for the

Certificate granted by the Scottish Nursery Nurses Examination Board became more firmly established during the year. The closest co-operation with the Education Department has been achieved, and students from the nursery schools under the control of the Education Committee spend part of their two-years' training period in day and residential nurseries, while students from these nurseries serve for a period in nursery schools.

During the year, 32 students from the day and residential nurseries were presented for the Nursery Nurses Certificate, and 29 were successful in gaining it. There is no lack of applicants for the training, and a waiting list is kept of prospective trainees, both from Edinburgh and from other parts of the country and who, therefore, require residence in the City while training.

Residential Nurseries (Table 29a).—The number of children admitted to the four nurseries provided by the Health Committee showed a slight decline during the year. This was in no way due to any decrease in public demand for the service but was attributable mainly to two causes. In the first place, there was a shortage of qualified staff who were willing to accept appointments in residential nurseries, and consequently it was not always possible to have the full complement of children in the nurseries. Cases of infectious disease necessitated the imposition of periods of quarantine in the nurseries, when admissions had to be restricted to immune children only. The happy atmosphere in these nurseries has been frequently commented upon and reflects great credit on the members of the staff, who deal with an ever-changing population of under-five-year-olds. The average period of stay per child in a residential nursery amounted to three weeks.

Children in both day and residential nurseries provided by the Department are all medically examined prior to admission by one of the assistant medical officers. This ensures that the children will be reasonably healthy, free from infection, and in a cleanly state. These medical officers also pay weekly visits to the nurseries, and each child has a medical overhaul at regular intervals, and oftener when the occasion demands or emergencies occur.

The Maternity and Child Welfare Medical Officer is also charged with the medical care and supervision of the children in the four children's homes provided by the Children's Committee, and he has been admitted to the list of medical practitioners of the Local Executive Council for Edinburgh.

Nursery Nurses' Hostel.—The hostel at 19 Chester Street continued to provide an attractive residence for a proportion of students whose homes were a considerable distance from Edinburgh. Eighteen students—the full complement—were in residence during the year.

Registration of Nurseries and Child Minders (Table 30).—Two new applications from intending child minders were received during the year, and in both cases registration was granted. Registration was also granted in January to a child minder who had applied towards the end of 1948. In one case, the applicant had not begun to receive children by the end of the year. The other two child minders admitted children during the year, and the Supervisor of

Nurseries continued to visit these premises to inspect the conditions under which the children were received and to give help and advice. No applications for registration of day nurseries were received.

Toddlers' Playgrounds (Table 31).—The Voluntary Health Workers' Association, working in close association with the Maternity and Child Welfare Department, has, since 1914, pioneered and made itself responsible for the carrying on of a series of toddlers' playgrounds in various parts of the city. At these playgrounds, children from three to five years attend for two hours in the forenoon during school days. Each playground is subsidised to some extent by the Corporation, the balance of cost being met by voluntary subscription.

During the year 18 toddlers' playgrounds were active. The number of toddlers on the attendance roll was 488, and the average daily attendance 400. A superintendent is in charge of each playground and she receives an honorarium for her work. The medical care and supervision of the children attending the playgrounds is carried out by the medical staff of the Maternity and Child Welfare Department.

Descriptive details of the work undertaken at these playgrounds will be found in the annual report of the Voluntary Health Workers' Association. This may be obtained direct from the secretary of the Association, Dr Margaret M. Brotherston, 9A Abbotsford Crescent, Edinburgh 10 (Tel. 54912), or from the Maternity and Child Welfare Department, Johnston Terrace, Edinburgh, 1.

Homes for Mothers and Babies (Table 32).—

(1) **Edinburgh Home for Mothers and Babies, 17 Claremont Park, Leith.**—This home, with a complement of 12 beds and 10 cots, admits mainly unmarried mothers during the ante-natal and post-natal periods. The actual deliveries are conducted in hospital, and after completion of the lying-in period mother and infant frequently return to the home.

(2) **Haig Ferguson Memorial Home, 4 Lauriston Park, Edinburgh.**—This home admits unmarried mothers during the ante-natal period. The confinements take place in hospital, and only a small number of mothers return to the home with their infants after confinement. Twelve beds are available together with 4 cots.

(3) **Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road, Edinburgh.**—The home admits unmarried mothers during the ante-natal period, and re-admits them with their infants after the confinements in hospital. The home was closed on 11th October 1948 to permit of structural alterations being made so that the premises might be used not only for accommodating the mothers and their infants but also that confinements could take place there. These alterations were completed in May 1949. The home has accommodation for 24 beds, of which 7 are allocated for ante-natal purposes and 17 for post-natal cases, and 24 cots.

Home and Domestic Helps (Table 33).—This service continued to expand. The Health Committee agreed to increase the establishment of home helps to 100, and to the appointment of a supervisor, who commenced duty in July. The selection of suitable recruits to the service still constitutes a considerable

difficulty and largely accounts for the small increase in the actual establishment. A point that ought to be considered as an inducement to recruitment to this service is the development of a scale of wages dependent on duration of service. No such official scale is in operation, and a veteran home help receives the same wage as a new recruit.

Once again the pressing demand has been for assistance during confinements, but the care of the acute and chronic sick and the aged at home is a problem of great magnitude and one which is steadily being overtaken. One form of acute disease, in which many of the patients are treated at home, is pulmonary tuberculosis. Naturally, with the publicity given to Scottish statistics concerning tuberculosis of the lungs, there has been great reluctance on the part of home helps to go to the homes of tuberculous patients. Only a few home helps have volunteered for such work, and they are submitted to routine examination and drawn from members of the staff of a suitable age. This part of the service is Obstacle Number One and extremely difficult of solution.

At the end of the year, 46 home helps were on the register, 41 of these being employed full-time and 5 part-time. This figure was exceeded on several occasions during the year, but illness and resignations among the staff prevented a higher establishment being maintained.

The charge for the service remained unchanged from last year, and the Almoner is always available to adjust financial matters with those who find the full charge a hardship.

During the year, 535 cases were assisted, of which 410 were maternity cases and 125 were general cases. The average period of assistance for maternity cases was 12 days and that for general cases 6 weeks.

Almoning.—Although a certain amount of work in the sphere of prevention of illness and after-care was undertaken during the year, the bulk of the Almoner's work has been concerned with maternal and child welfare. There is, however, a definite indication of considerable scope for medico-social work amongst cases of general illness, and 21 such patients were referred by medical practitioners and 40 by hospitals to the Almoner for assistance, and it is confidently expected that this important aspect of her work will steadily enlarge.

The very personal nature of an almoner's work does not lend itself to expression by mere figures, as these do not give a true indication of the work actually done. The Almoner interviewed 1,182 persons during the year, and of this number 874 were for assessment purposes in connection with financial aspects of residential nursery care for children and of the home help service. The remaining 308 persons were seen for purposes other than assessment, and included the making of arrangements for convalescence and holidays, discussions on housing problems, and for the guidance and encouragement of unmarried mothers in their attempts at rehabilitation and the care of their children. These constituted the more important groups of individuals helped by the Almoner. It was disappointing to find that, of 131 patients referred for convalescence or holidays, arrangements were satisfactorily made for only 62. The remaining 69 such cases were unable to benefit by reason of lack of suitable holiday home accommodation, financial difficulties, domestic reasons, and, in some few instances, from lack of co-operation.

Acknowledgments.—I wish to express my warmest thanks and indebtedness to all the members of my staff. None have spared themselves in their whole-hearted and loyal service, and teamwork is the motto of the Department. On the team, indeed, lies the burden of successful accomplishment, and such has been achieved in large measure. Grateful acknowledgment and appreciation of the valuable help given to the Department by the large body of voluntary workers are also due.

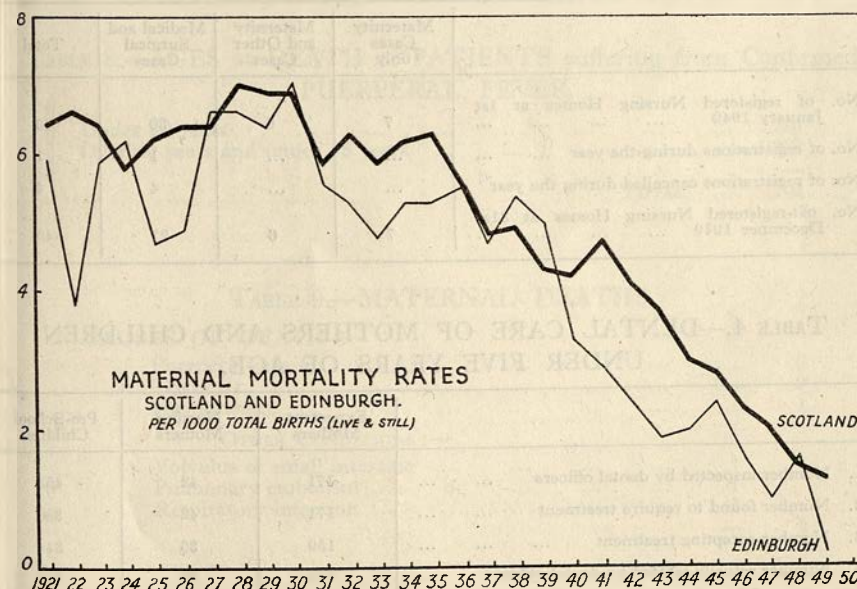
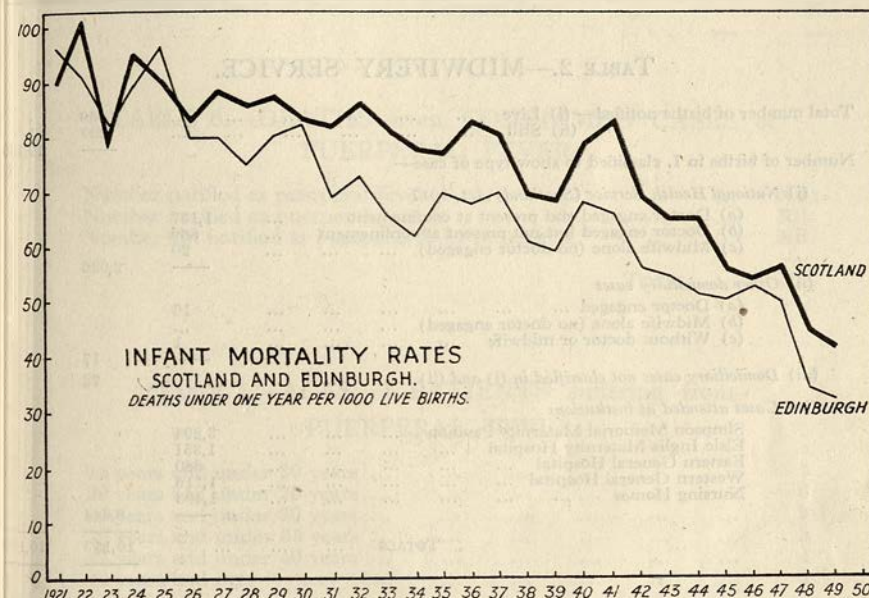


TABLE 1.—ANTE-NATAL AND POST-NATAL SUPERVISION.

	Ante-natal	Post-natal
Number of clinics at end of year provided by local authority	12	...
Number of clinics at end of year provided by voluntary bodies ... ..	...	...
Total number of women who attended at the clinics during the year ...	1,696	134

TABLE 2.—MIDWIFERY SERVICE.

I. Total number of births notified—	(i) Live	9,869	
	(ii) Still	290	
II. Number of births in I. classified to show type of case—			10,159
(i) <i>National Health Service (Scotland) Act, 1947</i>			
(a) Doctor engaged and present at confinement	1,137		
(b) Doctor engaged but not present at confinement	869		
(c) Midwife alone (no doctor engaged)	20		
		2,026	
(ii) <i>Other domiciliary cases</i>			
(a) Doctor engaged	16		
(b) Midwife alone (no doctor engaged) ... ..	...	
(c) Without doctor or midwife	1		
		17	
(iii) <i>Domiciliary cases not classified in (i) and (ii)</i>		72	
(iv) <i>Cases attended at institutions</i>			
Simpson Memorial Maternity Pavilion	3,294		
Elsie Inglis Maternity Hospital	1,351		
Eastern General Hospital	880		
Western General Hospital	1,116		
Nursing Homes	1,403		
		8,044	
TOTALS		10,159	10,159

TABLE 3.—NURSING HOMES.

	Maternity Cases only	Maternity and Other Cases	Medical and Surgical Cases	Total
No. of registered Nursing Homes at 1st January 1949	7	6	30	43
No. of registrations during the year ... ..	...	...	1	1
No. of registrations cancelled during the year ... ..	...	...	4	4
No. of registered Nursing Homes at 31st December 1949	7	6	27	40

TABLE 4.—DENTAL CARE OF MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE.

	Expectant Mothers	Nursing Mothers	Pre-School Children
1. Number inspected by dental officers	171	42	453
2. Number found to require treatment	171	42	380
3. Number accepting treatment	159	36	344
4. Number actually treated by dental officers	159	36	329

TABLE 5.—PUERPERAL FEVER AND PUERPERAL PYREXIA.

Number of cases of puerperal pyrexia notified	17	
Number of cases of puerperal pyrexia confirmed	8	
Number subsequently developing into puerperal fever		9
Number of cases of puerperal fever notified	22	
Number of cases diagnosed as puerperal pyrexia	6	
Number of cases of puerperal fever confirmed ... ..	...	16
Total number of cases of confirmed puerperal pyrexia	14	
Total number of cases of confirmed puerperal fever ... ..	...	25

TABLE 6.—DEATHS from CONFIRMED CASES of PUERPERAL FEVER.

Number notified as puerperal fever	Nil
Number notified as puerperal pyrexia	Nil
Number not notified as puerperal fever or pyrexia	Nil
TOTAL	Nil

TABLE 7.—AGES of PATIENTS suffering from PUERPERAL FEVER.

15 years and under 20 years	1
20 years and under 25 years	6
25 years and under 30 years	9
30 years and under 35 years	3
35 years and under 40 years	4
40 years and over	2
TOTAL	25

TABLE 8.—AGES at DEATH of PATIENTS suffering from Confirmed PUERPERAL FEVER.

Under 40 years	Nil
Over 40 years and under 45 years	Nil
TOTAL	Nil

TABLE 9.—MATERNAL DEATHS.

CAUSES OF DEATH:—

Puerperal sepsis	0
Toxæmia	0
Hæmorrhage	1

OTHER CONDITIONS:—

Volvulus of small intestine	1
Pulmonary embolism	1
Respiratory infection	1

TOTAL ... 4

TABLE 10.—MATERNAL DEATHS, 1946-1949.
NUMBERS AND RATES PER 1000 TOTAL BIRTHS (LIVE AND STILL).

	1946		1947		1948		1949	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Septicæmia	1	0·1	2	0·2	2	0·2	...	...
Toxæmia	3	0·3	5	0·5	1	0·1	...	...
Hæmorrhage	6	0·6	2	0·2	2	0·2	1	0·1
Embolism	1	0·1	...	...	2	0·2	1	0·1
Other Conditions ...	10	1·0	3	0·3	8	0·9	2	0·2
	21	2·2	12	1·2	15	1·7	4	0·5

TABLE 11.—MATERNAL MORTALITY.
RATE PER 1000 TOTAL BIRTHS (LIVE AND STILL).

Year	Total Births (Live and Still)	Registrar General's Classification						After Clinical Investigation					
		Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births	Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births
Aver. 1939-43	7,512	9	1·2	14	1·9	23	3·0	6	0·8	21	2·8	27	3·6
1944	8,131	8	1·0	8	1·0	16	2·0	7	0·9	13	1·6	20	2·5
1945	7,576	6	0·8	12	1·6	18	2·4	4	0·5	14	1·8	18	2·4
1946	9,655	1	0·1	14	1·5	15	1·6	1	0·1	20	2·1	21	2·2
1947	10,133	1	0·1	9	1·0	10	1·0	2	0·2	10	1·0	12	1·2
1948	8,674	5	0·6	9	1·0	14	1·6	2	0·2	13	1·5	15	1·7
1949	8,357	1	0·1	1	0·1	2	0·2	...	...	4	0·5	4	0·5

TABLE 12.—MATERNAL DEATHS.

AGES AT DEATH :—

20 years and under 25 years	...	...	2
25 years and under 30 years	...	...	1
30 years and under 35 years	...	...	1
35 years and under 40 years	...	...	0
40 years and under 45 years	...	...	0
45 years and over	...	...	0
TOTAL	...	...	4

TABLE 13.—Particulars regarding BIRTHS after necessary corrections have been made for transfers.

	Total Live Births	Legitimate	Illegitimate	Illegitimate Births per cent. of Live Births
1st Quarter 1940	1,804	1,686	118	6·5
2nd " " " " " "	1,896	1,788	108	5·7
3rd " " " " " "	1,706	1,593	113	6·6
4th " " " " " "	1,524	1,452	72	4·7
Year 1940	6,930	6,519	411	5·9
1st Quarter 1941	1,676	1,555	121	7·2
2nd " " " " " "	1,839	1,706	133	7·2
3rd " " " " " "	1,755	1,611	144	8·2
4th " " " " " "	1,664	1,558	106	6·4
Year 1941	6,934	6,430	504	7·3
1st Quarter 1942	1,791	1,674	117	6·5
2nd " " " " " "	1,967	1,806	161	8·2
3rd " " " " " "	1,838	1,671	167	9·1
4th " " " " " "	1,790	1,676	114	6·4
Year 1942	7,386	6,827	559	7·6
1st Quarter 1943	1,808	1,672	136	7·5
2nd " " " " " "	2,052	1,882	170	8·3
3rd " " " " " "	1,905	1,726	179	9·4
4th " " " " " "	1,840	1,688	152	8·3
Year 1943	7,605	6,968	637	8·4
1st Quarter 1944	1,848	1,683	165	8·9
2nd " " " " " "	2,103	1,926	177	8·4
3rd " " " " " "	1,971	1,789	182	9·2
4th " " " " " "	1,986	1,790	196	9·9
Year 1944	7,908	7,188	720	9·1
1st Quarter 1945	1,812	1,627	185	10·2
2nd " " " " " "	1,899	1,706	193	10·2
3rd " " " " " "	1,832	1,643	189	10·3
4th " " " " " "	1,819	1,663	156	8·6
Year 1945	7,362	6,639	723	9·8
1st Quarter 1946	1,952	1,781	171	8·8
2nd " " " " " "	2,312	2,138	174	7·5
3rd " " " " " "	2,494	2,332	162	6·5
4th " " " " " "	2,592	2,441	151	5·8
Year 1946	9,350	8,692	658	7·0
1st Quarter 1947	2,669	2,536	133	5·0
2nd " " " " " "	2,716	2,570	146	5·4
3rd " " " " " "	2,405	2,242	163	6·8
4th " " " " " "	2,075	1,957	118	5·7
Year 1947	9,865	9,305	560	5·7
1st Quarter 1948	2,162	2,036	126	5·8
2nd " " " " " "	2,168	2,028	140	6·5
3rd " " " " " "	2,090	1,960	130	6·2
4th " " " " " "	2,000	1,881	119	6·0
Year 1948	8,420	7,905	515	6·1
1st Quarter 1949	2,061	1,940	121	5·9
2nd " " " " " "	2,219	2,081	138	6·2
3rd " " " " " "	1,951	1,850	101	5·2
4th " " " " " "	1,923	1,828	95	4·9
Year 1949	8,154	7,699	455	5·6

TABLE 14.—BIRTH RATES for eight large towns in Scotland and for the whole of Scotland.

Year	Scotland	Glasgow	Edin- burgh	Dundee	Aberdeen	Paisley	Greenock	Mother- well and Wishaw	Clyde- bank
1937	17.6	19.8	15.8	17.6	17.1	18.9	21.6	20.0	17.9
1938	17.7	19.5	16.1	17.6	16.9	18.7	20.2	19.5	18.2
1939	17.4	19.2	15.5	15.8	16.6	18.4	20.3	18.8	17.7
1940	17.1	19.1	15.5	16.6	15.6	18.5	19.7	19.3	19.1
1941	17.5	18.7	15.0	16.3	16.2	19.4	18.8	20.1	19.6
1942	17.6	18.8	15.8	15.9	16.1	17.1	20.1	18.8	19.9
1943	18.4	20.0	16.2	16.3	16.0	19.0	21.0	19.7	21.0
1944	18.5	19.7	16.6	18.0	16.5	18.9	20.5	20.8	21.2
1945	16.9	18.1	15.4	16.1	15.5	16.0	18.6	17.7	18.6
1946	20.3	21.0	19.5	22.3	20.4	20.0	20.7	21.2	20.5
1947	22.0	23.3	20.3	23.1	21.9	22.5	23.8	23.7	21.5
1948	19.4	20.2	17.2	19.8	19.1	18.9	21.2	21.2	21.1
1949	18.5	19.0	16.7	18.7	17.5	18.5	20.9	20.5	23.2

TABLE 15.—OPHTHALMIA NEONATORUM. The interval in days between the Birth of the Child and the onset of the disease.

Days	1	2	3	4	5	6	7	8	9	10	11-21 days	No particulars	Total
Cases	0	1	1	0	0	0	0	1	1	0	9	0	13

The confinement was attended by :—

	Cases
A doctor and nurse	—
Nurses from institutions	4
Dispensaries	—
In institutions	9
Midwives	—
TOTAL	13

Treatment was given :—

	Cases
At home	4
At home and welfare centres	9
In hospital	—
TOTAL	13

TABLE 16.—EDINBURGH—INFANT MORTALITY RATES (deaths under ONE YEAR per 1000 Live Births).

Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality
1880	143	1898	*141	1916	100	1934	62
1881	128	1899	147	1917	T123	1935	70
1882	121	1900	132	1918	94	1936	68
1883	128	1901	143	1919	Y117	1937	70
1884	135	1902	119	1920	89	1938	61
1885	120	1903	117	1921	P96	1939	59
1886	136	1904	125	1922	91	1940	68
1887	137	1905	124	1923	82	1941	66
1888	128	1906	112	1924	89	1942	56
1889	133	1907	121	1925	96	1943	54
1890	144	1908	R114	1926	80	1944	51
1891	138	1909	113	1927	80	1945	50
1892	135	1910	103	1928	75	1946	52
1893	148	1911	115	1929	80	1947	49
1894	125	1912	110	1930	82	1948	34
1895	152	1913	101	1931	69	1949	32
1896	122	1914	110	1932	73		
1897	164	1915	132	1933	66		

* Sanitary Department formed 1898. P City Boundaries extended. R Voluntary Visiting in Homes.

T Child Welfare Department formed May, 1917. Y Reflection world influenza epidemic, 1918-1919.

TABLE 17.—EDINBURGH—NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

Year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	Total under 1 year
1912	29.6	4.3	6.0	4.1	45	110
1913	25.9	4.3	5.4	5.0	41	101
1914	28.6	6.5	5.7	2.9	44	110
1915	26.5	7.2	6.1	4.1	44	132
1916	29.7	5.2	2.8	7.1	45	100
1917	27.1	5.9	4.3	4.3	42	123
1918	28.8	5.0	3.5	3.1	40	94
1919	28.2	5.3	5.2	4.6	43	117
1920	23.7	5.3	5.8	3.1	38	89
1921	24.8	4.7	3.9	4.9	38	96
1922	24.1	4.2	5.5	2.9	37	91
1923	21.1	3.7	4.7	3.5	33	82
1924	22.0	5.8	5.0	2.7	36	89
1925	22.9	4.0	4.1	2.0	33	96
1926	19.3	4.7	4.2	2.0	30	80
1927	24.1	3.7	3.5	2.0	33	80
1928	20.8	3.4	3.9	2.4	31	75
1929	24.9	4.0	3.8	2.1	35	80
1930	25.2	3.1	2.6	1.2	32	82
1931	23.6	3.6	2.7	2.7	33	69
1932	26.2	2.2	0.9	2.7	32	73
1933	24.4	3.2	2.5	1.6	32	66
1934	21.8	3.2	2.2	1.5	29	62
1935	21.9	4.7	5.0	2.8	34	70
1936	24.2	4.2	3.4	2.3	34	68
1937	25.9	6.1	4.3	1.9	38	70
1938	24.0	4.2	3.3	2.5	34	61
1939	21.6	4.8	3.6	2.7	33	59
1940	23.2	5.1	3.0	2.3	34	68
1941	23.2	3.6	3.3	2.0	32	66
1942	20.7	4.5	2.2	1.4	29	56
1943	20.4	2.4	2.8	1.8	27	54
1944	20.5	3.3	3.2	2.0	28	51
1945	22.4	2.0	0.5	1.4	25	50
1946	19.1	3.8	1.4	1.7	26	52
1947	16.9	2.1	2.4	1.3	23	49
1948	15.3	2.1	1.2	0.6	19	34
1949	15.7	1.2	1.0	1.0	19	32

TABLE 18.—EDINBURGH—INFANT MORTALITY RATES in Wards.

Ward	Infant Mortality Rates (per 1000 Live Births)									New Wards	1949
	1921-1925*	1926-1930	1931-1935	1936-1940	1941-1945	1946	1947	1948			
1. Calton	82	67	69	55	62	35	44	23	1. St Giles	27	
2. Canongate	103	91	66	64	57	57	63	34	2. Holyrood	32	
3. Newington	70	69	70	35	39	40	21	40	3. George Square	19	
4. Morningside	56	40	46	41	54	31	42	8	4. Newington	43	
5. Merchiston	54	53	56	59	37	50	32	45	5. Liberton	22	
6. Gorgie	71	68	64	56	50	64	39	41	6. Morningside	25	
7. Haymarket	73	36	60	56	54	36	37	26	7. Merchiston	25	
8. St. Bernard's	73	57	45	64	55	38	41	35	8. Colinton	23	
9. Broughton	64	79	66	63	63	26	59	43	9. Sighthill	25	
10. St. Stephen's	72	69	80	88	57	33	26	35	10. Gorgie-Dalry	27	
11. St. Andrew's	109	97	72	70	76	89	53	21	11. Corstorphine	35	
12. St. Giles	131	99	79	90	75	65	66	25	12. Murrayfield and Cramond	36	
13. Dalry	81	75	65	58	50	49	37	32	13. Pilton	55	
14. George Sq.	85	75	83	70	65	48	34	61	14. St Bernard's	33	
15. St. Leonard's	110	98	76	65	67	63	48	18	15. St Andrew's	37	
16. Portobello	77	76	64	63	54	57	39	37	16. Broughton	18	
17. South Leith	89	77	64	68	62	61	66	33	17. Calton	27	
18. North Leith	123	95	77	69	51	52	58	28	18. West Leith	34	
19. West Leith	80	73	68	81	43	61	60	36	19. Central Leith	38	
20. Central Leith	118	92	89	73	66	55	44	43	20. South Leith	52	
21. Liberton	77	81	60	91	64	71	72	49	21. Craigminty	25	
22. Colinton	52	50	59	59	39	57	38	13	22. Portobello	22	
23. Corstorphine and Cramond	48	59	61	51	43	47	54	27	23. Craigmillar	43	
City Rate	91	79	68	65	55	52	49	34			32

* City Boundaries extended—November, 1920.

TABLE 19.—CAUSES of DEATH among CHILDREN under FIVE YEARS during 1949.

Cause of Death	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total under 12 months	12 months and under 2 years	2 and under 3 years	3 and under 4 years	4 and under 5 years	Total 1-5 years	Total under 5 years
Cerebro-spinal Fever	...	...	...	...	...	1	...	...	...	1	...	...	1	...	1	2
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	1	1	2	5	...	1	...	...	1	6
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary T.B.	...	...	...	...	...	...	1	...	1	2	1	...	...	...	1	3
Tuberculous	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis	...	...	...	...	...	...	...	...	...	...	1	...	1	1	3	3
Other Tuberculous Disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	1
Measles	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1
Chickenpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	1	...	...	...	...	1	4	6	1	2	14	3	1	...	1	1
Pneumonia (all forms)	10	3	...	1	14	4	4	4	...	26	3	2	...	...	5	18
Gastro-enteritis	...	...	...	...	...	5	7	10	3	25	1	...	...	...	1	31
Other Digestive Diseases	...	...	...	...	...	1	...	1	...	2	...	...	...	...	...	2
Congenital Malformations	12	2	4	2	20	2	4	1	...	27	...	1	...	...	1	28
Congenital Heart	...	...	...	...	...	1	2	...	...	1	5	...	...	...	...	5
Hydrocephalus	1	...	...	...	...	1	2	1	...	4	...	...	...	...	...	4
Congenital Debility	...	1	...	...	...	1	...	1	...	3	...	...	...	...	...	3
Premature Birth	40	2	1	1	44	...	...	...	...	44	...	...	...	...	...	44
Injury at Birth	25	1	...	1	27	1	...	...	...	28	...	...	...	...	...	28
Other diseases peculiar to first year of life	23	1	...	...	24	2	1	...	...	27	...	...	...	...	...	27
Atelectasis	9	1	...	...	10	...	...	...	...	10	...	...	...	...	...	10
Suffocation, Overlying	1	...	...	1	2	7	1	...	...	10	...	...	1	...	1	11
All other Causes	4	2	...	...	6	10	7	1	3	27	8	4	4	6	22	49
Total	128	13	5	8	154	42	35	20	12	263	17	9	7	8	41	304

TABLE 20.—Contributory Causes of INFANT MORTALITY.
RATES PER 1000 LIVE BIRTHS.

Cause of Death	Average 1934-1938		Average 1939-1943		1944		1945		1946		1947		1948		1949	
	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births
Whooping Cough	13	1.8	14	1.9	5	0.6	7	1.0	5	0.5	12	1.2	4	0.5	5	0.6
Measles	12	1.6	3	0.4	...	...	6	0.8	3	0.3	5	0.5	5	0.6	1	0.1
Diphtheria	1	0.1	1	0.1	1	0.1	...	...	2	0.2	1	0.1	...	...	...	...
Other Infectious Diseases	6	0.8	1	0.1	2	0.3	2	0.3	1	0.1	5	0.5	...	...	1	0.1
Tuberculous Diseases	7	1.0	6	0.8	3	0.4	5	0.7	3	0.3	8	0.8	5	0.6	2	0.2
Meningitis and Convulsions	13	1.8	12	1.7	7	0.9	9	1.2	5	0.5	8	0.8	10	1.2	6	0.7
Bronchitis and Pneumonia	98	13.4	93	12.9	74	9.4	63	8.6	86	9.2	94	9.5	50	5.9	40	4.9
Diarrhoea and Enteritis	37	5.1	39	5.4	47	6.0	52	7.1	95	10.1	97	9.8	32	3.8	25	3.1
Other Digestive Diseases	10	1.4	6	0.8	8	1.0	5	0.7	4	0.4	4	0.4	1	0.1	2	0.2
Premature Birth, Malformations, Atelectasis, Injury at Birth	230	31.5	192	26.5	208	26.3	178	24.2	228	24.4	206	20.9	138	16.4	145	17.8
Overlying	5	0.7	6	0.8	14	1.8	12	1.6	22	2.4	17	1.7	19	2.3	10	1.2
Syphilis	1	0.1	1	0.1	1	0.1	2	0.3	3	0.3	...	...	...	...	1	0.1

TABLE 21.—NEO-NATAL MORTALITY.
RATE PER 1000 LIVE BIRTHS.

Year	Premature Birth	Injury at Birth	Congenital Malformation	Atrophy Debility Marasmus	Diarrhoea and Enteritis
1911	21.1	2.0	3.6	5.7	0.6
1912	21.3	1.4	3.0	6.9	0.3
1913	20.5	1.1	2.6	5.1	1.4
1914	17.0	1.4	3.1	9.9	0.5
1915	18.3	0.2	2.4	9.9	0.7
1916	22.8	0.3	4.3	7.0	0.7
1917	22.4	0.4	1.8	5.5	0.2
1918	18.4	1.2	1.7	10.6	0.2
1919	22.3	0.9	2.1	9.5	0.2
1920	16.0	1.8	2.3	5.7	0.1
1921	19.5	0.3	2.3	5.2	1.0
1922	18.6	1.0	2.4	5.7	0.9
1923	16.3	0.8	2.3	4.6	0.7
1924	15.9	1.2	3.9	6.3	1.2
1925	15.6	1.4	3.4	4.0	0.1
1926	13.4	2.1	2.6	5.9	0.1
1927	17.1	2.5	2.8	3.9	0.5
1928	14.3	3.0	2.0	3.8	0.3
1929	17.1	2.7	3.3	3.4	0.7
1930	17.1	3.1	3.1	4.1	...
1931	15.3	3.2	1.5	3.5	0.3
1932	17.8	3.9	1.4	1.3	0.3
1933	17.8	2.8	2.3	3.1	0.1
1934	15.2	3.3	2.7	2.5	0.4
1935	15.2	5.3	1.6	3.3	1.6
1936	15.4	3.2	2.6	5.4	0.8
1937	17.3	4.2	2.6	5.9	0.9
1938	11.5	7.0	3.0	3.0	1.2
1939	8.1	6.4	3.6	4.5	1.4
1940	13.0	4.9	2.9	2.0	1.6
1941	15.7	2.3	3.2	1.7	1.4
1942	11.0	4.6	4.6	0.4	0.8
1943	11.3	3.2	3.8	1.6	1.1
1944	10.2	2.3	3.4	1.8	2.4
1945	9.9	1.6	3.5	1.2	0.3
1946	10.7	1.6	3.2	1.1	0.6
1947	9.1	2.4	3.5	0.4	1.0
1948	4.8	3.0	3.0	0.6	0.2
1949	5.4	3.3	3.0	0.1	...

TABLE 22.—DEATHS from RESPIRATORY DISEASES.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Pneumonia—											
Under 4 weeks	12	19	22	21	14	17	11	32	30	20	14
Total under 1 year	71	93	89	77	51	63	52	75	84	41	26
Total under 5 years	84	124	105	92	67	70	67	83	95	46	31
Bronchitis—											
Under 4 weeks	...	2	2	2	1	2	...	...	...	...	1
Total under 1 year	11	20	16	16	26	11	11	11	10	9	14
Total under 5 years	14	23	20	21	28	13	12	13	11	10	18
Laryngitis—											
Under 4 weeks	...	...	...	...	...	...	...	...	...	...	...
Total under 1 year	...	...	...	...	...	...	...	...	...	...	...
Total under 5 years	1	1	...	1	1	1	1	1	...	...	1

TABLE 23.—EDINBURGH—NEO-NATAL AND INFANT MORTALITY.

RATES PER 1000 LIVE BIRTHS.
(QUINQUENNIAL AVERAGES.)

	Births		Neo-natal Deaths		Deaths 1-12 months		Deaths Under 1 year	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1911-15	6,283	19.5	271	43	442	71	713	114
1916-20	5,775	18.1	239	42	356	63	595	105
1921-25	8,542	20.1	303	35	474	56	777	91
1926-30	7,516	17.3	242	32	352	47	594	79
1931-35	7,037	15.6	224	32	254	36	478	68
1936-40	7,309	16.0	253	35	224	31	477	65
1941-45	7,439	15.8	209	28	201	27	410	55
1946	9,350	19.5	244	26	246	26	490	52
1947	9,865	20.3	225	23	255	26	480	49
1948	8,420	17.2	162	19	122	15	284	34
1949	8,154	16.7	154	19	109	13	263	32

TABLE 24.—INFANT MORTALITY AND NEO-NATAL MORTALITY RATES

INFANT MORTALITY RATES						NEO-NATAL MORTALITY RATES				
Year	Scot-land	Glas-gow	Edin-burgh	Dundee	Aber-deen	Scot-land	Glas-gow	Edin-burgh	Dundee	Aber-deen
1938	70	87	61	77	71	35	36	34	39	33
1939	69	80	59	74	59	37	37	33	44	34
1940	78	95	68	67	86	37	40	34	32	43
1941	83	111	66	89	77	40	48	32	46	44
1942	69	91	56	68	67	35	43	29	32	36
1943	65	82	54	69	68	33	37	27	30	39
1944	65	95	51	60	57	33	42	28	29	28
1945	56	68	50	57	54	29	31	25	34	27
1946	54	67	52	47	42	30	35	26	37	24
1947	56	77	49	70	64	29	35	23	33	26
1948	45	56	34	47	34	25	29	19	19	20
1949	41	49	32	44	30	23	24	19	29	16

TABLE 25.—HEALTH VISITING.

	First Visits	Subsequent Visits	Total
(a) Expectant mothers	2,038	1,066	3,104
(b) Infants (under 1 year)	7,349	30,318	37,667
(c) Children (1-5 years)	265	46,044	46,309
(d) Other cases	1,244	...	1,244
	10,896	77,428	88,324
(e) Waste Visits ... ..	...	...	19,286
	Total ...		107,610

TABLE 26.—CHILD WELFARE CLINICS.

(i) Number of clinics provided by local health authority	20
(ii) Number of clinics provided by voluntary bodies at end of year ...	0
(iii) Total number of children under 5 years of age who first attended at the clinics during the year—	
(a) under 1 year of age	6,238
(b) over 1 year of age	1,173
	<u>7,411</u>
(iv) Total number of attendances made by children during the year—	
(a) under 1 year of age	47,582
(b) over 1 year of age	17,810
	<u>65,392</u>

TABLE 27.—ULTRA-VIOLET RAY CLINICS.

Number of sessions held—592.

Total number of attendances made by children under 5 years of age during the year—

	First Attendances	Subsequent Attendances	Total
(a) under 1 year of age	57	407	464
(b) over 1 year of age	551	5,868	6,419
	<u>608</u>	<u>6,275</u>	<u>6,883</u>

TABLE 28.—DAY NURSERIES.

	Approved Places	Possible Attendances	Average No. on Roll	Actual Attendances	Percentage of Attendances
Craigmillar ...	50	12,750	51	10,593	81
*Dean ...	30	25	4	25	100
Dumbiedykes ...	30	7,650	37	7,693	82
Gilmore Place ...	40	10,200	43	9,705	89
Granton ...	40	10,200	42	8,427	79
Lochend ...	30	7,650	35	7,097	80
Niddrie ...	45	11,475	44	8,872	79
Pilrig ...	40	10,200	42	8,475	79
St Kentigern's ...	80	20,400	83	17,381	82
South Fort Street ...	60	15,300	58	11,419	77
Stenhouse ...	50	12,750	51	10,259	79
Tollcross ...	30	7,650	34	7,853	91
West Pilton ...	50	12,750	52	10,989	83
	575	139,000	576	118,788	...

* Nursery first opened 21st December 1949.

Average attendance during the year—85 per cent.

TABLE 29.—RESIDENTIAL NURSERIES and CHILDREN'S HOMES.

(a) MAINTAINED BY THE LOCAL AUTHORITY.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1949		
		Aged 0-2	Aged 2-5	Others
PUBLIC HEALTH DEPARTMENT				
Victoria Park House, Newhaven Road ...	Short-stay	20		...
Willowbrae House, Willowbrae Road ...	„	30		...
Viewforth Nursery, 22 Viewforth Terrace ...	„	15		...
Henderson Row Nursery, 73 Henderson Row	„	15		...
CHILDREN'S OFFICERS' DEPARTMENT.				
St. Katharine's Children's Home, Howdenhall Road, Liberton ...	Either	40	...	...
Clerwood Children's Home, Clermiston Road, Corstorphine ...	„	37	...	...
Canaan Lodge Children's Home, Canaan Lane	„	...	90	
Redhall Children's Home, Craiglockhart Drive South ...	„	...		40

(b) MAINTAINED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1949		
		Aged 0-2	Aged 2-5	Others
Adoption Home, 3 Forbes Road ...	Short-stay	12	...	...
Challenger Lodge (Edinburgh Cripple Aid Society), Boswall Road ...	Long-stay	...	9	10
Children's Shelter (Royal Society for the Prevention of Cruelty to Children), 142 High Street ...	Short-stay	9	9	16
Edinburgh Home for Babies, "Avenel," 30 Colinton Road ...	Either	17	4	...
Edzell Lodge Children's Home (Guild of Service for Women), 35 Inverleith Terrace	2 Short-stay others	1	5	11
Lord and Lady Polwarth Home (Church of Scotland), 22 Colinton Road ...	Long-stay	8	17	...
Widowers' Children's Home, Corstorphine Road ...	"	3	12	49

TABLE 30.—NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

	No. of applications received	Number of Certificates				No. of children being cared for at end of year	No. of inspections made	No. of cases in which no inspection made
		issued	refused	cancelled	in force at end of year			
1. Nursery premises ...	...	...	...	...	...	...	...	...
2. Child-minders ...	2	3	...	...	3	28	7	...

TABLE 31.—TODDLERS' PLAYGROUNDS.

Centre	Number on Roll	Daily Attendances	Centre	Number on Roll	Daily Attendances
Fountainbridge ...	20	15	Craigentinny ...	18	16
Pleasance ...	30	25	Jamaica Street ...	20	17
Stockbridge ...	20	17	Yardheads, Leith ...	26	20
Tron Square ...	20	17	Boswall Parkway ...	42	35
Abbeyhill ...	25	18	Granton ...	40	34
Barony Place ...	36	28	Lochinvar ...	36	28
Carrick Knowe ...	25	20	Lochend ...	28	22
Elm Row ...	28	23	Marshall Street ...	22	20
St Ninian's, Leith ...	25	21	Portobello ...	27	24

TABLE 32.—MOTHER AND BABY HOMES.
PROVIDED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Home or Hostel	Number of Beds				Average Length of Stay	
	Ante-natal	Post-natal	Total Ante-natal and Post-natal	Cots	Ante-natal	Post-natal (exclusive of lying-in period)
Edinburgh Home for Mothers and Infants, 17 Claremont Park, Leith	6	6	12	10	6 weeks	3 months
Haig-Ferguson Memorial Home, 4 Lauriston Park	12	...	12	4	2 months	...
*Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road	7	17	24	24	2 months	3 months

* Reopened after reconstruction, May 1949.

Total number of women admitted during the year to these three homes (ignoring re-admissions after confinement) 109

TABLE 33.—HOME AND DOMESTIC HELPS.

I. Number of Helps employed at end of year—	
(a) whole-time	41
(b) part-time	5
(c) retaining fee basis	0
	46
II. Number of cases assisted during year	535
III. Average period of assistance—	
Maternity cases	12 days
General cases	6 weeks

DEPARTMENT OF VENEREAL DISEASES

CLINICAL MEDICAL OFFICER'S REPORT.

New Registrations.—The progressive falling-off in the numbers coming to the clinics which commenced in 1947 has continued during 1949, and the decrease has been considerably greater in 1949 than it was in 1948. The number of new registrations for 1949 was 3,945, compared with 4,697 in 1948, a drop of 752, representing 16.0 per cent., whereas the figures for 1947 and 1948 showed a difference of 7.5 per cent.

Examination of the persons reporting showed that those actually infected numbered 2,711, and this count was 301 fewer than the 3,012 infections recorded in 1948. The details of the 1949 infections are now displayed in tabular form, followed by the 1948 figures contained in brackets.

	New Cases	Transfers in	Total	Percentage
Syphilis	528 (696)	197 (236)	725 (932)	26.7
Gonorrhœa	733 (969)	62 (71)	795 (1,040)	29.3
Chancroid	12 (9)	1 (2)	13 (11)	0.5
Non-specific				
Venereal Disease ...	1,149 (1,001)	29 (28)	1,178 (1,029)	43.5

This table shows that the clinic cases of both syphilis and gonorrhœa have declined, both absolutely and in proportion to the total number of infections. On the other hand, non-specific venereal disease has increased and now accounts for the astonishing proportion of 43.5 per cent. of the infections.

The admissions to hospital were slightly fewer than in 1948, the number being 1,178 as against 1,213. Modern treatment makes smaller demands on the time of the patients, and this saving is indicated in a further drop in the out-patient attendances, which totalled 44,992 as compared with 55,196 in 1948.

Syphilis.—The new cases of syphilis, numbering 528, show a decrease of 24 per cent. below the figure 696 for the year 1948.

Total New Cases of Syphilis, including "Transfers-in."

Year	Males	Females	Total
1939	321	423	744
1940	328	384	712
1941	550	362	912
1942	690	392	1,082
1943	598	468	1,066
1944	406	415	821
1945	342	403	745
1946	668	564	1,232
1947	526	496	1,022
1948	517	415	932
1949	413	312	725

When "transfers-in" are included, the total of new syphilis cases for the year is 725.

A further analysis of the syphilis cases is given below:—

Year	Early Syphilis		Syphilis under Treatment		Later stages of Syphilis		Congenital Syphilis	
	Males	Females	Males	Females	Males	Females	Males	Women & Children
1939	137	62	50	84	117	123	17	154
1940	142	88	50	42	125	122	11	132
1941	345	87	78	47	106	104	21	124
1942	445	183	107	42	110	73	28	94
1943	313	196	174	66	97	79	14	127
1944	117	133	189	43	89	94	16	140
1945	110	115	144	80	84	104	4	104
1946	287	220	289	89	82	95	10	160
1947	259	184	119	112	89	109	5	145
1948	226	125	136	100	88	99	9	149
1949	121	67	110	87	111	86	12	131

Early Syphilis.—The decline in the number of early fresh infections has again been marked. This diminution has progressed continuously for the last three years and has now brought the figures down to something comparable with pre-war level.

Another remarkable feature is the disparity between the numbers recorded for the two sexes. This inequality between the two sexes was noted and stressed in the 1948 report. The fresh infections in women are again little over one-half of the number in men. Obvious manifestations of the disease may be lacking in the female, and it is feared that some of these cases are escaping detection.

Syphilis under Treatment, i.e. "Transfers-in."—The transferred cases already under treatment share in the general decrease. Most of these transferred cases are in the early stages.

Later Stages of Syphilis.—The total number of patients in the late stages has increased by 10 over the 1948 figure, the increase being entirely in the male cases, the female cases having diminished. The male transferees number 111, this figure being the highest recorded since 1942 and representing a 26 per cent. increase over the previous year.

Congenital Syphilis.—These congenital cases have decreased slightly, and the expectation is that they will continue to diminish. Penicillin applied in treatment of the syphilitic expectant mother is highly successful in preventing transmission to the unborn child or in curing the foetus if the disease has already reached it. One result of this noteworthy success of penicillin has been to emphasize the importance of taking steps to ensure the detection of syphilis in the mother at an early stage in her pregnancy. This essential factor in the protection of the child continues to receive attention. During 1949, the number

of expectant mothers blood-tested was 3,807, an increase of 218 over the 1948 figure. Of the 3,807 women examined 19, i.e. 0.5 per cent., were found to have syphilis and given penicillin treatment.

Gonorrhœa.—The subjoined table gives the incidence since 1939.

New Cases of Gonorrhœa.

Year	Males	Females	Total
1939 ...	561	242	803
1940 ...	609	205	814
1941 ...	903	284	1,187
1942 ...	835	278	1,113
1943 ...	688	306	994
1944 ...	397	251	648
1945 ...	553	330	883
1946 ...	1,091	374	1,465
1947 ...	767	302	1,069
1948 ...	831	209	1,040
1949 ...	644	151	795

The total of gonorrhœa cases has dropped steeply by 23 per cent., the drop in female cases being especially prominent at nearly 28 per cent., a proportion which exceeds the male percentage drop of 22 per cent.

In reviewing these statistics the influence of penicillin treatment must be borne in mind. One single injection of procaine penicillin now suffices to cure the vast majority of cases of uncomplicated gonorrhœa in men, and does cure them quickly and easily with almost no pain or inconvenience. The public realise this, and the natural inference is that they will go increasingly to a general practitioner for what they know is a safe, simple, effective and easily administered treatment. The expectation, therefore, is that the numbers coming to the clinics will decline and decline progressively, and the figures for 1949 indicate that this process is already occurring.

The hope that penicillin treatment should succeed in eradicating gonorrhœa is falsified by the knowledge that penicillin, while removing obvious symptoms, may fail to cure an appreciable proportion of the cases and that these may continue to spread infection. Moreover, a disease which in the popular estimation is no longer dangerous or troublesome is no longer a deterrent. Gonorrhœa has lost its terrors, and the public may no longer bother about something which it reckons is less difficult to cure than a common cold. Thus modern treatment, by creating a belief that sexual indiscretion is comparatively safe, may actually promote an increase in promiscuity and so conduce to a spread of venereal disease. Nevertheless, the rapid cure of gonorrhœa in its early stages confers even less immunity than does an attack of the common cold, so that re-infection is easy and frequent.

There is little evidence that promiscuity is diminishing; indeed, there are undeniable indications pointing in just the reverse direction. The 1949 figures of a decrease in gonorrhœa in the clinics do not necessarily mean that this disease is now less prevalent. The main trends at present may be, first, a return to the general practitioner and more cases treated outside the clinics; and, second, a spreading of the disease through the creation of a possibly illusory impression that sexual promiscuity is now much less dangerous than it used to be.

Non-Specific Venereal Disease.—A disturbing and significant feature in this last year of 1949 has been the continued high incidence of venereal infections other than syphilis and gonorrhœa. Many of the cases classified under this heading are examples of non-gonorrhœal urethritis. This group now greatly outnumbers the gonorrhœa cases and now actually accounts for no less than 43.5 per cent. of the new infections.

Non-Specific Venereal Disease.

Yearly Totals and Percentages of New Infections.

Year	Yearly Total	Percentage
1943	806	27.8
1944	681	31.2
1945	666	32.6
1946	1,400	34.4
1947	1,260	37.6
1948	1,001	34.2
1949	1,149	43.5

Fever is still being used in the treatment of some of these cases of non-gonococcal urethritis, notably those which manifest such features of Reiter's disease syndrome as arthritis, eye inflammations and skin eruptions. Some of the newer antibiotics such as streptomycin and aureomycin are of value in suitable cases, and streptomycin has been used with some success. Penicillin and the sulphonamide drugs are often impotent in these conditions. Many of these non-specific infections produce symptoms and an appearance as of gonorrhœa, and therefore pass as cases of gonorrhœa, and are often treated quite ineffectually with penicillin and sulpha-drugs before eventually being sent in to the clinic as obstinate and refractory cases which do not behave as they ought to behave.

Penicillin in the Treatment of Gonorrhœa and Syphilis.—The year 1949 has been notable for the success which has attended the use of preparations of penicillin specially devised to prolong the action of the antibiotic and so make one or a few injections do the work of many. These new preparations have achieved a remarkable economy in time and effort and have made out-patient treatment practicable to a much greater degree than formerly. Extensive use has been made of preparations carrying procaine penicillin in suspension in oil. The slow release of active penicillin from this relatively insoluble salt has been further prolonged by the addition of aluminium monostearate, which resists absorption. This preparation is known as "P.A.M." (penicillin aluminium monostearate), and one single injection of 1 c.c. of "P.A.M." carrying a dose of 300,000 units is now the accepted standard treatment for uncomplicated gonorrhœa in men. This "one-shot" treatment is now commonplace for gonorrhœa.

But what of syphilis? Rumours of a similar "one-shot" treatment as a possibility for early syphilis are crystallising into suggestions that a small number, one, two or four, large doses of penicillin held in a repository vehicle may eventually be evolved into a satisfactory method. In the year under review "P.A.M." has made possible the ambulant treatment of any case of early syphilis where admission to hospital was for any reason difficult to arrange. As a general rule, the penicillin therapy has been supplemented by the conventional arsenicals and bismuth. Nevertheless, evidence has not been lacking that a comparatively

small number of injections each of 600,000 units of procaine penicillin, *i.e.* 2 c.c. of "P.A.M.," will achieve apparent cure in certain cases. This development may well mark the beginning of a new era in syphilotherapy.

But neither in gonorrhœa nor in syphilis can these new methods of giving penicillin ensure cure in 100 per cent. The neglect of the uncured residue might result in the creation of a dangerous reservoir of infection. The adequate testing and surveillance of all the cases is therefore a matter of great importance, and the records of 1949 show that this aspect has received earnest attention.

Default.—Last year (1948) the number of defaulters (235) was the lowest on record, but this year's (1949) results mark a new "low." The figure of 186 registered for the year represents an improvement of over 20 per cent. on the 1948 record. If the 1948 result was, as it was acclaimed in last year's report, "an outstanding achievement," then this year's performance is thrown into high relief as something quite exceptional.

Defaulters.

Year	Number
1939	539
1940	393
1941	397
1942	376
1943	404
1944	328
1945	399
1946	471
1947	588
1948	235
1949	186

Turn-over of Patients.—The turn-over of patients has remained speeded-up, though the 1949 figures are down from the 1948 totals. Comparison between the two years is facilitated by including the figures for 1948 in brackets after those for 1949. During 1949 the total number of patients under treatment was 7,849 (8,476). During the year 186 (235) defaulted; 728 (750) were transferred; 3,234 (3,884) were discharged; and 15 (27) died; thus leaving at the end of the year 3,686 (3,580) patients still under observation and treatment.

Social Work and "Follow-up."—The social work for 1949 is summarised in the table now given.

Cases submitted for follow-up	1,096
Could not be traced	50
Refused to return	23
Returned to the clinics	941 (86 per cent.)
Visits paid, interviews, correspondence	2,565

The results quoted show that the high standard of efficiency reached in 1948 has been maintained in 1949. When a patient stops attending or when attendance is irregular and interrupted, an appeal is made to the social worker. It is then the business of the social service to investigate the cause and to remove any obstacle which stands in the way and prevents the patient coming regularly for the treatment which is so necessary for the preservation of health. Of the 1,096 patients referred to the two health visitors, no fewer than 941 were shepherded

back to the clinics. These figures mean that success crowned the efforts of the visitors in 86 per cent. of the cases referred or actually 92 per cent. of those traced. Anything more nearly approaching 100 per cent. of the defaulters is unlikely to be attainable, because some are not found at the address given and cannot be traced. Fortunately, few of these are in a highly infectious condition at the time of default. That persuasion failed in only 23 instances during the whole year is a tribute to the tact and patience of the social workers.

The impression is gaining ground that the new methods of treatment are so immediate in action and so infallible that repeated and continued attendance for testing is unnecessary. The social workers have noted that this impression is taking effect in militating against regularity of attendance and that greater difficulty is experienced in persuading defaulters to return for testing. The first treatments almost invariably bring about rapid disappearance of all symptoms and signs of the disease, and patients find it difficult to believe that further effort on their part is necessary.

Gratifying evidence has been forthcoming that the value of this service in preserving health and efficiency is being increasingly recognised and appreciated. Regular treatment prevents absenteeism. Moreover, regular treatment prevents spread of infection and is a safeguard for others as well as for the individual patient. It is a pleasure to record that the year 1949 has been marked by increased and whole-hearted co-operation on the part of industrial executives. That the safeguarding of the health of all the citizens is the primary aim of the visiting nurses is now accepted readily and the public health ideal is a password for active assistance.

In the course of their visiting the social workers sometimes encounter distress in the domestic circumstances of the patient. During the period of observation, and even after the completion of treatment, the elderly, lonely person is remembered to ensure that adequate care and comfort are provided. Where removal to a suitable home is indicated, this is arranged.

The search for and visiting of male contacts has featured rather more in the follow-up work this year. While this form of visiting is more difficult to accomplish than the follow-up of females, it has not been resented, and with due care and discretion could be developed.

There has been a regrettable decrease in the notification of contacts. Such notifications are regularly received from the Naval Health Authority, but there are few apart from these. While it was operative the wartime Regulation 33B was a useful source of information and provided a modicum of power to deal with sources of infection when found. The need is felt for a measure of this nature to be available in the last resort when all efforts at persuasion fail.

Acknowledgments.—All the staff have shared in the production of the results now reported, and it is a pleasant duty to thank them collectively for their individual contributions. •

LUNACY AND MENTAL DEFICIENCY.

During 1949, the City Social Services Officer continued to act as "authorised officer" in arranging the certification and removal to hospital of patients suffering from mental illness. This is a temporary arrangement pending the appointment of a special mental health services staff under the charge of a medical officer with appropriate qualifications in mental health. The work of certification has been done by former district medical officers in association with the patient's own doctor.

The number of applications received regarding persons stated to be suffering from mental illness was 276, and of these 233 were certified and removed to hospital. The age-periods of those certified were as follows:—

			Mental Illness—Certifications		
Age Periods			Males	Females	Total
16-19	...	...	4	2	6
20-29	...	...	19	12	31
30-39	...	...	23	12	35
40-49	...	...	9	24	33
50-59	...	...	6	20	26
60-69	...	...	12	27	39
70-79	...	...	14	30	44
80 +	...	...	4	15	19
			91	142	233

Mental Defectives.—The number of new cases admitted to institutions was 12. In addition, 13 patients were re-certified and detention continued.

Thirteen new cases were certified and placed under guardianship. Twelve were removed from guardianship for various reasons, such as unsuitability for boarding-out, etc.

The waiting list for admission to institutions at 31st December 1949 was 70 (47 males and 23 females).

Boarding Out.—Mental defectives boarded out at the end of the year totalled 156 (69 males and 87 females). The number of lunatics boarded out was 36 (17 males and 19 females).

SCHOOL HEALTH SERVICE.

REPORT BY THE CHIEF EXECUTIVE SCHOOL MEDICAL OFFICER.

The following report for the year ended 31st July 1949 is the forty-second since the institution of school medical inspection in Edinburgh and the nineteenth since the transfer of the service to the municipality.

General Statistics.

Population of the area	...	...	...	...	...	489,900
Number of schools (under the Education Committee) :—						
(a) Nursery	...	...	...	...	...	8
Nursery classes	...	...	...	...	...	11
(b) Primary	...	...	...	...	...	79
(c) Secondary	...	...	...	...	...	21
* (d) (i) Special schools	...	...	...	...	...	18
(ii) Special classes in ordinary schools	...	...	...	...	...	1
(e) In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School)	...	...	...	...	...	1
Total	...	...	...	...	...	139

* Includes the following not medically inspected by the Authority : six special schools (Bangour Hospital ; Challenger Lodge ; Gogarburn Institution ; Muirfield Convalescent, Gullane ; Astley-Ainslie Hospital ; and Southfield Sanatorium).

Number of children on the registers :—

Primary	...	...	...	...	...	34,205
Secondary	...	...	...	...	...	17,084
Roman Catholic	...	...	...	...	...	5,197
Episcopal	...	...	...	...	...	546
Special	...	...	...	...	...	1,016
Special (in outwith area)	...	...	...	...	...	46
Special (under P.H. Department)	...	...	...	...	...	130
Nursery schools	...	...	...	...	...	426
Nursery classes	...	...	...	...	...	382
Normal (Moray House Provincial Committee)	...	...	...	...	...	566
Total	...	...	...	...	...	59,598

Average number of children in attendance ... 54,544

Organisation and Administration.

Sanitary Condition of Schools.—During the session the school medical officers inspected the school premises and the defects observed were reported to the appropriate section of the Education Department for consideration, and, if practicable, necessary action.

A.—System and extent of medical inspection and treatment.

School medical officers were each allocated to a group of schools and clinics in a specific area and were responsible for the medical inspection and treatment in their respective areas.

The scheme of inspection in session 1948-49 was carried out on the lines suggested by the Department of Health for Scotland and was as follows :—

- (1) Systematic (Routine) Medical Inspections.
- (2) Non-routine Inspection—pupils outwith the groups already named who were specially presented on account of disease or defect noted by the teacher, parent, or nurse.
- (3) Inspection of Abnormals—pupils found at previous inspection to be suffering from disease or defect were presented for re-examination at intervals determined by the school medical officers.

Routine Medical Inspection was also provided in schools for physically and mentally handicapped children.

Arrangements were also made throughout the session for cleanliness inspections, dental inspections, and diphtheria immunisation.

A pilot experiment was carried out in Mass Radiography of pupils aged 14 years and over in one school. The response was good and it was decided that next session arrangements would be made for the attendance, with consent of their parents, of all children aged 14 years and over at the Mass Radiography Unit. Children were conveyed to and from the Unit by special bus.

Treatment.

The part covered by this report is the first complete school year since the introduction of the National Health Service Act, 1947, with its changes in public health administration. As regards the School Health Service, however, the new Act leaves unchanged the duties of the Local Authority as set out in the Education (Scotland) Act, 1946. Its main effect has been experienced on the treatment side, as an alternative to attendance at a clinic is provided by the services of the National Health Service practitioner.

The attendances at the minor ailment clinic for treatment by the nurse have decreased from 32,953 to 29,854 and the attendances at the doctors' clinics have decreased from 4,851 to 3,407. The numbers attending the specialists' clinics, aurist and oculist, have not been affected as parents prefer to see specialists at school clinics by appointment, rather than experience a long wait for specialist advice in hospital.

Examinations of throat conditions were carried out and arrangements for tonsil and adenoid operations were made at various hospitals. Defects of hearing were investigated and several children were referred to the deaf aid clinic at the Royal Infirmary to be investigated and fitted for a deaf aid. Examination of children with defective vision was done by ophthalmic surgeons. The provision of glasses since December 1948 has been undertaken by the Supplementary Ophthalmic Service of the National Health Service, with free choice of optician, and the Corporation contract for supply of glasses was terminated. Unfortunately the great demand for spectacles by the adult population under the new service has resulted in a shortage of lenses and school children have had to wait from six to eight months for spectacles.

Orthopaedic defects were treated at the orthopaedic clinic. An additional clinic was opened in the Leith area in the spring for treatment of orthopaedic cases and sunray treatment and the provision of more and better facilities has resulted

in increased attendances. Regular fortnightly visits are paid by an orthopædic surgeon and facilities for X-ray diagnosis and treatment are provided at the Princess Margaret Rose Hospital. Special boots and appliances are supplied through the National Health Service.

A chiropody clinic was started in September 1948 in Leith Clinic where a full-time chiropodist was appointed. Inspection was carried out in secondary schools in conjunction with the gymnastic classes and all the pupils were inspected during the gymnastic period. Advice was given if necessary regarding shoes or foot hygiene and those requiring treatment were referred to the clinic. Treatment was carried out at the clinic by appointment and one afternoon per week was reserved for new cases referred for treatment by the school medical officers. A number of children who had various defects—incipient hallux valgus, flat feet, metatarsalgia—were referred for special remedial exercises.

B.—System and extent of dental inspection and treatment.

REPORT BY THE SENIOR DENTAL OFFICER.

Staff.—Conditions prevailing in general dental practice have not favoured the expansion of local authority schemes for the "priority classes," and during the session 1948-49, four dental officers resigned to join the ranks of private practitioners, after service with this Authority ranging from 3 to 13 months only. From January 1949 four new members were appointed but, at the time of writing, four have given notice of resignation and one new dentist has been recruited.

In common with all school dental schemes our service is under-staffed, and it is not possible to ensure for every child one of the foundations of good health, a sound dentition. Indeed, it is a regrettable fact that in spite of immense national expense in providing dental treatment for all, the mothers and young children are worse off. They are a "priority class" in name only, since the majority of school dentists have taken up the more lucrative work under the Health Scheme.

Clinics.—In the first half of the session the mobile unit was successfully used in the Craigmillar area. Following this period the medical room at Niddrie Primary School was fitted as a dental surgery and, except for a few cases requiring a general anæsthetic, the whole range of pupils was treated and completed. For the good response and attendances, thanks are due to the Headmaster and Staff for their co-operation.

Progress is being made with the reconstruction at Niddrie Mains Farmhouse and a combined clinic is due to open in a short time.

The new surgery on the premises of Stenhouse Maternity and Child Welfare Centre has not yet opened owing to staff shortage. Emergency needs of the district are being met at the Sighthill Centre, Broomhouse Loan, opened in March 1949.

Lauriston Place Clinic is now a much improved centre, a recent acquisition being a modern X-ray equipment and the whole building has been redecorated.

Of the surgeries in Niddrie, Holy Cross, James Clark's and St. John's Schools, using the schools' medical rooms, except during the doctor's visits, a year's trial has shown good results.

The respective Head Teachers of these schools gave their opinions on the project which in every way was welcome. The time of parents and children had

been saved; there was no "waiting room ordeal" before dental treatment, since the children came straight from class; the patients accepted dentist and attendant as part of school routine, and long journeys to clinics were eliminated.

Routine Work.—Table V shows an increase in most items of treatment, particularly the conservation of teeth by the use of metal and synthetic fillings. The value of this most important branch of the scheme is shown in the growing number of requests by parents and older children for this treatment.

More local anæsthetics have been given and proportionally fewer general anæsthetics (gas) than in previous years. Local anæsthetics, judiciously used, have been valuable in eliminating pain during cavity preparation for filling work.

The figures of extractions include 299 teeth removed for orthodontic treatment (regulation of the teeth) which are not necessarily decayed or septic. Eighteen of these cases had special appliances constructed to correct irregularities.

In 32 cases where teeth were septic dentures were eventually fitted.

Maternal and Child Welfare Service.—In cordial association with the Maternity and Child Welfare Department, nearly 200 mothers and more than 300 pre-school children were treated. For mothers 109 dentures were fitted after extraction of teeth, and 170 teeth were saved by fillings.

The infants inspected numbered 453, of whom 329 made 438 attendances for treatment, which involved 91 fillings and 363 extractions.

Conclusion.—I would like to thank our medical and school staffs for their co-operation in teaching children to become dentally conscious, and for their help in allowing us to use at some inconvenience to themselves the medical rooms in schools.

Although the dental scheme has not accomplished all that was expected in the year under review, a definite increase in preventive work has been attained.

C.—School nursing and arrangements for following up.

No change in arrangements falls to be reported. During the session nurses paid 1,231 home visits.

D.—Co-ordination with other Authority Departments.

This co-ordination remains unchanged.

E.—Co-operation with voluntary bodies and other outside agencies.

This very helpful co-operation remains unchanged.

F.—Co-operation with teachers and parents.

There is no change to report. Several meetings of parents' associations were addressed by doctors and nurses during the session.

The Findings of Medical Inspection.

In Table I details of the numbers examined during the school session are shown under the various categories. In Table II are detailed the number and percentages of children who at initial medical inspection were observed to be suffering from defects. The following summary brings out the main features.

Defects of Clothing and Footgear.—The number of children with defective clothing and footgear showed little change over recent years.

Cleanliness.—The incidence of nits has decreased by 2 per cent. which is satisfactory. 3·2 per cent. of children had nits; the highest incidence was recorded in 13 year-old age group where 7·97 per cent. were infested.

Skin conditions showed no appreciable change from last year.

Defective Nutrition.—The number of cases reported as "slightly defective" showed an increase but the number of cases reported as "bad" remained the same. Accurate assessment of "slightly defective" is difficult and may vary much according to individual judgment.

Mouth and Teeth Unhealthy.—Higher percentages of this condition were noted in all groups except the 16 year-old group, but again personal estimates are involved here also.

Naso-Pharyngeal Defects.—There was a decreased percentage of the number of children requiring treatment for these defects but a larger number of children were under observation for enlarged tonsils and glands.

External Eye Diseases.—All external eye diseases except squints showed a slight increased incidence of ·1 per cent., and 1 per cent. more children were recommended for refraction.

Ear Diseases and Defective Hearing.—There was a slight increase in the number of cases of otorrhœa but in other diseases the incidence showed no change. Hearing defects, possibly due to better ascertainment by the gramophone audiometer, also showed an increase.

Mental and Nervous Conditions.—Slight increases in the percentages were noted in all groups.

Diseases of Circulatory System showed a slight increased incidence, so also did lung disease.

Deformities were more frequent due to increased number of cases of infantile paralysis but showed little change.

Infectious Disease and also **Other Diseases and Defects** showed increased incidence.

Conclusion.

Although it should be realised that predilections of medical officers would have some influence on the statistics compiled, at the same time it is considered that the health of the school child in Edinburgh has not been quite as good as in the previous year.

More defects have been noted in some conditions: 5·4 per cent. more children were found on routine medical examination to have defects but in 4·2 per cent. the defects discovered were of a temporary nature only.

Medical Treatment.

A. Minor Ailments :	New Cases	Attendances
(1) Cuts, bruises, sprains, minor injuries, etc.	6,600	13,868
(2) Diseases of the ear	831	5,110
(3) Diseases of the eye, excluding def. vision	813	2,581
(4) Diseases of the Skin :—		
Ringworm (scalp)	3	3
Ringworm (body)	54	527
Scabies	98	642
Impetigo	638	2,638
Other diseases	1,176	4,485
Total	10,213	29,854
B. Defective Vision	1,864	3,366
Squint	389	911
Glasses prescribed	1,749	
C. Nose and Throat	1,419	1,832
Recommended for operative treatment	1,018	
D. Doctors' Clinics	2,027	3,407
E. Skin Specialist's Clinic	222	1,261
F. Edinburgh Foot Clinic :—		
Cases Reported	101	
G. Sunray Treatments	605	4,796
H. Orthopædic Clinic :—		
School children treated	499	5,433
Pre-School children treated	25	145
Cases seen by surgeon	566	
Number of plasters supplied	170	

Summary and analysis of cases seen by the visiting surgeon is given below :—

Pes planus and calcaneo-valgus	...	...	...	...	68
Anterior poliomyelitis	...	...	...	...	50
Pes cavus and calcaneo-cavus	...	...	...	...	46
Deformities of toes	...	...	...	...	25
Spastic paralysis	...	...	...	...	23
Scoliosis	...	...	...	...	17
Kyphosis	...	...	...	...	16
Knock knees	...	...	...	...	16
Trauma	...	...	...	...	10
Other deformities of feet	...	...	...	...	8
Torticollis	...	...	...	...	5
Osgood Schlatter's disease	...	...	...	...	4
Vertebral epiphysitis	...	...	...	...	4
Calcaneal epiphysitis	...	...	...	...	4
Deformities of fingers	...	...	...	...	4
Clubfoot	...	...	...	...	4
Congenital abnormality	...	...	...	...	4
Congenital dislocation of hip	...	...	...	...	3
Bursitis	...	...	...	...	3
Perthe's disease	...	...	...	...	2
Old osteomyelitis	...	...	...	...	2
Old bone tuberculosis	...	...	...	...	2
Meningocele	...	...	...	...	2
Erb's palsy	...	...	...	...	2
Lordosis	...	...	...	...	2
Arthrogyposis multiplex congenita	...	...	...	...	1
Aseptic necrosis	...	...	...	...	1
Inco-ordination of gait	...	...	...	...	1
Pseudo-hypertrophic muscular dystrophy	...	...	...	...	1

Alterations of various kinds to shoes were recommended and work was undertaken at the Princess Margaret Rose Hospital. 32 cases were admitted to hospital for operative treatment or manipulation.

I. Chiropody Clinic :—

Pupils examined	...	...	...	...	6,273
Pupils requiring treatment	...	...	...	...	578
Pupils who refused treatment	...	...	...	...	105
Special cases referred by medical officer	...	...	...	...	146

In a children's clinic one expects to find a high incidence of verrucæ pedis (plantar warts) and 32 per cent. of cases have been verrucæ. Other cases have required to be followed up by daily, monthly or six-weekly visits—cases of paronychia, sepsis, metatarsalgia, bursitis, incipient hallux valgus, nail cases, suspected Kohler's disease, and exostoses.

Condition	Attendances
Skin conditions including verrucæ	2,314
Nail conditions	144
Exostoses and suspected Kohler	46
Muscle and tendon condition	82
Joint	106
Metatarsalgia	149
Flat feet and advice re shoes	19
Total	2,860

General Observations.—Ill-fitting and unsuitable shoes can be blamed for a high percentage of the foot trouble and the popularity of the swimming baths for the large number of verruca cases.

J. Immunisation :—

Diphtheria.—4,620 children received injections of A.P.T. (of these, 3,506 were "Boost" doses).

4,603 children received injections of T.A.F. (of these, 2,571 were "Boost" doses).

Whooping Cough :—70 children received injections.

Children going to France in the summer, under the "School Journeys" scheme, were advised by the French Authorities to be vaccinated against smallpox and immunised for typhoid fever. 194 children were, with the consent of their parents, given the injections advised at schools and clinics.

K. Infectious Diseases :—

There were 6,493 cases and 2,043 contacts absent from school on account of infectious diseases.

Scabies :—The number of cases treated at the municipal clinics continues to fall.

Year	Age 0-5 Years	Age 5-15 Years	Age 15 Years+	All Ages	Total Attendances
1942 (ten months)	510	2,844	366	3,720	31,742
1943	607	3,504	1,066	5,177	37,900
1944	466	2,592	909	3,967	33,120
1945	297	2,087	473	2,857	23,472
1946	212	1,401	264	1,877	18,027
1947	114	754	214	1,082	9,868
1948	101	577	172	850	8,412
1949	60	359	76	495	4,858

Note.—Figures in the above table are for calendar years : those under "Medical Treatment" are for the school session.

SPECIAL SCHOOLS AND CLASSES.

- (a) **Physically Handicapped.**—There are three day schools for physically handicapped children and one residential school for delicate and convalescent children. In addition, there are six certificated teachers who visit at home children too physically handicapped to attend special schools. Each teacher has ten children under her charge and each child receives one visit per week. The teachers are on the staff, and the children are on the roll of Willowbrae Special School, the headmistress of the school being in charge of the scheme. The number of children on the rolls of special schools is 221 and the number taught at home is 61.
- (b) **Partially-Sighted** children to the number of 28 are educated in Lauriston Special School—14 refractive errors and 14 other conditions. The numbers requiring special school accommodation are gradually diminishing.
- (c) **Partially-Deaf** to the number of 97 are educated in St. Giles' Special School for hard-of-hearing children.

- (d) **Educationally Subnormal Children.**—There are seven day schools (one of which is an Occupation Centre with a roll of 92) and one special class—the total roll being 632.

Owing to the absence through illness of the medical psychologist, the ascertainment of educationally subnormal children was undertaken by the educational psychologist at the Child Guidance Clinic.

- (e) **Speech Therapy** is given in special classes. Another speech therapist was appointed at the beginning of the session and more treatment has been undertaken this session, but a staff of two therapists is not sufficient and there is a waiting list.

Articulating defects and stammerers are the most prevalent type of speech disorder and stammerers usually constitute about one-third of the cases. A small percentage of cleft palate and malformed palate cases were treated.

311 children attended for therapy; 80 cases of stammerers; 12 cases with cleft palate and 219 with defective articulation. 69 cases were discharged cured; 5 discontinued treatment; 26 left school prior to completion of treatment but very satisfactory progress had been made; and 211 remain on roll to continue treatment.

- (f) **Middleton House**, near Gorebridge, accommodates 40 delicate and convalescent children.

Number of Children Resident in Institutions.

Blind—				
Royal Blind School	...	...	17	(Boys, 6 : Girls, 11)
Deaf—				
Donaldson's School	...	...	45	(„ 24 : „ 21)
Deaf and Blind—				
St Vincent's R.C. School	...	...	7	(„ 4 : „ 3)
Epileptic—				
Colony for Epileptics	...	...	2	(„ 1 : „ 1)
Physically Handicapped—				
Challenger Lodge	...	...	9	(„ 5 : „ 4)
Trefoil School	...	...	11	(„ 6 : „ 5)
Westerlea School for Spastics	...	...	3	(„ 1 : „ 2)
St. George's School, Manchester (for diabetics)	...	...	1	(„ 1 : „ —)
Mentally Handicapped—				
Gogarburn Institution	...	...	43	(„ 27 : „ 16)
Lennox Castle Institution	...	...	2	(„ 2 : „ —)
St. Joseph's Institution	...	...	11	(„ 6 : „ 5)
St. Charles' Institution	...	...	2	(„ — : „ 2)
Psychological Residential School—				
Rudolf Steiner (Aberdeen)	...	...	2	(„ 1 : „ 1)
Rudolf Steiner (Garvald)	...	...	5	(„ 5 : „ —)
Barns Hostel	...	...	28	(„ 28 : „ —)
Royal Blind Asylum—				
Trainees	...	...	17	(Men, 13 : Women, 4)

Class Inspections.

These inspections, both by medical officers and by nurses, are more than cleanliness examinations as the analysis of defect notices given below shows; for each class-room, comments on hygiene—particularly heating and lighting—are asked and, during holidays, comments on the hygiene of the dining centres.

During the evacuation period the children inspected were divided into three categories: "Passed," that is, suitable for immediate evacuation: "Slight Defect," those who could be rendered fit in a few hours: and "Marked Defect," those who would require to be detained in hostels for some days or for whom special arrangements would be necessary.

This categorisation has been retained as giving a useful basis of comparison of non-routine inspections from session to session. The percentage figures for the last eight sessions are given below.

	1941-2	1942-3	1943-4	1944-5	1945-6	1946-7	1947-8	1948-9
Examined	40,151	28,128	40,514	45,826	44,002	40,473	36,316	42,584
Passed	75.1	79.2	76.8	73.4	69.8	72.3	75.2	72.6
Slight Defect	18.8	16.2	18.5	21.3	25.4	23.5	20.7	24.6
Marked Defect	5.9	4.5	4.6	5.3	4.7	4.2	4.1	2.8

In 1944-45 the percentage of Head cards of those inspected was 12.8 (5,870 out of 45,826), in 1945-46 it was 13.1 (5,758 out of 44,002), in 1946-47 it was 11.97 (4,843 out of 40,473), in 1947-48 it was 8.49 (3,084 out of 36,316), and in 1948-49 it was 10.8 (4,618 out of 42,584).

The high percentages are partly due to the fact that classes known to be the least satisfactory are selected for inspection.

Child Guidance Clinic.

In view of the fact that, under the Education (Scotland) Act, 1946, "Child Guidance" will be, in future, predominantly educational and child psychiatry will, therefore, be part of the psychiatric service, the statistics given below relate only to the psychiatric aspect of the work.

The sources of referral of cases were, in descending order: School Health Service, Social Agencies, Child Welfare Department, Courts, headmasters, parents, hospitals and general practitioners.

The psychiatrist left the staff of the School Health Service in May when she took up an appointment under the Regional Hospital Board but continued to see cases referred by the School Medical Officer.

Psychiatrist's Statistics.

A.—For 6 years 8 months (1/12/42 to 1/9/49).							
Cases referred	...	...	...	...	...	...	2,437
Cases closed	...	...	...	...	...	...	1,334
Of these 1,334	...	...	...	...	...	...	217
Adjusted	...	...	...	...	...	...	555
Improved	...	...	...	...	...	...	155
*I.S.Q.	...	...	...	...	...	...	407
†Transferred	...	...	...	...	...	...

Followed up by Psychiatric Social Worker—

For six months	...	...	...	...	...	...	91
For one year	...	...	...	...	...	...	311
For two years	...	...	...	...	...	...	104

* "I.S.Q." means not improved—usually due to lack of co-operation of parent.
† "Transferred" includes to other clinics, to educational psychologist, and left district.

B.—Session 1948-49.

Psychiatrist—

Total referred	...	...	...	...	...	310
Diagnostic interviews	...	...	...	...	...	257
Refused to attend	...	...	...	...	...	31
Waiting for diagnostic interview	...	...	...	...	...	22
Accepted for treatment	...	...	...	...	...	201
Waiting for treatment	...	...	...	...	...	17
Treatment interviews	...	...	...	...	...	3,335

Psychiatric Social Worker—

Interviews—(a) Clinic	...	...	...	...	...	1,898
(b) Home	...	...	...	...	...	2,370

AUDIOMETRIC TESTING.

This testing is carried out under the direction of the Headmaster of St. Giles' Special School for hard-of-hearing pupils, Mr. Leslie E. Heath, B.Sc., who has kindly furnished the statistics given below.

In the autumn term of 1948 no testing took place owing to lack of staff to conduct the work.

In the spring and summer terms of 1949, 8,941 children were tested in infant, primary and secondary departments and in special schools. Of these, 1,207 were defective, 673 had slight defects (Grade I), and 534 had more serious defects (Grade II).

In addition to these cases of defect 402 cases were known from previous tests in those schools which could not be included in this year's testing. These make a total of known cases of defect in the city of 1,609 cases of which 918 were of grade I, and 691 were of grade II defect. Of these 691 grade II cases, it was estimated that 183 were of grade II B and required special consideration educationally.

In the course of the work three distinct groups were tested:—

1. Infants recently admitted to the schools;
2. Primary children born in 1940; and
3. Children recently admitted to secondary schools.

The results form interesting comparisons but owing to the fact that the staff doing the work was new to the operation of the test at the beginning of the year, the results should not be quoted as authoritative.

	Number Tested	Defective Grades						Total	
		I		II A		II B			
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Secondary ...	2,199	88	4.0	50	2.3	8	0.36	146	6.7
Primary ...	3,322	226	6.8	78	2.35	18	0.55	322	9.7
Infants ...	1,468	76	5.2	59	4.0	13	0.88	148	10.1

It is interesting to note that many grade I cases disappear among Secondary pupils. A more interesting fact is the reliability of the infant testing which compares very favourably with primary school results. All results are probably a little high because of the fact that the three test supervisors were new to the work.

Of the children previously on our register of defective cases, 656 were tested. 344, or 52.5 per cent., had recovered normal hearing and 312, or 47.5 per cent., still had defects. The majority of recoveries were of grade I type. Of the 312 still defective, 142 or 45.6 per cent. were grade II.

A further group of interest was children who had previously been defective, but who in the last test given were back to normal. 192 such cases were tested. 39, or 20 per cent., again had defects, 4 of these, or 2.1 per cent., had grade II defects.

15 children were admitted to St. Giles' Special School during the session; 7 left school at the leaving age; and 3 were transferred back to normal school, having recovered hearing and regained lost education.

MEALS.

The number of children taking the school meal still increases. The number of meals supplied to schools and nurseries during the year ending 15th May 1949 was 4,756,560. The total cost involved was £199,441. The average cost per meal was 10.063d. (5.279d. for food and 4.784d. for administration). The income from payments received for meals was £101,000. Applications for provision of free meals were received from 1,045 parents or guardians; 787 of these applications were granted.

Nursery Meals.

The increase in nursery meals is shown in the following table:—

	Nursery Schools		Wartime Nurseries	Total
	Corporation	Voluntary		
1942-43	32,301	62,783	81,083	176,167
1943-44	47,856	80,676	172,735	301,267
1944-45	47,565	82,689	207,216	337,470
1945-46	59,383	69,694	161,767	290,844
1946-47	120,181	57,326	33,869	211,376
1947-48	146,989	56,351	23,948	227,288
1948-49	141,150	41,346	15,030	197,526

MILK.

The Government Free Milk Scheme is now in operation in all schools. Under this scheme, no milk is supplied during holidays. On the average, 54,366 bottles of milk were consumed daily by pupils.

Pre-Apprenticeship Courses.

The students attending the School of Building and Crafts are all examined to see that they are fit for the occupations of their choice. In addition, those taking the painters' course are tested for colour-blindness.

Pre-nursing candidates who have passed interview are submitted to a somewhat strict medical inspection in view of the nature of their future work.

TABLE I.

Total number of children examined at :—

	Systematic Examinations	Other Systematic Examinations
Nursery	657	...
5 year-olds	5,878	...
9 "	5,323	...
13 "	4,023	...
16 "	186	...
Various ... ..	...	96
Total	16,067	96

Other examinations :—

Special cases	17,690
Re-inspections	4,798
Visual Acuity and Hearing (1941 age groups)	3,548
Employment of children	2,869
Potato harvesters	409
Middleton and Broomlee Camps	1,575
School journeys abroad	194
Juvenile Court cases	251
Total	31,334

Treatment Advised

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries) :—

Nursery	43
5-year-olds	503
9 "	790
13 "	609
16 "	21
Total	1,966

In addition, the inspection of physically and mentally handicapped children was carried out in special schools and classes.

TABLE II.
Systematic Examinations.

Clothing.

	Number Examined	Unsatisfactory	
		Number	Per cent.
<i>Nursery—</i>			
Boys	295	...	...
Girls	362	...	...
<i>Infants—</i>			
Boys	2,984	1	0.03
Girls	2,894	1	0.03
<i>9-year-olds—</i>			
Boys	2,691	1	0.04
Girls	2,632	...	...
<i>13-year-olds—</i>			
Boys	1,928	3	0.16
Girls	2,095	1	0.05
<i>16-year-olds—</i>			
Boys	106	...	...
Girls	80	...	...
Total	16,067	7	0.04

Footgear.

	Number Examined	Unsatisfactory	
		Number	Per cent.
<i>Nursery—</i>			
Boys	295	1	0.34
Girls	362	...	...
<i>Infants—</i>			
Boys	2,984	...	...
Girls	2,894	...	...
<i>9-year-olds—</i>			
Boys	2,691	1	0.04
Girls	2,632	...	...
<i>13-year-olds—</i>			
Boys	1,928	1	0.05
Girls	2,095	2	0.10
<i>16-year-olds—</i>			
Boys	106	...	...
Girls	80	...	...
Total	16,067	5	0.03

Heights and Weights.

	Number Examined	Average Height (inches)	Average Weight (lbs.)	Average Age
<i>Nursery—</i>				years months
Boys ...	208	37.66	35.84	3 7
Girls ...	205	37.40	34.50	3 9
<i>Infants—</i>				
Boys ...	2,878	42.72	42.23	5 2
Girls ...	2,876	42.26	41.01	5 4
<i>9-year-olds—</i>				
Boys ...	2,639	51.53	63.92	9 1
Girls ...	2,575	51.03	61.23	9 5
<i>13-year-olds—</i>				
Boys ...	1,928	59.46	93.55	13 7
Girls ...	2,095	59.79	98.13	13 7
<i>16-year-olds—</i>				
Boys ...	106	66.78	136.42	16 9
Girls ...	80	63.40	121.50	16 2

Cleanliness of Head.

	Number Examined	Nits		Vermineous		Dirty	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Boys—</i>							
Nursery ...	295	4	1.36	...	...	1	0.34
Infants ...	2,984	42	1.41	4	0.13	15	0.50
9-year-olds ...	2,691	28	1.04	6	0.22	11	0.41
13-year-olds ...	1,928	19	0.99	3	0.16	14	0.73
16-year-olds ...	106	...	...	1	0.94	...	...
<i>Girls—</i>							
Nursery ...	362	7	1.93	...	...	6	1.66
Infants ...	2,894	94	3.25	6	0.21	34	1.17
9-year-olds ...	2,632	152	5.78	9	0.34	56	2.13
13-year-olds ...	2,095	167	7.97	6	0.29	119	5.68
16-year-olds ...	80	1	1.25	...	...	...	...
Total ...	16,067	514	3.20	35	0.22	256	1.59

Cleanliness of Body.

	Number Examined	Dirty		Vermineous	
		Number	Per cent.	Number	Per cent.
<i>Nursery—</i>					
Boys ...	295	...	...	...	...
Girls ...	362	1	0.28	...	...
<i>Infants—</i>					
Boys ...	2,984	3	0.10	2	0.07
Girls ...	2,894	3	0.10	...	...
<i>9-year-olds—</i>					
Boys ...	2,691	4	0.15	1	0.04
Girls ...	2,632	1	0.04	1	0.04
<i>13-year-olds—</i>					
Boys ...	1,928	3	0.16	...	...
Girls ...	2,095	...	...	1	0.05
<i>16-year-olds—</i>					
Boys ...	106	...	...	1	0.94
Girls ...	80	...	...	...	...
Total ...	16,067	15	0.09	6	0.03

Condition of Skin.

(a) Head.

	Number Examined	Ringworm		Impetigo		Others	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
Boys ...	295	...	...	1	0.34	1	0.34
Girls ...	362	...	...	...	...	...	...
<i>Infants—</i>							
Boys ...	2,984	4	0.13	6	0.20	6	0.20
Girls ...	2,894	2	0.07	22	0.76	13	0.45
<i>9-year-olds—</i>							
Boys ...	2,691	3	0.11	11	0.41	5	0.19
Girls ...	2,632	4	0.15	15	0.57	10	0.38
<i>13-year-olds—</i>							
Boys ...	1,928	1	0.05	4	0.21	7	0.36
Girls ...	2,095	9	0.43	1	0.05	18	0.86
<i>16-year-olds—</i>							
Boys ...	106	...	...	...	...	...	...
Girls ...	80	...	...	...	...	...	...
Total ...	16,067	23	0.14	60	0.37	60	0.37

(b) Body.

	Number Examined	Ringworm		Impetigo		Scabies		Others	
		Number	Per cent.	Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>									
Boys ...	295	...	...	1	0.34	1	0.34	4	1.36
Girls ...	362	...	...	...	...	1	0.28	6	1.66
<i>Infants—</i>									
Boys ...	2,984	1	0.03	1	0.03	1	0.03	38	1.27
Girls ...	2,894	...	...	2	0.07	8	0.28	22	0.76
<i>9-year-olds—</i>									
Boys ...	2,691	4	0.15	6	0.22	4	0.15	33	1.23
Girls ...	2,632	...	...	...	...	12	0.46	13	0.49
<i>13-year-olds—</i>									
Boys ...	1,928	2	0.10	...	...	2	0.10	38	1.97
Girls ...	2,095	1	0.05	1	0.05	9	0.43	30	1.43
<i>16-year-olds—</i>									
Boys ...	106	...	...	...	...	...	...	4	3.77
Girls ...	80	...	...	...	...	...	...	1	1.25
Total ...	16,067	8	0.05	11	0.07	38	0.24	189	1.18

Nutrition.

	Number Examined	Slightly Defective		Bad	
		Number	Per cent.	Number	Per cent.
<i>Nursery—</i>					
Boys ...	295	5	1.69	...	...
Girls ...	362	19	5.25	2	0.55
<i>Infants—</i>					
Boys ...	2,984	109	3.65	13	0.44
Girls ...	2,894	116	4.01	7	0.24
<i>9-year-olds—</i>					
Boys ...	2,691	164	6.09	13	0.48
Girls ...	2,632	206	7.83	10	0.38
<i>13-year-olds—</i>					
Boys ...	1,928	132	6.85	10	0.52
Girls ...	2,095	88	4.20	7	0.33
<i>16-year-olds—</i>					
Boys ...	106	...	...	...	...
Girls ...	80	2	2.50	...	...
Total ...	16,067	841	5.23	62	0.39

Teeth.

	Number Examined	Mouth and Teeth Unhealthy	
		Number	Per cent.
<i>Nursery—</i>			
Boys ...	295	7	2.37
Girls ...	362	4	1.10
<i>Infants—</i>			
Boys ...	2,984	192	6.43
Girls ...	2,894	162	5.60
<i>9-year-olds—</i>			
Boys ...	2,691	164	6.09
Girls ...	2,632	156	5.93
<i>13-year-olds—</i>			
Boys ...	1,928	99	5.13
Girls ...	2,095	92	4.39
<i>16-year-olds—</i>			
Boys ...	106	2	1.89
Girls ...	80	1	1.25
Total ...	16,067	879	5.47

Nose, Throat and Glands.

(a) Nose.

	Number Examined	(i) Obstruction (Observation)		(ii) Obstruction (Adenoids)		(iii) Other Conditions	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
Boys ...	295	6	2.03	7	2.37	3	1.02
Girls ...	362	5	1.38	9	2.49	1	0.28
<i>Infants—</i>							
Boys ...	2,984	53	1.78	84	2.82	11	0.37
Girls ...	2,894	33	1.14	49	1.69	5	0.17
<i>9-year-olds—</i>							
Boys ...	2,691	22	0.82	49	1.82	18	0.67
Girls ...	2,632	22	0.84	40	1.52	5	0.19
<i>13-year-olds—</i>							
Boys ...	1,928	8	0.41	15	0.78	4	0.21
Girls ...	2,095	2	0.10	7	0.33	7	0.33
<i>16-year-olds—</i>							
Boys ...	106	...	...	...	...	...	...
Girls ...	80	...	...	...	...	...	...
Total ...	16,067	151	0.94	260	1.62	54	0.34

(b) Throat.

	Number Examined	(i) Tonsils (Observation)		(ii) Tonsils (Operation)	
		Number	Per cent.	Number	Per cent.
<i>Nursery—</i>					
Boys ...	295	33	11.19	14	4.75
Girls ...	362	30	8.29	11	3.04
<i>Infants—</i>					
Boys ...	2,984	258	8.65	153	5.13
Girls ...	2,894	210	7.26	154	5.32
<i>9-year-olds—</i>					
Boys ...	2,691	171	6.35	86	3.20
Girls ...	2,632	159	6.04	96	3.65
<i>13-year-olds—</i>					
Boys ...	1,928	58	3.01	18	0.93
Girls ...	2,095	59	2.82	36	1.72
<i>16-year-olds—</i>					
Boys ...	106	...	...	2	1.89
Girls ...	80	...	...	...	...
Total ...	16,067	978	6.09	570	3.55

(c) Glands.

	Number Examined	(i) Requiring Observation		(ii) Requiring Operative Treatment	
		Number	Per cent.	Number	Per cent.
<i>Nursery—</i>					
Boys ...	295	5	1.69	...	...
Girls ...	362	...	...	...	...
<i>Infants—</i>					
Boys ...	2,984	39	1.31	...	...
Girls ...	2,894	26	0.90	2	0.07
<i>9-year-olds—</i>					
Boys ...	2,691	30	1.11	...	...
Girls ...	2,632	14	0.53	1	0.04
<i>13-year-olds—</i>					
Boys ...	1,928	17	0.88	...	...
Girls ...	2,095	7	0.33	2	0.10
<i>16-year-olds—</i>					
Boys ...	106	...	...	...	...
Girls ...	80	1	1.25	...	...
Total ...	16,067	139	0.87	5	0.03

External Eye Diseases.

	Number Examined	Blepharitis		Conjunctivitis		Corneal Opacities		Strabismus		Other Diseases	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
<i>Nursery—</i>											
Boys ...	295	1	0.34	...	...	...	...	7	2.37	...	...
Girls ...	362	3	0.83	...	...	...	...	9	2.49	...	...
	657	4	0.61	...	...	...	...	16	2.44	...	...
<i>Infants—</i>											
Boys ...	2,984	10	0.34	4	0.13	...	...	111	3.72	10	0.34
Girls ...	2,894	12	0.41	5	0.17	5	0.17	123	4.25	6	0.21
	5,878	22	0.37	9	0.15	5	0.09	234	3.98	16	0.27
<i>9-year-olds—</i>											
Boys ...	2,691	12	0.45	5	0.19	...	...	55	2.04	9	0.33
Girls ...	2,632	13	0.49	6	0.23	4	0.15	48	1.82	4	0.15
	5,323	25	0.47	11	0.21	4	0.08	103	1.93	13	0.24
<i>13-year-olds—</i>											
Boys ...	1,928	12	0.62	3	0.16	...	...	26	1.35	5	0.26
Girls ...	2,095	13	0.62	4	0.19	1	0.05	24	1.15	7	0.33
	4,023	25	0.62	7	0.17	1	0.02	50	1.24	12	0.30
<i>16-year-olds—</i>											
Boys ...	106	...	...	1	0.94	...	...	3	2.83	...	...
Girls ...	80	...	...	...	...	...	...	...	...	...	...
	186	...	...	1	0.54	...	...	3	1.61	...	...
Totals ...	16,067	76	0.47	28	0.17	10	0.06	406	2.53	41	0.26

Visual Acuity.

	Number Examined	6/9 or 6/12 in better eye		6/18 or worse in better eye		Recommended for Refraction	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
9-year-olds—							
Boys ...	2,691	333	12.37	133	4.94	84	3.12
Girls ...	2,632	350	13.30	153	5.81	98	3.72
13-year-olds—							
Boys ...	1,928	231	11.98	135	7.00	79	4.10
Girls ...	2,095	384	18.33	158	7.54	169	8.07
16-year-olds—							
Boys ...	106	16	15.09	10	9.43	8	7.55
Girls ...	80	15	18.75	6	7.50	6	7.50
Total ...	9,532	1,329	13.94	595	6.24	444	4.66

Visual Acuity.

	No. Examined	6/6c		6/6s		6/9-6/12c		6/9-6/12s		6/18+c		6/18+s		Recommended for refraction	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
9-year-olds—															
Boys ...	2,691	29	1.08	2,196	81.61	45	1.67	288	10.70	13	0.48	120	4.46	84	3.12
Girls ...	2,632	187	7.10	1,942	73.78	45	1.71	305	11.59	26	0.99	127	4.83	98	3.72
13-year-olds—															
Boys ...	1,928	27	1.40	1,535	79.62	29	1.50	202	10.48	14	0.73	121	6.28	79	4.10
Girls ...	2,095	63	3.01	1,490	71.12	61	2.91	323	15.42	18	0.86	140	6.68	169	8.07
16-year-olds—															
Boys ...	106	4	3.77	76	71.70	6	5.66	10	9.43	1	0.94	9	8.49	8	7.55
Girls ...	80	2	2.50	57	71.25	3	3.75	12	15.00	...	...	6	7.50	6	7.50
Total ...	9,532	312	3.27	7,296	76.54	189	1.98	1,140	11.96	72	0.76	523	5.49	444	4.66

Ears.

(a) Diseases.

	Number Examined	Otorrhœa		Other Diseases	
		Number	Per cent.	Number	Per cent.
Nursery—					
Boys ...	295	2	0.68	...	...
Girls ...	362	4	1.10	...	...
Infants—					
Boys ...	2,984	22	0.74	14	0.47
Girls ...	2,894	18	0.62	8	0.28
9-year-olds—					
Boys ...	2,691	20	0.74	2	0.07
Girls ...	2,632	11	0.42	5	0.19
13-year-olds—					
Boys ...	1,928	15	0.78	7	0.36
Girls ...	2,095	26	1.24	5	0.24
16-year-olds—					
Boys ...	106	...	...	...	...
Girls ...	80	...	...	...	...
Total ...	16,067	118	0.73	41	0.26

(b) Hearing.

	Number Examined	Grade I		Grade IIa		Grade IIb		Grade III	
		Number	Per cent.	Number	Per cent.	Number	Per cent.	Number	Per cent.
Nursery—									
Boys ...	295	...	...	...	...	...	...	...	...
Girls ...	362	1	0.28	...	...	1	0.28	...	...
Infants—									
Boys ...	2,984	4	0.13	3	0.10	1	0.03	...	...
Girls ...	2,894	4	0.14	2	0.07	...	...	...	...
9-year-olds—									
Boys ...	2,691	9	0.33	10	0.37	...	...	...	...
Girls ...	2,632	5	0.19	1	0.04	1	0.04	...	...
13-year-olds—									
Boys ...	1,928	4	0.21	6	0.31	...	...	...	...
Girls ...	2,095	9	0.43	3	0.14	...	...	...	...
16-year-olds—									
Boys ...	106	...	...	...	...	...	...	...	...
Girls ...	80	...	...	...	...	...	...	...	...
Total ...	16,067	36	0.22	25	0.16	3	0.02	...	...

Speech.

	Number Examined	Defective Articulation		Stammering	
		Number	Per cent.	Number	Per cent.
Nursery—					
Boys ...	295	5	1.69	...	...
Girls ...	362	3	0.83	...	...
Infants—					
Boys ...	2,984	17	0.57	3	0.10
Girls ...	2,894	10	0.35	...	...
9-year-olds—					
Boys ...	2,691	5	0.19	2	0.07
Girls ...	2,632	1	0.04	3	0.11
13-year-olds—					
Boys ...	1,928	...	...	5	0.26
Girls ...	2,095	...	...	2	0.10
16-year-olds—					
Boys ...	106	...	...	...	...
Girls ...	80	...	...	...	...
Total ...	16,067	41	0.26	15	0.09

Mental and Nervous Condition.

	No. Exam- ined	(a) Backward		(b) Dull		(c) M.D. Educable		(d) M.D. Ineducable		(e) Nervous or Unstable		Difficult in Behaviour	
		No.		No.		No.		No.		No.		No.	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Nursery—													
Boys	295	...	...	...	...	1	0.34	...	...	1	0.34	...	...
Girls	362	1	0.28	...	...	...	...	...	...	...	...	4	1.10
Infants—													
Boys	2,984	1	0.03	2	0.07	1	0.03	...	...	15	0.50	3	0.10
Girls	2,894	1	0.03	2	0.07	2	0.07	...	...	8	0.28	3	0.10
9-year-olds—													
Boys	2,691	5	0.19	15	0.56	...	...	...	...	10	0.37	4	0.15
Girls	2,632	2	0.08	1	0.04	...	...	...	...	10	0.38	1	0.04
13-year-olds—													
Boys	1,928	1	0.05	1	0.05	...	...	...	...	4	0.21	2	0.10
Girls	2,095	...	...	...	...	...	...	...	...	1	0.05	1	0.05
16-year-olds—													
Boys	106	...	...	...	...	...	...	...	...	...	...	1	0.94
Girls	80	...	...	...	...	...	...	...	...	...	...	...	...
Total	16,067	11	0.07	21	0.14	4	0.02	...	...	49	0.30	19	0.12

Circulatory System.

	Number Examined	Organic Heart Disease				Functional Conditions	
		Congenital		Acquired		Number	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
Nursery—							
Boys	295	...	...	1	0.34	4	1.36
Girls	362	2	0.55	...	...	3	0.83
Infants—							
Boys	2,984	7	0.23	6	0.20	27	0.90
Girls	2,894	6	0.21	3	0.10	24	0.83
9-year-olds—							
Boys	2,691	10	0.37	9	0.33	11	0.41
Girls	2,632	7	0.27	5	0.19	13	0.49
13-year-olds—							
Boys	1,928	3	0.16	1	0.05	6	0.31
Girls	2,095	7	0.33	12	0.57	8	0.38
16-year-olds—							
Boys	106	...	...	...	...	...	...
Girls	80	...	...	1	1.25	...	...
Total	16,067	42	0.26	38	0.24	96	0.60

Lungs.

	Number Examined	Chronic Bronchitis		Suspected Tuberculosis		Other Diseases	
		Number		Number		Number	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
Nursery—							
Boys	295	...	...	1	0.34	9	3.05
Girls	362	1	0.28	...	...	5	1.38
Infants—							
Boys	2,984	43	1.44	9	0.30	62	2.08
Girls	2,894	21	0.73	11	0.38	51	1.76
9-year-olds—							
Boys	2,691	15	0.56	3	0.11	73	2.71
Girls	2,632	10	0.38	2	0.08	48	1.82
13-year-olds—							
Boys	1,928	4	0.21	4	0.21	29	1.50
Girls	2,095	6	0.29	5	0.24	16	0.76
16-year-olds—							
Boys	106	1	0.94	...	...	2	1.89
Girls	80	...	...	...	...	1	1.25
Total	16,067	101	0.63	35	0.22	296	1.84

Deformities.

	Number Examined	(a) Congenital		(b) Acquired (Infantile Paralysis)		(c) Acquired (probable Rickets)		(d) Acquired (other causes)	
		Number		Number		Number		Number	
		Number	Per cent.	Number	Per cent.	Number	Per cent.	Number	Per cent.
Nursery—									
Boys	295	1	0.34	1	0.34	1	0.34	6	2.03
Girls	362	2	0.55	1	0.28	2	0.55	...	...
Infants—									
Boys	2,984	8	0.27	4	0.13	17	0.57	32	1.07
Girls	2,894	5	0.17	4	0.14	5	0.17	10	0.35
9-year-olds—									
Boys	2,691	12	0.45	6	0.22	9	0.33	28	1.04
Girls	2,632	5	0.19	...	...	7	0.27	32	1.22
13-year-olds—									
Boys	1,928	11	0.57	2	0.10	4	0.21	28	1.45
Girls	2,095	7	0.33	3	0.14	6	0.29	22	1.05
16-year-olds—									
Boys	106	2	1.89	...	...	1	0.94	...	...
Girls	80	...	...	...	...	...	...	2	2.50
Total	16,067	53	0.33	21	0.14	52	0.32	160	1.00

Infectious Disease.

	Number Examined	Infectious Disease	
		Number	Per cent.
<i>Nursery—</i>			
Boys ...	295	1	0.34
Girls ...	362	1	0.28
<i>Infants—</i>			
Boys ...	2,984	11	0.37
Girls ...	2,894	14	0.48
<i>9-year-olds—</i>			
Boys ...	2,691	5	0.19
Girls ...	2,632	4	0.15
<i>13-year-olds—</i>			
Boys ...	1,928	2	0.10
Girls ...	2,095	...	...
<i>16-year-olds—</i>			
Boys ...	106	...	...
Girls ...	80	...	...
Total ...	16,067	38	0.24

Other Diseases or Defects.

	Number Examined	Other Diseases or Defects		Individual Children Notified		Notices Issued	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
Boys ...	295	37	12.54	21	7.12	39	13.22
Girls ...	362	15	4.14	22	6.08	27	7.46
<i>Infants—</i>							
Boys ...	2,984	227	7.61	263	8.81	526	17.63
Girls ...	2,894	146	5.04	240	8.29	488	16.86
<i>9-year-olds—</i>							
Boys ...	2,691	193	7.17	415	15.42	676	25.12
Girls ...	2,632	144	5.47	375	14.25	673	25.57
<i>13-year-olds—</i>							
Boys ...	1,928	140	7.26	309	16.03	521	27.02
Girls ...	2,095	103	4.92	300	14.32	592	28.26
<i>16-year-olds—</i>							
Boys ...	106	10	9.43	16	15.09	20	18.87
Girls ...	80	1	1.25	5	6.25	7	8.75
Total ...	16,067	1,016	6.32	1,966	12.24	3,569	22.21

TABLE III.
Systematic Medical Examinations.

GROUP CLASSIFICATION	Nursery		5-year-olds		9-year-olds		13-year-olds		16-year-olds		Total	
	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.
I. No defect ...	434	66.06	3,888	66.14	3,293	61.86	2,721	67.64	130	69.90	10,466	65.14
II. (a) 6/12+ (better eye) with or without glasses ...	...	...	8	0.14	241	4.53	288	7.16	15	8.06	552	3.44
(b) Mouth or teeth likely to cause ill-health ...	4	0.61	87	1.48	88	1.65	48	1.19	1	0.54	228	1.42
(c) Both (a) and (b) ...	...	...	10	0.17	25	0.47	17	0.42	...	...	52	0.32
Total ...	4	0.61	105	1.79	354	6.65	353	8.77	16	8.60	832	5.18
III. Temporary illness only ...	150	22.83	1,286	21.88	1,089	20.46	481	11.96	15	8.06	3,021	18.80
IV. (a) Cure expected by treatment ...	64	9.74	521	8.86	476	8.94	328	8.15	20	10.75	1,409	8.77
(b) Improvement only by treatment ...	5	0.76	78	1.33	111	2.09	140	3.48	5	2.69	339	2.11
Total ...	69	10.50	599	10.19	587	11.03	468	11.63	25	13.44	1,748	10.88
Total number of children examined ...	657	100	5,878	100	5,323	100	4,023	100	186	100	16,067	100

Average Heights and Weights.
(Height in inches ; Weight in lbs.)

	1941-42		1942-43		1943-44		1944-45		1945-46		1946-47		1947-48		1948-49	
	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.
Nursery Boys ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nursery Girls ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Infant Boys ...	44.06	41.19	42.25	41.74	41.97	41.61	42.31	41.97	42.22	41.74	42.20	41.79	42.53	41.95	42.72	42.23
Infant Girls ...	41.86	39.86	41.92	40.14	41.95	40.50	41.97	40.58	41.61	40.62	41.89	40.41	42.14	40.37	42.26	41.01
9-year-old Boys	51.08	61.56	51.06	61.67	50.86	61.86	51.11	62.39	51.24	62.75	51.27	62.58	51.41	63.06	51.53	63.92
9-year-old Girls	50.78	59.81	50.81	60.16	50.54	60.28	52.56	63.31	50.92	60.99	50.78	60.91	50.85	60.68	51.03	61.23
13-year-old Boys	...	...	59.10	91.72	58.65	88.33	59.15	92.16	58.90	91.02	58.70	90.98	58.66	90.87	59.46	93.55
13-year-old Girls	...	...	59.76	95.94	59.64	95.74	65.45	104.50	59.64	90.39	59.47	90.31	59.08	95.55	59.79	98.13
16-year-old Boys	59.19	91.60	...	...	67.48	130.52	...	...	65.69	126.18	66.83	132.56	64.04	120.64	66.78	136.42
16-year-old Girls	59.72	93.84	...	...	62.52	118.77	...	...	63.89	124.97	63.68	121.59	63.11	124.67	63.40	121.50

TABLE IV.
Return of all Exceptional Children of School Age in the Area.

Disability	At Ordinary Schools	At Special Schools	Not at School or Institut'n	Total	
1. <i>Blind</i> ... ..	...	17	...	17	
2. <i>Partially-sighted</i> —					
(a) Refractive errors ...	...	14	...	14	
(b) Other conditions ...	...	14	...	14	
3. <i>Deaf</i> —					
Grade I	673*	39(a)	...	712	* Routine exams. by Gram. Audiom.
Grade IIa	495*	37(b)	...	532	(a) 32 in M.H. schools. 7 in P.H. schools.
Grade IIb	39*	97(c)	...	136	(b) 29 in M.H. Schools. 8 in P.H. schools.
Grade III ... ..	...	54(d)	10(e)	64	(c) In St. Giles. (d) Donaldson's, 45. St. Vincent's, 7. St. Giles, 2. (e) Waiting-list for Donaldson's.
4. <i>Defective Speech</i> —					
(a) Articulation	218	14(f)	...	232	(f) Excluding M.H. schools.
(b) Stammering	72	7(f)	...	79	
5. <i>Educationally Subnormal</i> —					
(a) I.Q. approx. 70-50—					
(i) Education Act ...	...	540	...	540	
(ii) M.D. Acts ...	...	56(g)	...	56	(g) In Certified Institutions.
(b) I.Q. under 50—					
(i) Education Act ...	...	92(h)	...	92	(h) In Occupation Centre.
(ii) M.D. Act ...	...	50(i)	136(j)	186	(i) In Certified Institutions. (j) Notified G.B.O.C.
6. <i>Epilepsy</i> —					
(a) Mild ... ..	...	12	...	12	
(b) Severe ... ..	...	8(k)	1	9	(k) 2 in Colony. 1 taught at home.
7. <i>Physically Handicapped</i> —					
(a) Non-pulm. T.B. ...	...	69(l)	2	71	(l) 1 in Challenger. 4 in P.M.R. 1 in Trefoil. 32 in Bangour. 3 in Southfield.
(b) General Orthopaedic	...	150(m)	4	154	(m) 9 in Challenger. 9 in Trefoil. 52 in P.M.R.
(c) Organic Heart Disease	...	27(n)	5	32	(n) 7 taught at home.
(d) Other causes ...	...	156(o)	42	198	(o) 24 taught at home.
8. <i>Multiple Defects</i> ... ..	...	Not recorded			

TABLE V.
Dental Inspection and Treatment.

Number of Children :—

	Systematic Examinations	Special Cases	Total
1. Inspected—Age 5 years	1,288	422	1,710
" 6 "	2,057	513	2,570
" 7 "	2,039	604	2,643
" 8 "	1,987	651	2,638
" 9 "	2,334	721	3,055
" 10 "	2,081	677	2,758
" 11 "	2,199	502	2,701
" 12 "	1,783	383	2,166
" 13 "	810	330	1,140
" 14 "	776	306	1,082
" 15 "	574	172	746
" 16 "	165	53	218
" 17-18-19 years	90	4	94
Total	18,183	5,338	23,521
2. Requiring Treatment	13,714	5,291	19,005
3. Accepting Treatment	8,091	5,291	13,382
4. Actually Treated	7,837	5,291	13,128
5. Attendances for Treatment	15,826	5,291	21,117
6. Fillings (a) Permanent Teeth	10,788	96	10,884
(b) Temporary Teeth	1,296	37	1,333
7. Extractions (a) Permanent Teeth	2,011	1,605	3,616
(b) Temporary Teeth	8,180	5,739	13,919
8. General Anæsthetics	3,742	3,474	7,216
Local Anæsthetics	3,728	525	4,253
9. Other Operations—(a) Permanent Teeth	1,020	254	1,274
(b) Temporary Teeth	3,491	698	4,189
" Sundries "	3,236	447	3,683
10. Half-days of Inspections ... ..	...	...	121
Half-days of Treatment ... ..	...	...	4,027
11. Number of Children Treated Privately ... ..	...	...	143
12. Number of Absentees ... ..	...	...	3,660
Analysis of " Sundries " above :—			
Gum Treatment	488	89	577
Trimming	655	30	685
Scaling	748	47	795
Regulation Plates	18	...	18
Advice given	832	281	1,113
Dentures	32	...	32
Impressions taken	192	...	192
Visits for Regulation	245	...	245
Gingivectomy	4	...	4
Root fillings	19	...	19
Acrylic Crowns	2	...	2
Frenum divided	1	...	1
Total	3,236	447	3,683

BACTERIOLOGICAL SERVICES.

The following statement is submitted by Professor T. J. Mackie, Consultant-Bacteriologist to the South-Eastern Regional Hospital Board, Scotland, of the Bacteriological Examinations carried out for the City of Edinburgh (Public Health Department and Medical Practitioners in the City) by the Bacteriology Department, University of Edinburgh, from January to December, 1949 :—

	Positive	Total
Swabs from throat, nose and ear examined for <i>B. diphtheriae</i>	7	1,036
Swabs from throat, nose and ear examined for hæmolytic streptococci and other pathogenic organisms		
Positive—Hæmolytic streptococci	449	1,345
Sputum examined for <i>B. tuberculosis</i> by the microscopic method*	35	288
Urine, fæces, pus and stomach washings examined for <i>B. tuberculosis</i> by the microscopic method	1	26
Cultivation test for <i>B. tuberculosis</i> † (sputum and other specimens)	11	293
Animal inoculation for <i>B. tuberculosis</i> (sputum and other specimens)	4	20
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method*)	—	16
Cerebro-spinal fluid for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method)	—	3
Cerebro-spinal fluid for cytological examination and tests for protein, sugar and chlorides	—	1
Blood for Widal reaction (including <i>B. abortus</i> agglutination test)		
Positive— <i>B. abortus</i>	1	20
Blood-clot cultures from specimens submitted for Widal reaction	—	14
Fæces examined for protozoa, and helminth ova		
Positive— <i>Giardia intestinalis</i>	5	33
Fæces and urine‡ examined for organisms of <i>Salmonella</i> and dysentery groups		1,355
Positive— <i>B. paratyphosus B.</i>	1	
<i>B. aertrycke</i>	4	
<i>B. suispestifer</i> var. <i>Kunzendorf</i>	1	
<i>B. dysenteriae</i> Sonne	150	
<i>B. dysenteriae</i> Flexner	8	
<i>B. dysenteriae</i> Boyd 1	1	
Number of cases proved by isolation of specific organism and/or serological examination to be due to :—		
<i>B. paratyphosus B.</i>	1	
<i>B. aertrycke</i>	4	
<i>B. suispestifer</i> var. <i>Kunzendorf</i>	1	
<i>B. dysenteriae</i> Sonne	121	
<i>B. dysenteriae</i> Flexner	7	
<i>B. dysenteriae</i> Boyd 1	1	
(<i>B. abortus</i>	1	2
" Cough-plates " for <i>B. pertussis</i>	—	1
Blood examined for agglutination of <i>Leptospira icterohæmorrhagiae</i>	—	1
Blood examined for agglutination of <i>Leptospira canicola</i>	—	
Pus for general bacteriological examination, including exudates from wounds	—	38
Urine for general bacteriological examination	—	122
Sputum for general bacteriological examination	—	49
Blood for Wassermann reaction	22	33

	Positive	Total
Syphilis flocculation test—method of Bacteriology Department, University of Edinburgh	37	80
Syphilis flocculation test—Kahn method	5	6
Kahn "verification" test for syphilis	33	61
Complement-fixation test for gonococcal infection	—	8
Conjunctival swabs and smears for gonococcus and general bacteriological examination	—	37
Vaginal, uterine and urethral swabs and smears for general bacteriological examination	—	37
Paul-Bunnell test for glandular fever	3	3
Swabs examined for thrush fungus	7	9
Blood examined for malaria parasites	—	3
Penicillin sensitivity tests	—	12
Streptomycin sensitivity tests	—	8
Sulphanilamide sensitivity tests	—	4
Aureomycin sensitivity test	—	1
Staphylococcus coagulase tests	1	4
Water specimens for complete bacteriological examination	—	229
Water specimens for presumptive <i>B. coli</i> test	—	583
Total water specimens examined	591	
Milk specimens for bacterial count	—	594
Milk specimens for <i>B. coli</i> test	—	819
Milk specimens for methylene blue reduction test	—	381
Milk specimens for phosphatase test	—	347
Milk specimens examined for organisms of <i>Salmonella</i> and dysentery groups	—	2
Milk specimens examined for <i>B. tuberculosis</i> by animal inoculation	3	108
Total milk specimens examined	862	
Ice-cream specimens for bacterial count	—	15
Ice-cream specimens for <i>B. coli</i> test	—	14
Total ice-cream specimens examined, 15		
Food specimens for general bacteriological examination	—	31
Miscellaneous examinations	—	81
		<hr/> 8,173

* After concentration of specimen.

† Negative by microscopic method.

‡ This number includes repeat tests.

SANITARY DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, 1. June 1950.

To

The Corporation of the City of Edinburgh.

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Sanitary Department of the City of Edinburgh for the year 1949.

The work under review was carried out under the administration of Mr Allan W. Ritchie, who retired in April this year after completing thirty-five years' service with the Corporation as Chief Sanitary Inspector.

During his many years of service Mr Ritchie initiated necessary reforms in such important aspects of sanitation as slum clearance, overcrowding, the abatement of smoke, the safeguarding of milk, milk products and other foods, the health and comfort of factory and shop workers, and the repression of rodents and vermin. The Port Sanitary Service was also inaugurated in his term of office.

In its public relations, the Department has always been noted for its efficiency and high standing, which is a tribute to the very excellent administration of Mr Ritchie, and I take this opportunity of expressing my personal indebtedness to him for making my task of taking over a comparatively easy one.

HOUSING.

Clearance Areas.

No clearance areas were promoted during the past year, although it had been hoped to make a start in a small way. The condition of many of the old properties in the centre of the City is a matter of grave concern and, as mentioned in previous reports, the need for action in many instances is urgent.

Individual Unfit Houses.

No houses were officially closed under the Housing (Scotland) Act, 1930, but in 30 instances the owners gave voluntary undertakings that the houses would not be relet for human habitation in the event of the occupiers obtaining other accommodation.

The House-letting Department rehoused 17 families from unfit houses during the year and the houses were subsequently closed.

Overcrowding.

During the year certificates relative to overcrowding have been submitted to the House-letting Department on behalf of 3,227 applicants for Corporation houses, a decrease of 880 as compared with the previous year.

The House-letting Department rehoused 1,211 families from overcrowded houses or overcrowded sub-let rooms. This is a decrease of 522 from the previous year but, nevertheless, it is the second highest number rehoused during the past ten years.

Bug Infestation of Houses.

The scheme adopted by the local authority in 1934 to prevent the transference of bug-infested furniture to new houses continues to give entire satisfaction. During the year the houses and household effects of 2,723 prospective Corporation tenants were examined by inspectors of this Department, and 208, or 7.64 per cent. of that number, were found to be bug-infested. Since the scheme was put into operation, 28,908 houses have been inspected and 3,854, or 13.33 per cent., have been found to be bug-infested.

The furniture from these bug-infested houses was removed in special pantechnicons to the fumigation station at Powderhall and there subjected to hydro-cyanic acid gas for a period of two to three hours. The bedding and bedclothes were treated in the steam disinfector. The furniture and bedding was thereafter delivered direct to the new houses. Since 1934, when this work was commenced, 3,378 fumigations have been carried out, including 284 for the year under report.

Supervision of Rehousing Areas.

The houses in the rehousing areas were visited regularly by Lady Sanitary Inspectors, and the results continue to be most gratifying.

Close contact is made with housewives, and by sympathy and understanding they are encouraged to adopt careful and cleanly habits. In course of the visits the following matters are noted :—

- (a) The size of the family, including the number of male and female inhabitants, with the ages of children. Where serious overcrowding is found to exist, the House-letting Department is notified.
- (b) Where sub-letting takes place, or any lodgers are kept, the matter is reported to the House-letting Department.
- (c) The condition of each room, kitchenette, bathroom, etc., is observed and any matters requiring the attention of the occupier are pointed out and advice given where necessary.
- (d) Particular attention is paid to the possibility of bug-infestation with a view to adequate measures being adopted.
- (e) Any structural defects are noted and passed on to the City Architect's Department.

- (f) The condition of the stairs and passages is closely observed and any departure from the cleaning rotation is brought to the notice of the defaulter.
- (g) Any complaints received regarding alleged overcrowding, keeping of lodgers or sub-tenants, keeping of animals, or failure to wash stairs are investigated.
- (h) Houses in which infectious disease occurs are visited and the necessary enquiry form completed for the information of the Medical Officer of Health.
- (i) The occupiers frequently ask advice about domestic and family matters which is given where possible and provides opportunity for closer understanding between the Lady Inspector and the occupiers.

During the year 26,506 visits were made, and the following table shows the condition of the houses at the end of 1949, as compared with the previous year :—

	Clean	Percentage of total	Fair	Percentage of total	Dirty	Percentage of total	Total Houses Visited	Total Visits made
31st Dec. 1948	14,055	94.63	743	5.00	55	0.37	14,853	24,332
31st Dec. 1949	15,510	95.44	698	4.29	44	0.27	16,252	26,506

GENERAL SANITATION.

Nuisances and Structural Defects.

During the year, 17,531 nuisances and structural defects in dwelling-houses and other premises were dealt with by the Department. Of these 14,090, or 80.37 per cent., were discovered or reported upon by the District Inspectors; 3,364, or 19.19 per cent., were notified by citizens; and 77, or 0.44 per cent., were notified by other City Departments. To bring these to the notice of the owners of the properties concerned, 493 Intimations of Existence of Nuisance were served. In 91 of these cases no appropriate action was taken by the owners and Statutory Notices had to be served.

In 58 instances, obsolete or badly defective water-closets were abolished and new appliances substituted. A further 53 defective water-closets were improved or repaired. In two cases water-closets had to be provided where none had existed before and two new water-closet apartments were constructed. Fourteen water-closets were found filthy and cleansed, and chokages were cleared in 37 cases.

Eighteen insanitary sinks were replaced, and three new sinks introduced. Choked sinks cleared numbered 22. Repairs, mostly to the woodwork surrounding sinks, were effected in 100 instances.

Various repairs to drains, soil pipes, sink waste pipes and rain-water conductors numbered 116. There were 152 choked drains and surface traps cleared. The domestic water supply had to be safeguarded by covering or cleaning cisterns in 204 houses, and 26 cisterns were renewed or repaired.

Repairs to houses, relating to floors, hearths, walls, doors, windows, coal bunkers, grates, boilers, plasterwork and roofs, amounted to 964.

The Department dealt with 13,525 nuisances relating to dwelling-houses. These comprised dirty houses, offensive smells, smoky vents, dampness, animals, overcrowding, accumulations of rubbish, garbage, manure, infestation of premises by rats, mice, bugs and other pests. Complaints of tenants casting bread or garbage over windows in 141 cases necessitated the serving of 741 notices to tenants, cautioning them about this offence.

Considerable progress has been made in the re-painting of common stairs, which was in abeyance during the war. In the course of the year, 1,471 stairs were painted at the instance of the Department—an increase of 850 on last year's total of 621. This was achieved by the serving of 6,479 notices. Other causes of unsatisfactory conditions in stairs and passages were neglect by tenants to take their turn of washing and sweeping the stair in 555 instances, and also nuisances caused by cats and dogs in 150 instances.

In all, 57,435 inspections were made during the year. Details of nuisances abated and defects remedied are given in Appendix 1 and inspections in Appendix 2.

Failure to comply with a Statutory Notice requiring the remedy of various defects in a house caused one property owner to be prosecuted. A fine of £1 was imposed. Another prosecution was instituted for the failure of a tenant to clean the common stair after being warned and informed of the requirements of the Bye-laws for Cleansing of Common Stairs, etc. In this case also a fine of £1 was imposed.

A recurrent complaint of one individual collecting and storing manure in proximity to dwelling-houses led to three prosecutions. In two of the three he was fined £2 and in the other case the verdict was "Not Proven." Details of prosecutions are given in Appendix 14.

Noise Abatement.

Under the Edinburgh Corporation Order, 1933, power is given to the local authority to require the best practicable means to be taken for the prevention or mitigation of any excessive or unreasonable or unnecessary noise which may be occasioned in the course of any trade or business, where such noise is injurious or dangerous to health. In operating the restrictive terms of this Section, due regard has also to be paid to the costs involved in preventing or mitigating excessive noise. Action by the Department, therefore, is very much circumscribed.

Complaints under this heading numbered 74. Many of them proved to be without sufficient justification for the Department to take action. Some were the outcome of disputes between neighbours, others were complaints of noise occasioned in construction work or repair work taking place during normal working hours, while others were complaints of a more justifiable nature. These related to engineers and welders, cooperages, glue works, ice-cream premises, electric motors for various purposes, bakeries, dairies, bootmakers, faulty chimney dispersers, dog-barking, cock-crowing, noisy wirelesses, children playing, doors banging, one complaint related to a dance band, and many arising from needless noise made by neighbours.

In most cases the representations which the Department made on behalf of the complainants were sympathetically received, and it was possible to adjust matters so as to mitigate the nuisance or prevent cause for further complaint.

Dead Fish in Canal.

A complaint of an unusual nature was received during the summer that hundreds of dead fish (roach) were observed at the canal terminus at Fountain-bridge. These fish had apparently been poisoned at some distant point of the canal and were carried along into the basin by a high westerly wind. The fish were first noticed on a Thursday and by the following Monday a great mass of fish lay on the bank after being taken out of the water, and they were still drifting into the basin in large numbers. Hundreds of dead fish could also be seen on the bed of the canal. The accumulation on the canal bank rapidly decomposed and became a serious nuisance, and its disposal proved a difficult problem. A firm dealing in fish meal was approached, but they refused to take the fish as their product was used as cattle food and poison was suspected. The problem was ultimately solved by the owners of the canal (British Railways) having the accumulation removed by barge and dug into remote ground in the country.

An interesting sidelight is that the police had some difficulty in restraining boys from taking the fish home with them, although cats and seagulls refused to touch them.

It was subsequently learned that the cause of the pollution of the canal was a breakdown in an industrial plant situated several miles out from the City, and the harmful effluent therefrom had found its way into the canal.

Interments.

Under Section 69 of the Public Health (Scotland) Act, 1897, as amended by Section 50 of the National Assistance Act, 1948, the duty of arranging interment or cremation of the bodies of deceased persons without relatives or funds, or where insufficient funds were available for private burial, was transferred from the Department to the City Social Services Department during July 1949.

Prior to this change in administration, 86 applications for burial were dealt with by the Sanitary Department between 1st January and 18th July. Four of these were refused and 4 withdrawn, and of the 78 funerals carried out, 54 were adults, 15 children, and 9 still-births.

Places of Public Entertainment.

The District Inspectors frequently visited theatres, cinemas and other places of public entertainment to see if reasonably hygienic conditions were being maintained. The practice of supplying soap and towels at the wash-hand basins was almost entirely abandoned by the managements during the war, owing to their removal by some members of the public. Efforts are now being made by the Department to have these facilities restored.

Offensive Trades.

There are 27 businesses coming under the classification of offensive trades registered within the City. This figure is made up thus—6 tanners, 5 skin and hide factors, 7 manure manufacturers, 2 tripe cleaners, 2 tallow melters, 2 offal merchants, 1 gut scraper, 1 glue and gelatine maker and 1 soap boiler. The bye-laws for regulating these trades require the prevention of offensive effluvia, the inoffensive disposal of obnoxious waste, the lime-washing of walls, the cleansing of floors and utensils and the thorough flushing of the drain. Inspections showed that these provisions were being observed.

LODGING-HOUSES.

Common Lodging-Houses, etc.

Details of lodging and other houses controlled under the bye-laws are given in Appendix 4. Regular inspection was made to ensure that the terms of the bye-laws were being observed.

As a result of the Department's representations, four lodging houses were wholly or partly painted. One of these had been reported for the last two years as having extensive alterations and renovations carried out. These have now been completed and the whole premises painted. In another instance the roof was renewed, and in a further case a new lift was installed.

The Finance Committee agreed, at their meeting in July, to authorise the carrying out of alterations and improvements at a lodging-house in Leith owned by the Corporation. The proposed work included alterations to provide improved lavatory accommodation and clothes lockers in the dormitories, external painting of the building, improved lighting in the reading-room, and provision of heating in the drying chamber. The cost of this work, which is now in progress, is to be approximately £3,800.

VERMIN REPRESSION.

Destruction of Rats and Mice.

The control of rats and mice is very important, as they consume a large amount of valuable food annually, spread disease, and damage property.

The Department received 638 new complaints of rats and mice which were investigated by the Inspectors, involving 2,798 visits. During the year 591 complaints were abated and 297 items of repair were carried out.

In Edinburgh the rat infestations are more or less of a light nature and the few known "black" spots are kept under constant observation. The rat being a migratory animal, block control action should be undertaken immediately the presence of rats is observed in any area.

At the present time the high cost of maintenance work makes it difficult for owners to keep their property in a good state of repair and rat-proof. This often results in an infestation. The collection of food waste from public bins is still, unfortunately, a necessity throughout the country, and this practice continues to be a source of attraction for rats and mice. Scraps of food are

usually found on the ground surrounding the bins, due to the careless way in which these receptacles are used by some of the citizens.

In co-operation with the Department of Agriculture for Scotland, an extensive scheme of rat destruction was carried out in the west side of the City. The inspection of 352 premises revealed that 35 buildings were infested and destruction work was carried out by the trappers, with a resulting kill of 871 rats.

Details of rat destruction work done during the year are as follows:—

Premises inspected	1,129
Premises treated by the Department of Agriculture rat-catchers	174
Number of rats destroyed	7,312
Number of poison baits laid	6,015

INSECT PESTS.

(a) Anti-Fly Campaign.

In accordance with a decision of the Health Committee, another Anti-Fly Campaign was carried out in the City. The previous summer's campaign created considerable interest amongst the citizens, but it was felt that the weather did much to keep down flies, and the zest for active repressive measures was probably not thoroughly aroused. In 1949, however, there were long spells of warm weather, when repressive measures were severely tested.

Publicity.

As in the previous campaign, a Press Conference was held and attended by representatives of Edinburgh and Scottish newspapers which gave publicity to the campaign. Illustrated leaflets were distributed to the citizens stressing the danger arising from flies as disease carriers. As a result of a competition a poster, specially designed by a student of the College of Art, was selected by the Committee. Copies were displayed in public vehicles, shops, factories and public places.

Inspections.

Inspections were carried out of all premises in which fly-breeding might occur, including stables, pig-styes, farms, fish shops, refuse tips, etc., and occupiers were advised as to the best methods of fly prevention. Arrangements were made where necessary for the treatment of premises by the staff of the Department.

Treatment.

Special attention was given to the treatment of dungsteeds and refuse tips. The surrounding structures were sprayed with 5 per cent. D.D.T. in kerosene and the contents with 10 per cent. D.D.T. powder. This was done to prevent the manurial value being destroyed by the use of an insecticide with an oil base.

In spraying the interior of stables, piggeries, etc., all mangers and food and water containers were covered over with sacking to prevent the insecticide coming in contact with any of these receptacles. A number of open spaces in which garbage and garden refuse accumulations were found were treated by the same methods.

All the Social Service Camps were visited, and the treatment of kitchens, lavatories, bath-houses, refuse and pig food bin centres was carried out with 3 per cent. D.D.T. W.E. concentrate and 1 per cent. wettable powder. These, having a water base, were considered the most suitable insecticides for kitchens where cooking is suspended for a short time only.

The number of premises and areas treated during the campaign was 279. A second treatment of premises previously dealt with was commenced during August, and 213 of such treatments were carried out.

The waste-food bins situated throughout the City and their surroundings were sprayed regularly by the staff of the Cleansing Department.

The insecticides used were:—

1. 5 per cent. D.D.T. in Kerosene (Dichloro-Diphenyl-Trichlorethane).
2. 3 " " W.E. Concentrate.
3. 10 " " Powder.
4. 10 " " Wettable Powder.

All preventive measures were carried out by the existing staff, using the motor vehicle and the spraying apparatus normally employed in bug disinfestations.

Results.

The weather during the months in which the campaign was conducted was favourable to the breeding of flies, and the results obtained were most satisfactory. Although it is not possible to give full details of the results, it may be stated that flies in large numbers were difficult to find after the first treatment of premises and areas. Visits were made to stables and piggeries and adjoining premises after treatment, and these were practically free from flies. For example, a stable which housed over 30 horses was treated, and a few days after treatment had been carried out a representative of the British Broadcasting Company who was interested in the Anti-Fly Campaign visited the stable and on inspecting the entire premises found only one fly and that was in the canteen. Occupiers of premises which were treated expressed satisfaction with the results, and agreed that flies were considerably less in number after treatment had been carried out.

A tabulated statement shows in detail the number of premises and areas treated and the quantities of insecticides used.

Expenditure.

Insecticides, etc.	£82 10 0
Wages	175 12 0
Proportion of Motor Van costs	50 0 0
	<hr/>
	£308 2 0

Citizens' Co-operation.

The citizens generally co-operated very well in giving effect to the suggestions contained in the leaflets, posters and press notices. Shopkeepers in Leith were extremely helpful in the carrying out of experiments in their premises.

ANTI-FLY CAMPAIGN—PERIOD 1st JUNE to 10th OCTOBER, 1949. Spraying of Premises likely to be Infested with Flies.

PREMISES	WARDS																							TOTAL
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	TOTAL
Stables	10	5	2	6	2	1	9	4	3	9	...	2	1	11	2	2	12	...	17	10	...	...	...	109
Piggeries	7	...	...	6	1	1	14	2	...	...	...	...	...	...	...	...	1	5	1	38
Farms (Stables, Dungsteads, etc.)	16	...	...	2	...	...	...	3	...	...	...	...	...	...	1	...	...	1	...	27
Hospitals and Institutions	3	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	7
Social Service Camps	1	...	...	...	...	1	...	...	1	...	...	4
Abattoirs, Buildings and Sidings	4
Fish Merchants and Markets	1	...	...	1	...	...	...	5	2	1	...	...	...	12
Shops in Kirkgate, Leith	6	1	...	...	...	...	...	12	...	...	6	...	35
Garden and other Refuse Tips	2	...	...	...	...	5	4	...	6	...	...	...	...	...	2	...	1	...	21
Yards and Open Spaces	2	...	...	1	...	...	...	...	7	...	...	...	...	10
Other Premises	4	1	...	...	...	...	...	...	2	...	...	...	...	...	1	2	...	...	...	...
TOTALS	10	6	2	7	33	4	9	19	10	10	22	17	7	21	3	2	12	6	40	15	5	14	5	279

(b) Disinfestation of Bug-Infested Houses.

The campaign against bed bugs, which was started in August 1947, was continued during the year with the systematic inspection and disinfestations of bug-infested houses.

Inspections.

Careful and detailed inspections were carried out in buildings in which, at one time or another, it was known that bug-infestation had been present in one or more apartments in the building; special attention was paid to bed recesses, bedsteads, mattresses, walls, picture frames, skirtings and woodwork generally. Where evidence of bug-infestation was found to exist, arrangements were made with the occupiers for the disinfestation of the affected apartments by the staff of the Sanitary Department.

Experimental Scheme.

Inspections were also made of houses treated under the experimental scheme which was carried out in 1947/48. The results here were satisfactory. Out of 500 houses inspected, 54 were found to have light infestations; these may not have been re-infestations, as, in many cases, it was possible that bugs had emerged from wall-cracks or other inaccessible places after the insecticide used for disinfestation had lost its lethal power. At the request of District Sanitary Inspectors, 423 apartments were treated for bug-infestation.

Treatment.

The insecticides used during the year were 5 per cent. D.D.T. in Kerosene and 0.35 per cent. Gammexane. From the table shown below it will be seen that the total number of apartments treated was 591; of this number, 63 were apartments which had previously been treated and 528 were infestations reported during 1949. It is of interest to note that the number of infestations which might be classed as heavy was only 24. This is a particularly small percentage, and indicates that the general standard of cleanliness has improved in districts where, in the past, many houses were heavily infested and the standard of cleanliness generally was low.

Details of work :—

	Inspections	Infestations	
		Houses	Apartments
Reported by District Inspectors	301	301	423
Inspections for Infestations ...	1,375	76	105
Re-inspection of Houses treated under Experimental Scheme	500	54	60
Re-inspection of Houses treated after December 1948 ...	175	3	3
	<u>2,351</u>	<u>434</u>	<u>591</u>
Degree of Infestation ...	Heavy 24	Medium 10	Light 557

Insecticides.

The quantity of insecticides used throughout the year was :—

0.35 per cent. Gammexane ...	49 gallons, 1 pint.
5 per cent. D.D.T. in Kerosene ...	65 gallons, 3 pints.

(c) Beetles, Cockroaches, Fleas, etc.

169 premises comprising 236 apartments were treated for infestations of beetles, cockroaches, fleas, etc. The quantity of insecticides used for this purpose was :—

0.35 per cent. Gammexane ...	11 gallons, 2 pints.
5 per cent. D.D.T. in Kerosene ...	23 gallons, 1 pint.
3 per cent. D.D.T. W.E. Concentrate ...	7 pints.
10 per cent. D.D.T. Powder ...	6 lbs., 14 ozs.
0.5 per cent. Gammexane Powder ...	1 lb.

The following table shows the number of apartments treated for verminous infestations in each ward—the total number being 827.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Bugs ...	103	88	19	5	—	—	6	1	4	45	2	—	13	18	62	3	34	12	87	46	—	9	34	591
Other Insects ...	19	5	11	1	3	7	11	7	2	71	3	4	12	3	11	8	6	12	6	6	2	5	21	236
Total ...	122	93	30	6	3	7	17	8	6	116	5	4	25	21	73	11	40	24	93	52	2	14	55	827

SMOKE ABATEMENT.

The problem of smoke abatement in the City was made the subject of a special report to the Health Committee this year. The text of the report was as follows :—

Although the task of smoke abatement in the City received a big set-back during the war, firstly by the Government request to make as much smoke as possible, and secondly on account of the difficulties experienced by industrialists and others in obtaining supplies of the better types of fuel and replacement of plant, steady progress has recently been made in restoring the position. The problem is still not free from complexity, but it is desirable that it should now be resolutely faced and the interest of all concerned aroused in an effort to effect the greatest improvement possible within a limited period. The National Smoke Abatement Society has suggested a ten years' campaign as part of their programme, and this appears to be a suitable period for a concerted local effort.

Effects of Smoke.

The pollution of air by smoke causes damage to buildings, fabrics, furnishings and vegetation, and, while it is possible to assess in some measure the extent of this damage, it is impossible to assess the amount of respiratory disease and loss of human health generally which may result directly from atmospheric pollution, and indirectly from reduction of the sun's rays.

Extent of Problem.

The main contributions of smoke arise from factories, commercial buildings, houses and the railways. In Edinburgh the greater quantity comes from domestic fireplaces. The smoke from these fireplaces is more harmful, being of a tarry, greasy nature, whereas factory smoke is of a dusty, gritty nature—combustion being much more complete in the latter case.

By the use of atmospheric pollution gauges situated at four sites in Edinburgh, a monthly record of soot fall is obtained. The results for the year ending December 1948 showed the rate of pollution per square mile to be as follows:—

Site	Total Solids per annum
1. Castle vicinity (Johnston Terrace)	293.61 tons
2. Morningside (Astley Ainslie Institute)	118.75 "
3. Seafield (Leith Hospital)	149.04 "
4. Glencorse (Reservoir)	84.87 "

(Note.—The term "total solids" includes all soluble and insoluble matter, together with ash.)

The results at these sites indicate the extent of atmospheric pollution from various sources. For example, the Castle site represents a combination of industrial and domestic pollution; the Morningside site could be reckoned as purely a domestic area; the Leith site is mainly affected by railway operations within the Docks; while the Glencorse site is rural in nature and free from immediate sources of industrial and domestic pollution.

Fuel.

Smoke, it need hardly be mentioned, is caused by the incomplete combustion of fuel. This may be due to poor quality fuel, defective boiler plant, inefficient methods of stoking and excessive forcing of steam boiler plants, etc. In domestic fireplaces it is due mainly to the quality of fuel and the use of outmoded grates. Much of the coal in recent years has contained quantities of stone and dirt, and a first step towards improvement would be the elimination of these foreign matters from the coal before reaching the consumer. Improvement could also be effected if it were possible for industrialists to obtain supplies of the fuels that were the most suitable for their boiler plants, as was the case before the war. Still in short supply also are solid fuels of the anthracite and semi-anthracite types, which are almost smokeless because of their low volatile content, and until these become more plentiful no marked improvement can be expected in the many central heating and small industrial units in the City.

Stoking.

Many furnaces are still hand-fired, and unless this is carefully done at suitable short intervals and in a proper manner, much smoke will result. Without doubt, the most satisfactory method of feeding solid fuel to industrial furnaces, from the points of view of economy, efficiency and smokeless combustion, is by means of mechanical stokers. A large number of these are already in use throughout the City, and a further number are being installed in breweries, laundries, tanneries and other establishments. In some instances, too, the smoke nuisance has been remedied by a change to electric power, gas or oil fuel. One recent case is worthy of special mention because of the prominent site occupied by the premises. The

steam-raising plant, consisting of two Cornish boilers, was formerly hand-fired with solid fuel, and, despite every care and attention on the part of the engineers, emissions of smoke of a more or less dense nature were common. The attention of the owners of the business was called to this nuisance, and the existing boiler plant was altered for the introduction of gaseous fuel, with the result that there has been a complete elimination of smoke.

The increased cost of fuel has had the effect of focussing the attention of large users upon the boiler-houses of their various undertakings with a view to bringing about possible economies by means of the installation of modern plant when available, and also by educating their engineering staffs in fuel efficiency.

Series of lectures by the Smoke Abatement Inspector are given in the Heriot-Watt College under the auspices of the Ministry of Fuel and Power, and certificates are awarded to those students who, on examination, attain satisfactory marks. Many firms encourage their boiler-house staffs to attend these lectures, and a few give increased remuneration to those who are successful in gaining the advanced certificate. This is to be commended and could be greatly extended, leading as it does to increased efficiency in the boiler-house, economy in fuel consumption and reduction in smoke emission. Lectures in the domestic and industrial aspects of the smoke problem have also been given to a number of interested Associations.

Legislation.

The powers of the Local Authority for dealing with excessive smoke emissions are contained in Section 148 of the Edinburgh Corporation Order, 1933. Observations of emissions are regularly made by the Sanitary Inspector, and when offences occur they are brought to the notice of the owners concerned, and visits are paid to the boiler-house and advice given to the stokers on the best methods of fuelling. When necessary, a recommendation is made to the Ministry of Fuel and Power for a change in the quality of fuel.

In England, the legal provisions are contained in the Public Health Act, 1936, and these enable bye-laws to be made. The National Smoke Abatement Society has made proposals for bye-laws for the guidance of Local Authorities for regulating—(1) construction and approval of new or altered boiler plant; (2) the maintenance and care of such installations; (3) the registration of fuel-burning installations; and (4) the registration of boiler and furnace firemen. These proposals, however, would require amended legislation in Scotland.

Future Action.

Meanwhile there are courses of action which may be recommended for adoption locally with a view to securing the co-operation of all parties concerned, as for example—

1. The introduction of new-type fireplaces in all new houses.
2. A recommendation that defective existing fireplaces should be replaced by the new type.
3. Advocating the use of smokeless fuel, including coke, in domestic fireplaces, central heating plants and smaller type industrial units.
4. The adoption of district heating schemes in suitable new housing areas.

5. Extended use of gas or electrical appliances.
6. Encouragement in the installation of mechanical stokers in the larger boilers.
7. More extended use of fuels of the anthracite and semi-anthracite types.
8. The adoption of smokeless methods in all Corporation undertakings.
9. The formation of smokeless zones, beginning with the central area—Princes Street, George Street, Queen Street and vicinity—and gradually extending outwards.
10. An approach should be made to the British Railways regarding the position at the main stations and Princes Street Gardens, as well as the nuisance at locomotive sheds.

Although legislation can be an effective means in securing smoke abatement, the major part in improvement has been, and can be achieved, by education, persuasion and co-operation. It is therefore of the utmost importance to gain the full support of those engaged in industry and commerce, as well as owners and occupiers of houses and buildings in an intensive campaign to make the air of Edinburgh clean.

St Margaret's Railway Works.

During the year the long-standing smoke nuisance from the marshalling yard at St Margaret's railway works was kept under special observation. Although the system of water sprays was in regular use and had resulted in a slight reduction in the degree of pollution of the atmosphere by grit and ashes, it was found that no substantial reduction in the amount of smoke emitted had taken place.

The matter was therefore taken up with the Railway Authorities with a view to (a) the introduction immediately of further measures of control over the amount of smoke and ashes released to the atmosphere, and (b) the eventual removal of the railway works from their present site.

The railway officials intimated that it was the intention of the Railway Executive eventually to construct, outside the residential areas of the City, one large marshalling yard where the majority of these operations would be centred. From an operational point of view, it was essential that this yard be situated on the east side of the City, and at the close of the year preliminary enquiries had been made by the Executive regarding the possibility of obtaining a suitable site.

New Legislation.

Under the proposed Edinburgh Corporation Order, powers are sought to regulate and control the installation of any furnace used for steam-raising or for any manufacturing or trade purpose. For some time opinion has been growing that a more logical and positive approach would be by the prevention, so far as practicable, of smoke; that is, by legislation that would be concerned not with smoke emission but with the conditions that result in smoke. The principle involved is similar to that of the building regulations which are to-day accepted as being essential to the public interest, and is, simply, that plans and specifications of all proposed new fuel-burning plant should be approved before installation.

Atmospheric Pollution Gauges.

From the reports submitted by the City Analyst, the Monthly Record of Total Solids, together with the Rainfall, for the year 1949 are shown in Appendix 5.

FACTORIES ACTS, 1937-1948.

The number of inspections of factories with power was 1,060 and of factories without power 237, a total of 1,297. Improvements under Part I—Health (General Provisions)—of the 1937 Act numbered 448, which included 121 in bakehouses. There were also 20 miscellaneous improvements and repairs.

The tabulated statement showing the prescribed particulars on the administration of the Factories Acts, which is prepared at the request of the Ministry of Labour and National Service, was completed and sent to that Department, as required by the Factories Act, 1937.

Detailed statements are shown in Appendices 6 and 7.

In addition to the improvements mentioned above, many adjustments were made to plans submitted to the Dean of Guild Court, although these improvements are not recorded.

Basement Bakehouses.

Section 54 of the 1937 Act requires local authorities to examine all basement bakehouses every five years as to their hygienic suitability, when they must give notice to the occupier that either the existing certificate of suitability should continue or that the certificate should cease to have effect. It is also provided that an occupier may appeal to a Court of Summary Jurisdiction if he receives notice that the certificate is to be terminated.

Another quinquennial period fell due during the year under review. There are 34 basement bakehouses in all and the necessary examinations were made, including visits to several bakehouses by a Sub-Committee of the Health Committee. After due consideration, the Health Committee resolved that in the case of six of the less satisfactory basement bakehouses the certificate of suitability should cease to have effect after the expiration of a period of two years from 4th November, 1949. The occupiers of these six bakehouses were given notice accordingly and two of them lodged appeals to the Sheriff Court. One of these appeals was subsequently abandoned and the other is pending. The occupiers of the remaining 28 bakehouses were notified that the certificate of suitability held by them should continue to operate.

It will be observed from the figures in the Appendix of the number of inspections and of defects remedied that the year has again been a busy one in this branch of the Department's activities.

SHOPS ACTS 1912-1938.

Shop inspections in order to ascertain if the provisions of the Shops Acts were being observed, totalled 1,419.

Contraventions.

Apart from those instances of failure to comply with the various provisions for the health and comfort of shop workers, there were several contraventions relating to neglect to exhibit prescribed notices and forms. There were very few cases observed of shopkeepers trading outwith the permitted hours, but three of them had to be prosecuted, two being for second offences. The total fines imposed for the three contraventions was £8, 10s.

Winter Closing Hours.

The Defence (General) Regulations, 1929, Regulations 60A and 60B remained in force, and the local authority again exercised the powers contained therein to amend the general hours of the Shops Act, 1928. The effect was that during the winter months the closing hour (with certain exceptions) was fixed at 7 p.m. for Saturday (the late day), and for the business of hairdresser and barber 7 p.m. each day. During the remainder of the year the general closing hours applied.

Christmas and New Year Periods.

There was no change in the closing hours. The Secretary of State did not exercise his powers under the 1928 Act to suspend the general closing hours during these periods as was done previous to 1939.

Arrangements for Health and Comfort.

Although circumstances do not yet permit of the carrying out of all improvements desired, nevertheless there is a substantial increase in the number of improvements effected. In addition, a considerable volume of work has been done in ice-cream premises, but this is referred to elsewhere in the report. Under this head more appeals than ever have been made by occupiers of shops to the Department to sponsor their applications for building licences to the Ministry of Works. This entails a thorough inspection of the shop premises and a more or less detailed specification of the work required to conform to modern standards. The results in most cases have been satisfactory to all concerned and are the means of having desirable improvements made. As mentioned in the part of the report devoted to factories, many adjustments were also made to plans of shops submitted to the Dean of Guild Court, although these improvements are not recorded.

Food Shops.

Although the number of reports requested by the Local Food Executive Officer about food shops which require a licence are less numerous than in former years, these reports are still called for from time to time. Some shops are found to be quite unsuitable, but others can be adapted for the sale of foodstuffs. In these latter cases, as well as in many others, guidance and advice are given by the Inspectors, and thus a satisfactory standard of hygiene is attained.

As formerly, food premises, including restaurants, cafes and bakehouses, have been regularly inspected in regard to their hygienic condition.



MODERN ICE-CREAM CAFE.

Above—Front shop showing screened counter.
Below—Service counter with stainless steel equipment.

The Working Party appointed to enquire into hygienic conditions in catering establishments heard evidence from Scottish local authorities. Another Working Party has been enquiring into the conditions affecting the preparation of meat-food products. Their reports are expected at an early date.

A detailed statement in connection with the administration of the Shops Acts is contained in Appendix 8.

ICE-CREAM PREMISES.

Mention was made in last year's report of the various improvements in premises and equipment which were then in progress and causing a transformation of the whole ice-cream trade. Guidance was given to occupiers in carrying out alterations to premises and in providing suitable equipment as required by the Ice-Cream (Scotland) Regulations, 1948.

A record has been kept of the improvements carried out during the year 1949 in 90 of the premises for which applications were received for registration. These alterations related to floors, walls, ceilings, lighting, ventilation, water supply, sanitary accommodation, the provision of metal sinks, sitting accommodation, building up of fireplaces, formation of new ice-cream manufacturing apartments and ancillary matters.

The modernisation of equipment has also taken place, including the installation of pasteurisers, homogenisers, coolers, conservators, refrigerators, the provision of glass screens around freezers, etc.

Photographs of premises illustrating the above improvements are shown on the opposite page.

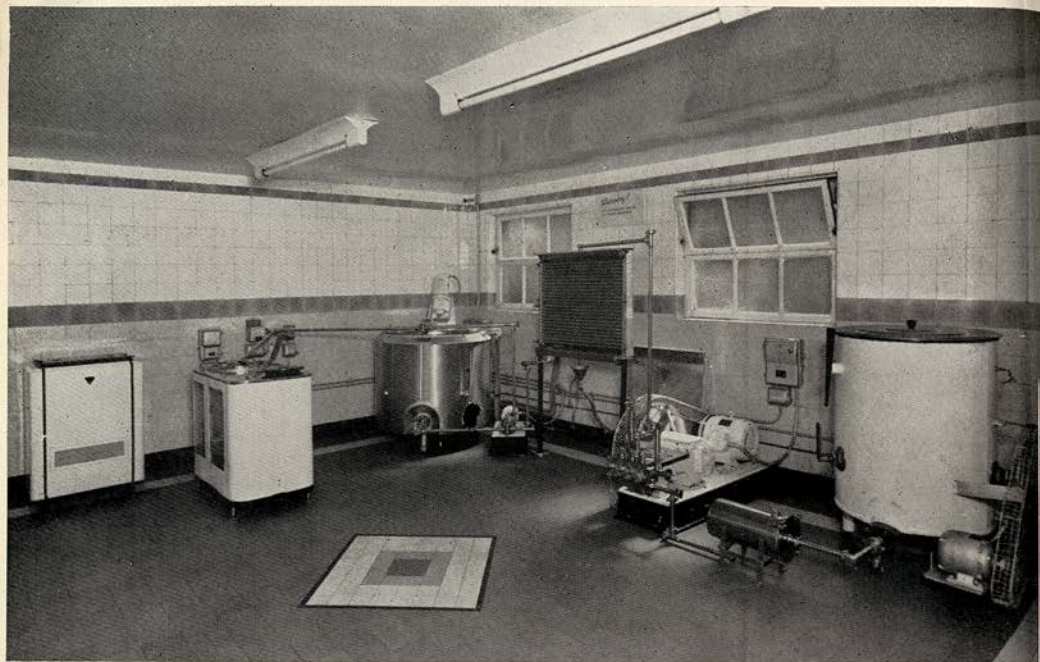
A detailed statement of these improvements during the past year is shown in Appendix 9.

A higher standard of vehicle for vending ice-cream is also required under the 1948 Regulations, necessitating glass screens, provision of hot water supply, clean towels, soap and nail-brush, as was indicated in last year's report.

SALE OF FOOD AND DRUGS ACTS, ETC.

During the year 1,017 samples of food and drugs were procured for analysis as to their nature, substance and quality or to ascertain the correctness of the claims made on the labels. Of these 359 were statutory or official samples and 658 were informal or test samples. Of the 359 statutory samples, which represented 64 different articles of food and drugs, Dr A. Scott Dodd, City Analyst, reported 15, or 4.18 per cent., as failing to comply with the legal requirements.

Milk.—It is generally recognised that milk is the finest all-round food included in the nation's diet. An unadulterated milk supply is, therefore, a matter of great importance to all sections of the community and becomes more so when each person's weekly allowance is restricted, as was the case for the greater part of the period under review. In order to ensure that the consumer was not deprived of any essential food value, the number of milk samples taken was greater than of any other article of food.



MAKING ICE-CREAM.

Above—Manufacturing room in spacious ice-cream premises.

Below—Manufacturing room in rear of small ice-cream shop.

The number of statutory samples taken was 201 and of these 192 were reported as genuine. Of the remaining 9 samples, 8 were found to be adulterated either by the abstraction of fat or the addition of water, or both, and one was shown by the freezing point (Hortvet) test to be naturally of poor quality.

The amount of extraneous water found in the adulterated samples varied from 2 to 46 per cent., and the deficiency in fat varied from 4 to 41 per cent. Including adulterated samples, the average fat and non-fatty solids content of samples was 3.65 per cent. and 8.72 per cent. respectively, which is much in excess of the presumptive standards of 3.00 per cent. and 8.50 per cent.

Court proceedings were taken against two producers, both of whom pleaded guilty, and fines totalling £20 were imposed.

A leaking milk cooler was blamed for the presence of added water in the milk by one of these producers. The other suggested that the animals may have been the causative factor for the poor quality of the milk, but subsequent "appeal to the cow" samples produced genuine milk of good quality.

In this latter case the sample was procured from a consignment of 117 gallons as it was being delivered to a retail dairy-keeper in the City and was reported to contain 3.32 per cent. fat and 8.16 per cent. non-fatty solids, showing an addition of at least 4 per cent. of added water. The freezing point (Hortvet) of the sample was -0.459°C . The farm was visited and the milking of the herd supervised at the evening and morning milkings. The sample taken from approximately 64 gallons produced at the evening milking contained 3.95 per cent. fat and 9.15 per cent. non-fatty solids, while the sample taken after the morning milking from approximately 68 gallons produced by the same cows contained 3.30 per cent. fat and 9.08 per cent. of non-fatty solids.

School Milk.—The milk supplied to the City schools under the Milk-in-Schools Scheme is of the "tuberculin tested," "tuberculin tested (pasteurised)" or "pasteurised" grades. Of 35 samples taken, either at the schools or at the distributors' premises, the average milk fat content was 3.67 per cent., a very satisfactory result.

MODERN RESTAURANT KITCHEN.

The photos opposite show a recently-constructed kitchen, ideally situated on top floor of building and in accordance with the latest hygienic practice. This includes tiled floor and walls, washable enamel-painted upper walls and ceiling, ample lighting and ventilation by cupolas as well as windows, separate apartments off kitchen for larder and for preparation of vegetables, refrigerators, metal bins for storage of foodstuffs, reinforced glass canopy with extract fan over cooking appliances, metal sinks with adequate hot water supply, and a wash-hand basin with hot and cold water supply, soap, nail-brush and towel.

A significant feature is the placing of the cooking equipment centrally on the floor and away from the walls, thus forming an "island" site or area around which free access is obtainable for thorough cleansing of floor, walls and equipment. In a room adjoining the kitchen there is provided modern dish-washing plant.



MODERN RESTAURANT KITCHEN.



MODERN RESTAURANT BAKERY.

Ice-Cream.—One hundred samples of this commodity were purchased from various manufacturers and vendors in the City and submitted to Dr A. Scott Dodd, the City Analyst, for chemical analysis. In addition, 19 samples were sent to Professor Mackie for bacteriological examination.

The chemical analysis showed a wide divergence in the quality of the ice-cream, the fat content varying from as low as 0·26 per cent. to as high as 12·14 per cent., with an average of 3·15 per cent. Sixteen of the samples had a fat content of under 1·00 per cent; 19 had more than 1·00 per cent. but less than 2·00 per cent.; and 24 had more than 2·00 per cent. but less than 3·00 per cent. The fat content of the remaining 41 varied from 3·00 per cent. to 12·14 per cent. While the average content of the samples is higher than in the previous year, it is disappointing to find 39 samples with less than 2·50 per cent.

The fat content of several of these samples fell far short of being worthy of the description of "ice-cream," and reflects unfavourably upon a trade in which the majority of traders have a very high reputation. Unfortunately, a small minority of vendors seem to be more concerned with how much they can gain from their available supply of raw materials than with the quality of the article, and this will continue as long as there is no legal standard of composition to which ice-cream must conform.

An advance was made in the direction of a chemical standard early in the year. It was announced on the 16th May that additional supplies of sugar and, in certain cases, fats would be made available by the Ministry of Food to ice-cream manufacturers who undertook to maintain a minimum fat content of 2·50 per cent. Local authorities were invited to co-operate in securing the observance of the undertakings but they were not empowered to take any action if the fat content was less than 2·50 per cent. The Department of Health for Scotland was supplied with reports on any samples of ice-cream where the fat was found to be less than 2·50 per cent. in order that the Ministry of Food may take any action deemed necessary.

MODERN RESTAURANT BAKERY.

The photos opposite show a modern bakery, with storage rooms entering off, constructed and fitted on hygienic lines. The floor and walls are tiled, the upper walls and ceiling are enamel-painted and washable; the windows are of a generous size, giving plenty of light and ventilation, and there is installed the latest type of gas ovens, which are easily cleaned. A reinforced glass canopy is constructed above the battery of ovens, and provided with an extra fan for removal of fumes. For flour, sugar and other necessary baking materials, sparred shelving and metal bins are provided. The shelving underneath tables and at bins is raised above floor level to facilitate cleansing, and the table legs are protected by metal feet. The lower panel of ovens is detachable so that the floor underneath ovens can be regularly cleaned.

Of the 19 samples of ice-cream submitted for bacteriological examination 4 had a plate count of more than 100,000 per c.c. and 6 had coliform organisms present in one hundredth of a c.c. There is no bacteriological standard of cleanliness prescribed for ice-cream, but where the results of the plate count and coliform tests were considered unsatisfactory the methods of manufacture and handling of the product were investigated and advice was given upon the hygienic precautions that should be taken in the manufacture, storage and sale of the commodity.

When it is considered that the samples this year were not taken from a cross section of the ice-cream manufactured in the City but from persons whose methods of production and handling were in the past unhygienic, the results can be considered satisfactory.

Mince.—Eight samples of mince were purchased from butchers' shops in the City, and one of these was reported to contain preservative contrary to the Public Health (Preservatives, etc., in Food) Regulations (Scotland). Legal action was taken against the offender, who pleaded guilty and was fined £1.

Sausages.—Fifteen samples of sausages of various descriptions were purchased for chemical examination. The City Analyst reported that 3 samples contained preservative within the limit specified by the Public Health (Preservatives, etc., in Food) Regulations (Scotland) and that the other 12 samples were entirely free from preservatives.

Two samples of beef sausages and one sample of pork sausages were, however, found to contain less than the specified minimum amount of meat. The deficiency in the meat content of the beef sausages was not serious, but the same could not be said of the pork sausages. The meat content of the latter was only 28 per cent. instead of the regulation 50 per cent. Legal proceedings were instituted against the butcher who sold the pork sausages. An agent, who pleaded guilty on her behalf, stated that the matter had arisen over a mistake in weight caused by using rusks of a heavier quality than normally used. The Sheriff imposed a fine of £10.

Whisky.—One sample of whisky was certified by the City Analyst to be deficient in alcoholic strength, being at least 39 degrees under proof, whereas it should have been not more than 35 degrees. Legal action was taken against the vendor, who pleaded guilty and was admonished.

Salad Dressing.—A sample of salad dressing was found on analysis to contain at least 10 per cent. of mineral oil contrary to the Mineral Oil in Food Order, 1949. This Order, which came into force on 9th April, prohibits the use of mineral oil in the composition or preparation of any article of food sold for human consumption. The vendor of the salad dressing, who was also the manufacturer, freely admitted that the commodity contained liquid paraffin but maintained that no warning was given by the Ministry of Food to give him time to clear stocks and that no salad dressing had been manufactured by him since he became aware of the Order. The Procurator-Fiscal reported the case fully to Crown Counsel, who instructed that no proceedings should be taken but that a warning would suffice. This was duly carried out by the Procurator-Fiscal.

The Fertilisers and Feeding Stuffs Act, 1926.—Inspections were made of premises throughout the City where fertilisers and feeding stuffs were prepared for sale or consignment, and seven samples of feeding stuffs and one sample of fertiliser were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. The samples were all of satisfactory composition.

The Merchandise Marks Act, 1926.—The Orders made under the Merchandise Marks Act require certain imported foodstuffs on exposure for sale to be clearly marked with an indication of their country of origin.

It was found on visiting business premises throughout the City that the shopkeepers generally were complying with the provisions detailed in the Orders.

A certain amount of dubiety was found to exist, however, as to whether raw tomatoes imported from the Channel Islands into the United Kingdom should be regarded as home-grown or otherwise. This uncertainty no doubt arose as a result of home-grown tomatoes being defined during the period 1946-1948 in a number of Price Control Orders made by the Ministry of Food as "tomatoes grown in the United Kingdom or the Channel Islands." These Orders have been revoked and the present position is that raw tomatoes from the Channel Islands must, in accordance with the provisions of the Merchandise Marks Act, 1926, and the Merchandise Marks (Imported Goods) No. 4 Order, 1929, be conspicuously marked "Guernsey," "Jersey," "Channel Islands" or with the word "Empire."

The Rag Flock Acts, 1911 and 1928.—Three statutory samples of rag flock were procured from bedding and rag flock manufacturers in the City and submitted for chemical analysis. The analysis showed that the standard of cleanliness in every instance was within the limit prescribed by the Rag Flock Regulations (Scotland), 1912. The amount of chlorine found in the three samples was 22.5, 28.4 and 28.4 parts respectively per 100,000 parts of flock, compared with the maximum of 30 parts of chlorine allowed by the Regulations.

Pharmacy and Poisons Act, 1933, and Pharmacy and Medicines Act, 1941.—The number of applications received from persons or firms desirous of being registered by the local authority was 369, and these were duly registered. The various premises were visited to see that the requirements of the Acts were being complied with.

MILK SUPERVISION.

During the year 735 samples were submitted to the Bacteriological Department of the University for examination and 532 were examined in the Laboratory at Johnston Terrace for keeping quality by the Methylene Blue (Hiscox) Test. There is a fall in the number of non-designated samples submitted to this test due to the marked decrease in the number of dairies in the City selling this milk. Throughout the year 16 small dairies previously receiving undesignated farm milk and bottling it on the premises were persuaded to obtain their supplies of milk already bottled from one of the creameries. These shops had, in many cases, poor facilities for washing and sterilising dairy equipment and in the warm weather samples were apt to give unsatisfactory bacteriological test results.

Under the Milk (Special Designations) Act, which came into force on 1st October 1949, areas in the country will be specified in which only designated milks are to be sold. This means that in these areas it will no longer be permissible to sell ordinary raw milk and that this milk will require to be pasteurised before being offered for sale. It is estimated at present that 3 per cent. of the milk sold in Edinburgh is non-designated.

In the summer months, which were exceptionally warm, very few complaints were received regarding the poor keeping quality of the milk. The number of complaints made by the public throughout the year was 51, which is slightly lower than the figure for the previous year. These were of a varied nature, but the majority were either of fragments of glass being found in bottles or regarding the dirty condition of the inside of milk bottles received by customers. In each case the matter was referred to the dairy concerned, where steps were taken to trace the source of the trouble and to prevent a recurrence. It appears, unfortunately, that as long as glass bottles are used as containers for milk there will be instances of this trouble occasionally.

At each of the four creameries new plant has been installed and alterations are still in progress. By the end of 1950 these should be completed.

Samples of the undesignated milk sold in the City were taken at regular intervals and submitted to the animal inoculation test for the presence of tubercle bacilli. It is extremely satisfactory to note that every sample gave a negative result to this very important test.

PORT SANITARY INSPECTION.

Shipping Arrivals.—Vessels which arrived at Leith Docks and Granton Harbour from foreign ports numbered 919, representing 569,904 tons, while vessels which arrived from home ports numbered 3,323, representing 544,186 tons. Foreign fishing vessels numbered 107, representing 7,550 tons, while British fishing vessels numbered 2,156, representing 218,377 tons.

The total number of ships, including steamers, motor and sailing vessels, which entered the Port Sanitary District from home and foreign ports was 6,505, with a total tonnage of 1,341,017 tons.

Sanitation.—Under the Public Health (Scotland) Act, 1897, it is the duty of the local authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions on board ships lying within this district. In giving effect to this requirement the boarding, inspection and re-inspection of vessels entailed 2,014 visits, and the insanitary conditions dealt with totalled 1,662, necessitating 32 written and 612 verbal intimations, the service of 3 notices and 1,056 copies of regulations. In the course of inspections many matters of an insanitary nature came under observation viz. ; 307 floors, tables and decks were found in a dirty condition ; 440 bunks and bedding were dirty and verminous ; 201 dirty food lockers were discovered, and exception had to be taken to dirty partitions and ceilings in 113 cases ; whilst 245 foul and choked closets, latrines, wash-basins and scuppers were dealt with. These and other insanitary matters

were brought to the notice of the Masters of the vessels concerned for their attention.

In October 1948 a Survey of Dock Amenities and Social Welfare was carried out by the National Dock Labour Board, and this Department was asked to co-operate with them in this work with regard to sanitary arrangements.

The past year has seen the introduction of some of the requirements of that survey. Three new lavatory buildings, each sufficient to serve the labour force working in the vicinity of each location, have been completed. These structures include a sink for washing and more modern and hygienic drinking facilities.

Water.—The water supplied to the ships is identical to that of the City and is delivered by hydrants situated on the dock-side. The drinking water on board ship is generally found to be satisfactory and the importance of having a pure and plentiful supply is fully appreciated.

Rat Destruction.—The total number of certificates granted during the year to Masters of vessels was 125, of which 113 were exemption certificates. The total fees collected for these certificates was £176, 18s. 6d. In 12 cases it was necessary to request fumigation measures to be undertaken for the destruction of rats. The total number of rats killed on board ships in port and on quays and wharves was 984. Rat destruction methods were undertaken in the dock area by the Dock Commission staff, and during the year 15,000 poison baits were laid in addition to continuous trapping.

During the past year bagged grain has been stored in sheds which were not originally constructed for this purpose and so were open to rat infestation. This has necessitated constant supervision, trapping, baiting, and demanded much extra work from the Dock Commission staff.

Cleansing.—The Dock Commission continued to maintain a very high standard of cleanliness, the roads, wharves, sheds and sanitary conveniences being regularly attended to throughout the area.

In the execution of the duties of the Port Sanitary Department much valuable assistance has been received from H.M. Collector of Customs, the Leith Dock Commission, the Granton Harbour Official, the Board of Trade and the various shipping companies and agents to whom this opportunity is taken of expressing my thanks for their esteemed co-operation.

Appendices 12 and 13 contain a detailed statement of the Port sanitary work.

PROSECUTIONS.

In connection with the administration of the Acts, Orders, Regulations and Bye-laws relating to the work of the various sections of the Department it was necessary to institute legal proceedings in 15 cases. The total fines imposed amounted to £45, 10s. Details of these prosecutions are given in Appendix 14.

I am, My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

JAMES F. ANDERSON, M.R.San.I., M.R.S.A.(Scot.),
Chief Sanitary Inspector.

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1949.

NUISANCES ABATED AND SANITARY IMPROVEMENTS

WARDS

NATURE OF NUISANCE

Water-Closets :—

Water-closets introduced ...
New apparatus substituted ...
Improved or repaired ...
Water-closets and sinks in a filthy condition ...
Water-closets and sinks cleaned ...
Choked water-closets cleared ...
New water-closet apartments provided ...
Sinks, Tubs and Wash-hand Basins :—
Sinks introduced ...
Insanitary sinks abolished ...
Earthenware sinks and tubs introduced ...
Repairs (woodwork, etc.) ...
Choked sinks, wash-tubs, etc., cleared ...
Wash-hand basins renewed or introduced ...

Drains :—

Choked drains cleared ...
Choked surface traps cleared ...
Drains repaired or renewed ...
Soil pipes repaired or renewed ...
Rain water conductors repaired or renewed ...
Sinks, etc., waste pipes repaired or renewed ...

Water Supply :—

Cisterns found dirty ...
Cisterns found without covers ...
Cisterns renewed or repaired ...
Water pipes repaired ...
Houses temporarily without water supply due to burst pipes, etc.

Repairs to Houses :—

Floors, hearths, doors, walls, etc., repaired ...
Windows and skylights repaired ...
Coal bunkers repaired or provided ...
Grates or ranges repaired or substituted ...
Wall and ceiling plaster repaired ...
Defective roofs repaired ...
Boiler of kitchen range renewed ...

TOTALS

St Giles

11 7 2 1 1 1 1 1 2

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1949—continued.

	WARDS																							TOTALS
	St Giles	Holyrood	George Square	Newington	Liberton	Morningside	Merchiston	Colinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/Cramond	Pilton	St Bernard's	St Andrews	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentanny	Portobello	Craigmillar	
NATURE OF NUISANCE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Nuisances in Houses :—																								
Floors, bedding, etc., of houses in a dirty condition and cleansed by tenants	15	8	7	1	...	2	2	4	2	3	...	1	7	1	3	1	6	13	7	4	14	7	2	
Nuisances due to bad smells in dwelling-houses and shops due to escapes of gas, dead vermin, etc.	21	2	11	8	6	11	8	4	5	7	4	2	1	7	6	11	4	4	14	5	8	6	1	
Smoke in houses due to foul or defective vents	34	23	18	6	3	11	8	2	5	20	...	1	1	6	8	14	7	6	17	16	4	4	...	
Damp houses remedied or abated	18	20	15	1	9	7	3	11	6	11	...	...	...	7	4	4	7	22	29	5	5	10	6
Overcrowded families removed to Corporation houses	143	161	32	30	12	18	24	17	22	121	11	7	17	36	74	41	67	62	103	75	41	60	37	
Houses and shops flooded from defects on flat above	9	9	4	1	...	...	1	...	...	2	1	...	...	...	3	1	2	3	5	...	...	...	41
Animals or birds kept in or in close proximity to dwellings	6	3	5	...	1	1	3	2	3	11	2	...	9	1	4	4	...	3	...	1	3	2	1	
Houses distempered, papered or painted by tenants	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	65
Houses distempered, papered or painted by owners	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Stairs, Passages, etc. :—																								
Staircases painted	150	143	87	28	...	52	70	7	16	212	5	1	70	35	68	82	79	96	105	77	41	47	...	
Stairs and passages in a dirty condition and cleansed by tenants	72	45	34	18	1	19	14	...	9	46	3	...	56	17	24	33	38	17	36	20	18	9	...	
Dogs and cats committing nuisance in common stairs and back greens	13	14	9	3	2	11	8	2	5	18	2	...	8	4	5	9	6	7	4	6	7	...	...
General :—																								
Premises infested by rats	44	13	27	11	18	14	12	32	33	22	20	12	7	22	47	19	10	45	43	30	25	57	28	
Premises infested by bugs, fleas, beetles, etc.	122	93	30	6	3	7	17	8	6	116	5	4	25	21	73	11	40	24	93	52	14	35	521	
Accumulations of rubbish, garbage and filth removed from areas, roofs, cellars and vacant houses	240	174	76	5	2	4	27	6	5	118	6	1	8	69	371	186	202	517	1846	1026	573	12	3877	
Accumulations of manure near dwellings	1	...	3	...	...	1	...	...	...	...	1	1	...	1	...	1	...	3	...	...	...	...	...
Disused cellars cleaned and closed	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
Tenants casting garbage over windows	22	6	22	7	...	9	7	3	3	8	5	...	2	7	8	10	4	4	2	3	5	1	...	
Strutting of courts repaired or renewed	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Noise nuisances	6	8	6	7	...	4	1	1	1	6	3	...	4	...	...	...	...	...	...	...	...	...	...
Miscellaneous nuisances	32	19	35	19	9	25	16	10	11	26	11	3	4	18	12	17	3	32	29	13	20	14	420	
TOTALS	1257	936	511	183	120	237	271	145	166	845	100	43	247	306	836	527	640	926	254	478	804	351	4084	

RECORD OF INSPECTIONS CARRIED OUT BY SANITARY
DEPARTMENT.

Number of visits to :—

[illegible]

APPENDIX 3.

NOTICES.

Intimations of existence of nuisance served	493
Notices to remove nuisances served at the instance of the Local Authority ...	91
Intimations served in connection with the renewal of sinks and water-closets ...	35
Notices served in connection with the renewal of sinks and water closets ...	9
Notices delivered cautioning persons against casting garbage over windows ...	741
Notices served on occupiers failing to take due rotation of stair-washing and sweeping	162
Notices served for the cleaning of dirty areas, cellars, etc.	146
Notices served in connection with the painting of common staircases	6,479
Notices served in connection with the cleansing of water cisterns	113
Total	<u>8,269</u>

SUMMARY.

Complaints by citizens	3,364
Complaints by other departments	77
Nuisances discovered and reported by District Inspectors	14,090
Total nuisances dealt with by Department	<u>17,531</u>

APPENDIX 4.

COMMON LODGING-HOUSES.

WARD	ADDRESS	ACCOMMODATION	
		Males	Females
EDINBURGH			
1	75 Grassmarket	374	—
1	89 Grassmarket	110	—
1	3 Guthrie Street	332	—
1	1 Pleasance	177	—
1	85 West Port	78	—
1	17 James Court	—	34
1	3 Merchant Street	—	73
1	5 and 7 Vennel	—	119
LEITH			
19	5 Parliament Street	180	—
19	57 Tolbooth Wynd	128	—
Totals		1,379	226

FARMED-OUT HOUSES.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	18 Blackfriars Street	15	46
1	32 West Port (top flat)	14	20
	Totals	29	66

HOUSES-LET-IN-LODGINGS.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	1 and 3 Blair Street	1	114
16	38 Broughton Street	1	23
1	72 Grove Street	1	164
3	31 Clerk Street	1	16
	Totals	4	317

APPENDIX 5.

ATMOSPHERIC POLLUTION—MONTHLY RECORD OF DEPOSITS
1949.

Month	Station	Rainfall in Inches	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Total Solids
January ...	1. Seafield	1.90	7.28	4.94	12.22
	2. Astley Ainslie Institute ...	2.95	4.29	5.57	9.86
	3. Public Health Chambers	2.09	15.71	4.47	20.18
	4. Glencorse	3.43	0.51	5.54	6.05
February	1. Seafield	0.94	6.71	4.23	10.94
	2. Astley Ainslie Institute ...	2.05	2.91	5.33	8.24
	3. Public Health Chambers	1.25	18.59	5.42	24.01
	4. Glencorse	2.85	0.27	6.43	6.70
March ...	1. Seafield	0.92	4.17	5.62	9.79
	2. Astley Ainslie Institute ...	1.15	4.95	3.60	8.55
	3. Public Health Chambers	0.74	7.08	3.39	10.47
	4. Glencorse	1.33	0.96	5.78	6.74
April ...	1. Seafield	0.75	6.33	2.74	9.07
	2. Astley Ainslie Institute ...	1.03	4.26	2.28	6.54
	3. Public Health Chambers	0.72	38.53	3.62	42.15
	4. Glencorse	2.99	1.85	6.19	8.04
May ...	1. Seafield	1.48	3.35	5.38	8.73
	2. Astley Ainslie Institute ...	2.73	1.87	4.43	6.30
	3. Public Health Chambers	1.99	3.22	5.28	8.50
	4. Glencorse	3.41	1.61	5.51	7.12
June ...	1. Seafield	1.06	13.07	3.39	16.46
	2. Astley Ainslie Institute ...	1.27	6.16	5.85	12.01
	3. Public Health Chambers	0.98	32.67	3.05	35.72
	4. Glencorse	1.22	2.29	3.90	6.19
July ...	1. Seafield	2.61	12.26	7.25	19.51
	2. Astley Ainslie Institute ...	3.22	11.18	9.24	20.42
	3. Public Health Chambers	2.85	5.68	5.15	10.83
	4. Glencorse	3.15	2.74	5.68	8.42
August ...	1. Seafield	3.10	5.59	4.16	9.75
	2. Astley Ainslie Institute ...	3.56	3.67	4.50	8.16
	3. Public Health Chambers	3.31	21.03	6.09	27.12
	4. Glencorse	3.32	1.33	3.63	4.96
September	1. Seafield	1.49	5.49	4.06	9.55
	2. Astley Ainslie Institute ...	2.52	6.58	4.74	11.59
	3. Public Health Chambers*	...	...	...	...
	4. Glencorse	2.34	1.40	4.11	5.51
October ...	1. Seafield	4.53	5.18	17.00	22.18
	2. Astley Ainslie Institute ...	4.65	6.09	14.81	20.90
	3. Public Health Chambers*	...	...	...	...
	4. Glencorse	3.25	1.67	4.14	5.81
November	1. Seafield	2.08	3.86	4.84	8.70
	2. Astley Ainslie Institute ...	3.68	3.29	7.40	10.69
	3. Public Health Chambers*	...	...	...	...
	4. Glencorse	3.26	0.99	3.80	4.80
December	1. Seafield	3.50	6.53	17.71	24.24
	2. Astley Ainslie Institute ...	3.96	3.63	8.48	12.11
	3. Public Health Chambers*	...	...	...	...
	4. Glencorse	6.44	1.50	21.39	22.89

* Instrument out of order.

APPENDIX 6.

FACTORIES ACTS, 1937 and 1948.

Prescribed particulars on the administration of the Acts

(Form No. 573).

1. Inspections.

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	480	235	10	...
(ii) Factories not included in (i) to which Section 7 is enforced by the Local Authority	2,127	1,051	59	...
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	19	11	...	...
Total	2,626	1,297	69	...

2. Defects Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1) ...	184	116	...	8	...
Overcrowding (S.2) ... ..	...	...	...	...	...
Unreasonable temperature (S.3)	1	1	...	1	...
Inadequate ventilation (S.4) ...	3	4	...	2	...
Ineffective drainage of floors (S.6)	...	...	...	...	...
Sanitary conveniences (S.7)—					
(a) insufficient	24	24	...	11	...
(b) unsuitable or defective ...	275	303	...	107	...
(c) not separate for sexes ...	1	...	...	1	...
Other offences (not including offences relating to homework)	29	20	1	2	...
Total	517	468	1	132	...

3. Outwork (Sections 110 and 111).

Number of outworkers in August lists (*i.e.*, these residing in Edinburgh) 24

Nature of work :—

(1) Making wearing apparel	6
(2) Household Linen	1
(3) Nets, other than wire nets	17

APPENDIX 7.

FACTORIES ACTS, 1937 AND 1948—STATEMENT FOR 1949.

1. INSPECTIONS MADE 1,297

2. DEFECTS REMEDIED. HEALTH (GENERAL PROVISIONS) :—

Cleanliness—

Accumulations of dirt and refuse removed	10
Floors cleaned	25
Walls and ceilings cleansed (whitewashing, colourwashing, painting, varnishing or washing down)	81

Temperature—

Number of thermometers provided in workrooms	1
---	---

Ventilation—

Number of cases remedied where adequate ventilation was not maintained	4
---	---

Sanitary Conveniences—

Absence of sanitary accommodation ; water closets introduced	7
Additional water closets introduced	14
Urinals introduced	3
New apartments constructed or reconstructed	15
W.C. or urinal removed to more sanitary situation	2
W.C. or urinal substituted	10
W.C. provided in lieu of privy	5
Intervening ventilated spaces provided	31
Separate and screened approaches provided	4
Notices provided indicating convenience for each sex	11
Lighting (natural) provided or improved	5
Lighting (artificial) provided	49
Ventilation provided or improved	8
Walls and ceilings found dirty and limewashed, etc.	77
Floors found dirty and cleaned	27
Appliances found dirty and cleaned	31
Choked water closets cleared	2
Repairs to appliances, roofs, floors, walls, ceilings, doors, windows, etc.	26
	448

Miscellaneous—

Sinks or washhand basins introduced or substituted	7
Appliances repaired	2
Main Water supply introduced	1
Hot water supply introduced	1
Nuisances removed	2
General repairs to roofs, walls, ceilings, floors, windows, etc.	7
	20

Total 468

Bakehouses (defects in Bakehouses included in above statement)—

Walls and ceilings of bakehouses — limewashed, painted, varnished or washed down	44
Storerooms limewashed, painted or washed down	22
Water-closet apartments or cloakrooms painted or washed down	23
Floors of bakehouses and storerooms cleaned	10
Floors of cloakrooms and water-closet apartments cleaned	5
Stair steps and passages, etc., cleaned	2
Windows cleaned	1
Sanitary appliances found dirty and cleaned	2
Accumulations of dirt and refuse removed	2
Bakehouse tables and utensils cleaned	2
Shelving, cupboards, racks, etc., cleaned	4
Baking machines and steam presses cleaned	2
Insect pests exterminated	1
Rats and mice infestation—nuisance abated	1

Total 121

APPENDIX 8.

SHOPS ACTS, 1912-1938—STATEMENT FOR 1949.

INSPECTIONS MADE :—

Retail Shops, Wholesale Shops and Warehouses	1,419
Number of evenings on duty to check observance of Evening Closing Orders	17
Number of Saturday afternoons on duty to check observance of Weekly Half-holiday Orders	7

CONTRAVENTIONS REGARDING HOURS OF EMPLOYMENT, CLOSING ORDERS, ETC. :—

Weekly Half-holiday for Assistants	1
Failure to observe Half-holiday Orders and Closing for Weekly half-holiday	14
Failure to observe Evening Closing Orders or General Closing Hours	4

NOTICES, ETC.

Failure to affix Form <i>re</i> Assistants' Half-holiday (1912 Act)	15
Failure to affix Form <i>re</i> Hours of Employment, etc. (1913 Act)	2
Failure to affix Abstract of Act <i>re</i> hours of employment, etc.	6
Failure to keep Record of actual hours worked and intervals allowed	3
Failure to affix Notice <i>re</i> seats for female shop assistants	7
Failure to display Notice where shop is open for the carrying on of a certain Trade or Business (<i>i.e.</i> , Mixed Shops)	14

HEALTH AND COMFORT PROVISIONS :—

Ventilation—Improvements effected	5
Lighting—Improvements effected	1
Heating—Means provided or Improvements effected	8
Seats for female assistants provided—Number of instances	2

WASHING FACILITIES :—

Water supply introduced	3
Main water supply provided	8
Sinks or wash-hand basins introduced	32
Earthenware sinks substituted	5
Sinks removed to more sanitary situation	3
Hot water supply provided	20
Repairs to appliances	10

SANITARY ACCOMMODATION :—

Water-closets introduced	8
New water-closet apartments constructed or re-constructed	11
Water-closets substituted (or replacements)	3
Water-closets removed to more sanitary situation	2
Separate sanitary accommodation provided for sexes	2
Intervening ventilated spaces provided	23
Lighting and/or ventilation provided or improved	26
Repairs to appliances, walls, ceilings, floors, windows, etc.	34
Dirty water-closets : cleansed or limewashed	11

Miscellaneous repairs, etc., in shops 23

CLEANLINESS :—

Dirty walls and ceilings—painted or limewashed	37
Dirty floors, etc.	19
Accumulations of refuse removed	22
Other nuisances remedied	7

Intimations served under Shops Acts	15
Notices served under Shops Acts	1
Letters sent under Shops Acts	20

PROSECUTIONS :—

(a) Convictions	3
(b) Fines imposed (total)	£8 10

APPENDIX 9.

ICE-CREAM (SCOTLAND) REGULATIONS, 1948.

Alterations and Improvements on Ice-Cream Premises during 1949.

ITEM	ALTERATIONS AND IMPROVEMENTS	
<i>New Apartments, etc.</i> ...	Ice-cream manufacturing apartments formed ...	19
	Partitions erected ...	13
	Partitions removed ...	4
	Fireplaces bricked up ...	22
	Doors sealed up ...	2
	Food storage compartments formed ...	7
	Cloakrooms or lockers provided ...	4
<i>Walls</i> ...	Constructed ...	4
	Replastered ...	25
	Tiled ...	9
	Repaired ...	15
<i>Floors</i> ...	New floors of impervious material ...	38
	Repaired ...	6
<i>Ceilings</i> ...	Renewed ...	13
	Repaired ...	10
<i>Lighting</i> ...	New Lighting installed ...	31
	New windows ...	4
	Windows improved ...	8
<i>Ventilation</i> ...	Provided ...	10
	Improved ...	14
<i>Heating</i> ...	Installed ...	10
<i>Water Supply</i> ...	"Main" water installed ...	5
	Electric or gas water-heaters ...	26
	Solid fuel steam boilers ...	6
<i>Water-Closet Accommodation</i> ...	New apartments ...	16
	Insanitary water-closets removed ...	2
	Intervening ventilated spaces provided ...	17
<i>Sinks</i> ...	Metal sinks provided ...	51
	Fireclay sinks provided ...	24
<i>Wash-hand Basins</i> ...	Wash-hand basins provided ...	5
<i>Drainage</i> ...	Renewed ...	2
	Improved ...	6
<i>Refuse Disposal</i> ...	Fly-proof bins provided ...	20
	Improved ...	14
<i>Sitting Accommodation</i> ...	New plastic surface tables installed ...	5
<i>Painter Work</i> ...	Walls painted ...	67
	Ceilings painted ...	43
	TOTAL ...	577
<i>Equipment</i> ...	Pasteurisers ...	32
	Homogenisers ...	3
	Coolers ...	31
	Combined pasteurisers and coolers ...	8
	Ageing vessels ...	5
	Refrigerators ...	20
	Freezers ...	11
	Freezers screened ...	28
	Storage bins for ingredients ...	29
	Sterilising chests—steam ...	6
	TOTAL ...	173

(Note.—The above statement details the work carried out in 90 manufacturing premises for which applications were received.)

APPENDIX 10.

MILK TESTING SCHEME.

Number of Samples taken for Bacteriological Examination.

Certified ...	72
Tuberculin Tested (Bulk) ...	109
Tuberculin Tested (Bottled) ...	53
Tuberculin Tested (Schools) ...	29
Tuberculin Tested (Pasteurised) ...	63
Tuberculin Tested (Pasteurised—Schools) ...	62
Pasteurised (Bottled) ...	158
Pasteurised (Schools) ...	33
Heat-treated (Bottles) ...	28
Miscellaneous ...	27
Biological (negative, 65 ; inconclusive, 2) ...	67
Sterility Tests (on Bottles and Milk Cans) ...	34
Total ...	735

Number of Samples Examined for Keeping Quality.

532 Methylene Blue Tests were carried out at Johnston Terrace.

METHYLENE BLUE (HISCOX) TESTS :

Non-designated ...	332
Tuberculin Tested (Bulk) ...	113
Certified and Tuberculin Tested (Bottled) ...	3
Pasteurised (Bulk) ...	46
Pasteurised (Bottled) ...	10
Heat-treated ...	2

METHYLENE BLUE REDUCTASE :

Non-designated ...	26
Total ...	532

APPENDIX 11.

SUMMARY OF RESULTS.
Tuberculin Tested Pasteurised, Pasteurised and Heat-treated Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	CLASSIFICATION OF FAILURES							
			Plate Count	Coli-form	Phosphatase	Methylene Blue	Count and Coli-form	Coli-form and Phosphatase	Phosphatase and Methylene Blue	Count, Coli-form and Phosphatase
(1) T.T. Pasteurised	63	52	4	3	1	...	1	...	...	1
(2) T.T. Pasteurised (School)	62	43	2	9	6	...	...	...	...	...
Pasteurised	158	129	...	11	4	1	...	...	1	...
Pasteurised (School)	33	28	...	5	...	...	...	...	...	...
Heat-treated	28	20	...	...	3	4	...	...	1	...

Certified and Tuberculin Tested Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	CLASSIFICATION OF FAILURES		
			Plate Count	Coliform	Plate Count and Coliform
Certified	72	55	1	10	6
T.T. (Bulk)	109	90	7	8	4
T.T. (Bottled)	53	40	3	5	5
T.T. (Schools)	29	9	...	11	9

APPENDIX 12.

PORT SANITARY INSPECTION.

Annual Statement—Year 1949.

Ships boarded and inspected	...	...	...	...	...	1,056
Re-visits made	...	...	...	...	...	958
Nuisances discovered	...	...	...	...	...	1,662
Communications written	...	...	...	...	...	32
Notices served	...	...	...	...	...	3
Verbal warnings	...	...	...	...	...	612
Ships fumigated or otherwise treated for vermin by owners	...	...	...	...	...	42
Fumigation Certificates granted	...	...	...	...	...	14
Deratisation Certificates granted	...	...	...	...	...	12
Deratisation Exemption Certificates granted	...	...	...	...	...	113
Local fumigation certificate granted	...	...	...	...	...	2
Rats exterminated	...	...	...	...	...	984
Ships provided with rat guards	...	...	...	...	...	1,039
Notices of regulations served upon Masters or Officers in charge	...	...	...	...	...	1,056
Rats submitted for bacteriological examination	...	...	...	...	...	12
Found negative	...	...	...	...	...	12
Rat destructive measures in Dock area—Baits laid	...	...	...	...	...	15,000
Fees collected	...	...	...	...	...	£176 18 6

Nuisances Discovered.

Dirty floors, tables, decks, etc.	...	...	...	...	...	307
Dirty bunks and bedding	...	...	...	...	...	440
Dirty partitions and ceilings	...	...	...	...	...	113
Dirty lockers	...	...	...	...	...	201
Foul closets and latrines	...	...	...	...	...	57
Foul wash basins	...	...	...	...	...	29
Foul sinks	...	...	...	...	...	23
Foul baths	...	...	...	...	...	12
Choked scuppers	...	...	...	...	...	27
Choked and defective latrines	...	...	...	...	...	25
Choked and defective sinks and basins	...	...	...	...	...	72
Accumulations of garbage, refuse, etc.	...	...	...	...	...	56
Dirty fresh water tanks	...	...	...	...	...	15
Dirty and offensive bilges	...	...	...	...	...	83
Dirty galleys, food stores, pantries, etc.	...	...	...	...	...	41
Dirty wash places	...	...	...	...	...	44
Dampness in quarters	...	...	...	...	...	6
Insufficient light and ventilation	...	...	...	...	...	9
Ships without rat guards	...	...	...	...	...	17
Presence of rats and mice	...	...	...	...	...	18
Presence of cockroaches and beetles	...	...	...	...	...	15
Presence of bugs and fleas	...	...	...	...	...	9
Miscellaneous	...	...	...	...	...	43
Total	...	...	...	...	...	1,662

APPENDIX 13.

PORT SANITARY REGULATIONS—1933 to 1945.

Edinburgh Port Health District.

1. Amount of shipping entering the Port in 1949 :—

	Number	Tonnage
(1) Foreign	919	569,904
(2) Coastwise	3,323	544,186
(3) Total	4,242	1,114,090

2. Total number of vessels subjected to measures of rat destruction.

“ A ”

No. of Vessels subjected to measures of Rat destruction	On Ships		On Shore		No. of Rats found Infected with Plague	
	*No. of Dead Rats recovered	No. of Rats examined bacteriologically	*No. of Rats destroyed (other than on Ships)	No. of Rats examined bacteriologically	On Ships	On Shore
16	343	Nil.	641	12	Nil.	Nil.

*State species of rats recovered (a) On Ships :—Black and Brown.

(b) On Shore :—Brown.

“ B ”

No. of Vessels fumigated by S.O.2	No. of Dead Rats recovered	No. of Vessels fumigated by H.C.N.	No. of Dead Rats recovered	No. of Vessels in which poisoning, etc., was employed	No. of Dead Rats recovered	No. of Deratisation Certificates Issued	No. of Deratisation Exemption Certificates Issued
Nil.	Nil.	12	311	4	32	12	113

3. Number of vessels (included in (2) above) deratised before discharge of cargo :—

Nil.....Total.

APPENDIX 13—continued.

“ C ”

PRECAUTIONS AGAINST PLAGUE.

Particulars relating to vessels, infected or suspected or from infected ports.

Date of Arrivals 1949	Whether infected, suspected, or from infected ports	Methods of Rat Destruction			No. of Rats killed	Whether a Certificate of Deratisation granted	Remarks
		S.O.2	H.C.N.	Traps			
Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.

No plague “ infected ” or “ suspected ” vessel or vessel from infected port arrived during the year.

“ D ”

Vessels other than those dealt with in Form “ C ” subjected to measures of rat destruction.

No. of Vessels fumigated by S.O.2	No. of Rats killed	No. of Vessels fumigated by H.C.N.	No. of Rats killed	No. of Vessels on which trapping or poisoning was employed	No. of Rats killed	No. of International Deratisation Certificates issued	No. of Exemption Certificates issued	Remarks
Nil.	Nil.	12	311	4	32	12	113	Ropes and hawsers rat guarded.

APPENDIX 14.

Reports of Prosecutions instituted by the Sanitary Department during the year ended 31st December, 1949

No.	Nature of Contravention	Act Contravened	Court Where Tried	Result
1	Adulteration of Sweet Milk ...	Food and Drugs (Adulteration) Act, 1928— Sections 2 and 16.	Sheriff ...	£5 Fine.
2	Do ...	Do.	Case withdrawn by because no contract pleted by the producer, nor had he been advised by the Scottish Milk Marketing Board by registered letter of the terms and conditions under which milk is sold.	Procurator - Fiscal
3	Failure to comply with a Notice requesting the removal of a nuisance caused by various defects in dwelling-house.	Public Health (Scotland) Act, 1897— Section 20	Burgh ...	£1 Fine.
4	Failure to clean Common Stair ...	Bye-laws for Cleansing of Common Stairs	Do. ...	£1 Fine.
5	Adulteration of Sweet Milk ...	Food and Drugs (Adulteration) Act, 1928— Sections 2 and 16.	Sheriff ...	£15 Fine.
6	Deficiency of Meat in Pork Sausages ...	Food and Drugs (Adulteration) Act, 1928— Section 2.	Do. ...	£10 Fine.
7	Failure to comply with a Notice requesting removal of a quantity of manure.	Edinburgh Corporation Order, 1933— Section 116.	Burgh ...	£2 Fine.
8	Do.	Do.	Do. ...	£2 Fine.
9	Do.	Do.	Do. ...	Not proven.

APPENDIX 14—continued.

Reports of Prosecutions instituted by the Sanitary Department during the year ended 31st December, 1949—continued.

No.	Nature of Contravention	Act Contravened	Court Where Tried	Result
10	Sale of Fruit after closing hours ...	Shops (Hours of Closing) Act, 1928— as amended.	Sheriff ...	£5 Fine.
11	Mineral Oil in Salad Dressing ...	Mineral Oil in Food Order, 1949, Article 2 (Para. 1 (b)).	Crown Council instructed that a warn- ing only be given. This was duly carried out by the Procurator-Fiscal.	10/- Fine.
12	Failure to observe Half-Holiday Closing ...	Edinburgh Fish Friers (Shops Act) Order, 1946.	Sheriff ...	Admonished.
13	Adulteration of Whisky ...	Food and Drugs (Adulteration) Act, 1928— Section 2.	Do. ...	£3 Fine.
14	Sale of Fruit after closing hours ...	Shops (Hours of Closing) Act, 1928— as amended.	Do. ...	£1 Fine.
15	Preservative in Mince ...	Food and Drugs (Adulteration) Act, 1928— Section 2 (4), and Public Health (Preser- vatives, etc., in Food) Regulations (Scot- land), Section 4.	Do. ...	

VETERINARY DEPARTMENT

REPORT BY THE VETERINARY INSPECTOR.

MILK AND DAIRIES.

Milk and Dairies (Scotland) Act, 1914.—During the year 704 visits of inspection were paid to dairies in the City registered under the Milk and Dairies (Scotland) Act, 1914, for the purpose of supervising the cleanliness of the dairy premises and the methods of milk production.

The Veterinary Inspector also visited 8 dairy herds during the year and carried out clinical inspection of the cows on behalf of the Ministry of Agriculture and Fisheries.

At December 1949 there were 28 registered dairy herds within the City boundary. The average number of cows in those herds was 1,000. One certificate of registration was cancelled and one granted during the year.

Eight cows on registered dairy premises which were found to be suffering from tuberculosis within the meaning of the Tuberculosis Order of 1938 were slaughtered.

Cattlesheds in Burghs (Scotland) Act, 1866.—In addition to the visits paid under the Milk and Dairies (Scotland) Act, 1914, already referred to, twice-yearly visits were also paid by the Veterinary Inspector to 26 premises which were exempt from the Act, but licensed under the Cattlesheds in Burghs (Scotland) Act, 1866, and on the first visit 75 cows were clinically examined, and 82 cows on the second visit.

During the summer samples were taken for bacteriological examination for the first time at premises holding licences under the above Act. The 26 premises on the register were visited and at 19 of these samples were taken. A few places had no cows at the time of visiting. It was found that the standard of cleanliness varied very considerably. The premises were revisited in order to explain the results, and a certain amount of advice was given, depending on the attitude of the owners to the taking of the sample. Some of these samples were examined for keeping quality by the Methylene Blue (Hiscox) test and the bacterial count and coliform tests were carried out on 9 of the samples.

Methylene Blue (Hiscox) Tests :—

Number of tests carried out	...	...	...	...	10
Number of samples passing test	...	...	...	...	7
Number of samples failing test	...	...	...	...	3

Plate Count and Coliform Tests :—

Number of tests carried out	...	...	...	...	9
Number of samples giving satisfactory results	...	...	...	...	3
Number of samples giving fairly satisfactory results	...	...	...	...	1
Number of samples giving unsatisfactory results	...	...	...	...	5

Milk (Special Designations) Order (Scotland), 1936-44.—Fifteen producers' licences for the sale of designated milk have been in force during the year, namely, one "Certified," eight "Tuberculin-Tested," and six "Standard." The licence for the production of "Certified" milk is held by the Royal Victoria Hospital Tuberculosis Trust, Gracemount Farm, Liberton. These figures, showing an increase in the number of tubercle-free herds from three in 1948 to nine in 1949, indicate that the City dairymen are aware of the necessity for production of safe milk.

Bacteriological Examination of Milk.—One hundred and eighty-eight samples were subjected to the test for bacteriological standard, as follows :—

Certified Milk	...	...	...	...	10
Tuberculin-Tested Milk	...	...	...	...	58
Standard Milk	...	...	...	...	89
Ordinary Milk	...	...	...	...	31
					<hr/> 188

One sample "Certified" milk fell below the standard specified in the Milk (Special Designations) Order, in respect of the coliform test. Three samples of "Tuberculin-Tested" milk failed in the bacterial count test, eight samples failed in the coliform test and three samples failed in both. Five samples of "Standard" milk failed in the bacterial count test, five samples failed in the coliform test and nine samples failed in both. In all cases the faults were referred to the producers concerned.

Bulk Milk Samples subjected to Biological Test for Tuberculosis.—

	Negative	Positive	Inconclusive
Tested and completed at 31st December 1949	52	2	4

With regard to the two Positive results, the herds were visited by the Veterinary Inspector and two cows taken under the Tuberculosis Order, 1938, as they were found to be suffering from a Tubercular Mastitis.

INSPECTION OF MEAT AND OTHER FOODS.

Under the Livestock (Restriction of Slaughtering) Order of 1947 no person is allowed to slaughter livestock for human consumption except by authority of the Ministry of Food. As in the war years, fat livestock, instead of being auctioned to butchers, have been graded by a panel of graders, after which the animals become the property of the Ministry of Food, who are responsible for their slaughtering and handling. After slaughter and inspection the carcasses are allocated to butchers in the City and the surrounding counties. On several occasions animals were slaughtered and the carcasses sent to London by rail. There has been an increase of 12,000 in the number of animals killed as compared with 1948, and again as in that year a large percentage of them were killed in the months August to November, inclusive, *i.e.* the number of animals fattened from grass feeding is still very much greater than the number fed in cattle courts.

Abattoir.—Supervision has been maintained in accordance with the usual practice at Gorgie Abattoir.

The number of animals passing through the abattoir during 1949 is shown in the following table:—

Cattle	Oxen	...	...	14,905
	Bulls	...	...	130
	Cows	...	...	2,195
	Heifers	...	...	4,325
				21,555
Calves	...	...	...	3,057
Sheep	...	...	...	129,063
Swine	...	...	...	8,881
				162,556

Carcases and Offal Condemned in Abattoir.—Carcases partially or wholly condemned in the City abattoir weighed 89.93 tons. To this there falls to be added 133.80 tons (weight estimated) of condemned offal, making a total of approximately 223.73 tons. Tuberculosis was responsible for 20.78 per cent. of the number of carcase seizures and for 12.77 per cent. of the number of offal seizures. Comparison between the weight of meat seized on account of tuberculosis and non-tubercular diseases shows that tuberculosis was responsible for 70.30 per cent. of all beef seized and destroyed, for 6.61 per cent. of veal, and 30.79 per cent. of pork. Details of the seizures are shown in the following tables.

Number and weight of carcasses in the different classes of animals condemned at abattoir during 1949:—

Class of Animals	Totally Condemned		Partially Condemned		Total Weight in lbs.
	Number	Weight in lbs.	Number	Weight in lbs.	
Oxen ...	30	18,756	747	42,341	61,097
Bulls ...	...	...	6	318	318
Cows ...	93	45,212	271	17,959	63,171
Heifers ...	20	8,964	177	7,156	16,120
Calves ...	79	3,232	1	4	3,236
Sheep ...	366	14,634	1,221	13,706	28,340
Swine ...	122	20,566	413	8,592	29,158
Total ...	710	111,364	2,836	90,076	201,440

Number of organs condemned in the different classes of animals at abattoir during 1949 (excluding organs of animals totally condemned):—

Organs Condemned	CATTLE						Swine	Sheep	TOTAL
	Oxen	Bulls	Cows	Heifers	Calves	TOTAL			
LUNGS AND HEARTS :—									
Tuberculosis ...	905	15	531	205	...	1,656	53	...	1,709
Other Causes ...	1,275	6	175	176	23	1,655	1,053	1,455	4,163
BOWELS :—									
Tuberculosis ...	254	2	165	50	...	471	5	...	476
Other Causes ...	45	3	62	14	2	126	52	50	228
STOMACHS :—									
Tuberculosis ...	23	...	23	6	...	52	...	...	52
Other Causes ...	204	...	35	16	...	255	30	139	424
SPLEENS :—									
Tuberculosis ...	22	...	21	4	...	47	1	...	48
Other Causes ...	38	1	7	3	...	49	9	26	84
LIVERS :—									
Tuberculosis ...	247	2	91	75	...	415	52	...	467
Other Causes ...	9,971	21	1,058	1,713	110	12,873	383	4,461	17,717
KIDNEYS									
Tuberculosis ...	6	...	8	3	...	17	1	...	18
Other Causes ...	114	1	116	23	3	257	69	40	366
UDDERS :—									
Tuberculosis ...	...	...	33	2	...	35	...	...	35
Other Causes ...	...	...	322	4	...	326	21	9	356
HEADS :—									
Tuberculosis ...	423	3	181	117	...	724	234	...	958
Other Causes ...	307	...	20	34	...	361	19	18	398
SKIRTS :—									
Tuberculosis ...	38	...	6	4	...	48	...	...	48
Other Causes ...	519	3	59	56	...	637	8	47	692
FEET :—									
Tuberculosis ...	...	...	...	...	...	...	...	...	...
Other Causes ...	1,133	...	4	...	...	1,137	...	8	1,145
TOTAL ...	15,524	57	2,917	2,505	138	21,141	1,990	6,253	29,384

Percentage incidence of Tuberculosis in animals slaughtered at abattoir during 1949:—

Cattle	Oxen	...	...	9.47	...	16.82
	Bulls	...	...	9.82		
	Cows	...	...	31.67		
	Heifers	...	...	7.24		
Calves	...	...	...	...	...	0.16
Swine	...	...	...	...	...	3.15

Comparison between tuberculous and non-tuberculous diseases as causes of condemnation in carcasses of animals slaughtered in abattoir during 1949 :—

Comparison between tuberculous and non-tuberculous diseases as causes of condemnation in carcasses of animals slaughtered in abattoir during 1949 :—

By Numbers	CATTLE						Swine	Sheep	TOTAL	
	Oxen	Bulls	Cows	Heifers	Calves	TOTAL				
Tuberculosis ... {	Total	22	...	64	12	5	103	16	...	119
	Partial	387	4	133	66	...	590	28	...	618
Total and Partial ...	409	4	197	78	5	693	44	...	737	
Non-tuberculous diseases ... {	Total	8	...	29	8	74	119	106	366	591
	Partial	360	2	138	111	1	612	385	1,221	2,218
Total and Partial ...	368	2	167	119	75	731	491	1,587	2,809	

By Weight	Tuberculosis (lbs.)	Non-tuberculous Disease (lbs.)	Percentages Tuberculous
Oxen	43,772	17,325	71.64 70.75 72.98 65.82 6.61 ...
Bulls	225	93	
Cows	46,100	17,071	
Heifers	10,610	5,510	
Calves	229	3,236	
Sheep ... ..	...	28,340
Swine	8,979	20,176	30.80

Number of carcasses condemned in the different classes of animals slaughtered during 1949, and causes of condemnation :—

Causes of Condemnation.	CATTLE.										Swine	Sheep		
	Oxen		Bulls		Cows		Heifers		Calves					
	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial				
Tuberculosis	22	387	...	4	64	133	12	66	5	...	16	28	...	...
Emaciation and Oedema	...	1	...	...	12	5	3	...	37	...	10	3	196	66
Abscess and Sepsis	1	139	...	2	31	1	29	8	...	...	30	52	16	329
Septic Pleurisy	...	4	...	...	2	...	4	1	...	...	5	18	12	378
Peritonitis	...	47	...	...	1	25	1	8	...	...	11	16	7	80
Pneumonia and Pleurisy	...	7	...	...	3	...	1	...	...	...	...	33	3	72
Dead, Moribund, Ill-bled and Decomposed	2	...	...	...	2	...	1	...	7	...	9	...	73	...
Actinomycosis	...	70	...	...	...	4	...	1	...	...	...	3	...	1
Bruising and Fractures	...	47	...	...	1	48	...	59	4	1	1	144	6	112
Fevered and badly-set	...	...	...	...	3	...	...	...	5	...	7	...	23	...
Arthritis	...	1	...	...	...	...	...	...	1	...	2	80	6	53
Acute Enteritis	...	1	...	...	...	...	...	...	...	...	3	...	1	...
Malformation	...	1	...	...	1	...	...	...	...	...	2	11	...	69
Septic Pericarditis	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Tumours	...	2	...	...	...	1	...	1	...	...	1	...	4	1
Mastitis	...	...	...	...	1	6	...	...	...	...	4	15	1	26
Cysticercus Bovis	...	17	...	...	...	...	...	...	1	...	...	...	...	...
Uræmia	...	...	...	...	...	...	...	...	...	...	3	...	4	...
Jaundice	2	...	...	...	1	...	1	...	9	...	...	...	3	...
Septic Metritis	...	...	...	...	4	...	...	...	...	...	5	...	...	...
Swine Erysipelas	...	...	...	...	...	...	...	...	...	...	5	4	...	...
Melanosis	...	4	...	...	...	...	1	...	...	...	...	...	...	1
Nephritis	...	6	...	...	1	8	...	3	...	...	1	1	...	1
Neoplasms	...	...	...	...	...	...	...	...	...	...	...	...	2	...
Gangrene	1	...	...	...	...	...	...	...	...	...	...	...	7	12
Septic Pneumonia	1	1	...	...	...	...	...	...	...	...	1	...	...	20
Septic Peritonitis	...	12	...	...	...	5	...	4	...	...	4	5	...	...
	30	747	...	6	93	271	20	177	79	1	122	413	366	1221

Tuberculosis.—As in the past few years, I have continued to study the spread of tuberculosis in the bovine carcase and in particular in those cases where lesions are found on routine inspections in lungs or their associated lymph glands. In Part III of the First Schedule of the Public Health (Meat) Regulations (Scotland), 1932, instructions are given that one must in those cases examine the lymph glands in the forequarters only, but at Gorgie abattoir all lymph glands have been cut.

Lung and Head cases examined	...	...	...	1,050
Number with carcase glands infected	...	...	...	82
Of this number, the following had only hind quarter glands infected	...	...	...	22

Accordingly I am still of the opinion that, if tuberculosis is found in any situation in a bovine carcase, all lymph glands should be examined.

Cysticercus Bovis (Measly Beef).—During 1949 the incidence of cysticercus bovis was 1.16 per cent. The majority of the animals found diseased were very lightly affected, cysts being few in number and for the most part limited to the muscles of jaw and heart. On 25th November, 1949, the carcase of a young Irish bullock had the following number of cysts :—heart muscles, 40 ; tongue and cheek muscles, 16 ; right fore, 120 ; left fore, 82 ; and both hind quarters together, 56. Cysts were also found in the fat and several were noticed below the peritoneum. This carcase was destroyed. If a carcase showed any lesions, whether old standing or not, it was sent into the cold store for three weeks at 20° F. as laid down in the Scottish Meat Regulations.

Condemned Carcasses.—As in past years, all condemned carcasses have been converted in the I.W.E.L. plant at Gorgie abattoir into meat and bone meal after the abstraction of fat for soap manufacture.

Live Stock Markets.—The fat stock market on a Tuesday has, as in the war years, been replaced by the Ministry of Food Grading Centre. The store market has been held as usual on Wednesdays.

The newly-calved cows offered for sale in the markets were subjected to inspection and examination. The number exposed this year was 314—an average of 6 exposed for sale each week.

The veterinary inspection of the markets was carried out on behalf of the Ministry of Agriculture throughout the year by the Veterinary Department.

The following table shows the number of animals passing through the grading centre during 1949 :—

Cattle	...	...	...	...	6,678
Calves	...	...	...	...	1,917
Sheep	...	...	...	...	34,512
Swine	...	...	...	...	17,231
					<u>60,338</u>

The number of animals passing through the store market on a Wednesday was :—

Cattle	...	...	...	...	18,129
Sheep	...	...	...	...	102,170
Swine	...	...	...	...	22,454
					<u>142,753</u>

The attested cattle sale, held roughly once a fortnight in the byre of the Corporation market, is meeting with a good deal of success. Sales are held either on a Thursday or Friday, and chiefly animals of the dairy breeds are exposed, but occasionally bullocks and beef bulls are sold. During the year a total of 3,333 cattle were sold.

Retail Shops, Street Hawkers, etc.—Periodical visits were made during the year to shops, etc., in which foodstuffs are prepared or exposed for sale. In addition, the fish markets at Newhaven were visited daily for the purpose of inspecting the fish exposed for sale there.

Number of visits paid to shops, etc., during 1949 :—

Butchers' Shops	...	...	...	972
Provision Shops	...	...	...	2,696
Fishmongers' Shops	...	...	...	318
Fruiterers' Shops	...	...	...	618
Meat Sales and Cold Stores	...	...	...	539
Live Stock Markets	...	...	...	312
Fishmarkets	...	...	...	309
Fruit Markets	...	...	...	581
Restaurants	...	...	...	189
Cooking Centres and Canteens	...	...	...	39
Bakers' Shops	...	...	...	12
Sausage Factories	...	...	...	16
Bakeries	...	...	...	27
Horse Flesh Shops	...	...	...	27
Cooked Meat Shops	...	...	...	12
Street Hawkers	...	...	...	3
Miscellaneous	...	...	...	30
				<u>6,700</u>

Inspectors examined a percentage of food exposed for sale and noted the cleanliness or otherwise of the premises, particularly of backshops, cellars, cold stores, etc. In addition, they noted the condition of utensils, *e.g.*, mincers, sausage machines, delivery baskets, etc. On the whole the inspectors found considerable improvement in the cleanliness of retail premises.

Foodstuffs Seized, etc.—The amount of food certified as unsound was considerably more than in 1948. The examination of tinned goods is still one of our most important tasks. During the year 12,400 certificates were issued by the inspectors.

The weights of foodstuffs seized in markets, shops and other premises in the City during 1949 were as follows :—

	Weight in lbs.
Beef	23,601
Mutton	742
Meat	11,901
Pork	4,361
Tripe	49
Venison	379
Horseflesh	170
Sausages	30
Bacon	468
Poultry and Game	2,711
Rabbits	2,246
Fish (fresh)	257,235
„ (tinned)	6,264
Eggs (shell)	3
„ (frozen)	234
„ (dried)	4
Butter	142
Cereals	1,177
Edible Offal	1,924
Cheese	2,571
Milk (tinned)	8,766
„ (barrels of evaporated)	133,121
Jam	3,211
Soup	3,447
Vegetables (fresh)	32,868
„ (tinned)	11,283
„ (dried)	4,502
Fruit (fresh)	28,006
„ (tinned)	5,368
„ (dried)	169
Sugar	1,215
Confectionery	1,233
Spaghetti (tinned)	526
Chocolate Spread	660
Miscellaneous	5,819
	<u>556,406</u>

There are two items in the above worthy of special mention. Firstly, the amount of fish seized, which was considerably more than in the past due to the exceptionally warm spring and summer and also to prolonged sea trips undertaken by trawlers to make the catches up to a profitable quantity. During the spring and summer months it was often necessary for the inspectors to visit the market twice daily owing to the rapid deterioration of fish on exposure for sale.

Secondly, the large amount of evaporated milk, which was a consignment received by a chocolate manufacturer in the City. This milk was badly fermented and in some cases the fermentation was so marked that the barrels exploded with handling.

Approval of Meat Storage.—Article 15 of the Public Health (Meat) Regulations (Scotland), 1932, requires persons selling meat from vans, carts, etc., who do not also keep an open shop for the sale of meat, to obtain from the local authority a certificate of approval of the accommodation provided for the storage of meat overnight. Six certificates were renewed during 1949, and the storage accommodation provided in each case is satisfactory.

Food and Drugs (Whalemeat) (Scotland) Regulations, 1949.—These regulations prohibit the importation into Scotland of whalemeat and whalemeat

products intended for sale for human consumption unless accompanied by a veterinary certificate certifying that the whalemeat, including that used in the manufacture of whalemeat products, has been inspected and produced in accordance with criteria and conditions satisfactory to the Secretary of State for Scotland; the regulations also include provisions for securing whalemeat against contamination in shops and on stalls, during transport, and from handling in wholesale markets, cold stores, and elsewhere.

There were nine consignments of whalemeat and whalemeat products landed at the Port of Leith during 1949 and all complied with the above regulations.

The inspectors also examined whalemeat for sale in retail premises, but as whalemeat is not very popular in this country the quantity examined was very small.

PORT FOOD INSPECTION.

The usual supervision has been maintained as to the condition and soundness of foodstuffs landed at the port of Leith during 1949.

The appended summary will serve to show the origin and the kinds of foodstuffs falling under the supervision of the Department at the port of Leith.

Imported foodstuffs inspected under the Public Health (Imported Food) (Scotland), Regulations 1937, during 1949 :—

Country of Origin	Foodstuffs	Number of Consignments
Holland	Vegetables (fresh)	227
	„ (tinned)	40
	„ (dried)	7
	Fruit (fresh)	165
	„ (tinned)	4
	Chocolate	19
	Custard Powder	22
	Sweet Fat	37
	Meat (tinned)	14
	Milk (tinned)	16
	„ (dried)	13
	Cheese	16
	Butter	9
	Malt Syrup	1
	Pastry Mix	7
	Soup (tinned)	4
	Cereal	2
	Pigs' Feet	1
		<u>604</u>
Denmark	Butter	46
	Bacon	48
	Cheese	22
	Eggs	51
	Pig Products	124
	Cow Udders	9
	Sausages	15
	Meat and Pork (tinned)	36
	Vegetables (tinned)	6
	Fish (tinned)	7
	„ (fresh)	15
	Custard Powder	13
	Sweet Fat	16
	Milk (tinned)	8
	„ (dried)	3
	Salad Cream	2
	Chocolate Spread	6
	Pastry Mix	8
	Vanilla Beans	1
	Biscuits	1
		<u>437</u>

Country of Origin	Foodstuffs	Number of Consignments
Faroes	Whalemeat	7
	Fish (fresh)	6
		13
Iceland	Salt Fish	1
		1
South Georgia	Whalemeat	1
	„ Products	1
		2
Canada	Flour	3
	Wheat	11
		14
U.S.A.	Wheat	2
	Maize	1
		3
New Zealand	Sheep Casings	1
		1
Sweden	Cow Udders (salted)	1
	Ox Tripe (salted)	2
	Fish (fresh)	9
	Pig Chitterlings	1
		13
Malay Straits	Rice	1
		1
Hungary	Beef (tinned)	1
		1
		1,090

Imported foodstuffs condemned or rejected or re-exported at the port of Leith during 1949 :—

	Weight in lbs.
Vegetables (fresh)	312
Tomato Puree	6,480
Fruit (fresh)	1,956
Pastry Mix	24
Dessert Powder	202
Pork	7
	8,981
Equal to	4 tons, 21 lbs.

Summary showing total diseased and unsound foodstuffs dealt with by the Department in the City during 1949 :—

	Weight in lbs.
At Abattoir—Carcases	201,434
—Offal (weight estimated)	299,730
In Shops, Warehouses, etc.	556,406
At the Port of Leith	8,981
	1,066,551
Equal to	476 tons, 2 cwts., 3 qrs., 3 lbs.

DISEASES OF ANIMALS ACTS.

The Acts confer power on the Ministry of Agriculture and Fisheries to make orders for the control and prevention of animal diseases, to govern the import and export of animals and carcasses, to control the conditions of transport of animals

by land and sea, and for other similar purposes. The following diseases are subject to administrative control by means of Orders made by the Ministry :—

Anthrax.
Foot and mouth disease.
Parasitic mange of horses.
Sheep scab.
Swine fever.
Bovine tuberculosis and contagious abortion (for certain purposes only).
Fowl pest.
Cattle plague or rinderpest (1887).
Contagious bovine pleuro-pneumonia (1898).
Epizootic lymphangitis (1906).
Glanders and farcy (1928).
Rabies (1922).
Sheep pox (1850).

There have been no cases of the last six diseases in Great Britain since the dates shown against each. Rabies has occurred in imported dogs in this country, but at that time the animals were undergoing their six months quarantine.

Anthrax.—Nine cases of suspected anthrax were notified on farms within the City boundary, but all were proved negative on investigation. In addition 2 cows, 1 ox, 5 calves, 58 sheep, 11 pigs were found dead at the markets, railway siding, and abattoir. These were all examined for anthrax before disposal. All results were negative.

Foot and Mouth Disease.—Fifteen outbreaks of this disease were confirmed in Great Britain during 1949, entailing the slaughter of 3,034 animals. There were no outbreaks of the disease in the City nor were any restrictions placed on movement of stock throughout the year.

The following Orders, which are more or less complementary to the principal foot-and-mouth disease Orders, have continued in operation, and the observations and visits necessary for their enforcement have been made :—Foreign Hay and Straw Order; Foot and Mouth Disease (Packing Materials) Order; Foot and Mouth Disease (Boiling of Animal Foodstuffs) Order; Importation of Carcasses (Prohibition) Order; Importation of Meat, etc. (Wrapping Materials) Order; and Movement of Animals (Records) Order.

In connection with the Movement of Animals (Records) Order, a twice-yearly check of the record books of stockowners in the City was again made with the assistance of the police.

Parasitic Mange.—No suspected disease was reported during the year.

Sheep Scab.—Forty-six outbreaks of this disease were confirmed in Great Britain during 1949, but there were no outbreaks in the City.

In January 1948 the Local Authority cancelled the Sheep Dipping Regulations, but the number of sheep dipped at Gorgie compared favourably with former years (6,403 as compared with 7,000).

Swine Fever.—Five outbreaks of this disease were confirmed in Great Britain in 1949, but no swine were slaughtered. There was one suspected outbreak in the City on 17th December, but investigation proved negative.

Regulation of Movement of Swine Order.—One hundred pigs were moved in terms of this Order under licence from scheduled areas in England to various premises in the City, and subjected to twenty-eight days' detention and isolation after arrival. Periodical visits were made to these premises with the double object of seeing that the conditions of the licence were fulfilled and to maintain observation on the health of the pigs.

Bovine Tuberculosis.—Eight animals were dealt with under the Tuberculosis Order of 1938. In addition, five calves at Gorgie abattoir which showed lesions of congenital tuberculosis on post-mortem were reported to the Divisional Inspector of the Ministry of Agriculture. The dams concerned were traced and dealt with under the Tuberculosis Order.

Fowl Pest.—There were 582 confirmed outbreaks of this disease in Great Britain during 1949, which was more than double the amount for 1948. There was one suspected outbreak in the City in October, which however proved negative. The nearest outbreak was on Bass Rock in East Lothian, which occurred at the time of a large outbreak in Orkney and Shetlands Islands. It has since been proved that this disease can be transmitted by sea birds.

Importation of Animals.—(1) **Irish Cattle.**—The Order which controls the importation of Irish cattle provides that the imported cattle must be landed at ports approved for the purpose, where, on arrival they are inspected, and thereafter may be moved on licence, in the case of fat cattle, to a slaughterhouse, either direct or through an authorised market, and, in the case of store cattle, to (a) a specially authorised market, or (b) farms or other premises where they must be detained for six days after arrival. 10,503 Irish cattle were received at Gorgie market under licence from ports, and 631 licences were issued authorising movement of these cattle from the market. 568 Irish cattle were moved to farms in the district of the local authority from the market or direct from the ports, and were maintained under observation during the period of detention. A total of 6,519 fat Irish cattle were licensed from the ports to Gorgie abattoir.

(2) **Dogs and Cats.**—The Importation of Dogs and Cats Order is intended to protect Great Britain against the introduction of rabies through the agency of canine or feline animals brought from overseas. The landing of such animals in Great Britain is prohibited except under licence granted by the Ministry of Agriculture. After landing, the animals must be detained for six months in a place of detention or quarantine approved by the Minister for the purpose. During the year 36 dogs, 7 cats, 5 hyenas, 2 leopards and 1 fox were received and detained in the City in quarantine. They were maintained under observation and police supervision.

Certification for Export.—Many countries abroad require the disinfection and certification of straw, hay and sacks used for packing goods exported to them from this country. During the year 1 certificate was issued for the disinfection of straw and 2 certificates for the disinfection of sacks. In addition, 26 certificates were granted in respect of wool for export, 21 for Holland, 4 for Italy, and 1 for U.S.A. 3 certificates were issued in respect of beef casings to France.

Sea Transport of Animals.—The Animals (Sea Transport) Order prescribes the accommodation and fittings which must be provided on board ship for transport of animals by sea. It deals also with the protection of animals against unnecessary suffering during sea transport to or from Great Britain. Inspectors of the Ministry maintain supervision of the overseas transport and especially of the export of horses to the Continent, but supervision of the coastwise traffic devolves, in a large measure, on the officer of the local authority. During the year 2,246 sheep, 7 ponies, 8 horses and 48 cattle were landed at Leith docks from coastwise vessels. The cleansing and disinfection of the vessels after landing of the animals was carried out under the supervision of the officers of the local authority.

The Transit of Animals Orders are similarly designed to protect animals during transport by road or rail and, in addition, prescribe cleansing and disinfection of cattle trucks, motor and horse-drawn vehicles used in the transport of animals. The Markets Committee have continued to provide facilities and labour at Gorgie markets for the cleansing and disinfection of road vehicles. 1,733 vehicles were cleansed and disinfected at Gorgie markets during the year, an average of 34 vehicles per week. The railway companies have satisfactorily discharged their obligations in the cleansing and disinfection of cattle trucks, railway sidings and approaches.

The Markets, Sales and Lairs Order.—This Order regulates many features in the construction of livestock markets, and provides for cleansing and disinfection on each occasion after use. All the marts at Gorgie are well constructed for efficient and relatively easy disinfection. Regular supervision has been maintained and the work has generally been well done.

Farms.—The Department has continued to provide the clinical services required in connection with the stocks at Roddinglaw and Bangour Farms.

Police Stud.—Forty-eight visits of inspection were paid to the police stud. One horse was cast and a replacement purchased.

Lighting and Cleansing.—Ninety visits of attendance were made to the stud under the control of the Lighting and Cleansing Department.

Police Services.—I wish to express my gratitude to the Chief Constable for his willing co-operation, and to the officers of the police force whose assistance has contributed materially to the efficient performance of the duties under the Disease of Animals Acts.

CITY OF EDINBURGH PUBLIC HEALTH DEPARTMENT.
Number of Whole-time Employees at 28th May 1950.

	Medical Officers	Inspectors	Admin. and Clerical Assistants, etc.	Nursing Staff	Domest. Staff	Almoners Masseuses Radiography, etc.	Porters and other Male Staff	Health Visitors	Cleaners and other Female Staff	Total
1. PUBLIC HEALTH—										
Medical Officer's Department ...	3	...	20	...	...	...	1	...	11	35
Sanitary Department ...	...	46	3	...	...	...	...	...	1	50
Veterinary Department ...	...	7	2	...	...	...	...	...	...	9
Tuberculosis Scheme ...	...	...	...	...	...	...	...	9	...	9
Maternity and Child Welfare Scheme, includes Day Nurseries, Midwifery and Home Helps ...	*9	...	17	179	53	1	4	51	65	379
Venereal Diseases Scheme ...	...	...	...	...	...	...	...	2	...	2
Motor Vans and Disinfecting Station	...	...	...	...	...	...	5	...	1	6
2. SCHOOL HEALTH SERVICE ...	†16	...	16	...	...	2	3	22	7	66
	28	53	58	179	53	3	13	84	85	556

* Includes 1 Dental Officer.

† Includes 7 Dental Officers. There is in addition 1 Part-time Dental Officer in the School Health Service.

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