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CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR

1950

BY THE

MEDICAL OFFICER OF HEALTH

LHB6/2/51 (4)

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CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

With

Dr. W. G. Clark's

Compliments.

HEALTH DEPARTMENT

BY THE
MEDICAL OFFICER OF HEALTH

LHB16/2/51(4)

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PUBLIC HEALTH DEPARTMENT,
JOHNSTON TERRACE,
EDINBURGH, May, 1951.

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 1950. A review of public health developments in Edinburgh for the past fifty years begins on page 17.

1. Meeting the Challenge.

Post-war health indicators have been such that workers in the field of preventive medicine felt themselves to be facing a challenge. Could these low mortality rates be maintained? In Edinburgh, the answer for 1950 was that the challenge had been met satisfactorily for still another year. Despite a summer noted for rain and lack of sunshine, the general trend of City health statistics was encouraging, and in several instances new records were created which strengthened the view that the improvement in the health of the people was based on firm foundations and would steadily improve, granted international peace.

Those local authorities responsible for the health of their people can look back on their achievements with satisfaction and pride because their efforts have played a large part in the results we record. The dividends of public health expenditure are large though they take time to accumulate.

It is right that local health authorities should claim the credit that is their due as in this age of planning the future place of such authorities is uncertain. It may well be that unless the community are determined to retain the local machine which they know, and which has served them so well, the planners will evolve another health organisation which will appear efficient, tidy and attractive, but which will be remote from the individuals of the community and soulless in its care and treatment of them.

Local health authorities cannot survive solely on their past achievements. They must demonstrate that they are as efficient and progressive as their predecessors and that they are closer to their own people and know their problems better than any other body. They must continue to be the pioneers of preventive medicine in the broader concept of what these words mean to-day.

2. People are Living Longer.

Foremost among the new records was the infant mortality rate—usually a sensitive index of a city's health. For the first time in history it was down to

29 deaths per thousand births—a figure which approached those quoted for highly favoured cities abroad but which a few years ago had not seemed possible in Edinburgh. Ten years ago the rate was 68; twenty years ago it was 82. The saving in infant lives has been phenomenal.

Another significant pointer was that not a single death occurred from diphtheria, scarlet fever, or measles. Twenty years ago, these diseases involved a costly provision of hospital beds and took heavy toll of infant lives, to say nothing of the parental anxiety they caused in many homes. Maternal mortality was again returned at a very low level, and a fall of fully 12 per cent. occurred in deaths from pulmonary tuberculosis. At 48 per hundred thousand of the population the pulmonary tuberculosis death-rate was the lowest in city records—a heartening revelation after some perturbing years.

As has been indicated, the saving of infant lives and the lessening of the ravages of tuberculosis were notable features of the year's returns. Other statistics are to be viewed in the light of the City's ageing population. One in every ten people living in the City, it is estimated, is over 65 years of age as against one in 22 fifty years ago. The general death-rate is weighted by the decrease of an increasing number of elderly people although, in the year under report, the increase was slight. There were altogether 6,162 deaths as compared with 6,099 in the previous year, and the rate per thousand of the estimated population was 12·6 as against 12·5 in 1949.

Births to Edinburgh citizens numbered 7,715, representing a birth-rate of 15·8 per thousand of the population, as compared with 8,154 and a rate of 16·7 in 1949. There has been a continuous decline in the birth-rate since the peak figure of 20·3 was recorded in 1947. Last year's rate was about the same as the average for ten years before the war, and again the increasing proportion of the elderly in our midst is an influencing factor. At 4,271 the number of marriages was only five fewer than in the previous year, but it should be borne in mind that Edinburgh is a centre for the marriage of many non-citizens and no significant deductions can be made from the marriage figures.

3. National Health Service.

After two and a half years, the functions of the various administrative bodies connected with the National Health Service have become better understood, and the relative absence of friction or complaint may be taken as an indication that, broadly, the Service in Edinburgh is overcoming its teething troubles. Nevertheless, the need for co-operation and understanding is fully realised by representatives and officials alike in each branch of the Service.

Discussions between the local authority and the Regional Hospital Board about the staffing of ante-natal clinics resulted in an adjustment which enabled a specialist employed by the Board to be transferred from a sparsely-attended ante-natal clinic at Pilton to a needier one in Leith. The Corporation took the view that all the ante-natal clinics should be staffed by specialists, and the five clinics not so staffed were closed at the end of the year, leaving five others in operation. The Corporation's Health Visitors are, of course, present at all the clinics.

Further consultations took place between local authority representatives and the Local Executive Council on the problem of tuberculosis and about the possibility of providing facilities for group practice. On the subject of tuberculosis it was agreed that segregation in hospital of the "open" case offered the best hope of progress. In this connection, the Regional Hospital Board made a helpful gesture by providing in the Royal Victoria Hospital a small number of beds for early cases who, after undergoing collapse therapy, could be discharged home to the care of their medical practitioners. By this means it was hoped to accelerate the turnover of hospital beds. For their part, the Corporation agreed to extend as far as possible the facilities for home nursing, health visiting, and domestic help to tuberculous patients living at home.

An experiment in a modified form of group practice was started at Portobello, where the Corporation provided clinic premises to be used as a meeting place for routine procedures by the Queen's Nurses. A similar effort to provide facilities for group practice in the Pleasance area is still under consideration. Meanwhile, progress is being made with the erection by the Department of Health of a health centre at the new housing area of Sighthill where group practice will be possible under excellent conditions and in the same building in which local authority health services will be available. The formation of a Liaison Committee to deal with matters of common interest to the Regional Hospital Board, the Local Executive Council and the Local Health Authority is under consideration.

Local authority services under the Act have been developing satisfactorily. In a spreading city, with new housing estates on its perimeter, an increased number of health visitors are caring for mothers and young children. By the end of the year, six domiciliary midwifery centres, with 14 whole-time Corporation midwives, were open or about to open. An efficient home nursing service was provided by the Queen's Institute of District Nursing. The Home Help Service was approaching its maximum establishment and earning a reputation for reliability. Services which are not actively developing in the meantime are those connected with research and health education, and lunacy and mental deficiency. These are dependent on the appointment of medical officers with appropriate qualifications, and it is hoped that obstacles in the way will be overcome at an early date.

4. Care of Mothers and Young Children.

The state of health among the mothers and young children of Edinburgh continues to be very satisfactory. This is borne out by the extremely low maternal and infant mortality rates recorded during the past two years. If one were asked how these things continue to be possible in the face of present-day austerities in food, clothing, and housing accommodation, a brief answer might be that health visiting and intelligence in mothers go far to prevent ill-health and to maintain physical and mental stability. Health Visitors and enlightened mothers are, of course, complementary. There is nothing more potent than the friendly word of advice given by a skilled understanding person in the mother's own home. Forty-one Health Visitors and three probationer Health Visitors engaged in this work made the record number of 92,939 visits during the year.

Supplementing the home visits were the maternity and child welfare clinics held at 20 centres where mothers and children received advice and help from the nine medical men and women specially allotted to this work. A Health Visitor was present at these clinics to act as a link between doctor and mother. The clinics are essentially educative and a new development has been the formation of mothers' clubs, held in certain centres once a week, at which mothers may see films or have informal discussions with the Health Visitor about difficulties in the feeding or management of children. Emphasis has been laid on the value of breast feeding. It will be recalled that four Edinburgh Health Visitors had the advantage of attending a course of instruction in the Waller method of breast feeding preparation at the British Hospital for Mothers and Babies in Woolwich, London, and they are now enabling their colleagues to teach on the same lines here.

Dental care among expectant and nursing mothers and pre-school children was again on a restricted scale owing to vacancies in the dental staff. The number of mothers attending was 123, as against 159 in the previous year. Of 566 children inspected, 412 had treatment completed compared with 329 in 1949.

5. Domiciliary Midwifery.

Progress was made during the year in implementing the Corporation's policy to provide a domiciliary midwifery service staffed by qualified midwives employed directly by the Corporation. When the National Health Service Act came into operation in 1948, a nuclear staff of five midwives already served the Granton area from Crewe Road Home. In June 1949, two further midwives took up duty in Cowgate Dispensary, and during 1950 midwives' homes with two midwives in each were opened at Southhouse Farmhouse and Colinton Mains Farmhouse. Another midwife, making the twelfth out of an estimated ultimate establishment of 25, was appointed to the Duddingston and Craigmillar area and shares residential accommodation there with the Queen's District Nurse.

The centres at Southhouse and Colinton Mains are well-situated and attractively furnished. Accommodation is available in these residential centres for pupil midwives, and in due course it is hoped also to provide living quarters for the Queen's Nurses working in the districts.

Meanwhile, a substantial part of the domiciliary midwifery continues to be carried out by staffs of the maternity hospitals and the Queen's Institute of District Nursing. There were in all 1,649 domiciliary births during the year, representing 21 per cent. of the total births to Edinburgh citizens as against 2,026 and 25 per cent. in the previous year. These figures suggest that admission to hospital is still popular, and is no doubt influenced by the fact that hospital care is more attractive from the financial viewpoint. On the other hand, early reports from the new domiciliary midwifery centres indicate that attention at home is regarded with a good deal of favour.

Of the total domiciliary births, Queen's Nurses were in attendance at 669 (41 per cent.), Simpson Memorial Maternity Pavilion Nurses at 399 (24 per cent.), and Elsie Inglis Memorial Hospital Nurses at 224 (14 per cent.). The twelve midwives employed directly by the Corporation, two of whom began duty in September and three in December, attended 326 or 20 per cent. of the cases.

6. Health Visiting.

Health Visitors have been described as the "backbone" of the preventive health service and one of our chief concerns has been to build up the staff to the full authorised establishment. This is difficult when trained Health Visitors are in short supply, but each year sees a new accession to the ranks, thanks in large measure to the excellent training school organised in our own Public Health Department. For a third year in succession this school attracted a full enrolment of qualified nurses bent on obtaining the Health Visitor's Certificate and at the examination in April, 1951, all the 34 candidates presented obtained pass marks. It is expected that several of these successful candidates will decide to work in Edinburgh.

Out of an establishment of 102 the number of Health Visitors employed at the end of the year was—Tuberculosis, 10; Maternity and Child Welfare, 44; School Health Service, 26; and Venereal Diseases, 2—a total of 82. Despite this staff shortage, a vast amount of useful work was overtaken. In view of the anxiety arising from an increase in tuberculosis, the Health Visitors attending tuberculosis patients in their own homes had a year of intensified endeavour and made a record number of 18,969 visits. A special difficulty confronting those connected with the Maternity and Child Welfare Department was the time-consuming attendance on mothers and young children in far-flung suburban housing estates. Health Visitors in the School Health Service had the same embarrassment, but the organisation is being gradually improved. There can be no doubt that health visiting is appreciated by the citizens and is one of our best forms of health education.

Early in 1950 a health visitor was given the special duty of investigating home accidents. This field had not previously been explored, and the suggestion arose from interest revealed in the subject at one of our health education meetings. During the year the health visitor investigated 436 home accidents, of which about 48 per cent. were burns and scalds. Nearly 70 per cent. of the people involved in home accidents were children of pre-school age. As a result of these investigations, a new type of expanding fireguard with sloping top, and suitable for almost any ordinary fireplace, was made available on loan at five shillings per annum through the Edinburgh Accident Prevention Council.

7. Home Nursing.

No part of the National Health Service is more highly valued than that of home nursing. In Edinburgh the work is done unobtrusively and efficiently by the Queen's Institute of District Nursing and expressions of gratitude for the skilled attention received come from all sections of the community. It is a rather staggering fact that in Edinburgh nearly a quarter of a million visits are made to patients in their own homes by the Queen's Nurses in the course of a year.

The Central area of the city is served by about 50 nurses and trainees based on the training centre at 29 Castle Terrace. This number includes three qualified male nurses and two male trainees. Leith has its own centre with five fully trained nurses, while 15 nurses serve suburban districts which formerly had their own local nursing associations. The administration of this service is centralised at Castle Terrace on an agency basis for the Corporation.

Altogether, the Queen's nurses attended 15,308 medical patients, 4,475 surgical patients and 993 maternity patients—a total of 20,776 as against 19,154 in the previous year. Visits numbered 248,560. In February, 1950, the Buccleuch Nursing Association, who employed four nurses in midwifery and general nursing duties, discontinued the service which they had rendered in a crowded central area for 68 years, and the general nursing duties were taken over by Queen's Nurses.

8. Domestic Help.

A popular and growing section of the Public Health Department which earns considerable praise is that of the Domestic Help Service. This is due to the fact that citizens are usually in difficulties when they seek its aid, and an experienced home help sent at short notice comes as a boon and a blessing to many a worried householder. The staff of home helps has been built up slowly. There is authority to appoint up to a hundred, and the supervisor is not only concerned with numbers but carefully endeavours to ensure that applicants are suited to the work and have the requisite qualities of willingness and tact.

At the end of the year, 57 whole-time and 21 part-time home helps were working for the Department, the total of 78 representing an increase of 32 over the previous year. They answered calls from 767 households as against 535 in 1949. About a half were confinement cases requiring help usually for two weeks. Longer periods of service were provided in emergencies associated with general illness, and this included help given in households where a patient suffered from tuberculosis.

During the financial year ending on 28th May, 1950, the expenditure on home helps amounted to £7,830. The revenue collected from persons receiving the service was £2,889 or 37 per cent. of the expenditure. An exchequer grant of 50 per cent. is paid on the balance. The full cost of a home help, including insurance and travelling expenses, amounts to approximately £4 per week, and this was paid by 19 per cent. of those receiving the service. The remainder paid a rate determined by the almoner after assessment. A recent award of 6s. per week in the wages of home helps will involve an increase in the cost of the service.

9. Children's Nurseries.

Waiting lists at all the Corporation nurseries throughout the year indicated that nursery provision is far from meeting the demand. Many of the applicants were mothers who sought to solve their economic difficulties by going out to work, but priority is given first to children with only one parent and for whom no other guardian is available, and secondly to cases where the home is overcrowded or is otherwise unsatisfactory, or where medical reasons affect the mother or child. These priority classes absorb almost all the places in the nurseries, and there is meanwhile little hope for mothers whose main concern is employment.

At the end of the year three residential nurseries with 60 places and 13 day nurseries with 595 places were open. With the object of providing more accommodation in Leith, Victoria Park House, for many years a residential children's

home, is being converted into a day nursery with 60 places. To balance the loss of residential places a new nursery was opened in December at St Helen's, 7 West Coates. This nursery, which has accommodation for 30 children, resembles Victoria Park House in that it has ample garden space with a southern exposure and is close to tram and bus routes.

All the nurseries are visited regularly by doctors from the Maternity and Child Welfare Department. There is no doubt that this health supervision, together with the advantages arising from exercise in the fresh air, planned rest, regular meals, and training in sound habits, has a beneficial effect on the physical and mental development of the children.

10. Voluntary Organisations.

It is a pleasure to report continued activity by organisations who find satisfaction in doing something voluntarily for the public health. In these days of intensive and costly administration, to find groups of workers achieving much at little cost is refreshing. This applies particularly to the Voluntary Health Workers' Association, whose members successfully managed 19 toddlers' playgrounds in the City during the past year, with 544 children on the roll and an average attendance of 452. The scheme attracted attention at a recent Nursery Conference in London. At the request of the Editor of the "Nursery Journal," Dr Margaret M. Brotherston, Organising Secretary of the Voluntary Health Workers, contributed an article describing the origin and development of the Edinburgh playgrounds, and reprints of the article received a wide circulation.

Another voluntary organisation associated with the Maternity and Child Welfare Department which had a successful year was the Scottish Association for the Adoption of Children. Now in its 27th year, this Association does valuable work in finding parents for infants in need of a good home. Adoption is a two-sided agreement which relieves the mother unable to support her child and brings happiness to those whose love of children finds an outlet of great social value. During the year, the Association arranged 75 adoptions, and 16 other children were in new homes passing the probationary period before legal adoption. In 27 years over 1,500 children have been adopted through the Association which owns an adoption home for the reception of infants until arrangements have been completed.

A third voluntary body which does valuable work is the Edinburgh Association for Mental Welfare. Chief among the activities of its members is the welfare of mental defectives who pass out of the special schools and require help in procuring employment suited to their mental and physical capacity. The young people are encouraged to attend continuation classes for dressmaking, needlework, cobbling, leatherwork, woodwork and other crafts. Frequently it is the advice and friendly interest of the voluntary worker which helps the mental defective to become a useful member of the community and to enjoy the social activities prepared for his benefit.

11. School Children.

A revealing sentence in the Report of the Chief Executive School Medical Officer states that "on the whole, such changes as have taken place in the recorded

statistics show an improvement over the previous year." No defect was found in fully two-thirds of the children who received systematic medical examinations. Those examined were the nursery school children, the 5-year-olds, the 9-year-olds, the 13-year-olds, and the 16-year-olds, totalling 16,529 children. The percentage with no defect was 67.8, as compared with 65.1 in the previous year.

An encouraging feature is that the nursery children and the five-year-old school entrants showing no defect have increased considerably in the past five years. This is probably a reflection of the intensive supervision of the pre-school child under the Maternity and Child Welfare Scheme. The improved health of the older children may be attributed in part to the provision of milk and meals in school. Over 54,000 bottles of milk per day were supplied to schools free of charge. Meals provided numbered about $4\frac{1}{2}$ million for the year and the cost was £239,719, of which about 30 per cent. was contributed by the parents.

The degree of personal cleanliness among children as revealed by class inspections by doctors and nurses continued to be high on the average, those securing a "pass" verdict reaching 73.8 per cent. of the total as against 72.6 in the previous year. The percentage of children with marked defect (2.2) was less than half of the figure prevailing during the war. Overcrowded housing conditions have an influence on the state of cleanliness among children, particularly girls, and there is need for continued vigilance and for education among children and their parents.

The pilot experiment in offering mass radiography examination to the children of one Secondary school which proved so successful in session 1948-49 was followed by the offer being extended to the pupils of the remaining 20 Secondary schools in the city. About two-thirds of those receiving the offer accepted, and the actual number examined was 2,163, of whom 86 or roughly 4 per cent. were recalled for further examination. Of the number recalled, seven children were diagnosed as suffering from active tuberculosis and were referred to their own doctor. Five others were recommended for observation. Mass radiography examination has been simplified by the provision of a mobile unit which visits schools and enables the children to be examined in a relatively short space of time. It is hoped to arrange that all children over 12 years of age, numbering about 20,000, will receive the offer of examination by mass radiography.

The School Health Service also makes provision for the physically handicapped, the partially sighted and the partially deaf. Speech therapy is given in special classes and there are seven schools for over 600 educationally subnormal children. Orthopaedic clinics and a chiropody clinic are available, and specialists attend to conditions affecting the skin, the eyes, and the ear, nose and throat. In view of these comprehensive arrangements, it will be agreed that the schoolboy and schoolgirl of to-day enjoy many advantages that were non-existent in the days of their parents.

12. Dental Service.

The school dental service continued to function under the handicap of a depleted staff. During the session there were six resignations of dental officers and by the end of the session four replacements had been found and two engaged

on a part-time basis. Four places on the establishment were still unfilled. The volume of work in the dental surgeries consequently fell considerably. Inspections numbered 18,959 as against 23,521 in the previous year, and the number treated was 11,643 as against 13,128. In spite of the depleted staff, conservation of permanent teeth was far in excess of extractions. There was a 20 per cent. increase in the applications for emergency or casual treatment.

A start was made with a new form of preventive treatment by the application of weak solutions of sodium fluoride while the teeth are in the formative stage. The procedure tends to retard or postpone the onset of dental decay. Another development in the dental service has been the periodic visits of an orthodontic specialist provided by the Regional Hospital Board with the object of giving diagnosis and advice on further treatment and the correction of irregularities.

It is apparent that organisation for dental supervision is well planned and that the main drawback meanwhile is the shortage of dental officers and modern clinic buildings.

13. Health Education.

A fair proportion of administrative time was taken up with health education. Experience has shown that, once their interest has been aroused, the citizens will respond to an encouraging lead on matters of health. Thus the Sunday evening film shows ran to a fifth winter, and requests for films and talks at guild and similar meetings were more numerous than in any previous year. An effort to focus attention on the need for cleanliness in the handling of food met with an excellent response. The chief vehicle for this was the new film entitled "Another Case of Poisoning" which was shown at about 40 meetings to over 6,000 people, many of them engaged in food handling industries. At these meetings, a medical officer, the Chief Sanitary Inspector, and the Veterinary Inspector answered questions and were able to emphasise lessons which the film sought to present.

The campaign for clean food received a further impetus by the issue of the Report of the Catering Trade Working Party. Recommendations in this Report will go far to influence employers and employed alike, especially if, as is fully expected, the powers of local authorities are strengthened. With the object of stimulating public interest in catering trade reform, one of our Sunday evening film shows was devoted to a "Focus on Food." It was apparent that large sections of the public had become sensitive about the importance of cleanliness in the distribution and serving of food, and that traders are aware of it and are reacting favourably. Even if more stringent regulations are introduced, however, it will still be necessary to educate the thoughtless employee and to encourage some traders to modernise their premises. The Health Committee have been alive to the food handling problem, and are giving it special consideration in view of the need for amending legislation.

Another anti-fly campaign held in the summer helped to keep the citizens active not only in the suppression of flies but in following tidy habits and avoiding the exposure of food and food waste. Investigations carried out in prefabricated houses and in school cooking centres emphasised the value of spraying with insecticides. Some of the prefabricated houses were models of cleanliness and a source of pride to the occupants who regarded a fly as an unwelcome intruder.

Progress was made in the effort to give health education a place in the school curriculum by the publication during the year of a Report on Health Education in Schools, together with suggestions for teachers and model syllabuses. These were issued by the Scottish Council for Health Education following a National Conference of medical and educational personnel, including officers of the Central Departments and Teachers' Training Colleges. Local authorities now have this Report and suggestions under consideration. A brief daily lesson in schools would be a big step towards creating a health-conscious population, and the following extract from the preface to the Report puts the matter in a nutshell: "By whatever means it is achieved, the master aim of the health education programme must be to imbue children with the idea that good health is their right, that it can largely be secured and maintained by the observance of a simple code of rules and, most of all, that these rules are founded on plain commonsense."

14. Immunisation and Vaccination.

Active propaganda was continued throughout the year to obtain a ready acceptance of the twin protections for children—immunisation against diphtheria and vaccination against smallpox. Parents have been impressed by the almost complete disappearance of diphtheria, and the proportion of immune children in the community is rising. The total number who received a complete course of injections during the year was 7,130. This represented a drop of fully 20 per cent. on the previous year, but the figures were affected by a suspension of the service during an outbreak of poliomyelitis in August and September. About two-fifths of the immunisations were administered by general practitioners. The number of reinforcing injections given was 7,250 as against 7,042 in the previous year, and most of these were among children of school age.

Vaccination figures showed a considerable improvement, and this was doubtless a reflection of the outbreak of smallpox in Glasgow and Lanarkshire during the spring. Altogether, 5,959 persons received primary vaccinations as against 4,960 in 1949. There were in addition 7,642 re-vaccinations. The primary vaccinations represented 77 per cent. of the children born in Edinburgh in 1950 compared with 61 per cent. in the previous year. The percentage is about the same as that prevailing before compulsion was removed in 1948. It is a moderately good percentage under voluntary conditions and, in the absence of a spur such as a smallpox outbreak, it can only be increased by steadily encouraging parents to take the wise course and protect their children.

15. Infectious Diseases.

At 7,209 the year's list of notifications of infectious disease was 2,153 more than in the previous year. It was also the largest total since 1945. Two main reasons for the rise were a measles epidemic in the spring and summer, and an increase of over a thousand notifications of whooping cough, which became compulsorily notifiable as from 1st January. In five months from April to August there were 2,219 cases of measles, representing almost 90 per cent. of the total of 2,489 for the year. Despite the high figure, there were no deaths. Whooping cough returns were more evenly spread throughout the year and, of the total of

1,768, about 74 per cent. were children under five years of age. There were three deaths from whooping cough.

From June to October, poliomyelitis notifications were abnormal, but did not reach the high totals ruling in England at the time. Nevertheless, the total of 69 for the year was the highest since 1947 when 151 cases occurred with 19 deaths. There were six fatal cases in 1950.

No fatal case of scarlet fever occurred for the fifth year in succession, and none of diphtheria for the second year in succession. Dysentery, with 551 cases, had its highest total for six years. This emphasises afresh what we are seeking to teach at every opportunity, namely, that citizens require to improve their standards of personal hygiene, particularly those who handle and distribute food.

16. Tuberculosis.

A year ago it was suggested in this Report that the spread of respiratory tuberculosis was being halted. Modern methods of diagnosis were revealing larger numbers of sufferers from the disease but deaths were decreasing. That expectation has been confirmed by the experience of 1950. The number of notifications (681) was twenty higher than in the previous year and the largest in city history, but as has been indicated, the search for early cases has reached a degree of intensity not known before. That, of course, is to be commended since tuberculosis is specially amenable to successful treatment if treatment is begun early.

Mortality from tuberculosis, on the other hand, fell by 12 per cent. and the death-rate of 48 per hundred thousand of the population in 1950 was the lowest in city records. While this is encouraging, it cannot be assumed that the battle is over. On the contrary, the expectation is that tuberculosis will continue to be a serious menace for a long time to come. The danger arising from the "open" case will not be substantially abated until hospital accommodation and nursing personnel have been provided on an adequate scale.

What is the next step? In Edinburgh, as elsewhere, every aspect of the problem has been closely studied. General practitioners have shown the utmost willingness to co-operate in any measures that would help the patient and reduce the risk of infection spreading. One of their chief obstacles is the long wait for hospital beds. On this point the Regional Hospital Board have under consideration a proposal to increase the number of beds with the co-operation of the general hospitals in the area. The local authority service, with ten Health Visitors fully occupied, concerns itself with prevention generally, and with the care and after-care of patients living at home. This ensures that the patient is kept comfortable and that he and his relatives receive suitable advice about precautions to be observed, yet the segregation of the active case is not so complete as it should be. Among proposals to improve segregation, the Health Committee are considering the provision of hostel accommodation for those tuberculous patients who live in lodgings, but there is doubt as to the extent to which this facility would prove acceptable and there are other pros and cons which will have to be carefully weighed one against the other.

During the year, the Housing Committee of the Town Council continued to allocate one house in every nine new houses to a sufferer from tuberculosis. In this way, 154 patients were rehoused during the past year. There are still 364 families on the waiting list.

In March, 1950, a start was made with the use of B.C.G. vaccine in protecting contacts of known sufferers from the disease. B.C.G. vaccine (*Bacillus Calmette Guérin*) was so called after the two French scientists who first used it, and its value has been proved in several European countries, particularly France and Scandinavia. In this country, however, the vaccine is on trial for the first time, although in Edinburgh the Public Health Department had planned to introduce it in 1939 and were prevented doing so by the outbreak of war. Its use meanwhile is restricted to children who have been in contact with a known case and to students, nurses, and others whose work brings them into close touch with infectious cases of the disease. During the last nine months of 1950, 43 infants were admitted to Willowbrae House for B.C.G. vaccination and 28 were successfully treated. Two others were "positive reactors." One child who developed whooping cough was discharged to hospital and came back later. A stay of six weeks was normally required of the children in Willowbrae House. At the Royal Victoria Dispensary vaccination with B.C.G. was completed in 464 contacts of T.B. patients.

17. Venereal Diseases.

Reference to penicillin as "the miracle drug of the infallible cure" is made by the physician-in-charge of the Department of Venereal Diseases, Dr R. C. L. Batchelor, in the report which he contributes to these pages. It may be that experience will modify the method of administration, but, states the report, the salient fact remains that "penicillin appears to have proved itself as the agent of choice for the treatment of both gonorrhoea and syphilis."

A noteworthy point in the report is that congenital syphilis continues to show a downward trend, and that penicillin treatment of syphilis in the expectant mother has proved to be almost infallible in protecting the foetus from the disease. Tribute is also paid to the influence of penicillin in simplifying the treatment and cure of uncomplicated gonorrhoea. This has doubtless led to many patients seeking the services of their general practitioner rather than attending the clinics, and it is also probably the main reason why the number of new applicants at the clinics has shown a progressive decline.

In 1950 new registrations numbered 3,245 as compared with 3,945 in the previous year, a fall of 700 or 21 per cent. Since the post-war peak of 5,979 new registrations in 1946, the numbers have fallen by 45 per cent. Clinical examination showed that, of the 3,245 new patients, the number actually infected was 2,250, as compared with 2,711 in the previous year. It is noted that while cases of syphilis and gonorrhoea showed smaller numbers, the non-specific venereal diseases group remained almost unchanged, and formed about one-half of the infected persons.

Defaulters for the year numbered 332 as against 186 in 1949. This increase is attributed largely to the psychological effect of treatment by penicillin, which, removing symptoms, tends to create undue optimism in the mind of the patient.

Valuable work in bringing patients back to the clinics to complete their treatment was done by the two health visitors employed on this special duty by the Public Health Department. During the year they visited 1,219 patients and persuaded 85 per cent. of them to resume treatment. The health visitors also gave useful service in visiting patients who were prematurely aged and required help and advice. Dr Batchelor pays tribute to the spirit of co-operation found in the local health services. "In the campaign for control of venereal diseases" he states, "the co-operation of the public health, social services, and the protective municipal organisations in general can always be relied upon."

18. Mental Health Services.

Mental health services were maintained on the limited scale that has been in operation since the introduction of the National Health Service Act in July 1948. The City Social Services Officer continued to act as the "authorised officer" in receiving applications for the certification and removal of patients, but the intention is to appoint a special mental health services staff under the charge of a medical officer with qualifications in mental health. There are numerous problems connected with the well-being of those affected by mental illness or defect to which this special staff will be able to apply themselves.

Certification is carried out by the general practitioners who did this work before the change in health administration. In all, they certified 239 patients as against 233 in the previous year. The age-periods showed no substantial difference as between the two years, but the preponderance of females (59 per cent.) was not quite so marked. It is apparent that the housing shortage and the modern tendency of young people to limit their domestic burdens have led to an increasing demand on hospital accommodation. The lack of institutional places for mental defectives is still acutely felt, and the City is fortunate in having an active voluntary body to mitigate the problem of finding employment and recreation for those who are handicapped mentally.

19. Bacteriological Services.

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 by the Bacteriology Department of the University of Edinburgh. The report covers investigations connected with infectious disease, and examinations of samples of water, milk, ice-cream and foods of various kinds. These services, competently directed and ably carried out, are of great value to the medical officers of the Public Health Department and to general practitioners in the city, and public acknowledgment of them is gladly made.

20. Sanitation.

The city lost a valuable and honoured servant by the retiral on April 15, 1950, of Mr Allan W. Ritchie, who had been Chief Sanitary Inspector of the city for 35 years. One has only to look through reports written by Mr Ritchie

over that period to realise that his views on such topics as slum clearance, smoke abatement, and food hygiene were those of a pioneer. Mr Ritchie is succeeded by his deputy, Mr James F. Anderson, who, having been in the city service since 1910, appreciates the standard of sanitation that should be observed. His report in this issue reflects the manifold activities of the sanitary inspectors in maintaining wholesome conditions in houses and workplaces, in abating smoke and repressing vermin and insect pests, and in promoting hygiene in the production and handling of food. A noteworthy item in the report records a decision by the Sheriff of the Lothians and Peebles to refuse an appeal by a baker to be allowed to continue in occupation of a basement bakehouse. The Health Committee had decided that six of the less satisfactory basement bakehouses in the city should be closed after the expiry of a period of two years from November 1949. There are still 28 basement bakehouses in Edinburgh in which the certificate of suitability continues to operate.

21. A Watch on Food.

In these days of food shortages, the Report of the Veterinary Inspector in keeping watch on the city's food supplies is of more than usual interest. Probably it is not generally realised that the weight of foodstuffs seized in markets, shops and other premises in the city amounts to nearly 350 tons per annum. A very strict supervision is maintained at the abattoir and also at the port of Leith and in shops, restaurants, and bakeries. Every type of foodstuff, from butcher meat and fish to cereals, vegetables and fruit, comes under the eye of the Veterinary Officers who are, of course, also concerned with regulations for the control of diseases of animals and for their comfort while moving from place to place.

22. 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. To the Press of Edinburgh I would also convey my cordial appreciation of their discerning interest in our work.

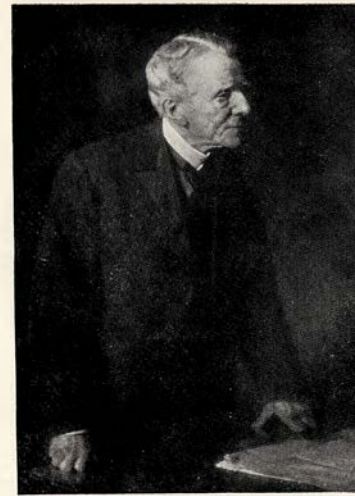
I have the honour to be,

My Lord Provost, Ladies and Gentlemen,

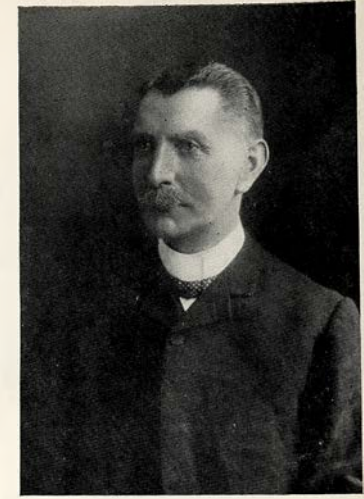
Your obedient servant,

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 21st June to 27th September 1951.



SIR HENRY LITTLEJOHN
1862-1908.



DR A. MAXWELL WILLIAMSON
1908-1923.



DR W. G. CLARK
1938-

*Evening
Dispatch
Photos.*



DR WILLIAM ROBERTSON
1923-1930.



DR JOHN GUY
1930-1938.

MEDICAL OFFICER OF HEALTH—Holders of the Office in Edinburgh



DR G. J. I. LINKLATER
Chief Executive School M.O., 1930-1948.



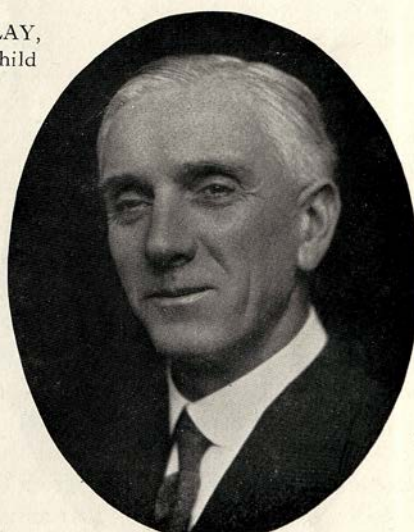
DR DAVID LEES, D.S.O.
Clinical M.O., Venereal Diseases, 1919-1934.



DR T. Y. FINLAY,
Maternity and Child
Welfare M.O.,
1919-1947.



MR ARTHUR GOFTON
Chief Veterinary Inspector, 1915-1948.



MR ALLAN W. RITCHIE
Chief Sanitary Inspector, 1915-1950.

IN THE PUBLIC HEALTH SERVICE OF THE CITY OF EDINBURGH

FIFTY YEARS REVIEW

Public Health Developments in Edinburgh : 1901-1950.

I.—Post-Victorian Changes

THOSE who are old enough to make the comparison are free to confess that the most striking contrast between 1901 and 1950 is the increase in the tempo of life. Work and play to-day proceed at a fast pace compared with the ease and elegance of the Victorian age. Kate Douglas Wiggin, an American author who wrote her impressions of Edinburgh about 1898, found that the great charm of the city was its leisurely atmosphere. She quoted an unidentified writer as declaring this atmosphere to represent "not the leisure of a village arising from the deficiency of ideas and motives, but the leisure of a city reposing grandly on tradition and history; which has done its work and does not require to weave its own clothing, to dig its own coals, or smelt its own iron."

In fifty years that placid picture has been transformed. Iron-smelting is still unknown in Edinburgh; but coal is dug beneath the city's surface and the making of clothing, if not the weaving of it, is quite an important industry. Far from having "done its work," Edinburgh in 1950 rejoiced in the pursuit of many wholesome enterprises that brought happiness and prosperity in their train. "Tradition and history" remained solid assets which intrigued visitors and stimulated the pride of the residents—a pride which has been embellished by steady progress despite the rigours and sacrifices of two major wars.

Shadow of War.

At the turn of the century the South African war was still in progress. It was not until May, 1902, two and a half years after hostilities began, that De Wet was rounded up and the peace treaty was signed. The war cost Britain 20,000 lives. A historian of the time described the British Army as "the greatest ever sent across the seas by any nation in the world." The figures were dwarfed by the millions who fought in the two world wars. In 1914-18 British Empire losses exceeded a million men; in 1939-45 the losses were 353,000 plus 146,000 civilians. In all these Edinburgh bore its part.

It was against this background of war and hardship that the generations of the half-century grew up. Good times were not lacking, but twelve of the fifty years were overshadowed by war. Thanks to the internal combustion engine, the pace of life increased enormously. In 1901 Edinburgh had horse trams and was becoming concerned about the speed of the early motor cars. In 1909 her citizens read of Bleriot crossing from Calais to Dover by air. By that time motor buses were raising clouds of dust on the roads and the supremacy of the railways

began to be challenged. These seemed big changes at the time, but they were mild compared with the vast scale of the great wars and most of all by the dangers confronting the civil population.

Housing Changes.

In Edinburgh housing developments followed quickly after the two great wars. Clearance schemes which began after the 1914-1918 conflict brought the removal of old insanitary properties and the erection of well-planned substitutes in brick and harl. A few blocks of good-looking stone houses were built at Northfield and Gorgie by the local authority, but in a few years economic pressure caused stone to be almost wholly forsaken for brick, both in local authority and in private enterprise building. Similarly, when World War II ended in 1945, financial considerations plus the heavy arrears in housing led to the introduction of quickly erected prefabricated dwellings in timber, aluminium and concrete. Thus the City acquired suburban houses which contrasted sharply with the more solid and characteristically Scottish buildings of the old town. But despite large-scale building between the wars and after 1945, inadequate housing was still the predominant problem confronting the local authority in 1950.

Gas, electricity and water undertakings kept pace with the expanding city. By 1920 all of them were under civic control and they flourished exceedingly. From the health viewpoint a specially noteworthy achievement was the Talla Valley Water Scheme, completed in 1905 at a cost of £1,250,000, which, along with the existing supplies from the Pentland Hills and the Moorfoot Hills, enabled the Water Engineer to deliver, if required, up to 30 million gallons per day. This supply served a population of over half a million, including those resident in a large part of Midlothian as well as the citizens of Edinburgh. At that time the water supply seemed adequate for many years to come. By 1948, however, the Water Committee were embarking on another enlargement by taking in the waters of the Menzion Burn and the Fruid Valley.

Far-Sighted Health Plans.

Concurrent with these changes, the health of the City received close attention from the city fathers and their officials. Many of their plans bear the stamp of courage and far-sightedness. As the nineteenth century closed the spirit of reform was very active. Sir Henry Littlejohn, the City's first Medical Officer of Health, appointed as far back as 1862, was beginning to see the fruits of his pioneering work to rid the City of recurring epidemics and was pressing for further improvements.

He had a powerful instrument of authority in the Public Health (Scotland) Act of 1897. This was regarded as the charter of public health and gave legislative sanction to many of the sanitary reforms which he himself had advocated. The Act enabled the local authority to secure a vast improvement in the cleanliness of streets and dwellinghouses and to provide drainage, sanitary conveniences and a water supply for houses. These provisions went far to bring about a salutary improvement in the health of the City in the fore part of the half-century.

Nevertheless, infectious disease was still common in 1901. Sir Henry Littlejohn's report for that year chronicled no fewer than 599 deaths from zymotic diseases. They included one from smallpox, two from typhus fever, 30 from enteric fever, 26 from scarlet fever, 58 from diphtheria, 169 from measles and 284 from whooping cough. In addition there were 525 deaths from pulmonary tuberculosis and 277 from the non-pulmonary forms of the disease. That, contrasted with present-day experience, represented a heavy toll on human life. The general death-rate for the City was 17.7 per thousand of the population as against 12.6 in 1950.

II.—A Model Infectious Diseases Hospital

RECURRING epidemics caused the Public Health Committee to tackle their hospital problem with vigour. The Town Council's first venture in permanent hospital provision had been the purchase of the old Canongate Poorhouse in 1867 for £1,600. This was succeeded in 1885 by the Old Infirmary in Infirmary Street. In less than ten years the Old Infirmary was found lacking in a smallpox outbreak and it became necessary to erect "large wooden structures" in Holyrood Park. When their purpose had been served the ungainly huts were burned and the public welcomed the Town Council's proposal to have done with makeshifts and to build a new hospital at Colinton, even if it did cost £250,000, which was reckoned to be a large sum of money in those days.

On the advice of the Royal College of Physicians, it was decided to erect the new hospital beyond the City boundary and for the modest sum of £20,500 the Town Council purchased the 130-acre farm at Colinton Mains and set aside 72 acres for hospital buildings to accommodate about 800 patients. The first sod was cut in May, 1897, by Lady McDonald, wife of Sir Andrew McDonald, Lord Provost, and the hospital was opened on 13th May, 1903, by Their Imperial Majesties, King Edward VII and Queen Alexandra.

Fresh Air and Sunshine.

Mr Robert Morham, the City Superintendent of Public Works, who was the hospital architect, had a strong supporter in Sir Henry Littlejohn for his open lay-out enabling the maximum of sunshine and fresh air to reach the wards. The red sandstone buildings harmonised with their magnificent setting at the base of the Pentland Hills and when the work-proud craftsmen had finished their labours, Edinburgh had an infectious diseases hospital that was adequate for its needs and has remained so for close on fifty years despite the fact that the city's population has increased from 330,000 to 466,000.

The City Hospital had as its first Medical Superintendent Dr Claude B. Ker, who had laboured in the older hospital in Infirmary Street since 1896. He was looked upon as one of the outstanding authorities on infectious disease, a painstaking worker and a model of earnestness and devotion to duty. One of his major problems occurred in 1907 when an outbreak of Cerebro-spinal Meningitis (then popularly known as "spotted fever") brought 206 cases in the City and

caused 135 deaths, a mortality rate of 65.5 per cent. The terror of "C.S.M." was that many victims died within 24 hours of being stricken with the illness. In the following year the notifications were down to 53 and the deaths to 23. After another epidemic phase during the 1914-18 war, numbers again became relatively small and remained so until 1940, when an outbreak of 326 cases occurred. Fortunately by this time the introduction of the sulphonamide drugs had robbed the disease of much of its terrors and the deaths were reduced to 45, a case mortality of 10.5 per cent.

First Steps in Diphtheria Immunisation.

Dr. Claude Ker died in 1925. He and his work are commemorated by a plaque in the vestibule of the hospital and by a medal which is awarded annually to the dux student nurse. Dr Ker was succeeded by Dr W. T. Benson, who, after eleven years' service, resigned for health reasons. In 1937 the present Medical Superintendent, Dr Alexander Joe, was appointed. Dr Joe was a former assistant at the hospital and had also served as an Assistant to the Medical Officer of Health before taking up an appointment as Medical Superintendent of the North-Western Hospital, Hampstead, London. Both Dr Benson and Dr Joe took an active part in initiating immunisation against diphtheria among City Hospital nurses and among school children. In 1924 Edinburgh made the first attempt in this country to undertake Schick-testing and immunisation of school children on a large scale.

It may be presumed that Sir Henry Littlejohn was the prime mover in the plan to build the infectious diseases hospital in open country on one of the finest sites in the City. In that venture the Chairman of the Public Health Committee, Bailie James Pollard, C.A., F.S.S., gave a strong lead by publishing a book entitled *The Care of Public Health and the New Fever Hospital in Edinburgh*, which stressed the need for adequate hospital provision and described the plans for the buildings at Colinton Mains. Bailie Pollard's book, which gives a fascinating picture of life in Edinburgh 50 years ago, is now out of print, but a copy of it may be seen in the Edinburgh Room of the Public Libraries at George IV Bridge.

Change in Isolation Policy.

By 1908 the City Health Committee were still concerned to reduce the incidence of certain infectious diseases and Dr A. Maxwell Williamson, the new Medical Officer of Health, took full advantage of Colinton Mains Hospital. Over 90 per cent of all infectious cases notified were hospitalised. During one year the percentage of scarlet fever cases removed to hospital was as high as 98. A departure from this policy occurred about 1925 when medical opinion on infectivity underwent a change. Not only was the duration of stay in hospital reduced in many cases from 42 days to 35 or 28 days in the case of scarlet fever, but patients were allowed to remain at home so long as adequate isolation could be arranged. This meant a saving in hospital expenditure and released beds for more urgent cases.

III—The Growing City

BOUNDARY extensions had been made in 1897 when Portobello and parts of Murrayfield and Gorgie were added to the City, and again in 1900 when areas in Leith and Duddingston were brought within the boundary. These extensions increased the City population by about 30,000. In 1920 amalgamation with Leith and the addition of suburban areas at Corstorphine and Slateford added another 108,000 to the City's population, bringing it up to 420,000—an increase of close on 35 per cent.

Amalgamation with Leith was not accomplished without a fight. The burgh had many stout-hearted protagonists who lived up to the civic motto of "Persevere." Leith had a well-endowed general hospital right at its centre and an infectious diseases hospital in a pleasant open position at East Pilton. But local pride was finally placated and the supporters of amalgamation carried the day. Among the arguments which influenced the granting of the Provisional Order were those of the two Medical Officers of Health, Dr A. Maxwell Williamson for Edinburgh and Dr William Robertson for Leith. For them disease knew no boundaries; it was a common occurrence for public health officials from the two municipalities to be seen pursuing inquiries in the same street. In some cases one part of a dwelling house was in Leith and the other in Edinburgh.

Leith Services Transferred.

Another point in favour of amalgamation was that Leith had electric trams while Edinburgh was still served by cable cars. This necessitated an "all change" arrangement at Pilrig, but the gap in street transport was ended in 1921 when Edinburgh turned from cable haulage to electricity. Leith shared in the benefits of existing services for gas, electricity and water. Her infectious disease cases were taken to Colinton Mains Hospital and the hospital at Pilton, with 100 beds, was given over to the treatment of patients suffering from tuberculosis.

Transfers of officials included Dr William Robertson, who became Depute Medical Officer of Health for Edinburgh, and Mr Thomas Bishop, Sanitary Inspector, who became Depute Chief Sanitary Inspector for the City.

Among the buildings transferred were Victoria Park House, used as a convalescent home for children, and a block containing a day nursery, a child welfare centre and a tuberculosis dispensary.

Slaughterhouse Reform.

Reverting to 1903 we find Sir Henry Littlejohn recommending the removal of the Public Slaughterhouses at Fountainbridge and the Cattle Market at Lauriston Place to sites apart from dwellings and offering a free and open exposure. Situated in a poor locality with narrow streets, the Slaughterhouses had earlier become the subject of inquiry by a Government Commission which ordered extensive improvements and clearances. This involved the removal of Dunbar

Street with its population of 322, of Thornybank with 242 and of Ponton Street with 400, a portion of which, after reconstruction, was allowed to remain. All these plague spots so far as their mortality was concerned, suffered from their proximity to the Slaughterhouses.

Of that Sir Henry was forcibly reminded when removing cases of cholera in the last epidemic. "We were greeted," he wrote, "with hootings and loud cries of complaint from a crowd that '*the town by permitting the Slaughterhouses in their vicinity, with its smells, had actually caused the local outbreak.*'"

Odours and Noises.

While the clearances led to changes in the neighbourhood of a beneficial character, Sir Henry Littlejohn in 1903 reported that complaints had reached him as to the noises connected with the lowing of cattle and the barking of dogs in connection with the large sheep traffic and also as to the general odours which arose, especially in summer. A curious complaint was one from tenants that the windows of their living-rooms, looking towards the Slaughterhouses, had frequently to be kept shut owing to the presence of a fine dust which, on examination, proved to be hairs derived from the rubbing of the animals.

"I have found it impossible" wrote Sir Henry, "to deal with the sanitary conditions in the west end so long as the Corporation themselves continued to tolerate the existence of the Slaughterhouses on their present site."

The Town Council agreed with the Report and set about looking for a model site measuring up to the requirements of their M.O.H. They also agreed to remove the Cattlemarket from Lauriston Place "where difficulties are apt to arise with the entry and leaving of cattle and sheep when the Fire Brigade is called out on one of its numerous and sometimes hourly calls."

Many Blessings.

Sir Henry Littlejohn, who died in 1908, had the satisfaction of seeing new buildings started at Gorgie for the present Cornmarket, Cattlemarket and Slaughterhouses. Covering seven acres, the buildings cost £50,000 and were opened in 1910.

It may thus be said that the removal of the markets and abattoir to Gorgie was Sir Henry Littlejohn's last important achievement for the City. In his 46 years as M.O.H. he had established a reputation for the creation and direction of sound measures of health reform. His first annual report published in 1863 is regarded as a prized possession by medical officers and sanitarious. In addition to an able pen, he had a lively sense of humour and his capacity for pleasant repartee won support for proposals which brought many blessings to the City which he loved intensely. In his time Sir Henry saw plague disappear from the City, while typhus fever, enteric fever and smallpox were reduced to negligible proportions.

IV.—Anti-Tuberculosis Measures

IN 1911 the first National Health Insurance Act gave local authorities an opportunity of getting to grips with tuberculosis, a disease which was taking heavy toll of adolescents and people in the prime of life. Guided by Sir Henry Littlejohn, Edinburgh had made T.B. a voluntarily notifiable disease in 1903, four years in advance of its being included among the compulsorily notifiable diseases. The Public Health Committee thus collected much valuable information about the extent to which the disease existed in the City.

They had also set aside in the City Hospital a pavilion with fifty beds and introduced twelve open-air shelters, each with two beds, for the treatment of tuberculous patients. Further provisions included arrangements with the Royal Victoria Hospital Trust for dispensary facilities in return for a subsidy of £450 and for the call on ten beds in the Royal Victoria Hospital where patients could be sent for a course of treatment extending for about three months, at an annual cost of £500.

Expanding Corporation Services.

These measures had been proving satisfactory and it followed that the demands of the new Act of 1911 had been largely anticipated. Nevertheless, the continuing high incidence of pulmonary tuberculosis warranted an extension of local authority services. In 1911 there were 1,052 new cases notified and in 1912 an increase to 1,255—almost double the number noted in 1950.

Taking his cue from the Government scheme, Dr Maxwell Williamson framed a comprehensive plan for the prevention and eradication of the disease. This included the provision of more beds at the City Hospital and the taking over by the City of the Royal Victoria Dispensary at Spittal Street, the Royal Victoria Hospital (90 beds) at Comely Bank and the Royal Victoria Farm Colony (26 beds) at Lasswade, Midlothian. The Farm Colony provided training in gardening, poultry-keeping and pig-rearing.

The agreement under which these institutions were transferred to the City as a gift—subject only to a capital debt of £13,000—bound the City to carry them on for the purpose for which they were established and for a period of seven years from the transfer not to use the Royal Victoria Hospital or the 50-acre Farm Colony for the admission of cases of phthisis in an advanced stage. Facilities were also to be provided for teaching and research. These conditions were honourably observed, and a close link was formed between the City and the University in the teaching facilities which became available. The Corporation appointed Dr John Guy as their first Tuberculosis Officer (he was afterwards made Depute Medical Officer of Health) and they retained the services as Consultant of Sir Robert Philip, the first Professor of Tuberculosis at the University of Edinburgh.

Insured Persons.

The Burgh of Edinburgh Insurance Committee, created to look after the interests of insured persons under the National Health Insurance Act, made a contribution of £250 (later reduced to £200) towards the salary of the Tuberculosis Officer and paid to the Corporation at the rate of 25s. per week (later increased to 35s. per week) for sanatorium benefit to insured persons so far as the Committee's funds would allow, leaving the others to fall into the same category as uninsured citizens. Eventually financial adjustments were made whereby the Corporation bore the whole expense of sanatorium treatment. All expenditure under the heading of tuberculosis was subject to a Government grant of 50 per cent.

Dr Maxwell Williamson's scheme was soon followed by a fall in the incidence and in the death-rate from tuberculosis. The Royal Victoria Dispensary became a focal point to which private practitioners referred patients for investigation of chest conditions. An X-ray unit gave valuable help, and in 1925 treatment by ultra-violet ray lamps was introduced for children suffering from the non-pulmonary forms of the disease. In brief, the Dispensary was looked upon as a specialist centre in which the citizens had the utmost confidence and from which the gospel of tuberculosis prevention was assiduously preached.

Early Workers.

By his work in Edinburgh, Sir Robert Philip became a world figure in the anti-tuberculosis movement. His clinic opened in Lauriston Place early in the



MISS AGNES CRAIG—TUBERCULOSIS HEALTH VISITOR IN 1906.

century represented the first anti-tuberculosis scheme in the country. One of his helpers was Miss Agnes Craig, who began duty in 1906 and is believed to have been the first woman to engage in health visiting in Edinburgh. It was Miss Craig's duty to visit families in their own homes and encourage them to carry out preventive measures. As was the fashion at the time, she wore a navy blue straw bonnet with a ribbon tied in a bow under the chin. Her tall and stately figure was a familiar one in working class districts where she proved to be a welcome and understanding visitor. Miss Craig continued her work as a Health Visitor when Sir Robert Philip's organisation was merged with that of the Corporation in 1913. She retired in 1934 after 28 years' service.

After opening the clinic at Lauriston Place, Dr. Robert Philip, as he then was, moved to more commodious premises at Spittal Street, where a church building, including the hall, was adapted to form the Royal Victoria Dispensary, with waiting rooms, medical inspection rooms and facilities for dispensing medicines.

The First Sanatorium.

Dr Robert Philip also instituted the first sanatorium in Britain by obtaining the use of a small mansion house at Comely Bank, Edinburgh. With their tree-shaded lawns, the grounds made an ideal retreat for patients requiring rest, fresh air and nourishment. The house was built by the brothers Adam and the original ceilings and doorways, still in a good state of preservation, are now the admiration of the nurses who use it as a Nurses' Home. This mansion formed the nucleus of the Royal Victoria Hospital. Five new pavilions were built in which the architect used a butterfly design to give effect to the medical requirement of maximum sunshine and fresh air.

It was the aim of those directing the scheme that the hospital should be reserved for patients in the early stages of the disease, and as a corollary they purchased Springfield House at Polton with the object of providing instruction in outdoor occupations. All this was done by voluntary effort under the direction of the Royal Victoria Hospital Tuberculosis Trust and it was with this body that the Corporation joined hands after receiving Dr Maxwell Williamson's proposals in 1912.

The partnership proved most successful and continued without material change until it was found necessary in 1940 to close the Farm Colony owing to a falling off in applications for admission, patients taking the view that if they were able to work at Polton, they wanted to work on their own account and be with their families. By agreement between the Corporation and the Trust, the Farm Colony was sold in 1948.

Tuberculosis Officers.

As the first Tuberculosis Officer in the City, Dr John Guy took an outstanding part in developing measures for prevention and treatment. His early years were marked by problems arising from the 1914-18 war, when sanatorium accommodation was taxed by the admission of naval and military patients. In

1917 Dr Herbert C. Elder was appointed his assistant and seven Health Visitors assisted in the dispensary work besides going to the homes of patients to give advice and nursing attention. Later the medical staff was increased to three so that they might overtake increasing rounds of visitations to hospitals and patients at home, besides carrying on the work of consultation at the two dispensaries in Edinburgh and Leith. The health visiting staff was increased to ten.

In 1930 Dr Guy became Medical Officer of Health and was succeeded as Tuberculosis Officer by Dr Elder, who was still in office in 1950 although under new administration. This administrative change was the result of the National Health Service (Scotland) Act, 1947, under which the hospitals and dispensaries were transferred from the Corporation to the South-Eastern Regional Hospital Board as from 5th July, 1948, and placed under the administration of the Management Board of the Royal Victoria and Associated Hospitals, whose control embraced the City Hospital, Southfield Sanatorium, Loanhead Infectious Diseases Hospital, Royal Victoria Hospital, Royal Victoria Dispensary, Leith Dispensary, and the Mass Radiography Unit at Warriston Close.

The Management Board improved the accommodation at the Royal Victoria Dispensary by providing additional dressing-rooms and modernising the lighting and decoration. The medical staff were relieved of hospital visits and the sessions at the Dispensary were increased to 13 per week as compared with seven per week formerly.

Preventive Measures.

Mass miniature radiography was a wartime development whereby units were set up in Glasgow, Edinburgh and Lanarkshire for the taking of chest photographs of large groups of the population. The Edinburgh Unit at Warriston Close, opened early in 1946, was regarded by experts as one of the best in the country for its convenient situation and spacious lay-out. Of 27,613 persons examined in the first year, 274 were diagnosed as suffering from post-primary pulmonary tuberculosis. In 1950 the scope of the service was increased by the provision of a mobile unit to visit public works, factories, schools and other large groups both in the City and in Fife and South-eastern Counties. The mobile unit has a portable generator in a separate van to supply power where a local cable is unobtainable.

The year 1950 was noteworthy for the introduction to this country of a preventive vaccine known as B.C.G. (*Bacillus Calmette Guérin*—so called after the two French scientists who first used it). The vaccine had been used with considerable success in European countries and in Scandinavian territories its use was compulsory. Edinburgh was to have had its first experience of the vaccine in 1939, when the city tuberculosis officer and a bacteriologist from Edinburgh University made studies in Paris and recommended its adoption, but the outbreak of war caused the plan to be abandoned. The introduction in 1950 was approved at national level and at the outset vaccinations were confined to those who were in contact with persons affected by pulmonary tuberculosis, including nurses and students working in tuberculosis wards.

Falling Death-rates.

Notifications of pulmonary tuberculosis rose considerably in the years 1945-50, and it is believed that the increase was due largely to the improved facilities for examination and diagnosis. The death rate also increased slightly, but was falling again in 1948, and by 1950 was lower than it had ever been in Edinburgh. In his later years Sir Robert Philip declared that tuberculosis was "on the run" in Scotland. Since 1901 the death-rate for pulmonary tuberculosis in Edinburgh has fallen from 165 per hundred thousand of the population to 48 per hundred thousand in 1950. The fall in the death rate from the non-pulmonary forms of the disease has been even more striking. From 87 per hundred thousand in 1901 it was down fifty years later to five. This can be attributed to the wider use of milk from tubercle-free herds.

Under the National Health Service (Scotland) Act, 1947, administration of anti-tuberculosis measures in the City was spread over three bodies—(1) The Local Executive Council, representing the general practitioner service; (2) The Royal Victoria and Associated Hospitals Management Board, controlling the dispensary and hospital services; and (3) The Town Council of Edinburgh as the local health authority to take measures for prevention, care and after-care. This administrative machinery seemed cumbersome at the outset and several liaison meetings were necessary to define spheres of action and promote effective co-operation.

V.—Housing and Sanitation

DR MAXWELL WILLIAMSON'S scheme for the eradication and control of tuberculosis had scarcely got under way when the war of 1914-18 broke out. This brought its own difficulties to a Public Health Department which could only be regarded as in an early stage of development. Nevertheless the Medical Officer of Health, in making provision for increased facilities for the diagnosis and treatment of tuberculosis, had not overlooked conditions which, if not altered, would continue to be a serious menace to the health of the people. In brief, a drive for improved housing was visualised.

Dr Williamson accordingly drew attention in his annual reports to what he termed "black spots." These were densely populated areas with overcrowded houses which lacked light, ventilation and sanitary amenities and where mortality rates were high. Not much could be done while the war lasted, but after the armistice an urgent demand arose for the clearance of slums and the erection of new houses. Edinburgh's first reaction to this was the promotion of several clearance schemes. A well-staffed Sanitary Department, with Mr Allan W. Ritchie as chief sanitary inspector, had by this time come into being, and detailed surveys were made of several areas where old houses could be pulled down and new ones built.

Improvement Schemes.

The first of the Improvement Schemes, as they were called, concerned areas in the Cowgate, Grassmarket, Candlemaker Row, and their environs—all in the

centre of the City. An inquiry was heard in the City Chambers by a Commissioner from the Scottish Board of Health, with medical and architectural assessors, who afterwards visited the areas. Their proposals, carried out gradually to obviate a sudden displacement of population, provided for reconstructed dwellings in or near the areas, and for new houses at Lochend Meadows, on the eastern side of the City.

This, occurring in 1923, was the procedure followed in similar schemes for the next few years. Some very bad properties in Leith were thus removed and the people given pleasant new habitations at Lochend. Another improvement scheme concerned Canongate and Corstorphine Areas, and the largest of all was in St. Leonard's district, where there were "several very densely populated areas containing clusters of tenements in which the conditions of overcrowding, discomfort and noisomeness are very serious." In one block of eight tenements, two being of four flats and six of five flats, there were no fewer than 186 houses, with a population of 539 adults and 208 children. This population was planted on an area of 4,034 square yards. The density worked out at 896 persons per acre and the number of houses per acre was 223, as against the regulation 12 to 24 under the Town Planning conditions of the time.

Striking Transformation.

St. Leonard's Ward alone had a population of almost 23,000 living within the constricted area of 104 acres. Its population approximated to that of towns like Inverness, Dumbarton, Stirling and Port Glasgow. Similarly the historic Canongate had many old houses in overcrowded areas which it was found desirable to alter by the improvement scheme method. Demolitions accordingly took place, and new stone tenements in keeping with their surroundings were built, providing homes with modern conveniences and bringing about a drastic reduction in density.

The transformation in St. Leonard's Ward was striking. A new architectural environment worthy of its dignified setting had been created for humble working people who wanted to remain in the centre of the City. The fine discernment and professional skill of Mr. E. J. MacRae, the City Architect, did much to keep the St. Leonard's and the Canongate Schemes in harmony with their historic surroundings. Mr MacRae at the same time prepared a comprehensive plan for the preservation and restoration of the Royal Mile from the Castle to the Palace of Holyroodhouse.

A Social Revolution.

And what of the people who were displaced? In some cases persuasion had to be used before the people would go, for there were objections to the travelling expenses and the higher rents which new housing schemes in the suburbs would involve. The Lochend estate quickly filled up, even with large tenements being built in preference to the smaller duo-slab blocks. Most of the St. Leonards' migrants found houses at Prestonfield and Niddrie Mains, where new housing estates two miles from the old surroundings were created, complete with shops, schools, churches, a child welfare centre and a cinema.

To remove about 12,000 people from city tenements to this new and strange environment was something of a social revolution. It seemed that the health of the people improved more rapidly than their habits, and vandalism became a problem to the authorities. However, it was an experiment, and lessons were learned which were not forgotten in subsequent housing plans. The main thing was that the transferred people forgot their grumbles in the benefits which flowed from well-appointed homes in bright, open surroundings and their enjoyment of better health.

New Interests.

Moreover, there grew up a generation which acquired new interests in the schools and learned to appreciate what was sound and worth while. There is no doubt that the headmasters and teachers in this area gained the confidence of the people and won their active co-operation in giving their children a chance in life. The same can be said about the goodwill shown towards the health services in the area and to the response made to efforts by women sanitary inspectors to foster habits of cleanliness and good order. Anti-social conduct, it was estimated, appeared in only about five per cent of the population. At the same time, damage to public property was frequently serious.

Altogether in the period between the wars, the Sanitary Department promoted five improvement schemes involving 4,169 houses and 13,402 people, and carried through under the Housing (Scotland) Act of 1930 fifteen clearance schemes involving 3,019 houses and 10,315 people—a grand total of 7,188 houses and 23,717 people. "This large-scale movement," stated the Chief Sanitary Inspector in his report for 1938, "has been a big factor in the hygienic welfare of the whole population, leading, as it has done, to marked improvement in the health statistics."

More Houses.

After the 1939-45 war, the Corporation resumed their house-building programme with as much vigour as the supply of materials and labour would allow. The housing schemes at Granton and Pilton were extended westwards to Muirhouse and Silverknowes, and a fine marine promenade two miles long linked up the area with the village of Cramond. Behind the promenade the wooded parks became a public pleasure ground with superb views of the estuary and the Fife coast. Other large developments which took place at Sighthill and Gilmerton included a considerable variety of houses of traditional and non-traditional types. The Sighthill area was singled out for the erection by the Department of Health of the first health centre in Scotland, with facilities for group medical practice and the various branches of the local health service.

Two important tasks overtaken in connection with housing and sanitation were the surveys made in 1935 and 1946 to determine the degree of overcrowding and the housing needs of the City. In 1935 it was ascertained that the degree of overcrowding was 19.64 per cent in houses with a rental of £45 or under. The 1946 survey showed that there were 133,261 families resident in the 120,265 houses surveyed, which meant that 12,996 families were living in sublet apartments. On the same standard as in 1935 the degree of overcrowding in houses with a rental of £45 or under was 15.71 per cent, a reduction of almost four

per cent. Revised standards introduced in 1944, however, brought the degree of overcrowding up to 32.70 per cent and on that basis the estimated rehousing requirements in 1946 were 50,000 new houses and 12,000 reconstructed houses.

Between 1920 and 1950 the Corporation Housing Department provided 18,586 permanent houses and 4,000 temporary houses. With Corporation assistance and subsidies, a further 13,591 houses were built, giving a grand total of 36,177 houses. The capital cost of the Corporation's schemes for permanent houses over the thirty years was close on £13,000,000.

Smoke Abatement.

Housing apart, the Sanitary Department from its inception as a separate unit in 1898 wielded a wholesome influence on many other aspects of city life. The routine work of general sanitation received close attention, but over the years new legislation brought recurring instalments of fresh responsibilities. Thus the inspectors had to concern themselves with such matters as smoke abatement, the repression of rats, mice, and insect pests, inspection of shops, restaurants and factory premises, cleanliness in the handling of food, and the prevention of the adulteration of food. The inspection of ships arriving at Leith Docks occupied the attention of two of the senior inspectors, and ten women inspectors had the duty of supervising the Corporation housing estates. Pioneer work for the abatement of smoke received a set-back during the war when the urge was to hide the City in as much smoke as possible, but education goes on, and many industrial executives are alive to the problem. It is doubtful if the creators of domestic smoke can be so readily enlightened.

Another subject stressed by the Chief Sanitary Inspector for many years—the clean handling of food—reached the headlines during 1950 when a Catering Trade Working Party investigated the problem. Their Report, issued in January 1951, contained recommendations which had been systematically advocated in Edinburgh for a very long time. The Health Committee welcomed this Report and resolved that as a first step to improvement the health officials should have discussions with employers and workers in the food industries. After 35 years' service, Mr Ritchie retired in 1950 and was succeeded by his deputy, Mr James F. Anderson.

VI.—Veterinary Services

IN the early part of this century when the horse was the chief means of supplying power in agriculture and transport the bulk of the work of veterinary surgeons was concerned with horses, their examination for soundness, lameness, illness, etc. Following the first World War there has been a gradual replacement of horses by motor vehicles and there are now very few large studs in the City. In 1905 the Lighting and Cleansing Department had a stud of 190 horses whereas to-day they have only 9. Consequently, veterinary science in recent years has been directed to the prevention of disease in cattle, sheep, pigs and poultry and striking advances have been made in disease control. Some dangerous diseases were eliminated from this country years ago, e.g. glanders and rabies; some diseases appear sporadically as in the cases of foot and mouth disease and fowl

pest and are dealt with under the slaughter policy—other diseases such as tuberculosis and contagious abortion have shown that modern methods have reduced their incidence and we hope will gradually eliminate them.

Veterinary Officers were appointed under Sir Henry Littlejohn to the City as early as 1904 when one, John Riddoch, M.R.C.V.S., gave an account of the cow byres in the City. No mention is made of meat inspection until the year 1907 when reference was made to it in the annual report of the Public Health Department issued by Dr. Maxwell Williamson. Riddoch was assisted by three other veterinary officers and remained in office until 1914 when the Town Council decided to set up a separate Veterinary Department composed of a Chief Veterinary Officer and four assistants. In that same year Professor Arthur Gofton, F.R.C.V.S. of the Royal (Dick) Veterinary College, was appointed Chief Veterinary Officer, but as he was at that time on war service he was unable to take up his post. Mr Riddoch, although at retiring age, carried on under great difficulties due to depleted staff and it was not until 1919 that the Department was established under its new head. Mr Gofton proved himself to be an able organiser and put the inspection of meat and dairies on a proper basis.

Meanwhile, between 1900 and 1910 the Corporation decided to move the private cattlemarkets from Haymarket Terrace and Valleyfield Street, the Corporation market from Lauriston and the Slaughterhouse from Fountainbridge, and rebuild them all on one site at Gorgie. The planning and construction of this project were excellent and the premises, even to-day, are among the finest in the country.

Inspection of Meat.

The inspection of meat cannot be said to have been very thoroughly carried out in the early years and in fact no routine inspection was done, the inspectors only giving advice when requested. Checking of the soundness of meat was thus largely a matter of examining meat exposed for sale in shops, and this usually after all evidence of disease had been removed. Mr Gofton started routine inspection of all animals killed for human food and in order to standardise meat inspection throughout Scotland the Department of Health for Scotland set up a Committee to form rules for such inspection. Gofton was one of the members of that Committee, whose deliberations resulted in the Public Health (Meat) Regulations, 1932, which laid down definite instructions which each meat inspector had to follow in carrying out routine inspection in his own area. They also laid down conditions for the running of private abattoirs. These Regulations are still in force to-day and have done much to raise the standard of meat inspection in Scotland.

When Gofton took up his duties the abattoirs at Portobello and Leith were both in operation but eventually they were closed down in 1923 and 1934 respectively after a good deal of opposition from Leith master butchers. All animals must now be slaughtered at Gorgie Abattoir and consequently the routine inspection of all carcasses is much easier. It is very rare at the present time for a butcher to have diseased meat on his premises and, indeed, it is the modern tendency for the butcher to call in the Veterinary Department for advice if he is at all suspicious of the condition of the meat delivered to him.

Control of Milk.

The first real step forward in milk legislation was the Milk and Dairies Act of 1914 which unfortunately did not come into force until 1925. Prior to this, however, routine inspection of dairies in the City had been carried out by Veterinary Officers since 1904 and cows showing tuberculosis of the udder were ordered to be removed from the herd under a clause in the Edinburgh Municipal & Police (Amendment) Act of 1891. Unfortunately, no power was given under this Act to slaughter the affected animals and many of them found their way to premises elsewhere. The 1914 Act laid down that premises used for producing milk must be registered with the Local Authority and must comply with a certain standard of construction as laid down in local bye-laws. These bye-laws also stipulated the methods to be employed to ensure the proper cleansing of utensils and the handling of milk in a hygienic manner.

In 1926 there were 105 milk producers on the register whereas now there are only 28. This reduction has been brought about firstly, because many of the cow byres were badly constructed and were closed down by the Local Authority as the opportunity presented itself, and secondly, cows in the City byres were never allowed out to grass and the owners could not compete against the farmers with plenty of grass land so that economically many were forced to give up. The passing of the Milk (Special Designations) Act of 1949, which states that in areas specified by the Minister of Food only designated milk will be allowed to be sold retail, will mean that a few more will be forced to close down, again from the economic point of view.

In order to improve the quality of milk, the Milk (Special Designations) Orders were passed in 1923 and farmers were paid a bonus on quality of milk and there is no doubt that this Order and subsequent Orders did much to stimulate interest in clean milk production among the farming community.

Eradication of Tuberculosis

About 1925 the veterinary profession began to press for the clearing up of tubercle from dairy herds, and to set an example to City dairymen the Corporation started a tubercle-free herd on their farm at Colinton Mains. Mr Gofton had to travel fairly widely in the south-east of Scotland to obtain T.T. stock. In 1936 the herd was enlarged and placed in a model byre at Roddinglaw Farm six miles west of the City. In 1930, when Bangour came under the City's administration, a tubercle-free herd was established there also. The number of tubercle-free herds in Scotland rose from 44 in 1935 to 14,135 in March, 1951. At this latter date roughly 43 per cent. of all cattle in Scotland were free from tuberculosis and in the southern half of the country 90 per cent. of all milk was produced from attested herds. By the end of 1950 it was estimated that of all milk sold in the City of Edinburgh 87 per cent. was pasteurized, 10 per cent. was designated and the remaining 3 per cent. was from ordinary herds. The Corporation dairy farms have now been transferred to the South-Eastern Regional Hospital Board but the clinical work is still being carried out by the Veterinary Department.

Diseases of Animals Acts.

It was the duty of the Local Authority to enforce the various Orders made under the Diseases of Animals Acts in order to control the Scheduled Diseases such as Foot and Mouth Disease, Sheep Scab etc. Prior to 1937 the Veterinary Officers carried out the diagnosis of the diseased conditions as well as the enforcement of the Orders, but in that year the diagnostic duties were transferred to the Ministry of Agriculture. After agreement with the Ministry, those duties were still carried out to a varying extent by the Local Authority Veterinary Officers acting on behalf of the Ministry, as exemplified by the work done at the Markets and Slaughterhouse.

In 1937 Mr Gofton had three veterinary assistants but one joined the veterinary staff of the Ministry of Agriculture and another retired in 1941 when the bacteriological testing of milk was transferred to the University.

Mr Gofton retired in 1944 and was succeeded by his deputy John Norval, M.R.C.V.S., whose staff consisted of one veterinary assistant and five food detention officers. Many problems arose during the war years, with bomb damage, prolonged storage of food in Ministry of Food depots and A.R.P. posts, the return of Service stores to civilian use, and the use of unusual types of food such as whalemeat and horseflesh. Another factor was that the Department was often placed between the Ministry of Food and the wholesaler, between the wholesaler and retailer, and between retailer and consumer, and considerable tact had to be shown. Owing to the increased popularity of canned foods the inspection of this commodity has become one of the major tasks of the Veterinary Department.

VII.—The Expanding Service

DR. MAXWELL WILLIAMSON'S period of office as Medical Officer of Health from 1908 to 1923 was marked not only by activities connected with housing reform and tuberculosis, but by two important extensions of the public health service promoted by the Government during the 1914-18 war. These were the Maternity and Child Welfare Scheme and the Venereal Diseases Scheme. Probably it was the war that precipitated both projects, but despite the stresses of the time, Dr Williamson devised and put into action two well-conceived plans which served their purpose to a high degree.

His report, dated July 1916, with proposals for setting up a maternity and child welfare service ran to almost twelve closely-printed foolscap pages. Councillor John A. Young, L.D.S., Convener of the Public Health Committee, described it as "certainly one of the most comprehensive and effective of all those attempted or projected by any municipality in the kingdom." One of the main proposals was to incorporate in the scheme a large number of voluntary bodies connected with dispensaries, hospitals, kindergartens, nurseries, and open-air play centres. This co-operation, one of the soundest suggestions ever made in local government, was warmly accorded and it was on that foundation that Edinburgh's Maternity and Child Welfare Scheme developed and flourished.

Financial Contrast.

It was suggested that the initial staff of the new Department should consist of one lady doctor to serve under the administration of the Medical Officer of Health, ten nurses, two superintendent nurses, and three clerkesses. Expenditure on staff, centres, subsidies, etc., for one year was estimated at £4,500. Dr Williamson feared that this might be regarded as a large financial outlay and asked his Committee to contrast it with the sum of £14,000 which the City spent annually in the effort to cure tuberculosis. "It might be within the region of safe prophecy to suggest" he wrote, "that the expenditure of the sum which will be entailed under the proposed Scheme for Child Welfare is likely to be productive of results which in all probability will be of a much more lasting and beneficent nature."

Thus was Dr Maxwell Williamson, like Sir Henry Littlejohn, wise before his time. The "Scheme for Child Welfare" proved to be prevention of the most valuable kind. Maternity and child welfare clinics were opened to which the official and voluntary visitors (there were 300 of these voluntary visitors) were to send "all children who appear to require medical attention, if their parents have not a medical attendant of their own." In this way care was provided for those most in need of it. A supply of milk was granted free for the use of infants, and food for nursing mothers on the recommendation of any of the physicians in connection with the child welfare centres.

First Child Welfare Medical Officer.

The suggestion to appoint a lady doctor did not materialise, and it was not until March 1919 that the scheme had its first administrative head in Dr Thomas Yule Finlay. Dr Finlay had served under Dr J. W. Ballantyne, who set up the first ante-natal clinic in Britain, and he had absorbed much of the zeal that actuated Dr Ballantyne in providing adequate pre-natal supervision of mother and child. The service expanded with the years until in 1950 there were 21 child welfare centres and 16 nurseries, all held in high regard for their services to mothers and children.

When he retired in 1947 after 28 years' service Dr Finlay had a staff of close on 300, including eight medical officers, 45 health visitors and about 170 nursing personnel in day and residential nurseries. One of the most striking features of the service was the degree of "penetration" achieved by the enlarged staff of health visitors, who became the friends and advisers of mothers on problems affecting their infants. A note on the development of the Maternity and Child Welfare Department since its inception appears in another part of this Report. Dr Finlay was succeeded by Dr Haldane P. Tait, who had been his senior assistant for nine years.

Venereal Diseases.

Until the war of 1914-18 the subject of venereal disease was one to be mentioned with bated breath. Treatment had to be on a "hush-hush" basis and unqualified vendors of "remedies" drove a lucrative if doubtful trade. The

high proportion of service men affected, however, showed the problem to be a menace to the nation's war effort, and in October 1916 the Local Government Board for Scotland issued an Order requiring local authorities to prepare schemes for the prevention, diagnosis, and treatment of persons suffering from venereal diseases during their communicable stages. A Government grant of 75 per cent on all approved expenditure was offered and facilities had to ensure that free treatment would be available to all affected persons irrespective of their position in life.

Dr Maxwell Williamson dealt with this requirement as he had done earlier with child welfare—by drawing largely on existing institutions. He arranged with the managers of the Royal Infirmary to provide a main centre for in-patient and out-patient treatment of men and women, and this had the effect of enabling patients to seek treatment at a large institution where the reason for their attendance would not be apparent to the public.

Similarly, pre-maternity cases were received at the Royal Maternity Hospital, and beds were provided for children and married women at the Women's Hospital, Bruntsfield, and later also at the Elsie Inglis Memorial Maternity Hospital. Subsidiary clinics for women were opened at 25 Grove Street (afterwards transferred to 21 Torphichen Street), 1 Wheatfield Road, Gorgie, and 29 Windsor Street. Facilities for seamen were later provided in a Seamen's Dispensary opened in adapted shop premises at the Shore, Leith (1925).

A Regional Scheme.

Before the scheme began in February 1919 there existed no reliable information as to the extent of the prevalence of the disease, nor was there any evidence as to whether sufferers would be likely to use the facilities provided. Doubts were quickly set at rest. Before many days had passed it was reported that the numbers affected by venereal disease were "extraordinary," and that there was no disinclination on the part of sufferers to place themselves immediately under treatment. A regulation forbidding unqualified persons to engage in any form of treatment resulted in "quackery" disappearing almost overnight.

Thus the Venereal Diseases Scheme took shape. It was not only a city scheme but a regional one, for agreements to share in the services were concluded with the counties of West Lothian, Midlothian, East Lothian, Peebles, Selkirk, Roxburgh and Berwick. This could be termed a first step in the regionalisation of health services which was to be a feature of the National Health Service about 30 years later.

Colonel L. W. Harrison, D.S.O., a leading authority on venereal diseases, was appointed Edinburgh's first Clinical Medical Officer, but soon afterwards the Ministry of Health in England offered him the post of Inspector of Venereal Diseases for England and Wales, with charge of a model clinic in London. The Minister of Health, Dr Addison, appealed to the Corporation to release Colonel Harrison and this was done with great regret. There followed the appointment of Dr David Lees, D.S.O., who proved an able surgeon and a keen administrator, qualities which were recognised by his being invited to become the medical representative on a British delegation who visited India to advise on the problem

of venereal diseases for the Governments of Bombay, Madras, Bengal and Burma. With the consent of the Public Health Committee, Dr Lees was absent on this task for about six months.

Dealing with Defaulters.

On his untimely death in 1934 Dr Lees was succeeded by his deputy, Dr R. C. L. Batchelor, who was still at the helm at the end of 1950. Dr Batchelor recorded important changes in the chemotherapy associated with the treatment of venereal conditions—first with the introduction of the sulphonamide drugs and later with the discovery of penicillin. As a result, the period of treatment was substantially reduced, and prospects of cure, particularly in the case of gonorrhoea, were greatly improved.

One of the early problems which arose in the treatment of venereal diseases was that of the defaulter. A patient might begin a course of treatment with expensive drugs and fail to complete it, which meant that no cure had been effected and that the expenditure had been wasted. In Edinburgh for the five years 1921-26 as many as 5,129 patients (37 per cent) out of 13,723 cases whose treatment had ceased, were defaulters. For Scotland as a whole the defaulter rate in the same period was 49 per cent.

To overcome this unsatisfactory position Edinburgh Corporation in 1928 promoted a Bill in Parliament with the object of obtaining powers to make a trial for an experimental period of five years of a system which made provision for compulsory treatment. Opposition to the Bill was strong and it did not pass. During the war of 1939-45, however, a form of compulsion was introduced under Defence Regulation 33B, which gave Medical Officers of Health compulsory powers for the examination and treatment of suspected sources of infection named as such by two consorts. The Regulation remained in force for five years before being rescinded on 31st December, 1947. In that period 296 persons were brought to the Edinburgh clinics under the Regulation, of whom 217 or 73 per cent were found to be suffering from syphilis or gonorrhoea.

VIII.—Education—and more War Clouds

ON the death of Dr Maxwell Williamson in 1923, Dr William Robertson became Medical Officer of Health and served until his retirement in 1930. Brief though his term was, Dr Robertson made his mark as an advocate of prevention. Health slogans on lamp standards were an outward and visible sign of the new approach to the citizen. Dr Robertson believed in "taking the people with you" and had himself a gift for engaging in friendly informal talks with a high educational value. Two health and hygiene exhibitions organised by him attracted large attendances in the Waverley Market and did much to stimulate interest in public health. The 1930 exhibition earned a surplus of £1,200, part of which was for many years devoted to staff welfare objects among the Corporation's hospitals and nurseries.

Another innovation by Dr Robertson was the employment of a skilled cookery teacher to give lessons to small groups of mothers, either in the homes or in a convenient meeting place, where simple yet nourishing dishes could be prepared with the utensils commonly used in a working class household. This went on for some years and proved popular.

Tubercle-Free Milk.

Dr Robertson was before his time in seeking to take administrative action about food poisoning. In 1925 extensive outbreaks occurred in Aberdeen, Dundee and elsewhere, and the Edinburgh Public Health Committee agreed to institute a system of voluntary notification of cases of suspected food poisoning.

The year 1926 was notable for the formation of a herd of 90 tubercle-free cows in the Corporation's farm at Colinton Mains. In this work Mr Arthur Gofton, M.R.C.V.S., who had been appointed the City's Chief Veterinary Inspector in 1915, took a prominent part. From this herd milk of a high standard was supplied to Corporation hospitals and nurseries. In 1930 the farm of Roddinglaw, near Ratho, was transferred from the Parish Council to the Corporation as a result of the passing of the Local Government (Scotland) Act 1929, and in 1936 new dairy premises were built there to accommodate a herd of 150 tubercle-free cows. The Corporation set a fine example by their provision of high-grade milk. It was a greatly appreciated boon to hospital patients.

Hospital Reorganisation.

When the Local Government (Scotland) Act came into operation on 15th May, 1930, Dr Robertson was on the eve of retirement and it fell to his successor, Dr John Guy, to undertake the assimilation and re-organisation of services which had been administered by the Parish Council, the District Board of Control, and the Education Authority. The Parish Council had three hospitals for the sick poor, the District Board of Control (whose members were the same as the Parish Council) administered the mental hospital at Bangour and an institution for mental defectives which had been partially completed at Gogarburn, and the Education Authority had been responsible for the medical inspection of 60,000 school children. All this represented a heavy increase in responsibility for the Public Health Committee and the Public Health Department.

Largest Base Hospital.

Bangour Mental Hospital, situated 14 miles west of Edinburgh, and with 1,035 beds provided on the villa principle in pleasant open country, offered few administrative difficulties. It was a model village which earned much of its own keep from patients occupied in the farm, the gardens, and the grounds generally. At the time of the take-over, a picturesque village church with many internal embellishments was nearing completion and the Corporation officials organised the last phases of a long task. Lt.-Colonel John Keay, medical superintendent since the opening of the Hospital in 1906, retired in 1931 and was succeeded by Dr William McAlister, who ably held the reins when the Hospital, more than

doubled in size, became the largest base hospital in the British Isles during the war of 1939-45. In June, 1945, Dr M'Alister received the award of O.B.E. in recognition of his outstanding services in hospital administration and was congratulated by the Public Health Committee. He was still in office at the end of 1950.

Modifications at Gogarburn.

Gogarburn Institution for mental defectives had been planned after the Bangour pattern, with wide spaces between the patients' pavilions, but the Town Council, on assuming control, decided to adopt a more concentrated lay-out and to modify certain of the proposed buildings, which had the effect of reducing the estimated expenditure of the proposed hospital of 1,000 beds by £246,000. The total of the original estimate was £579,030. The amended scheme was finally approved by the General Board of Control in 1931 and when war broke out in 1939, 660 of the beds had been provided.

Like Bangour, Gogarburn gave valuable war-time service by allotting part of its accommodation to the organisation of a special unit for the treatment of diseases and injuries of the peripheral nerves and of the blood vessels. In six years this unit received over 9,000 patients, most of them belonging to the services. The partnership between mental and specialist hospital personnel proved happy and beneficial in so far as the mental patients enjoyed medical and surgical facilities on a greater scale than formerly, and in return gave useful domestic service for which their training fitted them.

Dr Reginald Bailey was appointed medical superintendent when the hospital was opened in 1929 and was still in charge at the end of 1950. He was thus privileged to guide its development from the start, and to maintain its flexibility during the difficult years of the war. This he did with distinction. Like other hospitals, Gogarburn latterly felt the nursing shortage acutely and could not meet all the demands on its excellent accommodation.

Municipal General Hospitals.

Until 1929 local authorities had power to make hospital provision for infectious cases only; by the Local Government (Scotland) Act of 1929 it became possible to provide for all types of sick persons. Edinburgh Corporation lost no time in acting upon this statute. A scheme of administration was approved by the Department of Health for Scotland under which Craigleith and Seafeld Hospitals were removed from the category of Poor Law hospitals, and became, along with Pilton Hospital, municipal general hospitals for patients belonging to the City. The hospitals had a total of 968 beds and were renamed the Western, Eastern and Northern General Hospitals. Priority of admission belonged to the sick poor; other citizens were asked to pay according to their means.

A notable feature of the scheme was that the hospitals became teaching hospitals in association with the University of Edinburgh. An agreement provided for the University and the Corporation sharing in the appointment of Professors as directors of the medical, surgical, maternity and child life units.

The University paid the salaries of the medical staff and the Corporation contributed a sum to cover the outlays. Thus responsibility for treatment lay with the University while the Corporation had administrative control through the Medical Officer of Health. At the Western General Hospital a new nurses' home to accommodate 100 nurses was built in 1935 at a cost of £40,000, but a scheme of ward reconstruction was held up by the war. As a training school for nurses the Western General Hospital quickly earned a sound reputation.

IX.—The Second World War.

BY the time he was due to retire in 1938, Dr Guy could look with particular satisfaction on reorganised hospital services and on improvements in the facilities for safeguarding the health of school children—two spheres in which he laboured with special zest. His office then passed to his deputy, Dr William George Clark, who had come from Glasgow three years before. It was Dr Clark's fate to serve through one of the darkest periods in world history and, like medical officers of health in all large communities, to carry a heavy burden of responsibility. Fortunately, Edinburgh escaped heavy bombing. The City's war-time civilian casualties numbered 20 persons killed and 217 injured. Nevertheless, the preparation for what might happen was no small task. Munich, and Herr Hitler's "war of nerves" lasting about a year before hostilities actually began in 1939, gave ample warning of what was to come. Accordingly, hospital provision was expanded with all haste. Bangour's huddled annexe brought that hospital's bed accommodation up to 2,397; plans for the dispersal of mental patients to hospitals in other parts of the country were completed.

At the request of the Department of Health for Scotland, additional beds were provided in the three municipal general hospitals, and by an eleventh-hour decision, Gogarburn Hospital was also included in the Emergency Medical Service. In all, the Corporation had 4,739 beds available for war casualties. In addition, the Medical Officer of Health had the responsibility for recruiting and training nursing auxiliaries for hospitals and about 3,000 civil defence workers to staff 28 first-aid posts and depots.

Outbreak of Smallpox.

These first-aid workers remained in readiness throughout the war, and gave numerous indications of their value in an emergency. One of their best remembered achievements was the help they gave with large-scale vaccinations during a smallpox outbreak in 1942.

Edinburgh had had no smallpox for 22 years, and a visitation in wartime created some alarm which was reflected in the fact that over 270,000 persons, representing 64 per cent. of the population, accepted the offer of vaccination. This experience proved beneficial in several ways. It went far to reassure the public and made the road to the first-aid posts better known. For the staff it was a "tonic" to be doing something useful.

The smallpox outbreak lasted from October to December and affected 36 persons, of whom eight died. Earlier in the year similar sharp outbreaks had occurred in Glasgow and Fife. The disease was believed to have been imported into Scotland late in May when a member of the crew of a ship arriving at Glasgow from Bombay was removed to hospital. Ten other persons on the ship were also affected, and subsequently, although no direct connection was clearly established, twenty-five members of the general public were involved, making 36 cases in all, with eight deaths—the same figures as in Edinburgh.

No Connecting Link.

The Fife outbreak, which occurred in June and July and gave rise to 29 cases and eight deaths, was drawing to a close when the disease appeared in Edinburgh, at first in the Royal Infirmary, then in the Convalescent Home associated with that hospital and later in the general community. An outstanding feature of the Scottish outbreak of 1942 was that, while the sequence of events could be regarded as a continuing infection, no connecting link could be found between the occurrence of the disease in the various areas. Similarly, in Glasgow and Edinburgh no connection was established between the cases occurring in more or less closed communities and the general population.

Thirty-three of the Edinburgh smallpox patients, of ages varying from nine months to 79 years, were treated at the City Hospital and of these 27 recovered. All the nursing staff in the hospital volunteered to work in the smallpox annexe, and it was left to the Matron, Miss Mary Pool, R.R.C., to select thirteen nurses whose health, experience and temperament fitted them for a task which meant isolation from the outside world for nearly three months. The Medical Officer of Health afterwards stated that several of the more acutely ill patients would not have survived had it not been for the extraordinarily high standard of nursing.

When the outbreak was nearing an end a lady in the Borders wrote asking to be allowed to send a money gift to "the heroic nurses who had saved us from a smallpox epidemic in wartime." The gift was augmented by others, and when their labours were over, the nurses and other staff received also a fifty per cent. addition to their salaries and were given a fortnight's holiday.

Wartime Experiences.

Visits to Edinburgh by enemy aircraft during the war were comparatively few. German planes circled the City in October 1939 during a raid on the Forth, but no bombs were dropped on the City itself. Later raids were light and spasmodic, so that the preparations to deal with bombing casualties were never put to a hard test. But the hospital beds did not remain unoccupied. There was created by the Department of Health a supplementary medical service by which recommended patients in the south-eastern counties could be admitted to the emergency hospital beds for treatment and returned to industry with a minimum of delay. Patients from the waiting lists of voluntary hospitals could be accepted irrespective of the district to which they belonged.

This service not only helped the war effort but provided the medical and nursing personnel with the stimulus they needed until the convoys from the fighting fronts began to arrive following "D" day in 1944. Bangour was to have been a base hospital for war purposes, but in effect it became a large general hospital with special departments for gynaecology, surgical tuberculosis, plastic surgery, and the treatment of brain injuries and of ear, nose and throat conditions. The hospital was equipped with first-class laboratory and radiological services, and had adequate staffs for physiotherapy, occupational therapy, and recreational activities.

Throughout the war Bangour accommodated the East Fortune Sanatorium Unit of 200 beds and accepted additional tuberculosis patients from Edinburgh, Glasgow, Lanarkshire and other areas with a pressing need for tuberculosis beds. Thus in 1941 an interesting experiment in hospital "regionalisation" took place. When the war ended the evacuated mental patients returned, but the new activities were continued and the hospital became an outstanding example of mental and general hospital facilities flourishing side by side, with each having something to give to the other. Up to the end of 1946 the number of patients treated at Bangour under the Emergency Medical Service Scheme exceeded 30,000.

Foreign Guests.

The Corporation's three general hospitals had the interesting experience of welcoming many foreign patients. Part of the Western General Hospital was set aside as a separate unit devoted to Polish combatants and civilians and was named the Paderewski Hospital in honour of their national hero and world-famous musician whose presence in America led to large sums of money and medical equipment being sent as gifts from the United States to the Poles exiled in Edinburgh. A Polish Faculty of Medicine was established in the University of Edinburgh under the direction of Professor Juracz, who was also the medical superintendent of the Paderewski Hospital. When they left early in 1946 the Poles recorded their gratitude to the City of Edinburgh and presented the Polish Gold Cross of Merit to Miss Allan, the Matron of the Western General Hospital.

Another graceful farewell at the end of the war was that of the Norwegian Unit which had been given accommodation in what was known as the Southern General Hospital at Craiglockhart. Before the war Craiglockhart was an institution for elderly people, and by transferring the inmates to the Northern General Hospital which normally had 300 beds, it became possible to convert Craiglockhart into an emergency hospital with 600 beds and a considerable range of equipment, including an X-ray installation.

From February 1942, to August 1945, over 4,000 Norwegian patients were received at the Southern General Hospital and among their visitors was King Haakon himself. At a dinner given in their honour in the City Chambers before leaving, the Norwegians presented a tankard made in Bergen 275 years before to the Lord Provost of the City and were given a commemorative plaque of the City Arms to be fixed in one of their own hospitals in Norway as a reminder of

their stay in Edinburgh. In addition to Norwegians, the Southern Hospital received German prisoners of war, British Servicemen, members of the Women's Auxiliary Territorial Service, and evacuees from London hospitals. Mr John Arnot, Superintendent, and Miss Isobel Mitchell, Matron, carried out their difficult task with great credit.

"Altmark" Prisoners.

The Eastern General Hospital's special wartime distinction was to accommodate a tropical diseases unit under Colonel Vere Hodge through which passed members of the forces suffering chiefly from infections and parasitic conditions contracted in the East. Another new interest was the formation of a maternity unit of 16 beds and cots to relieve pressure on maternity hospitals in the City. Later a further 15 beds and cots were added and in 1946 plans were approved for the erection within the hospital grounds of a new maternity unit of 44 beds and cots. Other developments included units for gynaecology and thoracic surgery.

Probably the greatest thrill for the Eastern General Hospital staff was to receive from H.M.S. *Cossack* about 60 British seamen who, as prisoners of war on the German ship *Altmark*, were rescued after an exciting struggle in which *Cossack* officers boarded the enemy vessel in a Norwegian fiord. Dr R. B. McMillan, Superintendent, and Miss A. Edwards, Matron, did yeoman wartime work at this hospital despite heavy staffing difficulties.

The part played by the Corporation's hospitals in the Emergency Service Scheme is indicated by the following table :—

	Normal Bed Complement	Beds Added	Total	Allocated for E.M.S Purposes
Western General	300	240	540	260*
Eastern General	305	120	425	175*
Southern General	263	294	557	300*
Gogarburn	661	159	820	400†
Bangour	1,035	1,362	2,397	2,397
	<u>2,564</u>	<u>2,175</u>	<u>4,739</u>	<u>3,532</u>

* Reduced in December 1944, to 200, 130, 250.

† Reduced in February 1943, to 300.

X.—National Health Service

FOLLOWING the war came a good deal of clearing up. The Casualty Services staff were disbanded and their considerable stores of equipment dispersed to hospitals or sold. The City Architect's Department did excellent work in overtaking arrears of painting and other hospital maintenance at a cost of over £29,000. By 1948 the City's seven hospitals were in good working order prior to their transfer to the Regional Hospital Board under the National Health Service (Scotland) Act, 1947.

The Act came into force on 5th July, 1948. It marked an important milestone in local government history, and a vast experiment in social service which interested other nations besides ourselves. By the end of 1950 the new service had overcome some of its administrative difficulties since its staffs had been, to some extent, recruited from local government officers of long experience. A particular drawback which shortly became apparent was the change in morale resulting from remote control. The close personal touch that existed between councillors and officials and staffs had been lost.

To those engaged in preventive work, the division of authority in the administration of anti-tuberculosis effort seemed unfortunate. Too much was left to problematic liaison among hospital boards, executive councils, and local health authorities. Similarly, it had become apparent that the removal of the control of infectious diseases hospitals from the sphere of the Medical Officer of Health was, in the opinion of many people, not a wise step. From the financial aspect, the new service had a lop-sided look in so far as the preventive services represented only seven per cent of the gross expenditure.

A New Charter.

These criticisms received careful review in Edinburgh, and sincere attempts were made to remove misunderstandings and define spheres of responsibility. Even with hospitals and dispensaries removed from their ambit, the local health authority had still large commitments, and they lost no time in making arrangements to carry them through. Briefly, the functions of the local authority were 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.

In addition to these functions there remained 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. As a first instalment in the care of mothers and young children, the establishment of health visitors was increased from 41 to 70, the increase to be spread over five years in view of the scarcity of health visitors. A policy of employing whole time Corporation midwives was adopted and by 1950 was being introduced gradually.

Authority to employ up to one hundred home helps was well on the way to being implemented, and a comprehensive home nursing service was provided by the Queen's Institute of District Nursing. Arrangements were also completed for the issue of nursing requisites under the scheme of prevention, care, and after-care.

Health Education.

Services which had not been satisfactorily developed by 1950 were those for research and health education and for lunacy and mental deficiency. These were delayed until senior medical officers could be appointed to organise the services. Nevertheless, the subject of health education was not totally neglected. In

1946 a health week arranged in conjunction with the Scottish Council for Health Education proved a novel method of stimulating public interest, and it was estimated that 126,000 persons received a health message by means of cinema shows, women's meetings, talks in schools, a children's quiz competition, Usher Hall meetings, sermonettes in churches, displays of physical exercises in Princes Street Gardens and a health exhibition in the Royal Scottish Museum.

A sequel to health week was the organising of Sunday evening film shows at which prominent speakers, medical men for the most part, gave short informative talks and answered written questions from the audience. In the course of five winters these meetings attracted aggregate attendances of over 70,000. The Scottish Council for Health Education, following conferences of medical and educational personnel, including officers of the central departments and teachers' training colleges, produced a Report on Health Education with suggestions and model syllabuses for use in classroom instruction to pupils. It was left with local authorities to consider these proposals. There is no doubt that the introduction of a simple daily lesson on health would be a great step forward in the campaign for a fitter nation.

XI.—Health of School Children

EDINBURGH was slightly ahead of schedule in providing medical inspection for school children. In February 1907, the School Board appointed Dr J. Halley Meikle to be their first medical officer, and it was not until the Education (Scotland) Act of 1908 came into force that medical inspection became a provision for all schools in the country. Dr Meikle directed the school health service until October 1930, by which time responsibility for it had just passed from the Education Authority to the Town Council. His successor was Dr George J. I. Linklater, who, save for a short break due to absence on war service, served until his untimely death in 1948. Dr Elizabeth H. Nimmo, a senior assistant, then acted as interim Chief School Executive Medical Officer for a period of eighteen months until Dr W. N. Boog Watson was appointed to the office in March 1950.

It seems that children with physical or mental defect had caused concern to the School Board in 1907, for we find that one of their first decisions was to open classes for mentally defective children in Albion Road and Milton House schools, and a year later to institute a special school at Willowbrae for mentally and physically defective children. Thereafter the records are studded with items of special provision for the handicapped child—Duncan Street School for mentally and physically defective children opened in 1912; Humble Special School for Delicate Children opened in 1912; Lauriston Special School for Ringworm opened in 1912 and extended in 1915; classes for defective children at Gorgie, Gilmore Place, and other schools in later years.

Hospital Classes.

In 1920 a teacher was appointed to give daily instruction to children in the Royal Victoria Hospital for tuberculosis. Three years later a similar class was

begun at Colinton Mains Hospital. High myopes were accommodated in a class at Gilmore Place School in 1922 and transferred to a school for high myopes at 43 Lauriston Place in 1926.

These were the early developments of the considerable group of special schools existing in 1950. In that year they numbered fifteen schools with an average of 1,062 on the roll. Among them was one for hard of hearing children with one hundred places and an average attendance of 99. A school which had disappeared from the list was the Special School for the Treatment of Ringworm and Favus opened at Lauriston Place in 1912. Prior to that date children suffering from these diseases were excluded from school but no special attention was paid to the children either as regards their education or the supervision and treatment of the disease. The object of the school was to provide education while the disease was being treated under strict supervision. By arrangement with the Managers of the Royal Infirmary, treatment was secured under the direction of those in charge of the Skin Department and the success of the undertaking was largely due to the interest and keenness of Sir Norman Walker, who was head of the Department at the time.

A Ringworm Lesson.

In a Malcolm Morris Memorial Lecture delivered in 1929, Sir Norman Walker said that when the school was opened in January 1912, about 60 pupils were admitted, most of whom had been absent from school for periods varying from a few months to four years; several had never been to school, amongst them two boys twelve years old. The increasing number of cases necessitated enlargement of the school, and three years later the next-door house was acquired and accommodation provided for 160 pupils. In the session of 1920-21 290 pupils were discharged cured: the greatest number in any one session. In 1924 the number began to decrease rapidly and in 1926 the staff was reduced to its original number of three teachers. Over 2,300 children passed through the school between 1912 and 1928. At the latter date the number on the roll was twenty.

Sir Norman Walker added that the figures pointed the useful lesson that organised attention directed to such a disease invariably, at first, seemed to increase the number of cases, but what it did was to bring them to light; then a level was reached, and the numbers began to decline.

Free Meals.

Dr Meikle received the first additions to his staff in 1909 when two assistant medical officers and three school nurses were appointed. At the same time the voluntary schools came under the medical inspection arrangements. Two years later the Merchant Company Schools were added and a third assistant medical officer became necessary. An extra school nurse was also appointed.

About this time (1911) a Cooking Centre was opened at Fountainbridge to provide free meals for necessitous children. It is recorded that among several cases of attempted fraud in connection with the application for free meals, two parents were convicted in the police court and fined £1 and £2. A scheme for

supplying "Penny dinners" to semi-necessitous children proved very successful, reducing the number of applications for free dinners and bringing in revenue amounting to £700. In session 1912-13, the Cooking Centre sent out 412,724 dinners and the average cost per meal was 0.9d. for food and 1.0d. for administration. The total expenditure on the feeding scheme was £3,198, receipts were £1,337 and the net cost to the Board £1,861.

By 1922, when depression had overtaken industry and unemployment was rife, the dinners sent out from the Cooking Centre exceeded a million and a quarter and the net cost to the Education Authority was £10,927. The average cost per meal was 2.28 pence. Paying pupils were now contributing 1½d. for a dinner, and the revenue came to £2,067. High as these figures were regarded at the time, the provision and cost of meals soared by leaps and bounds during the second World War, when food shortages and rationing caused cooking centres to be provided for all schools so that a nourishing mid-day meal would be available to every child. In 1950 close on four and a half million meals were provided at a cost of £239,719, the average cost per meal being 12.8 pence (6.5 for food and 6.3 for administration). Payments received for meals amounted to £73,337. In addition, under a Government scheme, free milk to the extent of a third of a pint per pupil per day was supplied to an average of 54,169 pupils. From the nutrition angle, it cannot be said that Britain neglected her children. In Edinburgh their sound physique was obvious to visitors and was reflected in high attendance marks.

Re-Organisation.

Amalgamation with Leith in 1920 had the effect of increasing the number of schools under the Education Authority from 73 to 117 and the average roll from 44,000 to 64,000. Two assistant medical officers and two nurses were accordingly added to the staff. Leith had a good school treatment centre at 5 Links Place—the counterpart of 45 Lauriston Place in Edinburgh. Both, however, had the disadvantage of being housed in adapted premises.

When administration passed to the Town Council in 1930 the School Health Service staff consisted of six medical officers and sixteen nurses. There were also two part-time oculists, two part-time aurists and six part-time dentists, all working on a sessional basis. In 1942 a reorganisation was decided upon by which the City was divided into eight areas with an appropriate allocation of medical officers, dentists, nurses and clerkesses to be employed as personnel became available. Owing to the war the build-up was slow, but after hostilities the staff vacancies were nearly all filled. The establishment provided for a chief medical officer and nine assistants, a chief dental officer and nine assistants, and 31 health visitors.

Five of these health visitors were assigned the special duty of teaching mothercraft to senior girls in schools.

The oculists and aurists were continued as part-time officials and their sessions were increased in order to overtake war-time arrears. In 1945 a whole-time physiotherapist was appointed to the Orthopaedic Clinic at 60 Pleasance. This Clinic received a fortnightly visit from an orthopaedic surgeon attached to

the Princess Margaret Rose Hospital, and the Corporation had a call on twenty beds there for children in need of orthopaedic treatment. The hospital staff maintained a very cordial and helpful attitude, and the service ran smoothly and with excellent results, a state of affairs that was unaffected by the administrative change of 1948.

Dental Services.

For many years dental services were on a modest scale. In Session 1912-13 inspection was confined to pupils of six to eight years old, and the number examined in 19 schools was 4,140, of whom 87 per cent had dental caries. Of the 3,594 children requiring dental treatment, 1,448 or 40 per cent, accepted the services of the school clinic.

In 1927 dental treatment was extended to twelve-year-old pupils and a nurse was added to the staff. By 1930 six part-time dental surgeons were giving sessions, visiting 89 schools and examining over 15,000 children aged 6, 9 and 12. It was found that in Edinburgh 80 per cent had dental caries and in Leith 82 per cent.

Following the reorganisation of 1942, the dental service was manned, for the first time, by whole-time officers although it was not until after the war that a full staff became available. Even then an unfortunate interruption occurred in 1948 by the departure of several dental surgeons who were attracted by higher earnings obtainable in private practice under the National Health Service Act. Nevertheless, the dental organisation had been improved by the opening of well-equipped branch surgeries at West Pilton and Sighthill, and by the provision of treatment rooms at James Clark School, Holy Cross Academy, and St. John's School, Portobello. These were in addition to the main treatment centres at Lauriston Place, Edinburgh, and Links Place, Leith. A mobile dental unit housed in a motor van served schools in outlying areas. In 1950 the dental staff made 18,959 inspections and treated 11,643 pupils who made 19,254 attendances. In addition, 528 attendances were made by nursing or expectant mothers, and 412 pre-school children received treatment.

A Note on the Development of the Maternity and Child Welfare Movement in Edinburgh

IT seems appropriate at this time to review the development of the maternity and child welfare movement in Edinburgh. Its history is a fascinating one, rich in detail, but only a comparatively brief note can be given here. The seeds of the present official scheme were sown mainly by voluntary effort, though the Town Councils of Edinburgh and Leith were not inactive in the early years of the century in developing certain important aspects of maternal and child welfare work.

DR J. W. BALLANTYNE AND ANTE-NATAL CARE.

Though not first in priority of development, the subject of ante-natal care was the special interest of the late Dr J. W. Ballantyne, a distinguished Edinburgh obstetrician. His advocacy of ante-natal care was recognised when, in November, 1901, the Hamilton bed was endowed at the Royal Maternity Hospital, Lauriston Place. This was the first bed set aside for ante-natal purposes in Britain. Within a few years the bed had become a ward—a "prematernity ward" as it was then called—and in 1915, ante-natal clinics were organised by Ballantyne at the Hospital. These clinics later became outstanding features of the Corporation's scheme when it arranged with the Managers of the Royal Maternity Hospital for the use of the clinics as from June, 1917. This close association with the old Maternity Hospital and later with the Simpson Memorial Maternity Pavilion of the Royal Infirmary continues to the present time, though the clinics there are, of course, part of the national hospital scheme now.

From 1st January, 1916, the first Midwives Act in Scotland became operative, and the Medical Officer of Health and the Superintendent of Health Visitors were appointed supervisor and assistant supervisor of midwives respectively in Edinburgh, in March, 1918, after the Corporation's Maternity and Child Welfare Scheme was officially launched.

THE EDINBURGH DAY NURSERIES ASSOCIATION.

As early as 1876, the first day nursery was opened in Edinburgh at 10 Mackenzie Place, Stockbridge, by Miss Emma Stirling, and in the following year she opened a residential nursery for young children. This lady was instrumental in opening, in December, 1884, the Children's Shelter at 150 High Street, Edinburgh. In 1883, the Edinburgh Day Nurseries Association was formed, though it did not have a constitution nor publish an annual report till 1901. The Association is still in existence but does not now actively control any nurseries. The first nursery founded by the Association was at 11 St John Street, Canongate (1883), transferred in 1913 to 69 Dumbiedykes Road, where the nursery is still actively operating. Other nurseries were opened at 14 Morrison Street, transferred in

1901 to 6 Grove Street, at 27 Clarence Street, transferred to St Bernard's Crescent (1911) and later to 12 Danube Street, and at 34 Sciennes Road (1909). In 1911 the Association became affiliated with the National Society of Day Nurseries, and in 1918, it entered into an agreement with Edinburgh Corporation whereby the four nurseries were incorporated in the official scheme of maternity and child welfare, the Dumbiedykes and Grove Street nurseries later being purchased by the Corporation (1919).

THE EDINBURGH VOLUNTARY HEALTH WORKERS' ASSOCIATION

The third voluntary organisation founded was "The Edinburgh Voluntary Health Workers' Association, in connection with the Public Health Department," and this Association will long be associated with the names of the late Bailie Mrs Somerville and the late Mrs Hamilton Maxwell. The inaugural meeting of the Association was held in the City Chambers in November, 1908, with the object of organising a band of ladies who would assist the Official Health Visitor (*vide infra*) in her home visitation of infants. At this meeting, 170 ladies volunteered for the work, many of them being already occupied as parish visitors or social workers.

The principle laid down by the Association was the fortnightly visitation of the home of the infant and the reporting on each case to the voluntary secretary at the City Chambers. All reports of ill-health, bad sanitary conditions or distress were passed on to the Official Health Visitor for appropriate action to be taken. Case registers were kept of each child visited and the Corporation granted the use of a room at the City Chambers for keeping these registers and where the voluntary visitors could meet the official visitor. Lecture courses for the voluntary visitors were organised and given by such distinguished lady doctors as the late Dr Elsie Inglis. The following is a sample course of instruction:—

1. Particulars about the normal child during the first year of life.
- 2 and 3. Hygiene during the first year of life.
4. Infantile Mortality in large towns.
5. Prevention of Infantile Mortality.
6. Maternal feeding.
7. Artificial feeding.
8. Minor digestive disorders and their management.
9. Common preventable diseases in children.
10. Rickets and its prevention.

By 1910, the body of voluntary visitors had increased to nearly 300, and after the official maternity and child welfare scheme was launched, the voluntary workers continued their activities, but in later years recruitment became more and more difficult, and this section of the Association terminated its activities on 5th July, 1948, after a period of forty years' successful endeavour.

The Association also began a scheme for the provision of suitable infants' clothing, cookery classes (inaugurated 1909) and sewing classes for mothers, all of which activities are still in being, some of them under the ægis of the Education Department.

TODDLERS' PLAYGROUNDS

The Association was responsible for the development of 'Toddlers' Playgrounds, a peculiarly Edinburgh institution for pre-school children. The playgrounds were the direct result of visits in the homes by the voluntary visitors. In 1914, in order to judge of the value of the home visits, the Association organised an intensive visitation of some 400 homes in districts where conditions were known to be bad. Bailie Mrs Somerville spoke of the results of these visits. "Practically every baby was clean; the majority had separate cots, and nearly all windows were open. But the ex-baby—the toddler—sat on the fender or on the stair, or sometimes in the street, often unwashed, listless, flabby, with nothing to do." (Address at Caxton Hall, London, 1st July, 1914.) It was evident that something less deliberately educational than Kindergartens and more definitely for health *per se* was urgently required. The first toddlers' playground was, therefore, opened in the malting room of a disused brewery at 60 Pleasance (1915). The value of this particular branch of the work was the provision of exercise, fresh air and happy occupation for the children living in the crowded parts of the City.

The movement gained ground, and two playgrounds at Pleasance and Bedford Crescent were incorporated in the official scheme in 1917; in 1923 there were nine playgrounds, and in 1939 there were twenty-two. During the 1939-45 War, ten of these playgrounds were handed over to the Corporation for conversion into wartime day nurseries. To-day in 1950, nineteen playgrounds are in operation.

INFANT HEALTH CENTRES.

The fourth voluntary organisation working on behalf of the mother and her child was the Edinburgh Infant Health Centres Committee. It was founded in 1914 with the object of providing special clinics for infant consultations and the prevention of malnutrition in infants and young children. An advisory sub-committee of doctors assisted in organising and staffing the centres. The Infant Health Centres Committee approached the Corporation with the request that the latter should establish infant centres in the city, but as the necessary financial powers were not available, the request had reluctantly to be refused. The voluntary body then put forward a plan to establish centres where infant consultations at frequent intervals could take place and where a doctor and nurse would be in attendance. A follow-up system of home visitation was organised in connection with the clinics, and by demonstrations at the centres, both individually and by small classes, everything essential to the child's welfare—food, clothing, hygiene and home nursing—was discussed. In addition, arrangements were made to provide cheap dinners for expectant and nursing mothers.

Premises were secured for infant consultations at The Hospice, 219 High Street, Edinburgh (January, 1915); 25 Grove Street (January, 1915); 75 Dean Street (April, 1915, transferred to St Bernard's Hall, 1916, and to Somerset Cottage, Raeburn Place, 1918); 1 Wheatfield Road (March, 1915); St David's Dispensary, Dublin Meuse (January, 1915, but closing at the end of the same year); 60 Pleasance (February, 1916); 98 Canongate (Dunbar's Close, June, 1917) and 29 Windsor Street (December, 1918). By agreement with the City,

commencing 15th May, 1917, the Committee agreed to transfer its centres to the Corporation, but to retain their management in concert with the Medical Officer of Health.

Other voluntary organisations which became associated with the City's official scheme in 1917 were Kindergartens at Reid's Court (The Free Kindergarten, founded 1903); Chessel's Court (St Saviour's, founded 1906); 12 East Adam Street ("Child Garden," founded 1912); Middleby Street (Hope Cottage, founded 1913); and Gilmore Place (Provincial Council's Kindergarten).

EARLY MUNICIPAL ACTIVITIES.

Such were some of the more important voluntary agencies working on behalf of mothers and their children in Edinburgh, and which became intimately associated with the full scheme evolved by Edinburgh Corporation in 1917. But neither Edinburgh nor Leith municipal authorities had been inactive. In Edinburgh, the Sanitary Department was formed in 1898 with the specific object of improving sanitary conditions in those areas of the City which had the worst health records. When the Corporation adopted the Notification of Births Act, 1907, Miss Mary S. Carmichael was appointed the first Official Health Visitor in October, 1908. Her functions were to visit in the homes of infants at whose birth a medical practitioner had not attended, to allocate visits among the voluntary health visitors, receive their reports, and generally to organise an efficient scheme of home visitation of infants. This aspect of the work continued unabated until a more complete scheme was evolved as a result of the passing of the Notification of Births (Extension) Act, 1915. From 1910, The Hospice acted as an Infants' Milk Depot for the issue of pasteurised milk from tuberculin tested cows, for the artificial feeding of infants. Weighing of infants was also carried out at this institution in cases where such was required.

DEVELOPMENTS IN LEITH.

In Leith in 1901, Dr William Robertson, the Medical Officer of Health, drew the attention of his Health Committee to the high infant death rate from diarrhoeal diseases and a special sub-committee was appointed to examine the problem. So concerned was Dr Robertson about the dangers of diarrhoea in infants that he drew up a pamphlet with simple rules of infant feeding, for distribution by the Leith registrars.

As a direct result of the sub-committee's recommendations, it was decided to open an Infants' Milk Depot for the distribution of sterilised milk for artificially fed infants in the burgh. This milk depot, the first of its kind in Scotland, was opened at 5 Bridge Street, on 2nd April, 1903, and Mrs Hepburn, a qualified nurse, was put in charge. Medical practitioners of Leith were informed of the depot's establishment and printed cards with instructions for the use of the milk were issued. The depot was an immediate success and additional staff was soon required as some sixty infants were supplied daily. Not only more staff but bigger premises were necessary, and the depot was transferred to a shop at 26 Henderson Street in 1904. This depot was closed in 1908, and the milk was issued from the

Leith Public Health Department, 35 Charlotte Street, until 1910, when the milk depot scheme ended because of difficulties in getting adequate supplies of milk. During the operation of the milk depot, all homes in which a death from infantile diarrhoea had occurred were visited by Miss Armour, the lady sanitary inspector.

In 1917, Leith organised a maternity and child welfare scheme with a full-time medical officer in charge, four qualified Health Visitors and a Nurse Superintendent for the ante-natal and child welfare centre at Leith Hospital, later (March, 1919) transferred to 23 South Fort Street. A day nursery was also opened there in the same year. In the previous year, Victoria Park House had been acquired and opened for the care of ailing and convalescent children. Mothercraft, sewing and cooking classes were organised, as were health talks and demonstrations on sick nursing. Assistance in this work was given by Leith School Board and a band of voluntary health workers, all forming part of the very comprehensive organisation evolved by Leith Town Council. These facilities were absorbed into the Edinburgh scheme when the Port was amalgamated with the Capital in 1920.

EDINBURGH'S "MOST COMPLETE" SCHEME, 1916.

In July, 1916, Dr A. Maxwell Williamson, the Medical Officer of Health for Edinburgh, submitted his report on the purposes and scope of a maternity and child welfare scheme and outlined the necessary organisation. This report was described by Sir Leslie Mackenzie (Report on the Physical Welfare of Mothers and Children, Scotland, 1917) as one of the most complete schemes and deserving of the closest study. The report was exhaustive and on it was based the final scheme as submitted by the Corporation to the Local Government Board on 7th June, 1917. The Board gave its sanction to the proposals on 26th October, and thus the present department was officially launched. The scheme comprised the Medical Officer of Health as Administrative and Executive Medical Officer; a Superintendent and ten Health Visitors; a Superintendent of office staff and three clerkesses; ante-natal clinics at ten centres, with the Royal Maternity Hospital as the main clinic and treatment centre; twelve child welfare centres and four treatment centres for children; four day nurseries transferred from the Day Nurseries Association; five child gardens (previously mentioned) and two toddlers' playgrounds.

Hospital facilities for mothers were provided at the Maternity Hospital, The Hospice, Bruntsfield Hospital for Women and Children and the City Hospital. Similar facilities for children were made available at the Royal Hospital for Sick Children, The Hospice, Bruntsfield Hospital and the City Hospital. Home visitations of mothers and children were carried out by the official Health Visitor staff assisted by the voluntary visitors, and doctors visited in the homes in necessitous cases. Provision was also made for skilled assistance at domiciliary confinements when such was necessary.

Meals for mothers were provided at three centres, 11 and 140 High Street and 81 Fountainbridge, while milk for mothers and children was supplied free or at reduced prices, under certificates of the clinic medical officers and the Medical Officer of Health. Schools for mothers and young women (*vide supra*)

were continued. Suitable records of the mothers and children seen at the various clinics were kept as were reports dealing with the home visitations. The medical supervision and care of the mothers and children attending the various centres remained in the hands of the clinic medical officers, who were now paid by the Corporation on a sessional basis. In December, 1918, the appointment of a qualified dispenser was authorised and she was to supervise the dispensing work in connection with the clinics.

Convalescent care for two—five year old children was provided in 1918 when the Corporation opened Gogarburn House, but the Home was never a success and was finally closed down in 1923 and subsequently passed into the hands of the Board of Control.

THE FIRST CHILD WELFARE MEDICAL OFFICER, 1919.

The Local Government Board in giving its approval to the Corporation's scheme suggested that a whole-time medical officer might be appointed with charge of the newly formed department, and this suggestion was acted upon in March, 1919, when Dr T. Y. Finlay was appointed the first holder of this post. Under his experienced direction the department rapidly developed and the scope of its work increased. In 1921, after the amalgamation of Leith and Edinburgh, clinic and day nursery facilities at 23 South Fort Street and the residential home at Victoria Park House were absorbed into the Edinburgh scheme and four Health Visitors transferred to the City staff. In the same year a child welfare clinic was opened at Bath Street, Portobello, and the centre at 25 Grove Street was transferred to 21 Torphichen Street, where the clinic still operates. Arrangements were also made with the Edinburgh Medical Missionary Society for convalescent home facilities for mothers and their infants at the Society's home at Hawthornbrae, Duddingston. In 1923, similar arrangements were made for convalescent facilities for two—five year olds at Humble Holiday Home.

CONSIDERABLY ENLARGED SCHEME, 1923.

In March, 1923, the Scottish Board of Health (formerly the Local Government Board) sanctioned a considerably enlarged scheme compared with that of 1917. The Department now had on its administrative and executive staff, Dr William Robertson, the Medical Officer of Health as Chief Administrative Medical Officer, Dr Finlay as Chief Executive Officer, one Superintendent and eighteen Health Visitors and three Assistant Health Visitors undergoing training, with assistance from the voluntary health workers. Dr Robertson and Miss Turnbull, the Superintendent of Health Visitors, acted as supervisor and assistant supervisor of midwives. Clinics for ante-natal care now numbered fourteen; child welfare clinics, fifteen; special treatment centres for mothers and infants, seven; day nurseries, now directly controlled by the Department, four; child gardens, five; and toddlers' playgrounds, nine. Otherwise the scheme in essence remained as that which had operated from 1917.

In 1923 also the child welfare clinic at Painters' Hall, 221 High Street, was opened and used instead of The Hospice. This clinic in the High Street is still

actively operating. A voluntary committee to promote adoption of children was formed the same year and it had its headquarters in the Maternity and Child Welfare Department, where it still actively carries out its work under the name of The Scottish Association for the Adoption of Children. The Maternity and Child Welfare Medical Officer is the Association's Honorary Medical Officer.

Diphtheria immunisation was begun in 1923, and ever since has remained one of the major preventive measures carried out at child welfare clinics.

MOTHERCRAFT TEACHING, 1924.

The year 1924 was noteworthy for the official beginning of systematic mothercraft teaching at the clinics and a great impetus was given to this teaching by the presentation by the late Sir Thomas Hutchison of a silver shield for annual competition among the mothers attending those classes. The successful mother, after a simple examination, had her name and the centre to which she belonged engraved on the shield which was hung in her centre for a year till the next competition was held and probably another centre had the privilege of having the shield to adorn its walls. This annual competition was continued up to the summer of 1939, but these formal classes have not been resumed, their place being taken by the more informal and intimate Mothercraft Clubs (1950).

The clinic at 1 Wheatfield Road was transferred to the War Memorial Hall, Gorgie (May, 1924), and arrangements were made with the People's Palace for incorporation in the City's scheme of Providence House, Kinghorn, as a convalescent home for mothers and children, an arrangement still in being.

DEVELOPMENTS IN 1925 AND 1926.

Several important events occurred during 1925. The child welfare clinic at Somerset Cottage, Raeburn Place, was transferred to new premises at the Wesleyan Halls, Hamilton Place, in January. The child welfare clinic at Dunbar's Close, Canongate, was closed and to take its place, additional clinic sessions were begun at Painters' Hall centre. The ante-natal clinic at The Hospice was given up and transferred in November to the newly opened Elsie Inglis Memorial Maternity Hospital. Ultra-violet ray therapy was started for children by the installation of lamps at Victoria Park House, 23 South Fort Street and at the Public Health Chambers at Johnston Terrace, though the lamp at the latter was transferred to the Royal Victoria Dispensary two years later and children continued to be sent there till the outbreak of the 1939-45 War.

A training scheme was also launched in connection with the Department in 1925. In association with the Ministry of Labour, the Department organised a training for the young girls employed in the Corporation's nurseries. The course of instruction covered a period of six months and practical experience was given at Victoria Park House and the day nursery at 23 South Fort Street as the teaching centres. The girls received a thorough training in infant and child management and attended a series of lectures on infant and child hygiene. Examinations were held at the end of three months, and at the close of the training period. If successful the candidate received a certificate of proficiency as a domestic nurse

from the Department. This scheme was a successful one and many of the girls secured good positions as children's nurses. Courses of instruction were later given for the Certificate of the National Society of Day Nurseries.

With the opening of the Elsie Inglis Hospital in 1925, the ante-natal clinic held at 29 Windsor Street was transferred to the Hospital in 1926. This was the year of the coal strike and temporary clinics were opened at Gilmerton, Jewel Cottages, Newcraighall and Portobello during the strike. Another ultra-violet ray lamp was installed at 60 Pleasance and the clinic there still functions, though in a newer building which was opened in November, 1927. Some five cots for residential purposes were reserved at Leith Day Nursery, the first residential nursery accommodation provided by the Corporation for healthy children during the temporary incapacities of their mothers from confinements, illnesses, etc.

APPOINTMENT OF LADY DOCTORS TO STAFF, 1928.

The work of the Department had so increased by 1928 that the appointment of whole-time doctors to the staff became imperative. The appointment of four lady doctors to the staff was authorised, at first on a temporary basis, and in May these ladies commenced their duties. These temporary appointments were reviewed in 1931 when two appointments were made permanent, and a scheme developed whereby three other doctors were employed on the basis of school medical work in the mornings and child welfare work in the afternoons. Home visitations formed part of the duties of the original four doctors but the practice was discontinued in 1931.

Cookery demonstrations were begun at some clinics in 1928 under the direction of Miss Gilmour and these continued till her death in 1933, and after a short interval, were revived in October, 1934, under the supervision of Mrs Bruce, and continued till 1936.

HOME HELP SERVICE, 1930.

A Home Help Scheme for assisting expectant and nursing mothers was launched in 1930 and this service operated very successfully till 1939 when, owing to the war, the difficulty in recruiting home helps became acute and the scheme became only a skeleton one which was finally absorbed into the reorganised service in 1945.

In February, 1930, the Department became intimately associated with the establishment of a rheumatic clinic for children at the Royal Hospital for Sick Children. Rheumatism in children was made a notifiable disease in the City and cases were referred to this clinic for diagnosis and treatment. This close association between the department and the clinic still remains, though the provision of a Health Visitor from the Maternity and Child Welfare Department at the clinic was discontinued in August, 1949, when a School Nurse took over the duties.

Several changes were made during 1930 in the premises used by the department for clinics. The clinic at the Wesleyan Halls, Stockbridge, was transferred to its present site at 69 Henderson Row, the clinic at Bath Street, Portobello, was removed to its existing premises at Rosefield Avenue Lane and the Gorgie Clinic

was removed from the Memorial Hall to temporary premises at Balgreen House before finally being transferred to its present site at McLeod Street in 1933.

In April, 1930, the day nursery at 12 Danube Street was removed to its present location at 71-73 Henderson Row, and in June, the day nursery at Grove Street was transferred to 22 Viewforth Terrace, premises that are still in use.

DEVELOPMENTS BETWEEN 1931-1938.

Ante-natal clinics were started at Portobello Centre and in the newly opened premises at Prestonfield in 1931. The child welfare clinic held at the Western Dispensary, Riego Street, was discontinued in May of the same year. A few cots for resident children were reserved at Henderson Row and Viewforth Nurseries in 1932, and an ante-natal clinic opened at the Stockbridge Centre. The Maternity Unit at the Western General Hospital was opened the same year as part of the Corporation's hospital policy and Dr Finlay was appointed a physician to the Children's Ward at the same hospital when the various directors of the municipal hospital services organised their staffs. This post he retained till his retiral in 1947, when a new appointment was made.

The new housing area at Niddrie Mains had provision made for its inhabitants when ante-natal and child welfare clinics were opened at the University Settlement Buildings there in 1933. The clinic premises for this area were transferred from the Settlement Buildings to Niddrie Mains Farmhouse in 1949.

Child welfare clinics were opened in the new housing areas at Lochend and Stenhouse (1935) and Granton (1937) and ante-natal sessions were started at Stenhouse (1935) and Granton (1938).

WARTIME CHANGES, 1939-45.

The outbreak of war in September 1939 caused several radical changes in the Department's organisation. Thus the four day nurseries at Dumbiedykes Road, Henderson Row, Viewforth Terrace, and South Fort Street were closed down, and two, those at Henderson Row and South Fort Street, were used till 1941 as first-aid depots. Dumbiedykes Nursery was soon re-opened for the residential care of children for Public Health and Public Assistance purposes, and Viewforth Nursery was opened for residential nursery accommodation, at first for children under the care of the Public Assistance Department, and later for children under the care of the Public Health Department. Dumbiedykes nursery reverted to day nursery use in 1946, but Viewforth nursery has continued as a residential one to the present time. Henderson Row nursery reverted to day nursery use in 1943 as part of the Corporation's wartime nursery scheme, and on the termination of this scheme the nursery became a residential one and has remained so to the present. Victoria Park House was converted into a first aid depot and remained so until 1942, when it was used as a reception house during the smallpox outbreak in the City (November 1942-February 1943). It then resumed its normal function as a residential home for ailing infants and children in July 1943, before it finally was closed in December 1950, prior to being converted into a day nursery.

Clinic facilities for mothers and children continued as in pre-war times, but it was found expedient to hold the various sessions for children in the mornings

instead of the afternoons. On the cessation of hostilities, afternoon sessions for the child welfare clinics were resumed.

WARTIME NURSERY SCHEME, 1941.

In conformity with the Government's policy of providing wartime day nurseries, a committee of representatives from the Public Health and Education Committees was formed to administer the City's nursery scheme (1941) and in February, 1942, the first wartime day nurseries were opened at Keddie Park, Leith; Ramsay Lane, Portobello; and Bonnington Road School. The provision of nurseries progressed rapidly and others were opened later in 1942, at Links Place School; Central Halls; Livingstone Dispensary; Chessel's Court; 90 Fountainbridge; St. Kentigern's; 60 Pleasance; Madeira Street; Wardieburn Road; and Lochend House. In 1943, nurseries were opened at Loaning Road; 73 Henderson Row; Gorgie School; Balgreen School; Roseburn School; Murrayburn School; Stenhouse Child Welfare Centre (necessitating removal of the clinic to an adjacent Scout Hall); University Settlement, Niddrie; and St Matthew's Church hall.

Further provision for the day care of children was made in 1944 by the opening of nurseries at St Stephen's, Henderson Row; Pilrig Street; Gilmore Place; Craigmillar; and West Pilton. This meant that 27 nurseries were provided with accommodation for 1,282 children under five years of age. The development and administration of such a scheme necessitated the appointment of a supervisor of day nurseries, and she took up duties in June, 1942. The Government sponsored scheme came to an end on 31st March, 1946, and the Corporation retained twelve of the nurseries with accommodation for 510 children. This formed the nucleus of the present nursery scheme which consists of thirteen day nurseries with accommodation for 595 children. Residential accommodation is provided at three nurseries, viz.: 73 Henderson Row, 22 Viewforth Terrace, and St Helen's, 7 West Coates (opened January, 1951), with a total accommodation for sixty children. In 1945, Willowbrae House was opened as a residential nursery, but in 1950 it became a tuberculosis preventorium for the accommodation of sixteen infants undergoing B.C.G. vaccination. The greatly increased peacetime provision of nursery accommodation necessitated the appointment of an assistant supervisor of nurseries in 1949.

The rapid wartime extension of the nursery service necessitated speedy recruitment of staff and special training courses were started at which suitable women received a short theoretical and practical training in nursery work, qualifying for the membership card of the Child Care Reserve. Young trainees of sixteen to eighteen years of age also increased in numbers and these were given a two years' training and the majority gained the Certificate of the National Society of Children's Nurseries. With the formation of the Scottish Nursery Nurses Examination Board in 1947, trainees are now prepared for the certificate granted by this Board.

The necessity for providing residential accommodation for those trainees living long distances from Edinburgh was overcome by the opening of a Nursery Nurses' Hostel at 19 Chester Street, in June, 1947.

DOMICILIARY MIDWIFERY SERVICE.

The Maternity Services (Scotland) Act, 1937, operation of which was deferred by the exigencies of the early period of the war, was put into being in 1943, and in the same year an almoner and supervisor of midwives were appointed, two assistant almoners being added to the staff in 1945. These three almoners were transferred on 5th July, 1948 to the Regional Hospital Board, and the Corporation appointed another almoner to the Public Health Department for duties in connection with the home help and nursery services, the unmarried mother, the care of the aged, and other aspects of social medicine.

The Corporation decided that with the introduction of the National Health Service Scheme in July, 1948, it would adopt the policy of providing a whole-time domiciliary midwifery service itself by employing whole-time midwives instead of relying entirely on outside agencies to provide the staff of midwives. In July, 1948, therefore, the sister and four midwives at the Western General Hospital district home were transferred to the City's domiciliary service and so formed the nucleus of the proposed full-time midwifery service. Since then midwives have been appointed at the Livingstone Dispensary (1949), and at the Southhouse, Duddingston and Colinton Mains centres (1950).

Coincident with this expansion of the domiciliary midwifery service, the Health Committee decided to close the ante-natal clinics at West Pilton, Granton, Gorgie, Sighthill and Henderson Row, as from 31st December, 1950. Thus, the Corporation now remain responsible directly for ante-natal clinics at Leith, Portobello, Niddrie, Prestonfield and Stenhouse, and by arrangements with the Edinburgh Medical Missionary Society and the Edinburgh Provident Dispensary, for clinics at the Livingstone Dispensary and the Provident Dispensary, Marshall Street.

A NEW HOME HELP SERVICE, 1945.

In April, 1945, a new service of home helps was inaugurated primarily for maternity purposes, but also for cases of illness, old age, etc. This service has rapidly expanded and provision has been made for an establishment of a hundred home helps. In July, 1949, a supervisor was appointed. In 1950 the distribution of cases requiring home helps was evenly balanced between maternity and non-maternity cases.

REPORT OF COMMITTEE ON INFANT MORTALITY IN SCOTLAND, 1943.

The Report of the Committee on Infant Mortality in Scotland ("The Orr Report") appeared in 1943, and the Corporation took steps to implement some of its recommendations. The health visitor staff was increased, at first by 10 (1944) and later (1948) the Health Committee resolved to increase the staff to the estimated seventy health visitors required for maternity and child welfare purposes, this recruitment to be done by stages until the full complement was obtained. A supervisor of health visitors was appointed in 1947, after a lapse of twenty years since the previous holder of the post had demitted office. In 1948, an assistant supervisor was appointed with the added duty of acting as tutor to the students

under the Corporation's scheme for the training of health visitors (*vide infra*). The full-time medical staff of the Department was also increased from six to nine.

Clinic facilities, especially for infants and children, were increased and new centres were opened at Murrayburn School (1943) later transferred to Broomhouse Loan (1948), at Firrhill and West Pilton (1947), Gilmerton (1949) and Corstorphine (1950). The clinic at Lochend which had previously been held in a church hall was transferred to the same premises as the nursery at Lochend House (1947), and a similar transfer was made at Stenhouse when the clinic returned to its pre-war premises at Saughton Mains Farmhouse (1947). The clinic at Gorgie was also transferred from its temporary wartime premises at 8 Alexander Drive to its former abode at McLeod Street (1947).

In 1945, the Corporation opened a maternity unit at the Eastern General Hospital, with Dr Finlay as pædiatrician in charge. In the same year, an infant welfare clinic for infants born in that hospital was started. In July, 1948, the unit and clinic at the hospital were transferred to the South Eastern Regional Hospital Board, though until July, 1950, when a new pædiatric appointment was made, the Maternity and Child Welfare Medical Officer remained in clinical charge.

Ultra-violet ray lamps were installed at the clinics at 29 Windsor Street (1945), Gorgie, Portobello and Prestonfield (1946), West Pilton (1947), Lochend (1948), Niddrie (1949), and Torphichen Street (1950), to augment the earlier provision made at the Pleasance and South Fort Street clinics.

In 1946, special dental facilities for mothers and children were provided by arrangement with the School Dental Service, and centres have since been opened at West Pilton (1947), Gorgie and Leith (1948), Sighthill (1949) Niddrie and Stenhouse (1950).

ASSOCIATION WITH THE UNIVERSITY.

In the years immediately following the 1914-18 war, the impetus given to health visiting as a career necessitated the organisation of training schemes. The Edinburgh School of Social Study and Training organised such a course of training with which the Department was closely associated. In 1928, the School of Social Study was absorbed into the University but the liaison between the newly constituted Department of Social Study and the Maternity and Child Welfare Department continued. In 1946, the Department of Social Study ceased to be responsible for the organisation of health visitor training, the onus of which was assumed by the Department of Public Health and Social Medicine at the University, but in 1948, the Corporation undertook the organisation of the training of health visitor students in preparation for the examinations held for the Health Visitor Certificate granted by the Royal Sanitary Association of Scotland.

Medical associations between the University and the Department have always been of the closest nature, and in 1948 the Maternity and Child Welfare Medical Officer was appointed Senior Lecturer (Part-time) in Preventive Pædiatrics in the Department of Child Life and Health.

FALL IN INFANT MORTALITY RATE.

Such is a short sketch of the development of the present Maternity and Child Welfare Department in Edinburgh. To Dr T. Y. Finlay, the first Medical Officer of the Department, must go most of the credit for the steady increase in the scope and extent of the Department's activities, and for the initiation of many of the early pioneer schemes which now form part and parcel of the Department's functions. Dr Finlay demitted office in November 1947, but the Department which he had built up will remain a monument to his successful endeavours on behalf of the mothers and children of Edinburgh.

The century opened with an infantile mortality rate for the city of 132 per 1,000 live births per annum. Of 1,635 deaths of children under five years of age, 1,080 or almost two-thirds were in infants under one year. A similar state of affairs existed in Leith. Thus the newborn infant entered into life under the shadow of death. The various voluntary and official efforts on behalf of the mother and her child bore fruit almost immediately they were launched, but the steady and progressive improvement in the health of mothers and children in the city was made more manifest by the fusion of these efforts into an organised whole. The influence of the Maternity and Child Welfare Department on the infantile and neo-natal mortality rates is undoubted and the results so far achieved will act as a stimulus to still greater and more successful endeavour in the future. Infantile death has now become an individual problem, as the present rate of 29 per 1,000 births shows.

MATERNITY AND CHILD WELFARE SCHEME, APRIL, 1951.

Staff :

Medical Officer of Health.
Maternity and Child Welfare Medical Officer.
8 Assistant Medical Officers.
Obstetric specialists in charge, on sessional basis, of ante-natal clinics.
Supervisor of Health Visitors.
Assistant Supervisor of Health Visitors.
43 Health Visitors.
3 Probationer Health Visitors.
Supervisor of Midwives.
12 Municipal midwives.
Supervisor of Nurseries.
Assistant Supervisor of Nurseries.
16 Nursery Matrons.
16 Deputy Matrons.
59 Nursery Nurses.
23 Playmistresses and Nursery Helpers.
73 Nursery Nurse Trainees.
Almoner.
Supervisor of Home Helps.
96 Home Helps, of whom 28 are part-time.
Office Supervisor.
12 Clerical assistants.

Midwifery Centres :

Crewe Road.
Colinton Mains Farmhouse.
Broomhouse Loan.
Southhouse Farmhouse.
Livingstone Dispensary, Cowgate.
223 Niddrie Mains Road.

Ante-Natal Clinics :

Leith : 23 South Fort Street.
Niddrie : Niddrie Mains Farmhouse.
Portobello : Rosefield Avenue Lane.
Prestonfield : 14 Clearburn Crescent.
Stenhouse : Saughton Old Farmhouse, Ford's Road.
*Livingstone Dispensary : Cowgate.
*Provident Dispensary : Marshall Street.

Child Welfare Clinics :

Abbeyhill : Elsie Inglis Memorial Maternity Hospital.
Corstorphine : Public Halls.
Firrhill : Oxbgangs Road.
Gilmerton : Green Halls.
Gorgie : McLeod Street.
Granton : 22 Royston Mains Crescent.
Leith : 23 South Fort Street.
Lochend : Lochend Road South.
Niddrie : Niddrie Mains Farmhouse.
Pleasance : 60 Pleasance.
Portobello : Rosefield Avenue Lane.
Prestonfield : 14 Clearburn Crescent.
Sighthill : 4-6 Broomhouse Loan.
Stenhouse : Saughton Old Farmhouse, Ford's Road.
Stockbridge : 69 Henderson Row.
Torphichen Street : 21 Torphichen Street.
West Pilton : 2 West Pilton Park.
Windsor Street : 29 Windsor Street.
*Livingstone Dispensary : Cowgate.
*Provident Dispensary : Marshall Street.

Mobile Clinics are also held at the Craigentenny, Duddingston and Lochinvar Camps, where homeless families are accommodated (these clinics were started in January, 1951).

* Subsidised by grant from Corporation.

Dental Clinics (for expectant and nursing mothers and children under five years of age):

Gorgie : McLeod Street. (Temporarily closed.)
 Leith : 23 South Fort Street.
 Niddrie : Niddrie Mains Farmhouse, Niddrie Mains Road.
 Sighthill : 4-6 Broomhouse Loan.
 Stenhouse : Saughton Old Farmhouse, Ford's Road.
 West Pilton : 2 West Pilton Park.
 School Clinics at Lauriston Place and Links Place.
 Ultra-Violet Ray Clinics.
 Gorgie : McLeod Street.
 Leith : 23 South Fort Street.
 Lochend : Lochend Road South.
 Niddrie : Niddrie Mains Farmhouse, Niddrie Mains Road.
 Portobello : Rosefield Avenue Lane.
 Prestonfield : 14 Clearburn Crescent.
 Torphichen Street : 21 Torphichen Street.
 West Pilton : 2 West Pilton Park.
 Windsor Street : 29 Windsor Street.

Residential Nurseries :

St Helen's, 7 West Coates.
 22 Viewforth Terrace.
 71-73 Henderson Row.

Day Nurseries :

Craigmillar : Craigmillar Castle Gardens.
 Dean : Dean Terrace.
 Dumbiedykes : 69 Dumbiedykes Road.
 Gilmore Place : 18 Gilmore Place.
 Granton : Wardieburn Road.
 Lochend : Lochend Road South.
 Niddrie : Settlement Buildings, Niddrie Mains Terrace.
 Pilrig : Pilrig Street.
 St Kentigern's : St Peter's Place.
 South Fort Street : 23 South Fort Street.
 Stenhouse : Saughton Old Farmhouse, Ford's Road.
 Tollcross : Central Halls.
 West Pilton : Ferry Road Drive North.

Nursery Nurses' Hostel :

19 Chester Street.

The closest liaison is maintained with the Voluntary Health Workers' Association and the Toddlers' Playgrounds which the Association organises, and with all other voluntary agencies concerned with the health of the mother and her child.

Bacteriological Services : The First Fifty Years.

WE have grown so accustomed to the almost daily announcement of scientific discoveries that it is difficult to realise the sheer excitement which must have been roused by the work of the bacteriologists of the latter part of the nineteenth century. Before that, epidemics had been ascribed to the visitation of divine wrath, to miasmas, or evil emanations. Then came the great historic work of Pasteur and Koch and others establishing the organismal origin of many diseases. The causative organisms of gonorrhœa, typhoid fever, phthisis, cholera, erysipelas, diphtheria and "spotted fever" were described in quick succession. This series of discoveries was indeed epoch-making in human history. After "the riotous growth of the eighteen-eighties" as Professor Topley wrote, there followed a period when this new bacteriological knowledge was consolidated and began to be applied in the everyday work of the clinicians; and, for instance in the anti-toxin treatment of diphtheria, to accomplish what clinical acumen alone had failed to do.

The sanitarians of the second half of the nineteenth century, for their part, had achieved much: by providing good water supplies, drains, better housing and living conditions for at least some of the community, they had banished cholera from Britain, made typhus a rarity and reduced the incidence of typhoid fever in Edinburgh, for example, to some two hundred cases annually. But scarlet fever was rife and deadly, and its ætiology unknown; the cause of syphilis was undiscovered; dysentery was considered to be a tropical disease, but "summer diarrhœa" took a heavy toll of infant life; food-poisoning was ascribed to "ptomaines"; and, for many years still, drains were to be ruthlessly smoke-tested and the householder served with an order for their repair if, unfortunately, his children took diphtheria, which very frequently happened. In short there was little idea how or why epidemic diseases spread.

EARLY DEVELOPMENTS.

This, then, was the bacteriological background in Edinburgh, as elsewhere, at the turn of the century; and it was then that the Corporation of Edinburgh entered into an agreement with the Royal College of Physicians whereby material from suspected cases of typhoid, tuberculosis and diphtheria could be submitted for examination in their newly established laboratory. A scale of charges was laid down and the six hundred and thirty specimens examined in 1902 cost the rate-payers £127, 15s. This was considered money well spent for, of the throat swabs from 346 cases of suspected diphtheria, 268 were reported negative with, consequently, a considerable saving in hospital expenditure. However, in 1902, the John Usher Institute of Public Health was opened, a gift to the University inspired by Pasteur's visit to Edinburgh in 1884; and the bacteriological services for the city were transferred there in consideration of an annual grant of £300. The reports for the next few years reflect some misgivings; £300 annually for

383 specimens in 1902, and 312 in 1903 was regarded as uneconomic; but in 1904 the service seems to have been "discovered" by the practitioners of Edinburgh, and thereafter the number of examinations (for tuberculosis, diphtheria and typhoid) increased annually until, for example, there were 6,578 in 1914.

Concurrently with this service at the Usher Institute, an impressive amount of bacteriological work was being accomplished at the City Hospital. In 1904 Dr Claude Ker (then Superintendent of the Hospital) reported:—"The Bacteriological Laboratory in the Hospital was opened in October and a systematic examination has been made in all cases of diphtheria, scarlet fever and typhoid in which the diagnosis has been doubtful. This departure it is hoped will tend to prevent the risk of cross infection in scarlet fever and diphtheria, and also enable the discharge of patients who have suffered from the latter disease to be regulated on a scientific basis." In 1905 the clinicians at the hospital made 3000 examinations; in 1914, 10,639; they looked for healthy diphtheria carriers (a revolutionary idea); they tested new therapeutic antisera; they groped after the real cause of "return cases" of scarlet fever, a problem which remained unsolved until the true ætiology of this disease was understood and the serological classification of hæmolytic streptococci established.

The 1914-18 war prevented expansion of public health work in many directions, but it was the war which created the public opinion responsible for the Venereal Diseases Order (1916) and led to the inauguration of Edinburgh's Venereal Diseases Scheme in 1919. An agreement was reached with the Managers of the Royal Infirmary and the main centre for diagnosis and treatment was set up there. The work increased by leaps and bounds, and a large volume of bacteriological and serological work was necessary. This was and still is carried out in the Bacteriology Department of the Royal Infirmary.

SAFEGUARDING MILK.

Meanwhile there was a growing awareness of the need for a safe milk supply. As early as 1904, the Veterinary Department had set up a laboratory for the examination of pathological material in connection with the city's meat supplies, and from dairy cows in the Edinburgh area, particularly those suspected of being tuberculous. But the idea of testing milk bacteriologically for general cleanliness did not emerge until later. In 1908, there was a memorandum from the Professor of Public Health in which he set out a scheme for milk-testing more or less on the same lines as that in use at present. We read that "several" milks were tested at the Usher Institute in 1910, and 22 in 1911. After that, the work of testing milk as supplied to the public, both for general bacteriological purity and for freedom from tubercle bacilli, was undertaken by the Veterinary Department until 1942 when it was transferred to the University Bacteriology Department.

Gradually public opinion has been crystallised in legislation, and the various Milk Orders for the standardisation and grading of milk involve constant bacteriological control. To-day, the bacteriological testing of Edinburgh's milk is a large item; we have travelled far since 1909 when milk in the city's dairies was ordered to be covered to protect it "not only from dust and matter swept into the shop

with the wind, but from fine particles of expectoration ejected from the throat by the coughing of careless customers waiting to be served." And also it was not until 1932 that the town's water supply was examined regularly for bacteriological purity, and weekly sampling was begun.

UNIVERSITY BACTERIOLOGY DEPARTMENT.

So the Laboratories took their part to an ever increasing extent both in clinical and preventive work. But techniques were becoming more complicated and bacteriology more specialised. Thus it was that in 1926 the Public Health Bacteriological Service for the City of Edinburgh was transferred from the Usher Institute to the Bacteriology Department of the University; and, apart from some simple bacteriological work continued at the City Hospital, the bacteriological work in the laboratory of the Veterinary Department, and the Venereal Diseases work at the Royal Infirmary, the bacteriological service was centred at the University. It immediately became less stereotyped: hitherto-unmentioned organisms appeared in the reports:—hæmolytic streptococci, dysentery bacilli, food-poisoning organisms, *Leptospira*, *Brucella abortus* and others. Both the knowledge gained from special pieces of research carried out in the Department, and the personal experience of the research worker were immediately at the disposal of the Public Health Laboratory. The work increased; the Municipal Hospitals were re-organised in 1932 and at once demanded an increased service. Some 8000 examinations, including tuberculosis examinations, were now made annually; in 1937 nearly 19,000; in 1947 when the Municipal Hospitals were transferred to the Regional Hospital Board, over 45,000 for hospitals, clinics and general practitioners in the Edinburgh area.

MODERN TECHNIQUES.

Nor do these figures give any indication of the elaboration of techniques which is now considered necessary for satisfactory bacteriological examination. Twenty or thirty years ago, a Löffler-serum culture sufficed for diphtheria diagnosis, a stained film for tuberculous sputum, and a modest number of tubes containing diluted serum and a plain bacterial suspension for a Widal test. To-day, studies in bacterial nutrition, the discovery of the antigenic structure of organisms and especially of the enteric and *Salmonella* group, and, in general, the ever-increasing knowledge of the complexity of parasitic organisms has made the pursuit of accurate diagnosis much more arduous. For example, Löffler-serum cultures are checked by plate cultures on a selective medium, suspected tuberculous material concentrated and cultured, several selective media used for examination for faecal organisms, standard suspensions and antisera and an elaborate technique are required for accuracy in the Widal test, and Wassermann reactions are checked by various parallel "flocculation" tests. New and usually more elaborate methods must be adopted as far as practicable in the attempt to obtain scientific accuracy; but always against the pressure of the clinical necessity for speed. The discovery of the sulphonamide drugs and, in the last ten years, the therapeutic use of the antibiotics have also added to the demands made upon the laboratories. As the

use of the latter has become more general, resistant races of bacteria are appearing. More antibiotics are being discovered, and more and more tests of the susceptibility of individual strains of organisms are required. All this involves the labour of a team of workers, larger laboratories, much laboratory equipment, and much specialised training of both professional bacteriologists and technicians.

FUTURE DEVELOPMENTS.

The most recent development in the Department of Bacteriology is the institution of a virus unit, which is now fully equipped with an electron microscope, and which seems likely to take an increasingly important place in the diagnosis and prevention of epidemic diseases. Indeed the virus unit may become the centre of the diagnostic laboratory in the next fifty years. We have now a vast amount of bacteriological and immunological knowledge which was undiscovered at the beginning of the century; we know that education and hygiene could banish bacillary dysentery, typhoid fever and food-poisoning; we hope that diphtheria has been defeated by immunisation and that tubercle bacilli in milk will soon be unheard of. On the other hand we do not yet know what the ultimate biological effect of the antibiotics will be; the direct control of respiratory tract infections eludes us; and with the exception of smallpox, epidemics of virus diseases spread practically unchecked. But the laboratory diagnosis of virus diseases and their immunological reactions have only begun to be explored, and it seems reasonable to hope that, by the end of the century, the means of controlling these infections also will be within sight. In any case it does seem certain that in the next fifty years bacteriology and immunology will play no small part in the control of disease.

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	1946	1947	1948	1949	1950
Population (Civilian) at Mid-Year	459,430	485,664	488,331	489,028	488,883
Area of City—Acres ...	32,526	32,526	32,526	33,183	33,183
Density of Population—Persons per acre	14.1	14.9	15.0	14.7	14.7
Inhabited Houses	132,294	133,652	136,460	139,384	140,865
Marriages Registered ...	4,878	4,877	4,606	4,276	4,271
Birth-Rate	19.5	20.3	17.2	16.7	15.7
Death-Rate	14.1	13.4	12.2	12.5	12.6
Infant Mortality Rate (per 1,000 Live Births)	52	49	34	32	29
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	26	23	19	19	18
Still-Birth Rate (per 1,000 Total Births)	32	26	29	24	24
Maternal Mortality Rate (per 1,000 Total Births) ...	1.6	1.0	1.6	0.2	0.6
Cancer Death-Rate ...	2.1	2.0	2.1	2.1	2.2
Pulmonary Tuberculosis Death-Rate	0.6	0.6	0.6	0.6	0.5
*Epidemic Diseases Death-Rate	0.3	0.15	0.05	0.12	0.11

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

BIRTHS, DEATHS and MARRIAGES in EDINBURGH—1928-1950

Year	Estimated Population	NUMBERS				RATES				
		Live Births		Deaths		Per 1000 of Estimated Population		Illeg. Births per cent. of Live Births	Deaths under 1 year per 1000 Live Births	Still Births per 1000 Total Births (Live & Still)
		Total	Illegitimate	All Ages	Under 1 Year	Live Births	Marriages			
1928	433,299	7,420	476	5,872	553	17.1	8.7	6.4	75	
1929	435,195	7,304	531	6,442	581	16.8	9.1	7.3	80	
1925-29	431,421	7,623	519	6,046	625	17.7	9.0	6.8	82	
1930	437,098	7,307	441	6,038	596	16.7	8.4	6.0	82	
1931	443,042	7,104	499	5,726	492	16.2	8.6	7.0	89	
1932	447,800	6,960	466	6,032	507	15.5	8.8	6.7	73	
1933	452,773	6,835	443	6,037	453	15.1	8.9	6.5	66	
1934	457,099	7,188	457	5,873	449	15.7	9.3	6.4	62	
1930-34	447,562	7,091	461	5,927	499	15.8	8.8	6.5	70	
1935	460,877	7,097	486	6,132	490	15.3	9.3	6.9	70	
1936	464,139	7,391	464	6,226	505	15.9	9.6	6.3	68	
1937	466,817	7,375	462	6,544	516	15.8	9.5	6.3	70	
1938	469,448	7,549	467	4,512	462	16.1	9.6	6.2	61	
1939	471,897	7,300	417	6,169	432	15.5	11.7	5.7	59	
1935-39	466,636	7,330	459	6,209	481	15.7	9.9	6.3	66	
1940	427,439	6,930	411	5,909	468	15.5	13.2	5.9	68	
1941	429,179	6,934	504	6,545	461	15.0	10.6	5.9	68	
1942	424,547	7,386	559	6,152	415	15.8	10.5	7.3	66	
1943	415,318	7,605	637	6,338	407	16.2	8.5	7.6	56	
1944	418,374	7,908	720	5,979	403	16.6	8.3	8.4	54	
1940-44	422,971	7,353	566	6,363	431	16.0	10.2	7.7	51	
1945	426,280	7,362	723	6,147	365	15.4	11.6	9.8	59	
1946	459,430	9,350	658	6,485	490	19.5	10.2	9.8	50	
*1947	485,664	9,865	500	6,503	480	20.3	10.0	7.0	52	
1948	488,331	8,420	515	6,099	284	17.2	9.4	5.7	49	
1949	489,028	8,154	455	6,099	263	16.7	8.7	6.1	34	
1945-49	469,747	8,630	582	6,238	376	17.8	10.0	5.6	32	
1950	488,883	7,674	407	6,161	225	15.7	8.7	5.3	43	
									29	

* 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 Registrar General for Scotland has estimated the population of the City for 1950 to have been 488,883. This is a decrease of 145 compared with the estimated civilian population of the previous year. The new figure is based on the civilian population (including members of the Mercantile Marine at home and abroad) plus members of the armed forces stationed in the area.

The table below sets out the age distribution of the population at three censal years, 1901, 1921, and 1931. The age-group percentages for 1950 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, viz. : from 4.4 per cent. to 10.4 per cent.

Age Distribution of Population.

Age Groups	1901	1921	1931	1950
	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	6.8
5-15 „ ...	20.8	17.7	15.2	13.9
15-25 „ ...	21.4	18.8	18.4	15.1
25-45 „ ...	28.6	29.3	29.1	28.3
45-65 „ ...	14.9	20.3	22.2	23.9
65 and over ...	4.4	6.2	7.7	10.4
	100	100	100	100

Ward Statistics.—A table showing the vital statistics of the wards in the City appears on page 77. Ward populations shown in this table are estimates based on the electoral register.

Inhabited Houses.—The number of inhabited houses in the City at Whitsunday was 140,865, an increase of 1,481 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 78.

Births.—During the year the number of births registered in the City was 9,379. From this total there have to be deducted 1,791 births to non-residents of Edinburgh, and to be added 86 births to Edinburgh citizens residing temporarily in other parts of Scotland. The corrected births thus numbered 7,674, of which 3,962 were males and 3,712 were females. The birth rates recorded since 1947

show a fall from 20.3 per thousand, to 17.2 per thousand in 1948, 16.7 per thousand in 1949 and 15.7 per thousand in 1950. Illegitimate births numbered 407, being a percentage of 5.3 of the total births, the lowest so far recorded in the City.

The number of still-births occurring was 190, equal to a rate of 24 per 1,000 total births and the same rate as in the previous year.

Marriages.—A slight decrease in the number of marriages registered in the City during 1950 is recorded—4,271 as against 4,276 in 1949. The marriage rate of 8.7 per 1,000 of the population is the same as in 1949, and is lower than the average rate (9.9) for the five years before the war.

Deaths.—The total number of deaths registered during the year was 6,161—an increase of 62 compared with 1949. The death-rate for the year was 12.6 per 1,000 of the estimated population, and is 0.1 higher than the rate for the previous year. Of the total deaths, 2,930 were males and 3,231 were females. The proportion of persons over sixty-five years of age was 64 per cent. The principal causes of death during 1948, 1949 and 1950 are set out in the following table.

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

CAUSE OF DEATH	1948		1949		1950	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease	1,711	350	1,866	382	1,914	392
Other Diseases of Circulatory System	210	43	209	43	195	40
Malignant Diseases	1,018	208	1,042	213	1,075	220
Diseases of Nervous System	870	178	834	171	982	201
Pneumonia (all forms) ...	247	51	273	56	258	53
Bronchitis	226	46	248	51	224	46
Tuberculosis Respiratory ...	301	62	270	55	237	48
„ (other forms)	37	7	21	4	22	5

The disease group causing the greatest number of deaths was "Heart Disease" which accounted for 1,914 deaths compared with 1,866 in 1949, and 1,711 in 1948. The majority of deaths in this group were certified as due to myocarditis or some form of myocardial degeneration.

There was an increase over the previous year in the number of deaths caused by cancer—1,075 as against 1,042. On page 76 a table shows an analysis of the deaths from cancer in sex and age groups, and site of the disease.

Death from the principal epidemic diseases (see table below) numbered 70, of which 50 deaths were ascribed to a mild form of influenza in the early part of

the year. The number of deaths from gastro-enteritis shows a progressive decline from 104 in 1946 to 15 in 1950.

	1945	1946	1947	1948	1949	1950
Typhoid Fever	1	...	...	...	...	...
Measles	16	4	10	8	1	...
Scarlet Fever	1	...	...	...	...	...
Whooping Cough	17	7	20	5	6	3
Diphtheria	13	10	2	1	...	...
Cerebro-spinal Fever ...	4	10	8	1	3	2
Influenza	17	75	35	9	52	50
Diarrhoea and Enteritis (under 2 years) ...	55	104	100	34	26	15
	124	210	175	58	88	70

The report of the Maternity and Child Welfare Medical Officer gives in greater detail the causes of deaths of children under 5 years of age.

CITY OF EDINBURGH.

Deaths from Specified Causes by Sex and Age Groups
and Death Rates per 1000 of the Population.

CAUSE OF DEATH	MALES											Total Males
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+	
1. Tuberculosis of Respiratory System ...	...	1	...	...	7	23	24	35	29	17	1	137
2. " —Other Forms ...	...	2	...	...	1	1	1	2	...	4	...	11
3. Syphilis and its Sequelæ ...	...	...	...	...	...	...	...	1	6	5	1	13
4. Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	...	3	...	...	...	...	...	...	...	...	...	3
6. Meningococcal Infections ...	...	1	...	...	...	...	...	...	...	...	...	1
7. Acute Poliomyelitis ...	...	...	1	1	2	1	1	...	...	...	...	6
8. Other Infectious and Parasitic Diseases ...	...	1	...	1	2	1	2	1	2	1	...	11
9. Malignant Neoplasms ...	...	2	3	...	5	6	18	59	120	160	111	484
10. Benign and Unspecified Neoplasms ...	...	1	...	...	...	1	1	1	4	...	3	11
11. Diabetes Mellitus ...	...	...	...	...	...	...	2	2	2	4	3	13
12. Anæmias ...	...	...	...	...	...	...	...	...	3	6	5	14
13. Vascular Lesions affecting Central Nervous System.	...	...	...	...	...	1	2	19	48	127	150	347
14. Other Diseases of Nervous System ...	1	1	...	1	1	2	5	2	11	9	13	46
15. Rheumatic Fever ...	...	...	2	...	...	2	1	...	...	...	...	5
16. Chronic Rheumatic Heart Disease ...	...	...	1	...	...	2	6	8	7	4	3	31
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	2	19	72	160	246	290	789
18. Other Diseases of Heart ...	...	...	...	...	1	...	3	9	21	29	33	96
19. Other Circulatory Diseases ...	...	...	...	...	...	...	4	10	10	21	39	84
20. Influenza ...	...	...	...	...	2	1	...	2	3	7	7	22
21. Pneumonia ...	7	2	1	1	1	...	3	11	20	27	48	121
22. Bronchitis ...	4	...	...	...	...	2	2	14	37	30	33	122
23. Other Respiratory Diseases ...	1	1	...	...	1	...	1	7	9	3	3	26
24. Ulcer of Stomach and Duodenum ...	...	...	...	...	...	1	2	9	18	7	6	43
25. Appendicitis ...	...	...	...	...	2	2	...	2	1	2	2	11
26. Intestinal Obstruction and Hernia ...	2	...	...	...	...	2	2	1	4	10	...	21
27. Other Digestive Diseases ...	7	1	...	...	...	...	4	4	8	13	9	46
28. Nephritis and Nephrosis ...	1	...	...	...	...	1	4	1	6	2	7	22
29. Other Diseases of Genito-Urinary System	1	...	...	...	...	1	...	1	7	19	40	69
30. Puerperal Causes ...	...	...	...	...	...	...	...	...	...	...	...	...
31. Diseases of Skin and Organs of Locomotion.	...	...	...	...	...	1	1	...	1	3	3	9
32. Congenital Malformations ...	16	2	...	1	...	2	1	1	...	...	...	23
33. Diseases of Early Infancy ...	78	...	...	...	...	...	...	...	...	...	...	78
34. Senility ...	...	...	...	...	...	...	...	...	...	1	22	23
35. Violence ...	12	9	4	3	8	11	15	24	13	17	30	146
36. All other causes ...	...	1	...	3	1	...	...	5	12	15	9	46
TOTALS ...	133	25	12	11	34	64	124	304	559	783	881	2,930

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. Tuberculosis of Respiratory System.	1	...	1	1	29	29	12	10	9	6	2	100	237	0.48
2. " —Other Forms ...	1	1	1	2	2	...	2	1	...	1	...	11	22	0.04
3. Syphilis and its Sequelæ ...	...	...	...	...	...	...	...	1	1	2	...	4	17	0.03
4. Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	3	0.01
6. Meningococcal Infections ...	...	...	...	...	...	...	...	...	1	...	...	1	2	0.00
7. Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	6	0.01
8. Other Infectious and Parasitic Diseases.	2	...	1	...	1	...	2	1	2	4	1	14	25	0.05
9. Malignant Neoplasms ...	...	1	...	...	1	7	30	84	123	194	151	591	1,075	2.20
10. Benign and Unspecified Neoplasms ...	...	...	1	1	...	2	2	6	6	3	2	23	34	0.07
11. Diabetes Mellitus ...	...	...	...	1	...	...	...	...	2	9	7	19	32	0.07
12. Anæmias ...	...	...	...	...	...	...	...	1	...	5	12	18	32	0.07
13. Vascular Lesions affecting Central Nervous System.	...	...	...	1	1	1	9	21	63	160	272	528	875	1.79
14. Other Diseases of Nervous System.	...	...	...	1	1	...	3	6	8	15	27	61	107	0.22
15. Rheumatic Fever ...	...	1	1	...	...	...	...	...	...	...	...	2	7	0.01
16. Chronic Rheumatic Heart Disease.	...	...	1	1	...	6	14	10	10	5	9	56	87	0.18
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	...	5	23	69	250	490	837	1,626	3.33
18. Other Diseases of Heart ...	...	...	...	...	...	1	3	6	14	49	32	105	201	0.41
19. Other Circulatory Diseases.	...	...	1	1	...	3	...	10	18	24	54	111	195	0.40
20. Influenza ...	...	1	...	1	1	1	1	...	1	4	18	28	50	0.10
21. Pneumonia ...	9	1	...	1	1	2	4	5	11	44	59	137	258	0.53
22. Bronchitis ...	4	1	...	...	...	1	1	6	12	24	53	102	224	0.46
23. Other Respiratory Diseases.	4	...	1	...	...	1	2	1	2	8	12	31	57	0.12
24. Ulcer of Stomach and Duodenum.	...	...	...	...	...	1	...	...	2	5	3	11	54	0.11
25. Appendicitis ...	...	...	...	1	...	...	...	1	3	3	...	8	19	0.04
26. Intestinal Obstruction and Hernia.	...	...	...	...	1	...	1	...	3	9	8	22	43	0.09
27. Other Digestive Diseases	7	1	...	...	...	3	4	9	9	12	9	54	100	0.20
28. Nephritis and Nephrosis ...	...	1	...	...	...	...	1	1	5	...	17	25	47	0.10
29. Other Diseases of Genito-Urinary System.	...	...	...	...	1	2	1	2	4	8	5	23	92	0.19
30. Puerperal Causes ...	...	...	...	...	...	4	1	...	...	...	...	5	5	0.01
31. Diseases of Skin and Organs of Locomotion.	...	...	...	...	...	...	...	1	4	4	6	15	24	0.05
32. Congenital Malformations	20	...	...	...	1	1	...	...	...	1	...	23	46	0.10
33. Diseases of Early Infancy	33	...	...	...	...	...	...	...	...	...	...	33	111	0.22
34. Senility ...	...	...	...	...	...	...	...	...	...	1	47	48	71	0.15
35. Violence ...	9	...	1	...	2	3	4	14	15	29	61	138	284	0.58
36. All other causes	2	1	1	1	1	...	3	5	5	15	13	47	93	0.19
TOTALS ...	92	9	10	13	43	68	105	225	402	894	1370	3,231	6,161	12.6

Analysis of Deaths from Cancer, 1950.

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		Both Sexes
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Brain ...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	1	3	...	...	...	...	9
Jaw, Face and Ear	1	1	...	...	...	...	...	...	...	...	...	...	10
Tongue and Mouth	16
Larynx, Pharynx & Neck	20
Thorax and Lungs	156
Breast	88
Stomach and Oesophagus	201
Liver and Gall Bladder	40
Intestines and Rectum	23
Pancreas	124
Female Genital Organs...	43
Male Genital Organs	88
Abdomen and Pelvis	4
Kidney ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21
Prostate	14
Bladder	7
Bones	39
Ductless Glands	30
Otherwise specified ...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
Totals	5	1	2	1	3	...	6	7	18	30	59	84	55	49	65	160	194	111	484	591	1,075

Table showing the Population, etc., also the Births and Deaths in each Ward during 1950.

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	
											No.	Rate per 1,000	No.	Rate per 1,000
1	St Giles ...	25,510	394	64.7	449	17.6	12	27	14	30	22	0.9	2	0.08
2	Holyrood ...	21,970	915	24.0	478	21.7	15	31	13	26	15	0.7	1	0.05
3	George Square ...	19,150	318	60.2	263	13.7	8	11	10	37	8	0.4	...	...
4	Newington ...	23,010	805	28.7	323	13.9	12	37	3	9	15	0.8	...	...
5	Liberton ...	18,160	4,848	37.7	351	19.3	6	14	6	20	15	0.8	...	...
6	Morningside ...	18,620	887	20.9	195	10.5	7	31	6	30	3	0.2	...	...
7	Merchiston ...	17,420	745	23.4	187	10.7	4	37	6	31	4	0.2	...	...
8	Colinton ...	16,730	6,159	27.1	247	14.8	4	16	6	24	9	0.5	...	...
9	Sighthill ...	23,380	1,218	19.2	352	15.1	4	11	10	28	18	0.9	...	...
10	Gorgie-Dairy ...	18,240	443	41.3	340	18.6	3	9	6	17	11	0.5	...	...
11	Corstorphine ...	14,020	3,430	5.3	225	12.3	3	13	4	17	5	0.3	...	...
12	Murrayfield ...	23,020	3,468	6.7	151	10.3	4	26	4	26	4	0.3	...	...
13	Pilton ...	22,230	1,214	18.3	465	20.9	23	49	16	33	19	0.8	...	...
14	St Bernard's ...	20,090	1,426	14.1	274	13.6	10	36	6	21	10	0.5	...	...
15	St Andrew's ...	20,800	582	35.8	350	17.4	14	40	12	33	4	0.2	...	...
16	Broughton ...	20,800	515	40.2	288	13.8	8	28	8	27	8	0.1	...	...
17	Calton ...	20,820	317	65.7	327	15.7	11	34	7	12	8	0.4	...	...
18	West Leith ...	19,560	882	22.2	277	14.2	7	25	4	25	9	0.5	...	...
19	Central Leith ...	23,870	307	77.8	473	19.8	13	27	12	25	14	0.6	...	...
20	South Leith ...	23,400	731	32.0	335	14.3	14	42	8	23	10	0.4	...	...
21	Craigentinny ...	24,330	791	30.8	344	14.1	9	26	7	20	13	0.5	...	...
22	Portobello ...	24,650	1,635	15.1	433	17.6	14	32	9	20	17	0.3	...	...
23	Craigmillar ...	16,490	1,474	11.2	393	23.8	18	46	8	20	14	0.8	...	...
	Institutions	11,183	...	...	140	...	6	...	4	...	4	...	...	...
	Totals	488,883	33,183	14.7	7,674	15.7	225	29	100	24	237	0.5	18	0.04
														12.6

* 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	1947-48	1948-49	NEW WARDS	1949-50	1950-51
1. Calton ...	5,453	5,446	1. St Giles ...	7,199	7,211
2. Canongate ...	4,774	4,716	2. Holyrood ...	6,558	6,549
3. Newington ...	5,967	5,989	3. George Square ...	5,634	5,643
4. Morningside ...	7,363	7,380	4. Newington ...	7,080	7,142
5. Merchiston ...	6,320	6,342	5. Liberton ...	4,712	5,057
6. Gorgie ...	7,931	7,911	6. Morningside ...	6,313	6,380
7. Haymarket ...	5,618	5,707	7. Merchiston ...	5,646	5,681
8. St Bernard's ...	6,574	6,622	8. Colinton ...	5,083	5,089
9. Broughton ...	4,884	4,908	9. Sighthill ...	5,523	5,982
10. St Stephen's ...	4,564	4,681	10. Gorgie-Dalry ...	7,392	7,389
11. St Andrew's ...	2,700	2,726	11. Corstorphine ...	5,502	5,586
12. St Giles ...	4,065	4,051	12. Murrayfield-Cramond ...	4,417	4,532
13. Dalry ...	5,139	5,134	13. Pilton ...	6,049	6,062
14. George Square ...	4,474	4,475	14. St Bernard's ...	6,660	6,762
15. St Leonard's ...	4,470	4,484	15. St Andrew's ...	6,168	6,124
16. Portobello ...	10,493	10,918	16. Broughton ...	6,206	6,234
17. South Leith ...	7,404	7,446	17. Calton ...	6,461	6,452
18. North Leith ...	3,617	3,619	18. West Leith ...	5,807	5,967
19. West Leith ...	5,067	5,101	19. Central Leith ...	6,924	6,907
20. Central Leith ...	3,197	3,188	20. South Leith ...	6,963	6,968
21. Liberton ...	5,506	6,285	21. Craigentinny ...	6,755	6,751
22. Colinton ...	4,649	5,024	22. Portobello ...	6,651	6,712
23. Corstorphine and Cramond ...	13,423	14,307	23. Craigmillar ...	3,681	3,685
	133,652	136,460		139,384	140,865

Year	Increase
1943-44 ...	479
1944-45 ...	393
1945-46 ...	366
1946-47 ...	435
1947-48 ...	1,358
1948-49 ...	2,808
1949-50 ...	2,924
1950-51 ...	1,481

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 (Scotland), 1932 and 1949.

(b) Measles (first case under 5 years of age in each household) notifiable under a Local Provisional Order.

Typhoid Group.—Four persons were notified as suffering from typhoid fever, three of whom were diagnosed as *Salmonella Paratyphi B.* and one of *Salmonella Typhi*. Of the paratyphoid cases, two occurring in one family were infected by a "carrier" subsequently traced in the household and one case was infected outwith the City.

Diphtheria.—Two confirmed cases were notified during the year, the lowest figure yet recorded. For the second successive year no deaths occurred. The steady decline in incidence of diphtheria is reflected in the figures for the last five years :—1946—172 ; 1947—50 ; 1948—14 ; 1949—7 ; 1950—2.

Scarlet Fever.—The cases notified (1004) continued to be of a mild type and the year's total was below the average of 1,092 for the past ten years. Five years have now elapsed since the last death from scarlet fever occurred in the City. Thirty-two per cent. of the cases notified were treated at home.

Cerebro-Spinal Fever.—The notification rate of meningococcal meningitis has now fallen to the rate occurring before the war, but with a marked improvement in case mortality. The average case mortality rate was 71 per cent. for the period 1929-38. The twenty-two confirmed cases notified in 1950 resulted in two deaths, giving a case mortality rate of 9.1 per cent.

Acute Poliomyelitis.—The number of confirmed cases notified was 69, of which 12, although diagnosed in Edinburgh, were resident outwith the City. With one exception all the cases were treated in hospital and in 40 instances some degree of paralysis was present. Fifty-three of the cases occurred in the latter half of the year. All the fatal cases (6) were males.

Whooping Cough.—The number of cases notified was 1,768 as against 760 in 1949 but, as the year 1950 was the first year wherein notification of all cases of the disease was obligatory, the figures are not comparable. Further experience will be required before the full value of compulsory notification can be assessed. One thousand three hundred and two cases occurred amongst children under 5 years and 165 cases were admitted to hospital for treatment. Three deaths occurred during the year.

Measles.—The year 1950 was a "measles" year and 2,489 cases were reported under the restricted notification arrangements. Admissions to hospital numbered 235. No deaths occurred from measles throughout the year.

Smallpox Precautions.—During the spring, a serious outbreak of Asiatic Smallpox occurred in Glasgow and special vigilance was necessary in Edinburgh. Facilities for vaccination provided at the Public Health Offices resulted in 1,386 persons being vaccinated there, while 15,000 doses of lymph were issued to hospitals and general practitioners. It was necessary to keep 18 contacts from Glasgow or from the S.S. "Chitral" under surveillance for the incubation period and to admit to the isolation hospital two passengers from the liner who developed rashes of a suspicious character. Both passengers subsequently proved not to be smallpox cases. That no cases occurred in the City is due in large measure to the comprehensive efforts made by the Glasgow Public Health Department whereby the outbreak was contained within a short period of time.

INFECTIOUS DISEASES.

The following Table shows the number of Notifications for each Month of the Year 1950 :—

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Diphtheria	11	8	10	7	18	13	15	4	9	8	6	5	2
Erysipelas	138	171	120	92	95	68	48	45	57	65	60	45	1,004
Scarlet Fever	1	3	2	1	1	2	1	2	2	1	1	1	17
Typhoid Fever	1	3	2	1	1	4	3	2	3	1	3	2	23
Puerperal Pyrexia	4	2	5	1	1	1	4	1	1	3	1	1	22
Cerebro-spinal Fever	1	1	1	1	1	1	1	1	1	1	1	1	3
Infective Jaundice	53	48	66	59	82	72	69	44	51	44	51	42	681
Tuberculosis, Pulmonary	7	16	12	12	15	9	9	6	13	3	5	7	114
Tuberculosis, other forms	1	2	5	4	4	1	1	1	1	4	1	1	25
Ophthalmia Neonatorum	1	1	1	1	1	1	1	1	1	1	1	1	11
Malaria	28	32	37	29	52	48	32	41	54	72	70	56	551
Dysentery	27	42	9	16	19	9	15	6	5	11	23	49	231
Acute Primary Pneumonia	8	36	16	4	3	4	1	1	1	1	4	7	85
Acute Influenzal Pneumonia	20	56	65	201	538	909	457	114	35	11	30	53	2,489
Measles	146	141	191	158	131	174	132	124	65	97	199	210	1,708
Whooping Cough	1	1	1	3	2	10	10	15	17	9	1	1	69
Polio-myelitis, Acute	1	1	1	1	1	1	1	1	1	1	1	1	1
Encephalitis Lethargica	1	1	1	1	1	1	1	1	1	1	1	1	1
Totals	447	561	542	588	960	1,324	801	407	316	330	453	480	7,209

Return of Cases of Infectious Disease notified during the Year ended 31st December 1950.

DISEASE		NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH										
		At all Ages	At Age—Years								Cases removed to hospital	Cases not removed to hospital
			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	14	6	5	...	2	1	...	...	...	14	...
	F	8	1	5	...	...	1	...	1	...	8	...
CHICKENPOX	...	...	...	...	...	...	...	...	...	...	...	...
CHOLERA	...	...	...	...	...	...	...	...	...	...	...	...
CONTINUED FEVER	...	...	...	...	...	...	...	...	...	...	...	...
DIPHTHERIA	...	...	...	...	...	...	...	...	...	...	...	...
DYSENTERY	...	...	...	...	2	...	...	...	...	...	2	...
	F	2	...	...	...	...	...	...	...	...	...	...
DYSENTERY	...	...	...	...	...	...	...	...	...	...	...	...
	F	280	23	170	51	10	13	1	9	3	197	83
	F	271	18	143	40	17	23	11	14	5	185	86
ENCEPHALITIS	M	...	...	...	...	...	...	...	...	...	...	...
LETHARGICA	F	...	...	...	...	...	...	...	...	...	...	...
ERYSIPELAS	...	...	...	...	...	...	...	...	...	...	...	...
	M	40	1	...	...	2	...	...	...	...	...	...
	F	74	1	...	1	3	2	4	28	3	10	30
JAUNDICE, ACUTE	M	3	...	...	...	...	...	...	...	...	...	...
INFECTIVE	F	...	...	...	...	1	1	1	...	...	3	...
MALARIA	...	...	...	...	...	...	...	...	...	...	...	...
	M	6	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	2	...	3	1	...	...	6
MEASLES	...	...	...	...	...	...	1	...	...	...	...	1
	M	1,288	53	1,208	25	2	...	...	...	...	118	1,170
	F	1,201	65	1,102	25	2	7	...	...	...	117	1,084
OPHTHALMIA	M	9	9	...	...	...	...	...	...	...	2	7
NEONATORUM	F	16	16	...	...	...	...	...	...	...	3	13
PLAGUE	...	...	...	...	...	...	...	...	...	...	...	...
	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
PNEUMONIA, ACUTE	M	43	...	2	...	...	...	...	...	...	...	...
INFLUENZAL	F	42	...	...	4	3	4	...	19	11	14	29
PNEUMONIA, ACUTE	M	128	1	1	2	3	3	8	19	5	16	26
PRIMARY	F	103	12	19	8	8	9	19	30	23	29	99
PNEUMONIA (not otherwise notifiable)	M	...	...	...	...	...	...	...	...	...	...	...
POLIOMYELITIS, ACUTE	F	...	...	...	...	...	...	...	...	...	...	...
	M	38	3	13	13	3	5	1	...	...	37	1
	F	31	1	15	11	...	4	...	...	...	31	...
PUERPERAL FEVER	...	...	...	...	...	...	...	...	...	...	...	...
	M	17	...	...	...	4	8	5	...	...	15	2
PUERPERAL PYREXIA	...	...	...	...	...	...	...	...	...	...	...	...
	F	23	...	...	...	6	11	6	...	...	21	2
SCARLET FEVER	M	472	1	149	263	45	7	4	3	...	310	162
	F	532	2	126	346	41	7	5	5	...	372	160
SMALLPOX	...	...	...	...	...	...	...	...	...	...	...	...
	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
TUBERCULOSIS—	M	348	2	18	26	85	56	54	88	19	124	224
PULMONARY	F	333	4	20	40	138	71	25	23	12	98	235
TUBERCULOSIS—	M	51	1	8	13	14	8	2	4	1	18	33
NON-PULMONARY	F	63	1	8	14	15	10	6	8	1	17	46
TYPHOID FEVER	...	...	...	...	...	...	...	...	...	...	...	...
	M	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	...	...	...	...	...	1	...
PARA-TYPHOID A	...	...	...	...	...	...	...	...	...	...	...	...
	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
PARA-TYPHOID B	...	...	...	...	...	...	...	...	...	...	...	...
	M	2	...	1	...	...	...	1	...	...	2	...
	F	1	...	...	...	...	1	...	...	...	1	...
TYPHUS FEVER	...	...	...	...	...	...	...	...	...	...	...	...
	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
WHOOPING COUGH	...	...	...	...	...	...	...	...	...	...	...	...
	M	842	107	506	223	...	5	...	...	...	74	768
	F	926	93	596	228	2	4	1	2	...	91	835
	M	3,566	218	2,099	628	177	111	90	183	60	954	2,612
	F	3,643	215	2,032	720	236	160	88	133	59	1,021	2,622
TOTAL	...	7,209	433	4,131	1,348	413	271	178	316	119	1,975	5,234

Table showing the Infectious Disease Notifications and Deaths in each Municipal Ward during the Year 1950.

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 ...	2	...	...	...	...	...	35	...	8	...	2	1	177	...	91	...
2	Holyrood	...	...	...	...	...	...	49	...	4	...	4	...	121	...	85	...
3	George Square	...	...	...	...	...	...	31	...	5	...	...	...	40	...	34	...
4	Newington	...	...	...	...	...	...	33	...	5	...	...	...	55	...	20	...
5	Liberton	...	...	...	...	...	...	40	...	4	...	...	...	230	...	167	...
6	Morningside	...	...	...	...	...	...	20	...	5	...	...	...	34	...	29	...
7	Merchiston	...	...	...	...	...	...	21	...	1	...	...	...	52	...	35	...
8	Colinton ...	...	...	...	...	...	...	28	...	2	...	...	...	55	...	86	...
9	Sighthill ...	...	...	...	...	...	...	61	...	2	...	...	...	77	...	60	...
10	Gorgie-Dalry	...	...	...	...	...	...	75	...	6	...	...	...	114	...	41	...
11	Corstorphine	...	...	...	...	...	...	27	...	3	...	...	...	29	...	25	...
12	Murrayfield-Cramond	...	...	...	...	...	...	19	...	2	...	...	...	22	...	58	...
13	Pilton ...	1	...	...	...	...	...	80	...	7	...	...	...	251	...	221	...
14	St Bernard's	...	...	...	...	...	...	28	...	5	...	...	...	37	...	64	...
15	St Andrew's	...	...	...	...	...	...	64	...	3	...	...	...	100	...	85	...
16	Broughton	...	...	...	...	...	...	33	...	5	...	...	...	102	...	84	...
17	Calton ...	...	...	...	...	...	...	20	...	3	...	...	...	100	...	71	...
18	West Leith	...	...	...	...	...	...	34	...	12	...	...	...	119	...	72	...
19	Central Leith	...	...	...	...	...	...	52	...	7	...	...	...	196	...	101	...
20	South Leith	...	...	...	...	...	...	24	...	6	...	...	...	101	...	96	...
21	Craigentinny	...	...	...	...	...	...	47	...	5	...	...	...	128	...	74	...
22	Portobello	...	...	...	...	...	...	56	...	3	...	...	...	149	...	80	...
23	Craigmillar	...	...	...	...	...	...	70	...	8	...	...	...	115	...	54	...
	Institutions	1	...	4	...	1	...	57	...	3	...	6	...	85	...	35	...
	Totals	4	...	17	...	2	...	1004	...	114	...	22	2	2489	...	1768	3

Cases of Certain Specified Infectious Diseases notified in Edinburgh during the last 29 Years.

[illegible]

* From 1925 only first case in household notifiable.

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

From 1950, notification of whooping cough extended to include all cases.

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	...	...	25.9	...
1923	6.8	0.5	6.9	181.6	16.3	8.9	447.5	21.9	4.9	2.8	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	3.5	2.6	73.3	...	28.2	...	...	20.0	...
1925	7.0	0.6	3.3	203.4	19.2	10.2	549.8	14.5	2.6	2.8	2.3	80.0	...	19.9	...	3.8	44.0	9.2
1926	7.7	1.6	21.2	128.5	10.0	7.8	431.1	7.4	1.7	5.8	4.7	83.3	...	9.8	...	1.3	65.2	4.0
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	...	16.5	...	2.5	197.0	10.0
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	...	1.1	320.8	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
1930	8.1	0.5	5.7	252.1	16.2	6.4	292.4	1.8	0.6	11.9	8.5	71.1	...	1,643.1	...	1.5	374.8	4.5
1931	3.2	0.3	7.1	203.4	6.3	3.1	146.0	0.9	0.7	10.8	8.1	75.0	...	183.1	...	0.5	189.4	4.3
1932	5.8	0.9	15.4	148.0	6.0	4.1	241.2	1.8	0.6	12.1	8.7	72.2	...	1,962.0	...	1.0	269.0	12.5
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	...	1.1	217.3	14.4
1934	2.8	...	...	119.4	5.9	4.9	529.2	3.7	0.7	7.4	4.8	64.7	...	700.1	...	2.1	41.4	1.3
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	...	1.3	190.3	8.0
1936	5.4	1.1	20.0	80.5	5.6	7.0	233.3	1.1	0.5	4.1	2.8	68.4	...	536.7	...	1.7	173.2	5.4
1937	3.4	...	...	133.5	9.4	6.9	359.9	2.1	0.6	4.1	3.2	79.0	...	323.0	...	1.1	305.2	14.4
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	...	1.6	53.9	0.9
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	...	0.3	322.3	8.7
1940	6.3	0.5	6.3	175.2	14.3	8.1	152.5	0.2	0.2	76.3	10.5	13.8	...	659.2	...	0.5	59.7	1.9
1941	15.8	0.9	5.9	103.9	6.5	6.3	249.3	0.7	0.3	45.2	8.4	18.6	...	261.7	...	0.6	318.1	10.3
1942	3.3	0.5	14.3	113.1	7.3	6.5	476.6	1.2	0.2	19.8	3.3	16.7	...	543.5	...	0.4	18.6	0.5
1943	1.7	...	...	101.6	3.6	3.6	384.8	1.0	0.2	8.9	1.7	19.0	...	414.9	...	0.4	186.6	4.6
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
1945	0.7	0.2	33.3	84.9	3.1	3.5	241.4	0.2	0.1	12.9	0.9	7.3	...	685.0	...	0.5	115.9	4.0
1946	1.1	...	...	37.4	2.2	5.8	94.5	...	...	15.9	2.2	13.7	...	449.3	...	0.2	105.1	1.5
1947	1.2	...	...	10.3	0.4	4.0	63.8	...	...	11.7	1.6	14.0	...	288.5	...	0.7	162.7	4.1
1948	0.8	...	...	2.9	0.2	7.1	215.2	...	...	3.5	0.2	5.9	...	458.7	...	0.4	82.3	1.0
1949	1.6	...	...	1.4	...	...	241.9	...	...	5.5	0.6	11.1	...	284.6	...	0.1	155.4	1.2
1950	0.8	...	...	0.4	...	...	204.9	...	...	4.5	0.4	9.1	...	508.0	...	...	360.8	0.6

DIPHTHERIA IMMUNISATION ANALYSIS for YEAR 1950.

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 56 per cent.

YEAR OF BIRTH

	YEAR OF BIRTH														1934 or earlier	Total		
	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937			1936	
1. GENERAL PRACTITIONERS :— Half-Year to 30th June ...	16	755	322	83	31	21	16	2	2	...	2	...	...	...	...	1	...	1,251
" 31st Dec. ...	181	1091	211	72	37	20	14	9	3	1	1	...	2	1	...	...	3	1,646
	197	1846	533	155	68	41	30	11	5	1	3	...	2	1	...	1	3	2,897
2. CHILD WELFARE CENTRES :— Half-Year to 30th June ...	6	1134	186	79	37	22	4	2	...	...	...	...	...	...	...	...	...	1,470
" 31st Dec. ...	183	614	43	18	8	2	...	...	...	...	...	...	...	...	...	...	...	868
	189	1748	229	97	45	24	4	2	...	...	...	...	...	...	...	...	...	2,338
3. SCHOOLS :— Half-Year to 30th June ...	...	3	4	19	22	132	345	52	9	54	647	50	10	3	126	24	3	1,503
" 31st Dec. ...	...	...	3	4	13	103	68	3	2	14	91	4	...	...	26	1	...	392
	...	3	7	23	35	295	413	55	11	63	738	54	10	3	152	25	3	1,805
4. REINFORCING INJECTIONS :— GENERAL PRACTITIONERS ...	1	25	15	12	13	112	93	38	26	27	39	16	15	6	9	5	24	476
SCHOOLS ...	...	1	...	2	41	1921	1032	62	38	1025	2435	26	4	3	180	2	2	6,774
	1	26	15	14	54	2033	1125	100	64	1052	2474	42	19	9	189	7	26	7,250
TOTAL PRIMARY IMMUNISATIONS :— GENERAL PRACTITIONERS ...	197	1846	533	155	68	41	30	11	5	1	3	...	2	1	...	1	3	2,897
CHILD WELFARE CENTRES	189	1748	229	97	45	24	4	2	...	...	...	...	...	...	...	...	...	2,338
SCHOOLS ...	...	3	7	23	35	295	413	55	11	63	738	54	10	3	152	25	3	1,805
	386	3597	769	275	148	360	447	68	16	69	741	54	12	4	152	26	6	7,130

VACCINATIONS.

Following are the vaccinations reported to the Department during 1950 :-

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
1950 ...	2,022	100	18	753	2,893
1949 ...	1,841	78	12	351	2,282
1948 ...	209	10	3	28	250
1947 ...	67	5	1	2	75
1946 ...	40	2	2	2	46
1945 ...	37	1	...	5	43
1944 ...	27	2	1	3	33
1943 ...	22	4	...	...	26
1942 ...	18	1	...	...	19
1941 or earlier	229	16	19	28	292
Totals ...	4,512	219	56	1,172	5,959

Re-Vaccinations.

Typical Vaccinia greatest at 7th-10th Day	Accelerated (Vaccinoid) Reaction 5th-7th Day	Greatest Reaction 2nd-3rd Day	No Local Reaction	Reaction Unspecified	Total
2,625	1,072	2,281	1,210	454	7,642

Persons Proceeding Overseas.

In addition to the vaccinations noted above, facilities were provided at the Public Health Department for the protection of persons proceeding abroad by sea or air. This included courses of inoculation against typhoid and paratyphoid fevers, typhus fever, cholera and plague, as well as vaccination against smallpox. A total of 710 persons destined for many parts of the globe received this service and were given international certificates where they were necessary. 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 undernoted table gives a summary of the number of inoculations given at the Public Health Chambers during the year.

	No. of Persons
Smallpox	341
Typhus Fever	30
Cholera	135
Plague	1
Typhoid and Paratyphoid Fevers	198
Tetanus... ..	5
	<u>710</u>

CITY HOSPITAL FOR INFECTIOUS DISEASES.

Report for the Year 1950.

The total number of patients admitted to the hospital in 1950 was 3,412, an increase of 699 over the corresponding figure for 1949. As 152 were tuberculosis admissions, 9 less than in the previous year, the increase was due to a larger number of fever admissions which totalled 3,260 as compared with 2,552 in 1949. Of the fever patients 649 came from outwith the City boundaries, Midlothian and Peebles contributing 402, East Lothian 213, West Lothian 18, Berwickshire 5, Selkirkshire 1, Roxburghshire 1, and Fifeshire and Perthshire 9. Also 25 patients were admitted at the request of the service authorities.

The average daily number of patients in hospital, including tuberculosis patients, was 389, the greatest number on any one day being 445 on 27th February, and the lowest, 342, on 23rd December. Normally we would expect our numbers to fall to their lowest in August or September but the poliomyelitis outbreak in the late summer and the autumn kept the admissions higher than usual at these periods. Over the year 91 deaths took place in the hospital, 44 among the tuberculosis patients, and 47 among those notified as some form of infectious disease although the cause of death as recorded on the death certificates did not always correspond with the notification.

In the appended table will be found the number of cases of the principal infectious diseases for which admission to hospital was sought, the number in which the diagnosis was eventually confirmed, and the case fatality in each.

Disease	No. of notified cases	No. of confirmed cases	Case fatality per cent.
Diphtheria	115	2	Nil.
Scarlet fever	1,186	1,081	Nil.
Measles*	249	269	Nil.
Whooping cough	213	179	2.23
Puerperal sepsis	22	9	Nil.
Enteric fever	13	4	Nil.
Erysipelas	47	31	Nil.
Cerebro-spinal fever	133	23	4.35
Rubella	28	27	Nil.
Chickenpox	121	116	1.72
Bacillary dysentery	550	381	0.79
Mumps	37	20	Nil.
Pneumonia	102	83	14.46
Poliomyelitis	145	89	6.74
Gastro-enteritis	173	126	3.17

* The excess of confirmed over notified cases is due to corrections of diagnoses in other diseases, e.g. some notified cases of scarlet fever were finally classified as measles.

Although not entirely representative in that it does not include a number of infectious diseases occasionally admitted, for example such conditions as glandular fever, infectious hepatitis, leptospirosis, and Vincent's angina, the above table

gives a good general idea of the work of the hospital, and the epidemiological situation in Edinburgh and neighbourhood. Scarlet fever, as usual, made by far the greatest contribution to our numbers, and indeed exceeded the thousand mark for the first time since 1943. Conditions, however, as regards staff and accommodation were very different in 1950, and there were occasions when there was serious overcrowding in the scarlet fever wards, that is, from time to time there were from 30 to 40 patients in open wards constructed to accommodate 20 in optimum conditions of spacing and ventilation. In former times swift retribution in the shape of high complication rates would have followed but in 1950 these circumstances were met, not unsuccessfully, by the routine administration of penicillin. A more speedy turnover in patients was also secured by the reduction of the period of detention to 21 days instead of 28 as was the former practice. Re-admissions for complications appearing after discharge from hospital were few and a close watch on the return case rate indicated that infectivity after release was about the average rate.

An interesting feature of the table is that no fatal case of diphtheria, scarlet fever, or measles falls to be recorded. The absence of fatality in diphtheria and scarlet fever has been commented on in previous reports, but the fact that no death occurred in a substantial number of measles cases deserves to be given some prominence. This almost certainly is a record in the history of the hospital. It is true that there were no measles deaths in 1929 and again in 1933 but the number of measles patients admitted in these years was only 31 and 5 respectively. Measles mortality and hospital case fatalities have been falling steadily since the early thirties and it will be interesting to observe whether, as in scarlet fever, measles has come to stay as a non-fatal disease instead of, as in comparatively recent times, one of the great killing diseases of infancy.

It is also important to note that the eye, ear, and chest complications which too often in the past resulted in permanent defects have become much less frequent. A great deal of discussion has centred on this phenomenon in epidemiological circles but there seems little doubt that, as far as hospital practice is concerned, the very satisfactory results now obtained have followed the use of penicillin, which, although having no ascertainable effect on the disease process initiated and maintained by the causal virus, and consequently on the natural progress of the disease through its various stages, has a most satisfactory effect in checking secondary invading organisms such as the streptococcus and pneumococcus which are commonly responsible for the complications mentioned.

Poliomyelitis again assumed epidemic prevalence in 1950 after two years of relative quiescence, and was associated with a relatively high fatality, which, however, was little more than half of that in the widespread epidemic of 1947. Of the 89 cases 57 were Edinburgh cases, the remainder coming from other local authority areas in the region. Forty-three of the patients were under the age of 5, but all six fatal cases were over that age and, in fact, 4 were over the age of 20 years.

The ward set apart for infantile gastro-enteritis patients again had a busy year and by those with much experience of the condition a case fatality of 3.17 per cent in 126 cases will be regarded as relatively satisfactory. Undoubtedly a social disease, the solution of the problem of the specific cause still eludes us, and until we know something about this, comparisons of fatality between one year

and another, or between one area and another, are somewhat unscientific. Of recent years, however, we have learned a good deal about supportive treatment and modern methods of fluid replacement have done much to reduce infant mortality from gastro-enteritis.

Among the other diseases tabulated it will be seen that the second largest number of admissions was for bacillary dysentery. Since the admissions came in waves, problems of accommodation became acute during the year and again overcrowding was inevitable with the result that occasional infections among staff and re-infections among patients occurred. The number of cases of cerebro-spinal fever remained at about the same level as last year. As regards puerperal sepsis this is a disappearing condition, and it is interesting to compare the 10 cases treated in 1950 with the 112 which were admitted no longer ago than 1946. Also, we are seeing fewer cases of erysipelas in hospital and the fact that no deaths occurred in 81 patients treated in the past two years is noteworthy.

Nursing Staff.—No improvement in recruitment fell to be recorded in 1950. Considerable discussion revolved round the subject and one or two suggestions were hopefully explored but nothing tangible emerged and the staffing, particularly of the tuberculosis wards, remained very unsatisfactory.

Twenty-two nurses completed their training during the year and were granted state registration as fever nurses after examination. Of these, 18 went to general hospitals to continue their training. For the first time courses of instruction were provided in the hospital in preparation for the examination of the British Tuberculosis Association and five candidates gained the certificates of this body.

The nurses' prize-giving and reunion was held on Wednesday, 28th June. The Lady Provost, who has shown a continuous interest in the City Hospital, presented the prizes and gave a short address. The "Claude Buchanan Ker Memorial Medal" was awarded to Nurse Margaret Pringle, the next in order of merit being Nurse Agnes Balfour.

Medical Instruction.—Courses of instruction in acute infectious diseases were attended at the hospital by 235 undergraduates, these being divided into six sections involving approximately 90 hours' teaching. Post-graduate classes were held for the candidates for the D.P.H., for general practitioners, and in connection with the advanced course in internal medicine. This work was carried out by the Medical Superintendent with the assistance of the Senior Assistant Medical Officer. The Professor of Tuberculosis also made use of the facilities in the hospital for the teaching of his subject.

Acknowledgments.—Since the new hospital administration was set up the closest personal and official relationship has been maintained with the Medical Officer of Health of the City of Edinburgh and his staff, and in fact the collaboration that existed in the past has remained undisturbed. My thanks are due, therefore, to him and his staff and to the Medical Officers of Health of the other local authorities in the region for their help and co-operation.

I have also to thank the medical, nursing, domestic and administrative staffs who have made their contribution to the welfare of the patients and the smooth running of the hospital.

HEALTH EDUCATION.

FOOD AND "TB" AS LIVE TOPICS.

Foremost among the subjects discussed at health education meetings were Tuberculosis and the Clean Handling of Food. In five years of Sunday evening film shows, it has been noted that T.B. was rarely absent from the questions which reached the platform. Accordingly, one of the larger meetings was devoted to a special talk on the subject and to a review of some of the questions on tuberculosis which had been received in the course of these meetings.

Appropriate films were shown, and the meeting, which happened to be the last for the season, proved to be one of the most interesting yet held. The principal speaker, Sir Andrew Davidson, Chief Medical Officer of the Department of Health for Scotland, advised his hearers that the best safeguard against contracting tuberculosis was healthy living.

Focus on Food.

In view of the growing interest in the campaign for cleanliness in the handling of food, a platform discussion entitled "Focus on Food" was staged at another large meeting. Those taking part were the Medical Officer of Health, the Chief Sanitary Inspector, and the Veterinary Inspector of the Corporation, with a member of the Health Committee as chairman.

The discussion was timely since it followed soon after the publication of the Report of the Catering Trade Working Party. Comments on recommendations in that Report did much to enlighten the public on possible developments in the way of greater powers for local authorities, and the summing-up made it clear that the problem was largely one of individual conduct—the manufacturer, the handler of food, and the housewife herself must all observe the simple rules of cleanliness.

Meeting for Sportsmen.

In all, eleven of these cinema gatherings were held throughout the winter of 1950-51 and the attendances totalled 12,360 as compared with ten meetings and 13,100 attendances in the previous winter. In five years, the aggregate attendances have exceeded 71,000. Two meetings were held in Leith during the past season, and a first visit to Gorgie brought a full house since the meeting was primarily intended for sportsmen and was addressed by three personalities from the football field, whose answers to questions received an appreciative hearing.

In addition to film shows in large cinemas, 50 meetings of women's guilds, parents' associations, and trade organisations were held in schools, small halls and community centres. These occasions brought Health Department doctors, health visitors and technical officers into close contact with small groups of citizens and paved the way for interesting discussions. The Veterinary Inspector conducted parties of students and others through the abattoir and gave film shows and talks to grocery managers, butchers, and apprentices. There can be no doubt that these small assemblies bring to light many everyday problems about which the officials can usually offer acceptable advice.



ANTI-FLY CAMPAIGN
Poster Designs by
Edinburgh College of Art
Students
Winning Entry—
No. 3 (Top Row).
Daily Record Photo.



"Kath" never could appreciate the humour of "Punch."



"Anna" is so compactly built that only the tip of her beret is visible.

THE LIGHTER SIDE OF PUBLIC HEALTH

Christmas Cards designed by Mr Arthur Banks for the Corporation's Two Midwives residing in the Livingstone Dispensary.

Keeping Down Flies.

For a third year in succession, an anti-fly campaign was organised for the summer months. It followed the plan adopted in previous years—publicity being obtained from posters on the trams and buses, leaflets in schools, shops, factories, and workshops, and notices in the Press. Courses of insecticide spraying were arranged by the sanitary inspectors who visited farms, stables, refuse tips and other places where flies were likely to breed. In all, 287 premises and areas were treated in the early part of the summer and return visits were made to 130 premises in the autumn. The Cleansing Department co-operated by spraying waste food bins and their sites.

The wet and sunless weather proved a deterrent to flies, and in few cases were large numbers seen. It would appear that the citizens are in greater measure appreciating the wisdom not only of spraying the haunts of flies but of keeping food covered and avoiding accumulations of rubbish. An investigation carried out in pre-fabricated houses showed evidence of the value of spraying. Fly papers hung in six non-sprayed houses showed catches totalling 6,078 in 17 weeks as against 4,701 in six houses which had been sprayed. The occupiers of these houses showed keen interest in the campaign, and the good work had its influence on the neighbours. A similar investigation carried out in school cooking centres showed 1,123 flies caught in two untreated centres as against 194 in two treated centres.

Preventing Home Accidents,

Arising from suggestions made at a Sunday evening film show, investigations by a specially appointed health visitor were made throughout 1950 into accidents occurring in households. This was done with the approval and blessing of the Home Safety Committee of the Edinburgh Accident Prevention Council. One of the first things noted by the health visitor was the need for a strong fireguard that could be adapted to most ordinary fireplaces. After careful consideration and experiment, a sturdily-build fireguard of one-inch wire mesh, with sloping top and capable of expanding from 3 feet to 4 feet 1 inch, was produced and received the approval of the Chief Fire Officer and of the Home Office in London. The Accident Prevention Council received a grant from the Corporation to purchase a supply of the fireguards, and they are available to citizens at a loan charge of 5s. per annum or less if, in the opinion of the Almoner, the applicant is unable to meet the full charge. Distribution is by the Public Health Department's vans.

Health Education in Schools.

A question sometimes asked at Sunday evening health education meetings is "Why don't you begin in the schools?" The answer is that considerable efforts have been made towards that desirable end. Since 1946, the Scottish Council for Health Education have taken the lead by organising three national conferences at which the possibility of giving health education a distinct place in the school curriculum was thoroughly discussed. These conferences were attended by members of local authorities, directors of education, medical officers of health, school medical personnel, and training college staffs, together with representatives of the Educational Institute of Scotland and of the Central Departments. At

the third of these conferences held in Edinburgh in December 1950, a Report by a special committee appointed to frame proposals on the subject was approved and recommended for adoption by local authorities in Scotland. The Report contained model lessons and syllabuses and provided guidance for headmasters and teachers who were willing to introduce simple health teaching in their classrooms. Keen interest has been aroused by this scheme, and its adoption by local authorities generally would be an important achievement in providing vital instruction for children at an impressionable age.

The programmes at the Film Shows in Cinemas were as follows :—

1950

- Oct. 15—New Victoria Cinema, Clerk Street.
Films : " Border Weave."
" Another Case of Poisoning."
" Good Mothers " (Danish).
" This is Britain, No. 13."
Address by Dr J. W. McAllan, Lecturer to Scottish Council for Health Education :
" Health at Home and at Work."
Chairman : Councillor J. J. Stone.
- Oct. 29—State Cinema, Leith.
Films : " The Good Housewife."
" Caring for Children."
" Scottish Universities."
" This is Britain, No. 33."
Address by Dr A. F. Wilkie Millar :
" Health, Diet and Exercise."
Chairman : Councillor John Cormack.
- Nov. 12—New Victoria, Clerk Street.
Films : " Make Fruitful the Land."
" It Might Be You."
" Harnessing the Hills."
" This is Britain, No. 35."
Address by Mrs Margaret Walker :
" Health from the Woman's Angle."
Chairman : Treasurer John G. Banks.
- Nov. 23—Gateway Theatre—2-30 p.m.
Films : " The Good Housewife."
" Your Children's Meals."
" Your Children's Teeth."
" Health for Denmark."
Addresses by Dr Eliz. H. Nimmo, Assistant School Medical Officer ;
Mr Geoffrey Moody, Chief Dental Officer ;
Miss J. E. H. Lowe, School Nurse.
Chairman : Councillor Miss E. M. Mein.
- Nov. 23—Gateway Theatre—7-30 p.m.
Films : " No Accidents."
" Caring for Children."
" Defeat Tuberculosis."
" Mass Radiography."
" This is Britain, No. 36."
Address by Dr J. L. Gammie, Depute M.O.H. :
" T.B.—Can it be Stopped ? "
Chairman : Councillor R. E. Douglas.
- Dec. 3—St Francis School, Craigmillar.
Films : " The Good Housewife."
" Caring for Children."
" Children Learning by Experience."
" We of the West Riding."
Talk by Dr Kenneth W. Matheson, Maternity & Child Welfare Department :
" Some Aspects of Public Health."
Chairman : Councillor John Kinnaird.

1951

- Jan. 14—New Victoria, Clerk Street.
Films : " World Garden."
" Designing Women."
" People's Holiday " (Danish).
" Accidents Don't Happen " (Falls).
Address by Dr W. G. Clark, M.O.H. :
" Half a Century."
Chairman : Bailie John Kane.
- Jan. 28—New Tivoli Cinema, Gorgie Road.
Films : " Shaped by Danish Hands."
" Park Here."
" Another Case of Poisoning."
" Accidents Don't Happen " (Handling).
" Out and About."
Address by Mr Tommy Walker, Manager, Heart of Midlothian Football Club :
" Sport and Health."
Chairman : Councillor W. J. M. Kean.
- Feb. 11—New Victoria, Clerk Street.
Films : " The Seventh Age " (Danish).
" Lessons from the Air."
" The Good Housewife."
" Accidents Don't Happen " (Clothing).
Discussion on Food by :
Dr W. G. Clark, M.O.H. ;
Mr J. F. Anderson, Chief Sanitary Inspector ;
Mr John Norval, Veterinary Inspector.
Chairman : Councillor A. M. Iverson.
- Feb. 25—State Cinema, Leith.
Films : " All Eyes on Britain."
" A Dog's Chance."
" Water Service."
" Human Factor."
" They Gave Him the Works."
Address by Mr A. B. Wallace, F.R.C.S.(Ed.) :
" Is Your Home Safe ? "
Chairman : Councillor J. J. Stone.
- Mar. 11—New Victoria, Clerk Street.
Films : " Safety on Edinburgh Streets."
" Out and About."
" Defeat Tuberculosis."
" Approach to Science."
Address on " Tuberculosis " by Sir Andrew Davidson, Chief Medical Officer,
Department of Health for Scotland.
Talk on T.B. Questions by Dr W. G. Clark, M.O.H.
Chairman : Councillor J. J. Stone.

HEALTH EDUCATION—ATTENDANCES AT MEETINGS.

(1) CINEMA SHOWS.

										Approx.
										Attendance
1950										
Oct.	15	—New Victoria	...	...	...	...	...	...	...	1,800
"	29	—State Cinema, Leith	...	...	...	...	...	...	...	1,200
Nov.	23	—New Victoria	...	...	...	...	...	...	...	1,900
"	23	—Gateway Theatre (afternoon)	...	...	...	...	...	...	...	250
"	23	—Gateway Theatre (evening)	...	...	...	...	...	...	...	210
Dec.	3	—St Francis School, Craigmillar	...	...	...	...	...	...	...	100
1951										
Jan.	14	—New Victoria	...	...	...	...	...	...	...	1,500
"	28	—New Tivoli, Gorgie	...	...	...	...	...	...	...	1,200
Feb.	11	—New Victoria	...	...	...	...	...	...	...	1,700
"	25	—State Cinema, Leith	...	...	...	...	...	...	...	800
Mar.	11	—New Victoria	...	...	...	...	...	...	...	1,700
										<hr/> 12,360

(2) FILM SHOWS AND TALKS TO ADULTS.

		Approx. Attendance
1950		
June	1—Edinburgh College of Domestic Science, Visit to Abattoir ...	25
"	12—Gilmerton Townswomen's Guild, Gilmerton School ...	20
Sept.	1—Co-operative Citizens' Council, Melbourne Hall ...	150
"	27—Lochinvar Community Association ...	40
Oct.	7—St Thomas' Church Woman's Guild, Leith ...	40
"	16—Craigentinny-Lochend Social Centre, Craigentinny House ...	60
"	17—St Cuthbert's Women's Guild, Central Hall, Tollcross ...	50
"	18—Abbeyhill School Parents' Association—Abbeyhill School ...	160
"	19—Atholl Crescent School of Cookery, Visit to Abattoir ...	12
"	26—Atholl Crescent School of Cookery, Visit to Abattoir ...	12
"	26—Moray House School Mothers' Club ...	60
Nov.	2—Scottish Co-operative Women's Guild, Portobello Branch ...	150
"	6—Colinton Mains Social Club, Oxfangs Drive ...	100
"	7—Stockbridge Women's Club, Allan Street ...	60
"	12—St Bride's Parish Church, 18 + Club, Orwell Terrace ...	40
"	21—St Cuthbert's Women's Guild, Tollcross Branch ...	25
"	28—St Cuthbert's Branch Managers, 30 Walker Street ...	20
"	29—Bonnington Mothers' Club, Bonnington Primary School ...	100
"	30—Lochend Mothers—Lochend Child Welfare Centre ...	20
Dec.	4—Stenhouse Women's Guild, Stenhouse School ...	45
"	11—Moray House School, Mothers ...	15
"	12—Restalrig Co-operative Women's Guild, Railwaymen's Hall ...	45
"	18—Craigentinny-Lochend Social Centre, Craigentinny House ...	58
1951		
Jan.	5—Braid Church Woman's Guild ...	80
"	16—Granton Parish Church Woman's Guild ...	60
"	18—Hope Cottage Child Garden, Mothers' Club ...	30
"	19—Edinburgh Public Health Department, Home Helps ...	30
"	21—Greenside Church Discussion Club ...	70
"	24—Colinton Mains Guild of Friendship, Church Hall ...	40
Feb.	5—Scottish Education Department Staff, St Andrew's House ...	20
"	5—N.U.R. Women's Guild, 4 Hillside Crescent ...	25
"	6—Leith Provident Women's Guild, Wardie & Granton Branch ...	100
"	6—St Cuthbert's Grocery Managers' Association ...	70
"	8—Tynecastle Nursery School, Mothers' Club (Dental Talk) ...	45
"	8—St Cuthbert's Women's Guild, Scriveners' Hall ...	14
"	14—Niddrie Mill Women's Guild, Southfield School ...	40
"	19—Craigentinny-Lochend Social Centre, Craigentinny House ...	50
"	22—British Legion, Women's Section, Prestonfield Branch ...	30
"	25—St Andrew's Place Church Youth Fellowship, Leith ...	12
"	26—St Michael's Church Men's Guild, Slateford Road ...	20
"	27—Pilrig & Dalmeny Street Church Woman's Guild ...	90
Mar.	1—Lochend Mothers, Child Welfare Centre ...	25
"	5—West Coates Church Woman's Guild ...	16
"	6—British Legion, South Side Women's Branch ...	55
"	12—Master Butchers & Apprentices, Gorgie Market ...	70
"	20—Boy Scouts Association Headquarters, Proficiency Badge Class ...	25
"	21—Edinburgh Women Citizens' Association, 22 Stafford Street ...	30
"	28—Corstorphine Townswomen's Guild, Public Hall ...	20
Apr.	3—Gilmerton Civic Association, Gilmerton Hall ...	35
"	15—Viewforth Church Youth Fellowship, Session House ...	20
"	26—Saughtonhall Townswomen's Guild ...	26
		2,455

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.

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 surgery 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 254,450	132,635	121,815
1949-50	Regional Boards. 284,883	143,748	141,135
1950-51	*328,250	166,722	161,528

* Interest and Debt Charges included.

DISINFECTION.

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

	1948		1949		1950	
	Number	Apart-ments	Number	Apart-ments	Number	Apart-ments
Dwelling Houses, etc.—						
After Tuberculous Disease	662	812	593	764	527	663
After other Diseases ...	1,051	978	973	697	1,176	965
Bug Disinfestation ...	252	...	258	...	113	...

The number and description of the articles dealt with at the disinfecting station, High School Yards, during 1950 are given in the following table :—

DESCRIPTION	NUMBER OF ARTICLES	
	After Tuberculous Disease	After Other Diseases
Mattresses and Palliasses ...	462	3,397
Blankets, Sheets, Quilts, etc. ...	1,836	6,548
Beds, Pillows, Bolsters, etc. ...	696	5,304
Curtains, Table Covers, Wraps, etc. ...	271	528
Table Napery, Towels, etc. ...	480	1,097
Body Clothes ...	940	8,828
Carpets and Rugs ...	...	9
Miscellaneous ...	690	1,693
Destroyed by request ...	203	134

Personal Cleansing.—Facilities for personal cleansing are provided at the disinfecting station. Of the 862 persons who availed themselves of the opportunity to attend for baths and disinfection of their clothing, 31 adults and 313 school children suffered from scabies. In addition, 518 attendances were made by persons requiring treatment for verminous conditions. This latter number included 30 adults and 116 children whose heads required attention.

PREVENTION OF TUBERCULOSIS.

MORE CASES—FEWER DEATHS.

Notifications of pulmonary tuberculosis during 1950 numbered 681. This was twenty above the total of the previous year and the highest return for 26 years. Deaths, on the other hand, showed a decrease for the third year in succession, the number being 237 as against 270 in 1949 and 301 in 1948. Thus in two years there has been a fall of 21 per cent. in the number of deaths from pulmonary tuberculosis whereas in the same period notifications of the disease increased by four per cent.

The death-rate per thousand of the estimated population was 0.48 and is the lowest on record. It may be assumed that the rising number of notifications is a reflection of the improved facilities for examination and diagnosis, together with a more active appreciation of the dangers of tuberculosis and the need for early treatment.

Young People Hard Hit.—While the figures for the year indicate improvement, there is no room for complacency in the outlook on tuberculosis. The disease strikes hard on young people and in the middle age-groups it has a crippling effect on wage-earners. This is borne out by the age-group analysis, which shows that 223 or nearly a third of the newly-discovered sufferers from pulmonary tuberculosis were aged 15 to 25. In this age-group three out of every five were girls or young women. Among the male patients 136 or nearly 40 per cent. were men in the age-groups 20 to 40. Tuberculosis is a preventable disease and it is obvious that much remains to be done to ensure the effective segregation of the "open" case.

Non-Pulmonary T.B. Decreasing.—A more encouraging account can be given of the non-pulmonary forms of the disease. The notifications were down to 114, which was 17 below the record low figure returned in the three preceding years. Deaths numbered 22 which was one more than the previous year's total. In fifteen years the incidence of non-pulmonary tuberculosis has been almost halved and the death rate reduced by about 75 per cent. These marks of progress are due largely to the more extensive use of tubercle-free milk.

Administrative Efforts.—The fight against tuberculosis continues to be very much in the public eye. Questions put at health education meetings show that citizens are apprehensive about a disease which stubbornly persists while others have yielded to the scientific approach. Administrative efforts to cope with the problem have been intensive and prolonged. It cannot be said that the division of responsibility brought about by the National Health Service Act has simplified the task, yet in Edinburgh a sincere attempt has been made to overcome difficulties and to do the best for the patient. An effort has also been made to educate citizens on the dangers of tuberculosis and how they may be prevented.

Record Dispensary Attendances.—Foremost in the anti-tuberculosis campaign is the work of the Royal Victoria Dispensary at Spittal Street. Although the Dispensary is now administered by the Management Board of the Royal Victoria Hospitals Group, the medical direction is still in the hands of Dr Herbert C. Elder, who has been the Chief Consultant there for over twenty years. Since the Board assumed control in July, 1948, facilities at the Dispensary have been improved by the erection of cubicles to provide additional dressing accommodation and by the provision of better lighting and brighter decoration. The medical staff has been increased from three to five and the Corporation have provided ten health visitors where formerly there were eight. The establishment also includes two almoners, a radiographer, a part-time pharmacist and the requisite clerical staff.

This staff include in their work attendance at Leith Dispensary on two afternoons per week, but the main centre is at Spittal Street with its adequate provision of X-ray equipment. The Dispensary at Spittal Street has eleven sessions per week on mornings and afternoons in addition to two evening sessions per week for patients and contacts who cannot attend during the day. During 1950 there were 36,896 attendances at this Dispensary, an increase of 2,322 over the record return of the previous year. Since the end of the war Dispensary attendances have more than doubled.

Importance of Regular Examination.—The value of this work of regular medical examination of patients, potential and otherwise, cannot be over-estimated. Without doubt the opportunity for skilled investigation is appreciated by the citizens and particularly since the closest liaison is maintained with general practitioners. Similarly, the health visitors wield considerable influence by tactfully arranging for the attendance at the Dispensary of members of households where tuberculosis has been discovered. Another factor in the high attendance rate is the extended use of the Mass Radiography Unit. This Unit, like the Dispensary, had a record year's attendances and persons whose chest film revealed an abnormality were advised to seek advice and treatment.

Examination of Apprentices.—An important aspect of Dispensary work is the examination of youths desiring to enter the printing and allied trades. This arrangement, which has existed for twenty years, has the co-operation of the Edinburgh Master Printers' Association and the advantages have been such that masters in other trades might well consider whether they should not adopt a similar safeguard against employing boys in an occupation for which they may be physically unsuited. The Medical Director of the Dispensary reports that, of 140 printing apprentices who were examined clinically, radiologically and tuberculin-tested last year, 69 were found to be negative reactors to Mantoux testing. This means that they were susceptible to tuberculosis and it seems desirable that they should be offered the benefit of B.C.G. vaccination. That, however, cannot be done at present, since the use of B.C.G. is being reserved for the protection of contacts and of nurses and students, but it is a point to be noted.

Recruits and Ex-Service Men.—Another service rendered by the Medical Director of the Dispensary is the examination of recruits referred by the Medical

Recruiting Boards and of ex-service men referred by the Ministry of Pensions. During 1950 clinical and X-ray investigation was made of 105 recruits as compared with 237 in the preceding year. For pension assessment the number of ex-service men examined was 184, an increase of 98 over the previous year.

Active Domiciliary Treatment.—One result of a liaison meeting in which representatives of the Regional Hospital Board, the Local Executive Council and Edinburgh Corporation discussed the tuberculosis problem, was a suggestion that an active domiciliary treatment scheme should be instituted with the object of overcoming the deterioration of the patient's morale during the period that might elapse between the diagnosis of the case and his admission to hospital. Delay in admission is a matter of concern not only to the patient but to his relatives and to the medical practitioner. There is, moreover, the danger that during the waiting period for admission to hospital the patient may infect others, especially if he is living in an overcrowded or otherwise unsatisfactory house.

Accordingly, it was decided in the first place to make seven beds available in the Royal Victoria Hospital for female patients suffering from early manifestations of pulmonary tuberculosis and when these patients were discharged after a short term, to collaborate with the general practitioners in the management of the cases at home. Later, similar arrangements were made to provide a number of beds for male patients. By this means it was hoped that a rapid turn-over of hospital beds would take place and that the time-lag for admission would be reduced. The intention was that early cases suitable for certain types of collapse therapy should occupy these beds and that when the therapy had been adequately instituted the patient could go home and continue the treatment on out-patient lines.

To overtake the extra work the Regional Hospital Board appointed, on a temporary basis, an additional medical officer of registrar status. The first patient was admitted on 28th June 1950 and by the end of the year 22 patients had been admitted. The turn-over of beds would have been larger but for the fact that delay occurred in obtaining the necessary minor surgical assistance. It is emphasised that active domiciliary treatment is intended for the early case only. Some 32 requests by general practitioners had to be refused on account of the advanced nature of the disease.

B.C.G. Vaccination.—The local authority's scheme for the vaccination by B.C.G. of children and others who are in contact with persons suffering from pulmonary tuberculosis duly received the approval of the Secretary of State for Scotland. The vaccination of medical students and nursing personnel in the area was a separate undertaking for which Professor Charles Cameron of the Tuberculosis Department of Edinburgh University became responsible. In dealing with contacts two methods were adopted—(1) infants up to twelve months were isolated and later vaccinated in Willowbrae House under the supervision of the Medical Officer of Health and (2) other contacts, mostly children, were vaccinated at the Royal Victoria Dispensary by the medical staff there. In all cases it is necessary to ascertain the reaction to Mantoux testing, and where this test is negative the patient is invited to consent to the vaccination and the reason for it is explained.

The first group of infants to be vaccinated entered Willowbrae House on 29th March, 1950, and by the end of the year 28 infants had been successfully vaccinated. A further eight children had been vaccinated but the reaction had not been established. The average duration of residence was 90 days. Many of those admitted were the babies of tuberculous mothers who had agreed to their children being transferred direct from maternity homes. At the end of the year there were still 25 children on the waiting list.

At the Royal Victoria Dispensary the number of contacts successfully vaccinated from the beginning of the scheme until 31st December 1950 was 464. The actual number of vaccinees was 630, but in 166 cases allergy had not become established by the end of the year and they are consequently excluded from the number "successfully vaccinated" in 1950. The age analysis and other details are given in the following table:—

**B.C.G. Vaccination—Age Groups.
Results of Mantoux Testing.**

Result	Under 1		1-5		5-10		10-15		15-20		Over 20		Total	Tests
	M	F	M	F	M	F	M	F	M	F	M	F		
Positive ...	8	8	51	40	60	66	94	90	95	116	59	107	367	427
Negative ...	81	70	170	143	149	136	92	96	38	56	7	25	537	526
Total ...	89	78	221	183	209	202	186	186	133	172	66	132	904	953

Results of Mantoux Testing after B.C.G. Vaccination.

Group	...	Tuberculin Tested		Negative Reactors		Successfully Vaccinated	
		M	F	M	F	M	F
Contacts	...	231	234	1	...	230	234

Several of the negative reactors refused to accept B.C.G. vaccination, while others who were eligible resided in homes where the infective case was awaiting admission to hospital.

B.C.G. is on its trial in Britain, and it is hoped that the results will not be dissimilar from those in Continental countries, where it has been used for close on thirty years and has proved of value in the prevention and control of tuberculosis. From his observations, the Medical Director at the Royal Victoria Dispensary considers that, if B.C.G. vaccination is to be extended, it should be offered to school leavers who are found to be negative tuberculin reactors. From tests made at the Royal Victoria Dispensary it has been found that 49 per cent. of children of school leaving age showed a negative reaction.

Analysis of Investigations.—Through the courtesy of the Medical Director, I am able to give an analysis of the investigations carried out at the Royal Victoria Dispensary during 1950. This analysis, prepared by Dr B. Herszenhorn, Registrar at the Dispensary, shows (1) that of the 2,816 recommended cases investigated, 1,179 (42 per cent.) showed no evidence to justify a diagnosis of pulmonary tuber-

culosis; (2) that in 299 cases the evidence showed the disease to be inactive; and (3) that of the patients found to be suffering from active lung tubercle, 150 were early cases, 243 were in the intermediate stage of the disease and 116 revealed clinical and radiographic evidence of advanced consumption.

Among those found to be non-tuberculous, 18 were suffering from carcinoma—mostly of bronchogenic type—and the diagnosis was confirmed by bronchoscopy and biopsy. Acknowledgment is made of the able and willing assistance given in these cases by Mr Andrew Logan, the Thoracic Surgeon, and by Professor Robert McWhirter of the Radiological Department of the Royal Infirmary. The Medical Director states that recent years have revealed an impressive increase in the incidence of malignant lung disease, so much so that, in addition to the routine scrutiny for pulmonary tuberculosis in mass miniature radiographic work, the relative frequency of this condition should be constantly borne in mind.

Of the 2,140 contacts examined, 103 were found to reveal evidence of pulmonary involvement and in approximately one third of the number the disease was inactive. Active primary lesions were found in 41 cases.

The Medical Director emphasises the need for vigilance in securing investigation of "business contacts," and mentions the case of a typist employed by a large firm who was found at the Dispensary to be suffering from advanced bilateral pulmonary tuberculosis. The firm's staff of over 70 had not been previously X-rayed, but on being approached the management willingly co-operated and all their employees, with one exception, reported as volunteers. The sequel was that two cases of pre-clinical active tuberculosis were discovered. The firm readily agreed that in future a survey of their staff should be made annually.

The analysis of investigations is as follows:—

Analysis of Contacts and Recommended Cases examined during 1950 at the Royal Victoria Dispensary for Diseases of the Chest.

1. Tuberculous

(a) Pulmonary Tubercle—

	Recom- mended	Contacts	Total
Active Primary ...	42	41	83
Erythema Nodosum ...	14	...	14
Pleural Effusion ...	42	1	43
Pulm. Tb. Minimal ...	150	9	159
Pulm. Tb. Interm. ...	243	16	249
Pulm. Tb. Advanced ...	116	3	119
Pulm. Tb. Inactive ...	299	33	332
T.B. Suspect ...	10	...	10
	<u>906</u>	<u>103</u>	<u>1,009</u>

(b) Non-Pulmonary Tubercle—

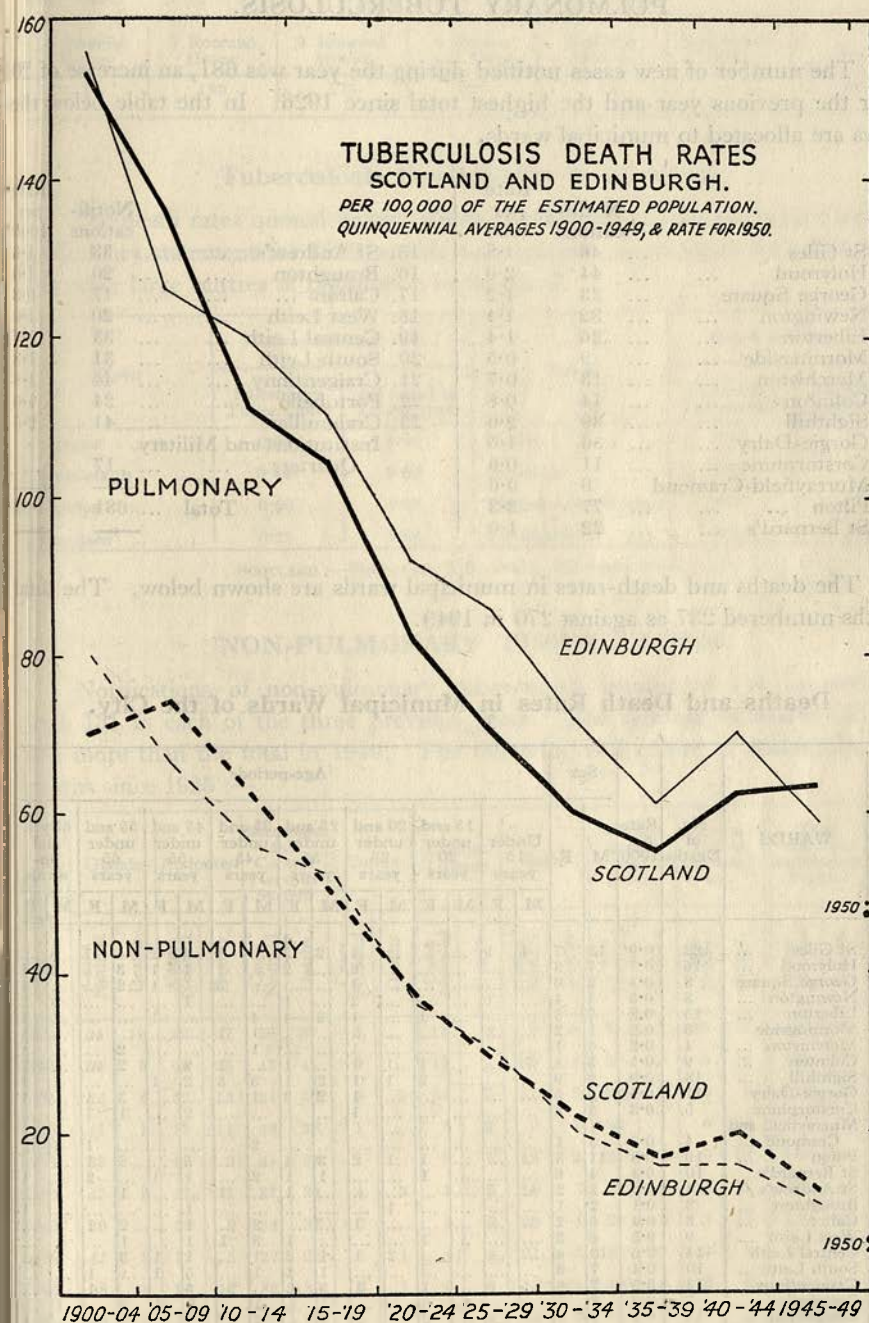
	Recom- mended	Contacts	Total
Bone and Joints ...	11	...	11
Glands ...	38	...	38
Abdomen ...	8	...	8
Genito-Urinary ...	3	...	3
Miliary and Meningit. ...	Active 1 Cured 11	...	12
Eye ...	2	...	2
Skin ...	3	...	3
Other ...	2	...	2
Total ...	<u>79</u>	<u>...</u>	<u>79</u>

2. Non-Tuberculous

			Recom- mended	Contacts	Total
Catarrh ... ..	...	...	405	20	425
Inflam. ... ..	...	...	94	...	94
Pleurisy ... ..	...	...	12	...	12
Carcinoma ... ..	...	...	18	...	18
Benign Tumours ... ..	...	...	2	...	2
Pulm. Fibrosis ... ..	...	...	18	...	18
Bronchiectasis ... ..	...	...	23	...	23
Asthma ... ..	...	...	12	...	12
Emphysema ... ..	...	...	10	...	10
Silicosis ... ..	...	...	3	...	3
Cardiac ... ..	...	...	30	9	39
Miscellaneous ... ..	...	...	13	...	13
Unclassified ... ..	...	...	12	...	12
Normal ... ..	...	...	1,179	2,008	3,187
Total ... ..	...	...	<u>2,816</u>	<u>2,140</u>	<u>4,956</u>

Housing.—The Corporation continued to allocate houses at the rate of one in nine to those suffering from tuberculosis and the number of families rehoused during the year was 154 as against 158 in 1949. At the end of the year 364 families were awaiting new accommodation, a reduction of 26 compared with the previous year.

Hospital Beds.—In the Edinburgh area there are 367 beds available for the treatment of cases of pulmonary tuberculosis, made up as follows:—City Hospital, 188; Royal Victoria Hospital, 76; Southfield Sanatorium, 63; and Loanhead Hospital (children 3-13), 40. The waiting list for these beds varies from about 260 to 290 and fully three-quarters of the patients are in the moderately advanced or advanced stages of the disease—the very types for whom segregation is urgently required. Waiting lists are carefully scrutinised at regular intervals and it is frequently possible to remove the names of patients whose condition has changed for the better during the waiting period. As a result of the introduction of new chemotherapeutic and antibiotic remedies, 30 patients were removed from the waiting list during the past year. Priority is given to those known to be living in unsatisfactory housing conditions and every effort is made to safeguard infants and young persons who are exposed to infection.



PULMONARY TUBERCULOSIS.

The number of new cases notified during the year was 681, an increase of 2 over the previous year and the highest total since 1926. In the table below the cases are allocated to municipal wards.

	Notifi- cations	Rate per 1000		Notifi- cations	Rate per 1000
1. St Giles	46	1.8	15. St Andrew's	33	1.4
2. Holyrood	44	2.0	16. Broughton	20	1.4
3. George Square	23	1.2	17. Calton	17	0.8
4. Newington	32	1.4	18. West Leith	20	1.4
5. Liberton	26	1.4	19. Central Leith	33	1.4
6. Morningside	9	0.5	20. South Leith	31	1.3
7. Merchiston	13	0.7	21. Craigminty	44	1.8
8. Colinton	14	0.8	22. Portobello	24	1.0
9. Sighthill	39	2.0	23. Craigmillar	41	2.5
10. Gorgie-Dalry	36	1.5	Institutions and Military		
11. Corstorphine	11	0.6	Quarters	17	...
12. Murrayfield-Cramond	9	0.6			
13. Pilton	77	3.3	Total	681	1.39
14. St Bernard's	22	1.0			

The deaths and death-rates in municipal wards are shown below. The total deaths numbered 237 as against 270 in 1949.

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 up- wards	
						M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	St Giles	22	0.9	15	7	1	1				1	2	2		1	4	2	4	1	5	
2	Holyrood	15	0.7	7	8			1			2		2		1	1	1	3		2	
3	George Square	8	0.4	2	6						1				3		1	2			
4	Newington	8	0.3	4	4			1			2		1			1				3	
5	Liberton	15	0.8	7	8					1	1	3	4	4			1				
6	Morningside	3	0.2	1	2							1	1	1	1						
7	Merchiston	4	0.2	3	1						1			1	1			2			
8	Colinton	9	0.5	5	4				1	1	1	1	2	1	1	2		2			
9	Sighthill	18	0.9	9	9				2	1	1	2	1	3	3	2	1			1	
10	Gorgie-Dalry	11	0.5	6	5						1	2	3	1				3			
11	Corstorphine	5	0.3	3	2						1					2		1	1		
12	Murrayfield and Cramond	4	0.3	3	1									2					1	1	
13	Pilton	19	0.8	11	8				1	1	2	3	4			5		2	1		
14	St Bernard's	10	0.4	4	6				1			1	1	2		1	1		2		
15	St Andrew's	4	0.2	2	2							1			1			1		1	
16	Broughton	3	0.1	2	1					1						1					
17	Calton	8	0.4	6	2					1				2		1		2	1	1	
18	West Leith	9	0.5	6	3				1				1	3	1	1		1		1	
19	Central Leith	14	0.6	10	4			1		2	1	1	2	1	1	1	3			1	
20	South Leith	10	0.4	7	3							1	1	1		5	1		1		
21	Craigminty	13	0.5	7	6		1		1		1	3	2			3			1	1	
22	Portobello	7	0.3	6	1							1		1		2	1	1		1	
23	Craigmillar Institutions and Military Quarters	14	0.8	9	5				2		1	4		2		1		2			
	Totals	237	0.48	137	100	1	3	1	10	6	18	23	29	23	12	35	10	29	9	18	8

The following table shows the 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
56	133	175	297	14	6	681

Tuberculosis Death Rates in Scotland.

The death rates quoted below, which are taken from the Registrar-General's preliminary statement for 1950, 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	0.84	0.95	Paisley	0.69	0.77
Edinburgh	0.48	0.53	Greenock	0.67	0.83
Dundee	0.59	0.62	Motherwell & Wishaw	0.59	0.74
Aberdeen	0.21	0.24	Clydebank	0.43	0.50

SCOTLAND :—Pulmonary T.B., 0.47; All forms 0.54.

NON-PULMONARY TUBERCULOSIS.

Notifications of non-pulmonary tuberculosis numbered 114 as compared with 131 in each of the three previous years. The number of deaths (22) was one more than the total in 1949. 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 Tuber- culosis, 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	18	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
1950	30	1	15	3	20	11	3	...	9	4	15	...	14	2	8	1	114	22	23	5

CITY OF EDINBURGH.

Return of Number of Persons Resident in the Area at 31st December 1950
who were known to be Suffering from Tuberculosis.

		NUMBER OF CASES IN AGE GROUPS									Total
		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	
RESPIRATORY											
1. Sputum or other material examined and tubercle bacilli found	M	...	1	2	6	162	261	247	297	45	1,021
	F	...	2	...	10	258	263	169	105	17	824
2. Sputum or other material examined and tubercle bacilli never found	M	...	1	6	10	77	82	67	73	21	337
	F	...	...	3	14	105	69	36	38	3	268
3. Sputum or other material not examined	M	2	37	45	34	83	75	38	45	6	365
	F	4	22	25	36	119	79	41	21	12	359
TOTAL		6	63	81	110	804	829	598	570	104	3,174
NON-RESPIRATORY											
1. Abdominal	M	...	1	...	8	18	2	2	1	...	32
	F	...	...	1	2	16	10	5	4	...	38
2. Spine	M	...	2	5	8	15	15	2	5	...	52
	F	...	2	2	8	16	22	10	9	2	71
3. Bones and joints exclu- sive of spine	M	...	7	8	10	19	15	9	2	1	71
	F	...	3	12	12	25	16	8	8	1	85
4. Superficial glands	M	...	2	7	9	5	5	1	4	...	33
	F	...	1	2	5	11	8	10	8	1	46
5. Lupus	M	...	...	...	...	2	3	1	...	...	6
	F	...	...	...	...	1	...	1	2	1	5
6. Other parts or organs	M	...	6	6	5	6	9	10	10	...	52
	F	...	3	5	8	9	12	12	13	...	62
TOTAL		...	27	48	75	141	116	73	67	6	553
GRAND TOTAL		6	90	129	185	945	945	671	646	110	3,727

CITY OF EDINBURGH.

Return showing the number of Tuberculosis Patients Treated
in Sanatoria during the year 1950.

		Remained at 1st Jan. 1950	Admitted During year	Discharged	Died		Remaining at 31st Dec 1950
					Over 28 Days Residence	Under 28 Days Residence	
PULMONARY							
Adults	{ M ...	157	185	159	21	7	155
	{ F ...	135	161	150	13	5	128
Children	{ M ...	7	20	7	...	...	20
	{ F ...	11	28	21	...	...	18
Total ...		310	394	337	34	12	321
NON-PULMONARY							
Adults	{ M ...	15	16	15	2	...	14
	{ F ...	23	24	22	5	...	20
Children	{ M ...	22	14	13	...	1	22
	{ F ...	14	23	22	...	3	12
Total ...		74	77	72	7	4	68
Grand Total ...		384	471	409	41	16	389

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	
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
Average 1945-49	32	24	34	62	40	59	72	69	59	32	48	12	35	7	19	7	338	272	610	130
1950 ...	46	64	42	63	43	75	56	71	54	25	49	11	39	12	19	12	348	333	681	139

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	
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
Average 1945-49	6	7	7	19	13	22	23	35	29	19	35	8	27	4	18	8	158	121	279	59
1950 ...	1	3	1	10	6	19	23	29	24	12	35	10	29	9	18	8	137	100	237	48

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	
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
Average 1945-49	13	9	8	5	8	8	11	21	7	12	3	9	4	6	4	7	57	77	134	29
1950 ...	9	9	5	7	8	7	14	15	8	10	2	6	3	6	2	3	51	63	114	23

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	
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
Average 1945-49	5	5	3	2	2	3	3	5	2	2	1	2	3	2	3	5	22	26	48	11
1950 ...	2	2	...	1	...	2	1	2	1	...	1	2	2	1	4	1	11	11	22	5

MASS RADIOGRAPHY.

(1) STATIC UNIT.

The mass radiography organisation administered by the Board of Management of the Royal Victoria and Associated Hospitals includes the static unit opened in 1946 at Warriston Close, Edinburgh, and a mobile unit to facilitate the examination of groups of individuals in adjacent counties.

The static unit caters mainly for Edinburgh and the surrounding area within easy reach of Edinburgh. The majority of the examinees as in the past came in organised groups from factories, workshops, stores, banks, insurance offices, schools and colleges and Government Departments. Routine appointments included women attending the various ante-natal clinics in the City referred for X-ray on their first attendance.

National servicemen called up for medical examination at Dean Park House are referred to the static unit for chest X-ray as part of the medical examination.

Candidates for Corporation employment were also referred for chest X-ray as part of their medical examination.

A large number of the Government Departments, offices and factories look upon an annual chest X-ray as an essential part of their staff welfare service and automatically make contact each year for this to be carried out.

School children above the age of 12 years from several of the City schools were examined. These included Niddrie, James Clark, James Gillespie's and Flora Stevenson. Other schools where the mobile van could gain access were examined at a school site.

During the year a thermostatic controlled development unit was installed. This has resulted in larger numbers of X-ray films being developed at one time with better control of temperature during development.

During the year 40,380 persons were X-rayed (males, 20,633; females, 19,747).

Large Film Investigations.

The table below shows that the number recalled for large film investigation was 2,304 or 5.71 per cent. Of these, 29 males and 17 females did not report.

Of the males 17 were national servicemen who had been graded 3 or 4 and were not required for service and who lived at some distance from Edinburgh. They were referred to their own doctors on the miniature film diagnosis.

Of the females ten were nurses from the Royal Infirmary who had the large film examination carried out at their own hospital.

	Males	Females	Total
Number recalled for large film examination	1,235	1,069	2,304
Percentage of examinees required to attend	5.98	5.42	5.71
Number who did not attend	29	17	46
Number examined	1,206	1,052	2,258

Clinical Investigations.

The total recalled for clinical examination numbered 1,369. Of these, twelve males and six females did not report for the examination following large film examinations. The doctors of these persons were informed of the X-ray findings of the large film.

	Males	Females	Total
Number recalled for clinical examination ...	831	538	1,369
Percentage of examinees recalled for clinical examination following large film examination	4.02	2.72	3.39
Number who did not attend	12	6	18
Number clinically examined	819	532	1,351

Age Groups of Examinees.

	Under 20 years	20-24 years	25-34 years	35-44 years	45-54 years	55+ years	Totals
Males ...	7,121	3,974	4,428	2,738	1,715	657	20,633
Females ...	4,999	5,724	5,710	2,251	823	240	19,747
Both Sexes	12,120	9,698	10,138	4,989	2,538	897	40,380

Out of 40,380 persons examined 309 showed evidence on clinical and X-ray examination suggestive of active lung tuberculosis and 441 evidence of inactive disease.

Cases Diagnosed as Pulmonary Tuberculosis (Post Primary).

	Active	Inactive	Total
Males	162 (78%)	234 (1.13%)	396 (1.92%)
Females	147 (74%)	207 (1.04%)	354 (1.79%)
Both Sexes	309 (77%)	441 (1.09%)	750 (1.85%)

Analysis of 750 Cases of Pulmonary Tuberculosis (Post Primary)
Showing Number of Cases in Each Age Group with Corresponding
Percentage in Brackets.

		Under 20 years	20-24 years	25-34 years	35-44 years	45-54 years	55+ years	Totals
Males ...	No. of Examinees	7,121	3,974	4,428	2,738	1,715	657	20,633
	Active ...	34 (.47)	34 (.85)	45 (1.01)	29 (1.06)	12 (.70)	8 (1.22)	162 (.78)
	Inactive ...	46 (.62)	27 (.70)	45 (1.01)	33 (1.20)	54 (3.15)	29 (4.41)	234 (1.13)
Females ...	No. of Examinees	4,999	5,724	5,710	2,251	823	240	19,747
	Active ...	28 (.56)	62 (1.08)	43 (.75)	11 (.48)	3 (.36)	...	147 (.74)
	Inactive ...	26 (.54)	56 (.98)	68 (1.19)	24 (1.07)	21 (2.55)	12 (5.00)	207 (1.04)
Both Sexes	No. of Examinees	12,120	9,698	10,138	4,989	2,538	897	40,380
	Active ...	62 (.51)	96 (.99)	88 (.87)	40 (.80)	15 (.59)	8 (.88)	309 (.77)
	Inactive ...	72 (.59)	83 (.85)	113 (1.11)	57 (1.14)	75 (2.95)	41 (4.58)	441 (1.09)

Occupations.

In an analysis of the occupations followed by those examined, the largest occupational groups were clerks, draughtsmen and typists, who numbered 2,834 males and 5,403 females, giving a total of 8,237 persons, among whom there were 63 cases of active pulmonary tuberculosis.

The list of undefined workers, who included labourers, general labourers, rag sorters, watchmen, timekeepers and other occupations, numbered 8,324 (males 2,107, females 6,217). Among these 68 persons were found to be suffering from active pulmonary tuberculosis.

Of 2,479 school children examined, six had active pulmonary tuberculosis.

Other Conditions Diagnosed.

Among the 40,380 persons examined, the following conditions other than tuberculosis were diagnosed :—

Diseases of heart and blood vessels	..	..	73
Bronchiectasis	..	..	10
Pneumoconiosis	..	..	7
Intrathoracic growth	..	..	9
Pneumonia	..	..	7
Diaphragmatic Hernia	..	..	4
Cystic Lung	..	..	2
Eventration Diaphragm	..	..	2
Spontaneous Pneumothorax	..	..	3
Retrosternal Thyroid	..	..	1
F.B.	..	..	4

The number of cases referred to doctors for further investigation was 666 (males, 327 ; females, 339).

(2) MOBILE UNIT.

The Mobile Unit was delivered in December, 1949, but it was not till March, 1950, that the first survey was carried out due to the difficulty in recruiting staff.

The first survey was made at the works of the North British Rubber Company in Fountainbridge, Edinburgh. The Unit was sited in the works and electricity was tapped from the static mains. Subsequent surveys were carried out using the Generator. The Generator supply is much easier and quicker to arrange and a constant supply of current can be obtained without fluctuation caused by power cuts.

In April in conjunction with Dr Riddell, Medical Officer of Health for Midlothian and Peebles, a survey was carried out in the Burgh of Penicuik. This survey gave valuable information regarding the siting of the unit and also the best methods of putting out propaganda before the survey.

In subsequent months requests were received to carry out surveys in Fifeshire, West Lothian and Galashiels. These surveys entailed a good deal of travelling.

In October a survey was carried out at Edinburgh University during the period of Matriculation at the McEwan Hall. The Unit was set up at the McEwan Hall and notices displayed offered the services of the Unit. The response did not come up to expectations. Less than half the student population of 6,000 took advantage of the facilities.

A similar survey was carried out at St. Andrews University where again the response was disappointing. The demand for the Unit's services in the early part of the year was slow and it was difficult to maintain a reasonable list of future bookings. It is important before any survey that the assistance of the Medical Officer of Health should be sought as he can do a great deal in making contact with the factory and works managements in the area, the local councils and doctors. Propaganda by means of talks, films, posters and pamphlets is important to bring to the public notice the services offered by the Unit.

Before commencing the survey the number of persons volunteering should be known and the sex, so that appointments can be drawn up and the time required for the Unit to carry out those arranged. The site for the Unit must be checked for access and manoeuvring to a suitable building or shed and also to ensure a supply of water for development purposes. It is important to check the route of the vehicle regarding the weight the bridges en route can take and also the overhead clearance. The Unit is fitted with canvas curtains which can be utilised at the rear or side doors of the van.

From March to 31st December, 1950, 19,516 person were examined (males 11,033, females 8,483).

The following table shows the number of persons recalled for large film investigation. The majority of these where necessary were clinically examined at the same time to obviate a further attendance with resulting absence from work.

Large Film Investigations.

	Males	Females	Total
Number recalled for large film examination ..	386	291	677
Percentage of examinees required to attend ..	3.49	3.43	3.46
Number who did not attend	9	8	17

Clinical Investigations.

	Males	Females	Total
Number recalled for clinical examination ..	220	198	418
Percentage of examinees recalled for clinical examination following large film examination	1.99	2.33	2.19
Number who did not attend	5	4	9
Number clinically examined	215	194	409

Age Groups of Examinees.

The age groups examined in the table below show that the greatest numbers were in the younger age groups. Those under the age of 24 years constituted more than half of those examined. This was satisfactory as it is in these younger people that we expect a high incidence of tuberculosis.

	Under 20 years	20-24 years	25-34 years	35-44 years	45-54 years	55+ years	Totals
Males	4,161	1,941	2,127	1,380	969	455	11,033
Females	4,391	1,625	1,193	731	433	110	8,483
Both Sexes ..	8,552	3,566	3,320	2,111	1,402	565	19,516

Cases Diagnosed as Pulmonary Tuberculosis (Post Primary).

The following table shows the number of cases of Pulmonary Tuberculosis diagnosed in the two sexes, both active and inactive, with percentages.

	Active	Inactive	Total
Males ..	36 (.33%)	93 (.84%)	129 (1.16%)
Females ..	49 (.52%)	55 (.65%)	104 (1.17%)
Both Sexes ..	85 (.44%)	148 (.75%)	233 (1.19%)

Analysis of 233 Cases of Pulmonary Tuberculosis (Post Primary) Showing Number of Cases in Each Age Group with Corresponding Percentages in Brackets.

The next table shows the number of cases of active and inactive Pulmonary Tuberculosis allocated to sex and age group with percentages. The age groups under 34 years shows 62 cases of active Tuberculosis out of a total of 85.

		Under 20 years	20-24 years	25-34 years	35-44 years	45-54 years	55+ years	Total
Males ..	No. examined	4,161	1,941	2,127	1,380	969	455	11,033
	Active ..	3 (.07)	10 (.51)	9 (.42)	6 (.43)	5 (.51)	3 (.66)	36 (.32)
	Inactive ..	10 (.24)	10 (.51)	19 (.89)	21 (1.52)	17 (1.75)	16 (3.51)	93 (.84)
Females ..	No. examined	4,391	1,625	1,193	731	433	110	8,438
	Active ..	15 (.34)	17 (.74)	8 (.67)	5 (.68)	1 (.23)	3 (2.73)	49 (.52)
	Inactive ..	14 (.32)	12 (1.04)	11 (.91)	7 (.95)	7 (1.61)	4 (3.64)	55 (.65)
Both Sexes ..	No. examined	8,552	3,566	3,320	2,111	1,402	565	19,516
	Active ..	18 (.21)	27 (.76)	17 (.51)	11 (.52)	6 (.43)	6 (1.06)	85 (.44)
	Inactive ..	24 (.28)	22 (.62)	30 (.90)	28 (1.42)	24 (1.71)	20 (3.54)	148 (.75)

Occupations.

An analysis of the occupations of those examined showed that 3,596 persons followed professional occupations and among them six persons were found to have active pulmonary tuberculosis. Among 5,236 school-children nine had active pulmonary tuberculosis. Other large groups were: metal workers 1,492 (10 cases of active T.B.); textile workers 1,241 (9 cases—female); clerks, draughtsmen and typists 1,391 (12 cases); warehousemen and storekeepers 775 (9 cases).

Other Conditions Diagnosed.

Other conditions diagnosed were:

Pneumonia	3
Bronchiectasis	1
Pneumoconiosis	4
Cardio-valvular Lesions	23
Congenital Cystic Lung	2
Tumour Lung	4

The number of cases referred to doctors for further investigation was 206 (males 112, females 94).

HOME NURSING.

Nearly Quarter of a Million Visits by Queen's Nurses.

Home nursing services under the National Health Service Act are provided on an agency basis for the Corporation by the Queen's Institute of District Nursing. The administrative organisation is similar to that which had been built up voluntarily for many years and is centralised at 29 Castle Terrace, where the Training Home provides the nursing personnel to serve the central area of the City. While resident in this training home a nurse receives a district training and a domiciliary midwifery training and qualifies for the badge of the Queen's Nurse, following which she undertakes to serve in any district of Scotland for not less than a year.

At the end of December, 1950, the Edinburgh Training Home had in residence a superintendent, 3 assistant superintendents, 10 Queen's nursing sisters, 5 ex-Queen's Nurses, nineteen nurses in training, one coach midwife and 4 pupil midwives. The Queen's Nurses also have training homes in Glasgow and Aberdeen.

In addition to providing for central Edinburgh, the Queen's Nurses administration embraces the Leith district and eleven suburban areas which formerly had nursing associations of their own. In this work twenty fully trained nurses are engaged.

During the year the Queen's nurses attended 20,776 patients and made 248,560 visits. Of the total patients, 993 were maternity patients, 15,308 were medical and 4,475 surgical. The number of patients showed an increase of 8 per cent. over the previous year.

Formal sanction has now been given to arrangements under Section 27 of the National Health Service Act whereby the Corporation are to provide nursing requisites on loan to patients unable to obtain them for themselves. Hitherto the Queen's Nurses issued certain articles from a stock at their own headquarters, but a greater variety will now be available from a central store at the Public Health Department. The articles include air rings, bedpans, bedsteads, crutches, wheel chairs, mattresses, pillows, paper handkerchiefs, sheets, blankets and other requisites. For certain items a small weekly charge is made.

They Were Grateful.

"Nurse B. was so kind and helpful, also very pleasant. She has been a great comfort to me during those weeks of illness. Thank you most graciously for such service."—Mrs A. N.

"I lately had a course of streptomycin injections at the hands of Queen's Nurses. Some of the ladies were quietly efficient, some firmly efficient, some over-whelmingly efficient . . . but all were uniformly cheerful and encouraging."—J. G. P.

"Rarely have I seen a patient recover after being so ill. The satisfaction experienced by the relatives and by myself is in no small measure due to the nursing skill given so cheerfully by a number of your Queen's Nurses."—J. E.

HOME NURSING—CITY OF EDINBURGH.

Patients attended by the Queen's Institute of District Nursing during 1950.

Patients attended by the Queen's Institute of Dental Science												
DISTRICT	STAFF (Average)	PATIENTS								Total visits	Total hours spent on duty	Average time per visit, including hours spent at commencing and travelling time
		MATERNITY		MEDICAL		SURGICAL		TOTAL				
		Old	New	Old	New	Old	New	Old	New			
Central ...	6 Q.N. 34 Trainees 9 Pupils	173	393	7,994	2,743	2,088	719	10,255	3,855	186,815	122,300½	40 minutes
Blackhall	1	...	3	145	73	37	29	182	105	2,749	1,947½	46 "
Colinton ...	1	12	26	191	94	37	61	240	181	3,966	1,843	36 "
Corstorphine	1	...	...	179	143	75	16	254	159	3,265	1,951	36 "
Davidson's Mains and Cramond	1	5	7	166	73	75	32	246	112	3,780	2,379½	38 "
Duddingston and Craigmillar ...	2	29	49	121	42	179	170	329	261	7,419	3,852½	31 "
Liberton and Gilmerton	2	44	88	185	120	52	31	281	239	5,084	5,372½	63 "
Niddrie	1	...	...	113	24	87	118	200	142	3,073	2,140	42 "
Portobello and Joppa	2	4	8	438	209	87	63	520	280	6,132	4,330½	42 "
Southfield	1	...	...	72	24	57	60	129	84	2,897	1,967½	39 "
Sighthill ...	1	37	74	146	102	47	31	230	207	3,803	2,351	37 "
Wardie and Granton	2	1	...	484	235	41	47	526	282	7,055	4,164½	35 "
Leith	5	12	28	707	485	158	78	877	591	13,422	10,495	47 "
ADMINISTRATIVE STAFF:— 1 Superintendent. 3 Assistant Superintendents. 1 Office Assistant.	TOTAL	317	676	10,941	4,367	3,020	1,455	14,278	6,498	248,560	165,100½	

MATERNITY AND CHILD WELFARE.

REPORT BY THE MATERNITY AND CHILD WELFARE MEDICAL OFFICER.

As time has passed, the uncertainties and frustrations imposed upon the Department during the earlier transition period following the introduction of the National Health Service Scheme have largely disappeared. The Corporation continued to provide ante-natal clinics as in past years but the majority of women attending them were already booked for institutional confinement. This fact, together with the continued diminishing demand for the clinics, influenced the Health Committee to dispense with some of them in December. The clinics dispensed with were those at Gorgie, Granton, Sighthill, Stockbridge and West Pilton, while a change of medical personnel took place at the Leith Clinic. To the medical officers who conducted the ante-natal sessions at these clinics, warmest thanks are due for the sterling work they accomplished among the mothers.

On 16th May, the establishment of health visitors who had been seconded from the Department on 14th January, 1943, to teach mothercraft in Corporation schools was transferred permanently to the staff of the School Health Service under whose control these health visitors now come.

Mothercraft Clubs were inaugurated during the year at Lochend (October) and Leith (November). At these clubs, groups of expectant mothers meet once weekly for talks and discussions on the hygiene of pregnancy and childhood. Demonstrations are arranged and educational films shown, and both medical officers and health visitors participate in the afternoon's proceedings which are informal in nature. Arrangements are in hand for further development of such clubs in other parts of the City.

A health visitor was seconded temporarily in January for an experimental year to investigate home accidents, not only to children but to all sections of the community. She has participated actively in the work of the Edinburgh Accident Prevention Council, especially its Home Safety Committee. Much has been learned from her investigations and, as a direct consequence of her work, a special form of fireguard was evolved for general use and it is hoped to have supplies of this appliance available early in 1951 for issue on loan to applicants.

An additional Child Welfare Clinic was opened in May at Corstorphine at the Public Hall there. Sessions were held once weekly and proved so successful that twice-weekly sessions will commence in January, 1951.

As in previous years, the Tables referred to in the commentary are grouped together for convenience of reference at the end of the text.

A brief review of the development of the Maternity and Child Welfare Department is included in another part of the Report,

Maternal Health and Welfare.

(a) **Ante-Natal Supervision** (Table 1).—Twelve municipal clinics were in operation during the year. A total of 1,329 women attended the centres—a reduction of 367 cases compared with last year. With the increased tendency for institutional confinement and the development of the Corporation's Domiciliary Midwifery Scheme, the provision of ante-natal clinics became less necessary and five such clinics ceased to function in December. Mothercraft Clubs will be developed to replace the educational work carried out at these clinics. As in 1949, two health visitors studied under Dr Harold Waller at the British Hospital for Mothers and Babies, and it is proposed to extend this post-graduate study to the municipal midwives.

Co-operation with the Director of the Mass Radiography Unit continued and most of the women attending the ante-natal clinics availed themselves of the opportunity thus afforded them of attending at the Unit for examination.

The rise in institutional confinements (including maternity homes) continued. There were 9,677 notified births in the City during the year and 8,028 (83 per cent.) of these births took place in institutions. The remaining 1,649 births (17 per cent.) were domiciliary. The following Table (A.) shows the trend in place of confinement during the past thirteen years:—

TABLE A.

Year	% Institutional Confinements	% Domiciliary Confinements	Year	% Institutional Confinements	% Domiciliary Confinements
1938	59	41	1944	76	24
1939	63	37	1945	79	21
1940	64	36	1946	74	26
1941	69	31	1947	69	31
1942	71	29	1948	77	23
1943	72	28	1949	79	21
			1950	83	17

Though the trend towards institutional confinement was already evident in the late thirties, the post-war period has shown an increase in this direction.

(b) **Post-Natal Supervision** (Table 1).—The reduction in attendances for post-natal care at the clinics continued and only 111 women received such care compared with 134 last year.

(c) **Midwifery Service** (Table 2).—**Domiciliary Midwifery Scheme.**—In accordance with the Corporation's policy to develop gradually a full-time domiciliary midwifery service for the City, two district midwives' homes were opened during the year. These homes are situated at Southhouse Farmhouse (opened 1st September) and at Colinton Mains Farmhouse (opened 17th December). Two midwives occupied each of these two centres. In addition, a municipal midwife replaced one of the Queen's Nurses operating in the Duddingston area (16th December).

The total number of midwives directly employed by the Corporation is now twelve. The arrangements with the Boards of Management of the Royal Infirmary

and Elsie Inglis Memorial Hospital, and with the Queen's Institute of District Nursing, continued as in previous years. The two Hospitals supplied 13 midwives and the Queen's Institute 22.

Of the total domiciliary confinements, 41 per cent. were attended by Queen's Nurses, 24 per cent. by midwives from the Simpson Memorial Pavilion, 20 per cent. by Corporation midwives, and 14 per cent. by midwives from the Elsie Inglis Hospital. At two confinements, neither a medical practitioner nor a midwife was in attendance.

Nursing Homes (Table 3).—The number of nursing and maternity homes registered under the Nursing Homes Registration (Scotland) Act, 1938, on 1st January, 1950, was 40. Four nursing homes cancelled registration during the year and two new ones were registered. Thus on 31st December, 1950, there were 38 nursing and maternity homes registered under the Act. The total number of beds available in the maternity homes was 119, and 1,111 confinements occurred in such homes. The staffing problem remained the major difficulty in the administration of both types of home.

Nursing Agencies.—The Nurses' Agencies (Scotland) Regulations, 1945, require that all nursing agencies must be licensed with the local authority, and the licence must be renewed annually. Application for renewal of the licence must be made at least four weeks prior to 31st December each year, the date on which the annual licence expires.

Three nursing agencies were licensed as at 1st January, 1950. One agency ceased to function in May and its licence was cancelled, while two continued to operate as at 31st December, 1950.

Dental Care of Mothers and Children under Five Years (Table 4).—The provision of this Service was improved somewhat by increased recruitment to the staff of dental officers, and a new Dental Centre was opened at Stenhouse Child Welfare Clinic. Some 70 expectant mothers were examined, and all required and received treatment. The decline from 171 expectant women examined last year is a reflection of the reduced attendances at municipal ante-natal clinics. Of 53 nursing mothers referred for examination, all needed treatment, three refused it, and 50 accepted and received dental care. The number of pre-school children examined, mainly drawn from the 3-5 year age-group, was 566, of whom 478 required treatment, and 412 actually received it. The number referred for examination showed an increase of 113 over last year.

Puerperal Fever and Pyrexia (Tables 5-8).—Puerperal pyrexia notifications numbered 31, compared with 17 last year and 44 in 1948. Of these notified cases, 10 were subsequently proved to be cases of puerperal fever. The number of cases of puerperal fever notified was 9, compared with 22 last year and 39 in 1948. Seven of these cases were confirmed. Thus there were 17 cases of confirmed puerperal fever, compared with 25 and 48 in the two previous years respectively.

Maternal Deaths (Tables 9-12).—There were five maternal deaths during the year, giving a rate of 0.6 per 1,000 total births compared with four deaths and a rate of 0.5 last year. 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; the other is arrived at after clinical investigation.

Child Health and Welfare.

Births (Tables 2, 13, 14).—There were 7,674 registered live births during the year after the necessary corrections had been made. Of these births 3,962 were males and 3,712 were females. Thus the birth-rate for the City was 15.7 compared with 16.7 last year. The birth-rate still remained below that of Scotland (17.9). Notified births numbered 9,677 compared with 10,159 last year.

Still-births registered during the year numbered 190, giving a still-birth rate of 24 per 1,000 total births, the same rate as in 1949.

Illegitimate births numbered 407, giving a rate of 5.3 per cent. of the live births.

Three of the five volumes of "Papers of the Royal Commission on Population" appearing during the year were of topical interest. The first volume dealt with the influence of family limitation on human fertility during the past fifty years. It was the first investigation of its kind and the detailed statistical analysis of the findings is illustrated with useful tables, summaries and conclusions. The fourth volume dealt with problems of loss in recruitment of the population resulting from abortion, still-birth and death during the first year of life, while the fifth volume discussed family economics and the relations between intelligence and fertility.

Ophthalmia Neonatorum (Table 15).—The number of cases of this disease notified showed an increase of ten compared with 1949. Notifications numbered 23, but no case due to the gonococcus was reported to the Department. Hospital treatment was carried out in three cases, the remainder being treated at home. There were no instances of impairment or loss of vision.

Infant and Child Deaths (Tables 16-24).—The infant mortality rate for the City reached yet a lower level than that recorded last year. The rate per 1,000 live births was 29, the actual number of deaths of infants under one year being 225, compared with 263 in 1949.

The neonatal mortality rate was 18 per 1,000 live births, the post-natal mortality therefore being 11, a reduction from 13 last year and 15 in 1948. Measures for the protection of the infant during the post-natal period are proving steadily more successful and there is a greater appreciation among mothers of the importance and value of applied infant hygiene. Reference to Table 19 shows the major causes of death during the first year of life, and it will also be noted that the terminology used is based on the recent international classification of the causes of death. The Table is probably the most interesting and instructive of those shown in this report.

Immaturity and congenital malformations shared first place among the major causes of deaths. All the deaths (36) from immaturity occurred in the neonatal period, and of the 36 deaths from congenital malformations, 21 took place in the

same period, 15 occurring in the post-natal period. Respiratory infections followed, causing 32 deaths, of which only seven were in neonates, the remaining 25 occurring in infants over one month old. Injuries at birth occupied third place, accounting for 28 deaths under one year, of which 27 were in neonates. Suffocation and overlaying caused 19 deaths under one year, and 16 were in the post-natal period. The cases of suffocation were almost all due to the inhalation of vomited material while the infants lay in their cots or prams. Atelectasis and gastro-enteritis caused 17 and 14 deaths respectively among infants under one year.

Neonatal mortality compared favourably with recent years. Of the total deaths under one year, 139 or 62 per cent. occurred in the first month of life. Of the neonatal deaths, 114 or 82 per cent. took place in the first week of life, immaturity and birth injury especially predominating among the causes of death at this early period of life. Immaturity accounted for 36 (26 per cent.) of the neonatal fatalities, and birth injuries for 27 (19 per cent.).

The infant mortality rates for the wards of the City are shown in Table 18.

Thirty-four deaths occurred among children aged between one and five years. Special attention was paid this year to accidents among infants and young children and all such cases have been very carefully investigated. Professor Alan Moncrieff has recently drawn attention to the question of such accidents in children. In the ten accidents causing death other than those already mentioned due to suffocation and overlaying, only one took place in the child's own home. This was a burning accident in a female infant of three months. The other nine accident cases occurred outwith the actual homes of the children and the following is a statement of the position regarding these children :—

Male, æt. 1½ yrs.	Drowning.
„ „ 2 years	Drowning.
„ „ 4 years	Drowning.
„ „ 4 years	Fractured skull from falling over banister of common stair.
„ „ 2 years	Run-over street accident.
„ „ 3 years	Run-over street accident.
„ „ 4 years	Run-over street accident.
„ „ 4 years	Run-over street accident.

Comprehensive studies on morbidity in infants and children are uncommon and a welcome contribution to the literature of this subject appeared early in the year. This was a study of *Illness in Infancy* by Dr R. M. Dykes, Medical Officer of Health, Luton. The paper deals with the history of 1,498 infants (79 per cent. of the total births) born in Luton during 1945, and who were observed throughout their first year. More than half of the disease "incidents" were concentrated in less than 7 per cent. of the infants and almost half of the illnesses were respiratory. Two groups of infants, comparable from all points of view, other than frequency of illness, were particularly studied. The first group was that with the worst sickness record and the second group had not suffered any illness. From Dykes' study of the two groups he concluded that constitutional factors played a large part in an infant's predisposition or immunity to disease. No morbidity gradient was found relative to social class, but there was a definite one in infant mortality,

probably due to lack of medical care in the lower income groups. With a high degree of organisation of infant welfare services this unequal mortality distribution should be improved.

A contribution to child welfare literature came from the pen of Professor Alan Moncrieff. In his Dawson Williams prize lecture, entitled "Child Health in the Future," Moncrieff pronounced judgment on the child welfare services. While some of his criticisms may be merited, others certainly are not, but the fundamental truth emerges that the closest co-operation must exist between the preventive and curative child health services. This provocative paper should be read and re-read and time taken to ponder over some of the issues raised by the Professor.

Health Visiting (Table 25).—The work of the health visitors continued to expand during the year. The permanent establishment was 42, with in addition, a supervisor and assistant supervisor. Recruitment to the staff still falls far short of the estimated requirement of 70 health visitors. Though the health visitors' work was predominantly in connection with maternal and child welfare, home visits were paid in cases of old age, infectious diseases, etc., some 1,242 such patients having been visited during the year.

In October 1949 a full complement of 36 students commenced the course of instruction, organised by the Corporation, in preparation for the examination in health visiting held by the Royal Sanitary Association of Scotland in April this year. It is gratifying to record that for the second successive year all the candidates presented for the examination obtained the Health Visitor's Certificate. Applications for the 1950-51 course showed a reduction and only 35 students began their studies in October this year.

During the year, 7,015 first visits were made to infants under one year of age in their own homes for purposes of health supervision by the health visitors and health visitor students undergoing training. In addition to these visits, 50,086 visits were paid to children aged between one year and five years. The grand total of visits paid to under five year old children was 88,886—an increase of 4,910 over last year's total. Home visits to expectant mothers numbered 2,811 and 1,242 visits were paid in cases of illness, infection, old age, etc. during the year. The grand total, therefore, of all visits to mothers, children, cases of illness, old age, etc. was 92,939.

Waste visits were fewer this year than last and numbered 17,529 compared with 19,286 in 1949.

Health Supervision (Table 26).—The number of clinics provided by the Corporation during the year was twenty-one. This is an increase of one over last year's return, and was due to the opening in May, of a new child welfare clinic at Corstorphine Public Hall. In all 2,025 clinic sessions were held at these twenty-one centres and 4,443 infants under one year and 1,229 children aged between one and five years paid first visits, making a total of 5,672 first attendances. The total number of attendances made by infants under one year was 46,017 and by children between one and five years 17,975, making a grand total of 63,992.

A reduction in the number of attendances at the clinics, which was commented upon in last year's report, was present again this year. The main reason for this trend is that the health visitors are concentrating more and more on home visitation—their real function. As far as age groups of children attending the clinics are concerned, the following summary gives some idea of the proportions:—

Under 1 year	73 per cent.
Between 1-2 years	14 "
" 2-3 "	7 "
" 3-4 "	4 "
" 4-5 "	2 "

Ultra-violet Ray Clinics (Table 27).—During the year 626 sessions were held at artificial sunlight clinics and 6,273 attendances were made. The lamps in use are the mercury-vapour type and children only receive courses of ultra-violet radiation if such are recommended by medical officers of the Department or medical practitioners.

Orthopædic Clinic.—The facilities cordially extended to the Department by the School Health Service at the latter's Orthopædic Clinic are taken full advantage of and the closest co-operation is maintained with the orthopædic surgeon and physiotherapist there.

Vaccination and Immunisation.—In all 2,201 successful smallpox vaccinations were performed at the Department's clinics and 2,338 diphtheria inoculations were completed.

Day and Residential Nurseries.

Day Nurseries (Table 28).—The number of day nurseries operating during the year was 13, with places for 575 children. On 14th August, the extension at Granton Nursery was opened with accommodation for 20 children, so that by the end of the year there were places for 595 children.

Mention was made in last year's report of the priority scheme formulated by the Health Committee in January, 1949, and this scheme remained in force during the current year. The policy with regard to waiting lists was altered to meet changing conditions. In previous years it was regarded as necessary to add all requests for admission to nurseries to the waiting lists kept at each nursery. During this year, however, with the demand for admission in no way lessening, the matrons have been inclined to accept and add to their waiting lists only those cases which they, in consultation with the health visitors, could hope to deal with in a reasonable time.

There was a decline in the number of attendances at six nurseries, five showed an increase, and one had the same number of attendances as in the previous year. Where a decline occurred, infectious illness among the children was the causal factor.

The health of the day nursery staff was good throughout the year and there were few absences of long duration. Recruitment of students was maintained

and twelve trainees were presented for the final examinations of the Scottish Nursery Nurses Examination Board, eleven successfully obtaining the Board's Certificate.

Residential Nurseries (Table 29a).—The residential nursery accommodation was early in the year reduced by the change over of Willowbrae House from being a residential nursery to becoming a preventorium for the supervision of infants receiving B.C.G. vaccination. In December, Victoria Park House was closed for reconstruction prior to its re-opening in 1951 as a day nursery. Accommodation for children at the new residential nursery at St Helen's, Murrayfield, was not available till early in 1951 and so for a short time in December only the two small nurseries at Henderson Row and Viewforth Terrace were available, with a total accommodation of 30 cots.

During the year applications for residential care of 983 children were received and 521 were admitted. The relatively small number of children admitted was due, not only to the factors already noted, but to the much more important one of shortage of staff. Recruitment to the residential nursery staffs is low. Strenuous efforts were made to maintain reasonable conditions and hours of work but when illness or other emergency occurred, relief staff was unobtainable and the hours of duty of those in action were liable to sudden alteration. In spite of these very real and practical difficulties the health of the residential nursery staffs remained good, although matrons and senior members of staff showed signs of the strain imposed on them. Because of the impossibility of obtaining relief staff for holiday duties, Viewforth Nursery was closed during July and Henderson Row Nursery during August. Victoria Park House remained open during the entire summer holiday period but the number of children admitted was limited by the number of staff available. The whole question of residential nursery staffs and conditions of service of such staffs is in urgent need of revisal if such nurseries are to continue to function.

The closest co-operation exists between day and residential nursery staffs and the health visitors, almoner and other social workers.

Nursery Nurses' Hostel.—The hostel at 19 Chester Street continued to provide an attractive residence for eighteen students whose homes were a considerable distance from Edinburgh.

Registration of Nurseries and Child Minders (Table 30).—One application was received and registration granted for a day nursery during the year. Two registrations for child minding were cancelled owing to the minders giving up such work, and one new application received from and registration granted to a minder who proposed to commence her activities early in 1951. Thus there were two child minders and one nursery registered as at 31st December, 1950.

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 19 toddlers' playgrounds were active. The number of toddlers on the attendance roll was 544, and the average daily attendance 452. 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 12 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. Eleven beds are available together with five cots.

(3) **Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road, Edinburgh.**—The home admits unmarried mothers during the ante-natal period, and retains them with their infants after the confinements in the home. The home has accommodation for 34 beds, of which seven are allocated for ante-natal purposes and 27 for post-natal cases and 27 cots.

Home and Domestic Helps (Table 33).—This service continued to expand and recruitment, though slow, was steady, the selection of suitable candidates being the major factor in the slow tempo of increase in the number of home helps. At the end of the year, 78 home helps were on the Department's register, 57 of these were employed full-time and 21 part-time.

For the first time since the inception of the official scheme of home and domestic helps on 30th April, 1945, the number of general cases receiving assistance outnumbered the maternity cases. In all, 767 cases received the services of home helps, of which 375 were maternity cases and 392 were general cases. The average period of assistance for general cases was 18 days and for maternity cases, 12 days.

With the increased activity of the home helps section of the Department and the greater onus placed on the shoulders of the supervisor, representations have been made for the appointment of an assistant supervisor and adequate clerical staff, so that the section may become a self-contained unit.

Almoning.—During the year there was a slight increase in the amount of work in connection with after-care and the prevention of illness, but as formerly, the major portion of the almoner's work was concerned with maternal and child welfare. Nevertheless, there is a definite need for medico-social work amongst cases of general illness, and 26 such patients were referred by general medical practitioners and 40 by hospital almoners to the almoner here for assistance. It is to be hoped that this aspect of the almoner's work will expand in the future.

Because of the intimate personal nature of an almoner's work it is difficult to make mere figures speak of the value of such work. In some cases a patient is seen only once and requires no further help, whereas in many other cases, the patients require to be guided and helped and kept in touch with over a period of months or even years. This year the almoner interviewed 1,162 persons and of this number, 929 were for assessment purposes in connection with financial aspects of nursery care for children, and of the home helps service. Of the remaining 233 persons advised by the almoner, 103 formed a miscellaneous group including unmarried mothers and those with family difficulties, while 130 were women requiring convalescent care or a period of rest in the country. Arrangements of a satisfactory nature were made for 124 of this last group of patients. The majority of these 124 patients were mothers who were enabled to take advantage of a much needed rest in country surroundings, the Almoner being able to arrange these holidays for them.

Breast-Feeding in Edinburgh, 1939-1947.—Attempts have been made by the health visitor staff for a number of years to ascertain the extent of breast-feeding among infants born in the City and who were followed up for a period of at least nine months. Information on the incidence of breast-feeding was ascertained when the infants were aged 2 weeks, 3 months, 6 months and 9 months. The following Table (I) shows the number of infants visited in connection with these surveys:—

INFANT FEEDING INVESTIGATIONS
EDINBURGH, 1939-47.

TABLE I.

YEAR	1939	1940	1941	1944	1945	1946	1947
Registered Births	7,300	6,930	6,934	7,908	7,362	9,350	9,865
No. followed up	985	999	224	3,436	3,733	4,557	5,621
% " "	13.5	14.4	3.2	44.0	51.0	49.0	57.0

The next three Tables (II, III and IV) show the percentages of those entirely breast-fed, those on breast feeds and complementary feeds, and those wholly

artificially fed, at the periods noted above when the infants were specifically visited for ascertaining the type of feeding :—

TABLE II.
Percentage Distribution of Breast-Feeding.

YEAR	1939	1940	1941	1944	1945	1946	1947
2 weeks... ..	83	82	74	75	74.5	71	74
3 months... ..	50	50	40	44	46	42	43.5
6 "	31	31	21	19	16.5	14.5	19.5
9 "	2	2	0.5	0.7	0.6	0.2	0.1

TABLE III.
Percentage Distribution of Breast and Complementary Feeding.

YEAR	1939	1940	1941	1944	1945	1946	1947
2 weeks... ..	6	5	6	8	8.5	9.5	8.5
3 months... ..	11	10	15	9.5	8.5	7	6
6 "	15	15	19	18	21.5	19.5	20
9 "	20	18	17.5	16	16	16.5	10.5

TABLE IV.
Percentage Distribution of Infants Wholly Artificially Fed.

YEAR	1939	1940	1941	1944	1945	1946	1947
2 weeks... ..	11	13	20	17.5	17	19.5	17.5
3 months... ..	39	40	45	46.5	46	51.5	50.5
6 "	54	54	60	62.5	62	66	60.5
9 "	78	80	82	83	83	83.5	89

In 1947 an attempt was made to determine the social distribution of a sample of the infants visited for the purpose of ascertaining the type of feeding adopted. Table V shows the results of this follow-up of 1,236 infants :—

TABLE V.
Social Class Distribution of Sample Follow-up of 1,236 cases : Breast-Feeding

Social Class	Total Cases	2 weeks	3 months	6 months
I.	15	47%	13%	—
II.	84	58%	19%	3%
III.	726	73%	22%	6%
IV.	174	74%	19%	3%
V.	237	77%	18%	2%
Total ...	1,236			

Whooping Cough Vaccination.—From the summer of 1947 to that of 1950, a small controlled experiment was carried out among the children attending the Corporation day nurseries to determine the efficacy of whooping cough vaccination. Children over the age of six months and who had neither had a history of whooping cough nor of vaccination against it were alternately placed in the experimental and control groups on entering the nurseries. Children already in the nurseries at the commencement of the experiment were not included.

The vaccine given to the experimental group was an alum-precipitated whooping cough vaccine prepared by the Glaxo Laboratories, and three doses of 0.5 c.c. were given at monthly intervals to the children, so that each child received a total dosage of 30,000 million organisms. No boosting doses were given. In all, 229 children received a full course of vaccine, and 301 other children remained as controls. The following are the results of the experiment :—

Reactions to Vaccine : TABLE I.

Number Vaccinated	Local Reactions	Systemic Reactions	Abscess Formation	Total
229	9	1	2	12

The reactions were almost entirely local in nature and occurred within a few days of the vaccination being carried out.

A follow-up of the cases and controls was carried out in early 1951. Of the experimental group, 19 or 8.3 per cent., and 25 or 8.3 per cent. of the controls were untraced after leaving the nurseries. The diagnosis of whooping cough was made by the medical officers of the nurseries, by the medical practitioners of the children, or by the matrons of the nurseries.

Incidence of Whooping Cough in Immunised and Control Groups :

TABLE II.

Number Vaccinated	No. developing Whooping Cough	Per-centage	Control Group	No. developing Whooping Cough	Per-centage
229	20	8.7	301	91	30.2

Seventeen of the twenty vaccinated children developed clinical whooping cough thirteen months or more after the last immunising dose of vaccine, as shown herewith :—

TABLE III.

No. developing Whooping Cough	Lapse of time in months since last injection of vaccine			
	Under 6 months	6-12 months	12-18 months	Over 18 months
20	2	1	8	9

The severity of the illness in both immunised and control groups was classified into mild, moderate and severe, largely on the basis of the frequency and severity of the spasms :—

TABLE IV.

Group	Total	Severity of the Disease			Treated at	
		Mild	Moderate	Severe	Home	Hospital
Vaccinated...	20	10	8	2	19	1
Control ...	91	35	35	21	74	17

It should be pointed out that during the period of the experiment there were no widespread epidemics of whooping cough in the City so that, though the results of the vaccination are encouraging, too much stress cannot be placed on these findings.

Acknowledgments.—It is a real pleasure for me to express my deep thanks and indebtedness to all the members of the staff. They have withstood the trials and tribulations of the transition period following on the 5th July, 1948, and all have given of their best in the interests of those whom they serve. This whole-hearted and loyal service is an inspiration to greater effort. The Department is also fortunate in the help which it receives from the devoted band of voluntary workers, to whom warm thanks are due.

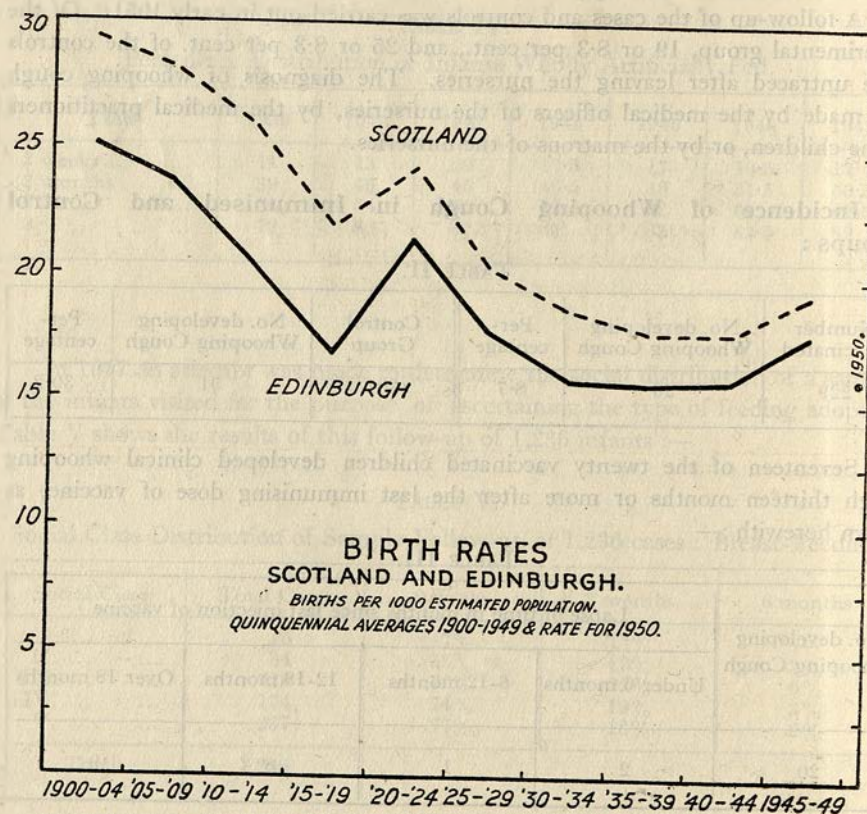


TABLE I—ANTENATAL AND POST-NATAL SUPERVISION

Antenatal supervision	Post-natal supervision	Total supervision
1. Regular supervision	1. Regular supervision	1. Regular supervision
2. Irregular supervision	2. Irregular supervision	2. Irregular supervision
3. No supervision	3. No supervision	3. No supervision
4. Supervision by midwife	4. Supervision by midwife	4. Supervision by midwife
5. Supervision by doctor	5. Supervision by doctor	5. Supervision by doctor
6. Supervision by nurse	6. Supervision by nurse	6. Supervision by nurse
7. Supervision by health visitor	7. Supervision by health visitor	7. Supervision by health visitor
8. Supervision by other person	8. Supervision by other person	8. Supervision by other person
9. Supervision by none	9. Supervision by none	9. Supervision by none
10. Supervision by other person	10. Supervision by other person	10. Supervision by other person
11. Supervision by other person	11. Supervision by other person	11. Supervision by other person
12. Supervision by other person	12. Supervision by other person	12. Supervision by other person
13. Supervision by other person	13. Supervision by other person	13. Supervision by other person
14. Supervision by other person	14. Supervision by other person	14. Supervision by other person
15. Supervision by other person	15. Supervision by other person	15. Supervision by other person
16. Supervision by other person	16. Supervision by other person	16. Supervision by other person
17. Supervision by other person	17. Supervision by other person	17. Supervision by other person
18. Supervision by other person	18. Supervision by other person	18. Supervision by other person
19. Supervision by other person	19. Supervision by other person	19. Supervision by other person
20. Supervision by other person	20. Supervision by other person	20. Supervision by other person

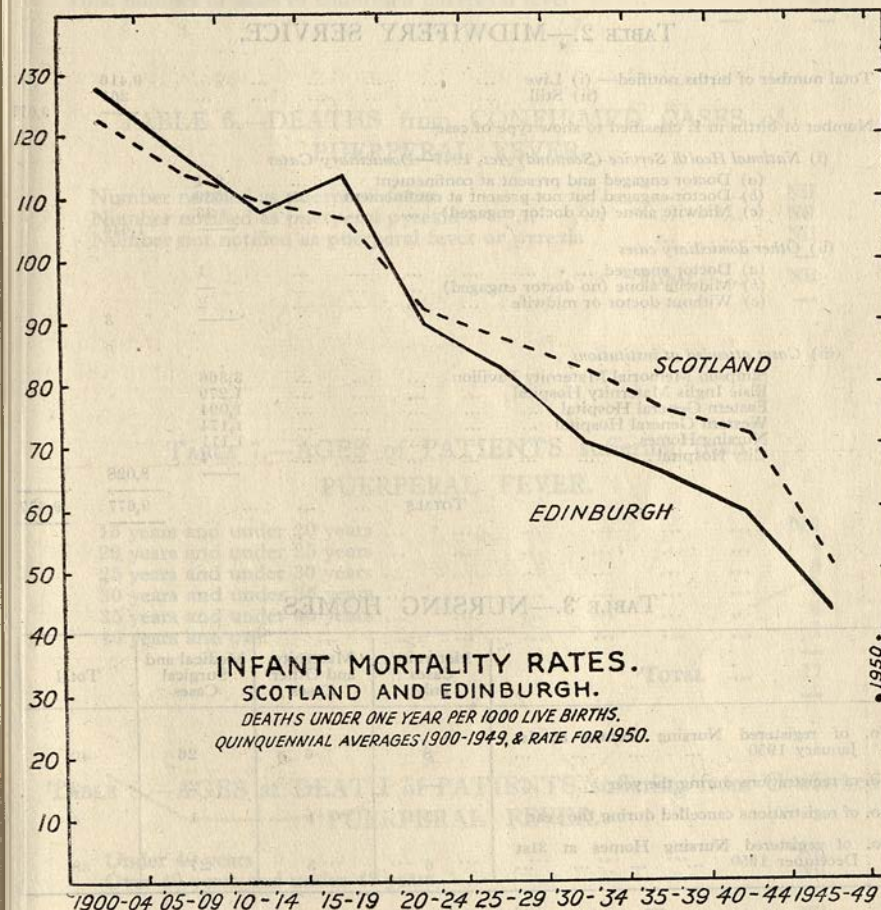


TABLE 1.—ANTE-NATAL AND POST-NATAL SUPERVISION.

	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 ...	1,329	111

TABLE 2.—MIDWIFERY SERVICE.

I. Total number of births notified—	(i) Live	9,416	
	(ii) Still	261	
II. Number of births in I. classified to show type of case—			9,677
(i) <i>National Health Service (Scotland) Act, 1947—Domiciliary Cases</i>			
(a) Doctor engaged and present at confinement	974		
(b) Doctor engaged but not present at confinement	639		
(c) Midwife alone (no doctor engaged)	33		
		1,646	
(ii) <i>Other domiciliary cases</i>			
(a) Doctor engaged	1		
(b) Midwife alone (no doctor engaged)	2		
(c) Without doctor or midwife	—		
		3	
(iii) <i>Cases attended at institutions</i>			
Simpson Memorial Maternity Pavilion	3,366		
Elsie Inglis Maternity Hospital	1,279		
Eastern General Hospital	1,094		
Western General Hospital	1,174		
Nursing Homes	1,111		
City Hospital	4		
		8,028	
TOTALS		9,677	9,677

TABLE 3.—NURSING HOMES.

	Maternity Cases only	Maternity and Other Cases	Medical and Surgical Cases	Total
No. of registered Nursing Homes at 1st January 1950	8	6	26	40
No. of registrations during the year	—	—	2	2
No. of registrations cancelled during the year	2	1	1	4
No. of registered Nursing Homes at 31st December 1950	6	5	27	38

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	70	53	566
2. Number found to require treatment	70	53	478
3. Number accepting treatment	70	50	434
4. Number actually treated by dental officers	70	50	412

TABLE 5.—PUERPERAL FEVER AND PUERPERAL PYREXIA.

Number of cases of puerperal pyrexia notified	31		
Number of cases of puerperal pyrexia confirmed	21		
Number subsequently developing into puerperal fever		10	
Number of cases of puerperal fever notified	9		
Number of cases diagnosed as puerperal pyrexia	2		
Number of cases of puerperal fever confirmed	—	7	
Total number of cases of confirmed puerperal pyrexia	23		
Total number of cases of confirmed puerperal fever	—	17	

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	Nil
20 years and under 25 years	4
25 years and under 30 years	5
30 years and under 35 years	3
35 years and under 40 years	4
40 years and over	1
TOTAL	17

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	1
Hæmorrhage	2
Other Conditions	2
TOTAL	5

TABLE 10.—MATERNAL DEATHS, 1947-1950.
NUMBERS AND RATES PER 1000 TOTAL BIRTHS (LIVE AND STILL).

	1947		1948		1949		1950	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Septicæmia	2	0·2	2	0·2	...	...	...	...
Toxæmia	5	0·5	1	0·1	...	...	1	0·1
Hæmorrhage	2	0·2	2	0·2	1	0·1	2	0·3
Embolism ... ..	...	...	2	0·2	1	0·1	1	0·1
Other Conditions ...	3	0·3	8	0·9	2	0·2	1	0·1
	12	1·2	15	1·7	4	0·5	5	0·6

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
1950	7,864	1	0·1	4	0·5	5	0·6	...	...	5	0·6	5	0·6

TABLE 12.—MATERNAL DEATHS.

AGES AT DEATH :—

25 years and under 30 years	...	...	3
30 years and under 35 years	...	...	1
35 years and under 40 years	...	...	1
TOTAL	...	...	5

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 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
1st Quarter 1950	2,006	1,888	118	5·9
2nd " " " " " "	2,029	1,919	110	5·4
3rd " " " " " "	1,857	1,769	88	4·7
4th " " " " " "	1,782	1,691	91	5·1
Year 1950	7,674	7,267	407	5·3

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
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
1950	17.9	18.4	15.7	17.8	17.2	17.4	20.1	18.7	22.4

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	3	1	—	1	—	3	1	—	—	2	12	—	23

The confinement was attended by:—

	Cases
A doctor and nurse	2
Nurses from institutions	—
Dispensaries	—
In institutions	21
Midwives	—
TOTAL	23

Treatment was given:—

	Cases
At home	3
At home and welfare centres	17
In hospital	3
TOTAL	23

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	r123	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	1950	29
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	6.9	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
1950	14.9	1.4	1.2	0.7	18	29

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

Ward	Infant Mortality Rates (per 1000 Live Births)									
	1926-1930	1931-1935	1936-1940	1941-1945	1946	1947	1948	New Wards	1949	1950
1. Calton	67	69	55	62	35	44	23	1. St Giles	27	27
2. Canongate	91	66	64	57	57	63	34	2. Holyrood	32	31
3. Newington	69	70	35	39	40	21	40	3. George Square	19	11
4. Morningside	40	46	41	54	31	42	8	4. Newington	43	37
5. Merchiston	53	56	59	37	50	32	45	5. Liberton	22	14
6. Gorgie	68	64	56	50	64	39	41	6. Morningside	25	31
7. Haymarket	36	60	56	54	36	37	26	7. Merchiston	25	37
8. St. Bernard's	57	45	64	55	38	41	35	8. Colinton	23	16
9. Broughton	79	66	63	63	26	59	43	9. Sighthill	25	11
10. St. Stephen's	69	80	88	57	33	26	35	10. Gorgie-Dalry	27	9
11. St. Andrew's	97	72	70	76	89	53	21	11. Corstorphine	35	13
12. St. Giles	99	79	90	75	65	66	25	12. Murrayfield and Cramond	36	26
13. Dalry	75	65	58	50	49	37	32	13. Pilton	55	49
14. George Sq.	75	83	70	65	48	34	61	14. St. Bernard's	33	36
15. St. Leonard's	98	76	65	67	63	48	18	15. St. Andrew's	37	40
16. Portobello	76	64	63	54	57	39	37	16. Broughton	18	28
17. South Leith	77	64	68	62	61	66	33	17. Calton	27	34
18. North Leith	95	77	69	51	52	58	28	18. West Leith	34	25
19. West Leith	73	68	81	43	61	60	36	19. Central Leith	38	27
20. Central Leith	92	89	73	66	55	44	43	20. South Leith	52	42
21. Liberton	81	60	91	64	71	72	49	21. Craigentiny	25	26
22. Colinton	50	59	59	39	57	38	13	22. Portobello	22	32
23. Corstorphine and Cramond	59	61	51	43	47	54	27	23. Craigmillar	43	46
City Rate	79	68	65	55	52	49	34		32	29

TABLE 19.—CAUSES OF DEATH among CHILDREN under FIVE YEARS during 1950.

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
Tuberculosis																
Respiratory	...	...	...	...	...	...	...	...	1	1	1	...	...	...	1	2
Tuberculous																
Meningitis	...	...	...	...	...	...	...	1	...	1	1	2	...	...	3	4
Tuberculosis—																
Other Forms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	1	...	1	3	...	...	...	...	...	3
Cerebro-spinal Fever	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1
Other Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Infections and Parasitic Diseases	...	...	...	...	...	...	1	...	...	1	...	...	...	1	1	2
Meningitis (unspecified)	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1
Pneumonia	3	2	1	1	7	8	4	1	4	24	1	2	...	...	3	27
Bronchitis	...	...	...	...	...	3	4	1	...	8	1	...	...	...	1	9
Other Respiratory Diseases	2	...	1	...	3	...	2	...	...	5	...	1	1	...	2	7
Gastro-Enteritis	...	...	...	1	1	7	5	...	1	14	1	1	...	...	2	16
Other Digestive Diseases	1	...	...	...	1	2	...	...	...	3	...	...	...	...	...	3
Hydrocephalus	...	...	...	...	...	...	1	...	1	2	...	...	...	...	...	2
Congenital Heart	5	...	...	...	5	3	2	1	...	11	...	...	...	...	...	11
Other Congenital Malformations	11	3	2	...	16	5	1	1	...	23	1	...	1	...	2	25
Injury at Birth	24	3	...	...	27	1	...	...	...	28	...	...	...	...	...	28
Atelectasis, Postnatal Asphyxia	16	1	...	...	17	...	...	...	...	17	...	...	...	...	...	17
Other Infections of New-born	...	1	1	...	2	...	...	...	...	2	...	...	...	...	...	2
Other Diseases of early infancy	16	1	1	...	18	...	...	...	...	18	...	...	...	...	...	18
Immaturity	34	...	...	2	36	...	...	...	...	36	...	...	...	...	...	36
Suffocation	2	...	...	...	2	5	2	3	...	12	...	...	...	...	...	12
Overlying	...	...	1	...	1	4	2	...	...	7	...	...	...	...	...	7
Other Accidental Causes—																
Home	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1
Out of Doors	...	...	...	...	...	...	...	...	...	...	1	2	1	5	9	9
All Other Causes	...	...	2	1	3	...	3	...	...	6	2	4	1	2	9	15
Total	114	11	9	5	139	41	28	8	9	225	10	12	4	8	34	259

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

Cause of Death	Average 1939-1943		1944		1945		1946		1947		1948		1949		1950	
	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	14	1.9	5	0.6	7	1.0	5	0.5	12	1.2	4	0.5	5	0.6	3	0.4
Measles	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	...	...	2	0.2	1	0.1	...	...	...	...	...	...
Other Infectious Diseases	1	0.1	2	0.3	2	0.3	1	0.1	5	0.5	...	...	1	0.1	2	0.3
Tuberculous Diseases	6	0.8	3	0.4	5	0.7	3	0.3	8	0.8	5	0.6	2	0.2	2	0.3
Meningitis and Convulsions	12	1.7	7	0.9	9	1.2	5	0.5	8	0.8	10	1.2	6	0.7	1	0.1
Bronchitis and Pneumonia	93	12.9	74	9.4	63	8.6	86	9.2	94	9.5	50	5.9	40	4.9	32	4.2
Diarrhoea and Enteritis	39	5.4	47	6.0	52	7.1	95	10.1	97	9.8	32	3.8	25	3.1	14	1.8
Other Digestive Diseases	6	0.8	8	1.0	5	0.7	4	0.4	4	0.4	1	0.1	2	0.2	3	0.4
Premature Birth, Malformations, Alectasis, Injury at Birth	192	26.5	208	26.3	178	24.2	228	24.4	206	20.9	138	16.4	145	17.8	137	17.9
Overlying	6	0.8	14	1.8	12	1.6	22	2.4	17	1.7	19	2.3	10	1.2	7	0.9
Syphilis	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	...
1950	4.7	3.5	2.7	...	0.1

TABLE 22.—DEATHS from RESPIRATORY DISEASES.

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Pneumonia—											
Under 4 weeks	19	22	21	14	17	11	32	30	20	14	7
Total under 1 year	93	89	77	51	63	52	75	84	41	26	24
Total under 5 years	124	105	92	67	70	67	83	95	46	31	27
Bronchitis—											
Under 4 weeks	2	2	2	1	2	...	...	...	...	1	...
Total under 1 year	20	16	16	26	11	11	11	10	9	14	8
Total under 5 years	23	20	21	28	13	12	13	11	10	18	9
Laryngitis—											
Under 4 weeks	...	...	...	...	...	...	...	...	...	...	...
Total under 1 year	...	...	...	...	...	...	...	...	...	...	...
Total under 5 years	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
1950	7,674	15.7	139	18	86	11	225	29

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

Year	INFANT MORTALITY RATES					NEO-NATAL MORTALITY RATES				
	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
1950	39	44	29	50	29	23	25	18	29	17

TABLE 25.—HEALTH VISITING.

	First Visits	Subsequent Visits	Total
(a) Expectant mothers	1,868	943	2,811
(b) Infants (under 1 year)	7,015	31,785	38,800
(c) Children (1-5 years)	295	49,791	50,086
(d) Other cases	1,242	...	1,242
	10,420	82,519	92,939
(e) Waste Visits ... ..	...	...	17,529
Total ...			110,468

TABLE 26.—CHILD WELFARE CLINICS.

(i) Number of clinics provided by local health authority	21
(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	4,443
(b) over 1 year of age	1,229
	5,672
(iv) Total number of attendances made by children during the year—	
(a) under 1 year of age	46,017
(b) over 1 year of age	17,975
	63,992

TABLE 27.—ULTRA-VIOLET RAY CLINICS.

Number of sessions held—626.

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	40	225	265
(b) over 1 year of age	523	5,485	6,008
	563	5,710	6,273

TABLE 28.—DAY NURSERIES.

	Approved Places	Possible Attendances	Average No. on Roll	Actual Attendances	Percentage of Attendances
Craigmillar ...	50	12,700	51	10,600	82
Dean ...	30	7,620	31	5,779	73
Dumbiedykes ...	30	7,620	36	7,233	79
Gilmore Place ...	40	10,160	42	8,953	84
*Granton ...	60	12,080	48	9,668	80
Lochend ...	30	7,620	34	7,097	82
Niddrie ...	45	11,430	42	8,496	80
Pilrig ...	40	10,160	42	8,566	80
St Kentigern's ...	80	20,320	79	14,886	74
South Fort Street ...	60	15,240	54	10,073	73
Stenhouse ...	50	12,700	53	10,848	81
Tollcross ...	30	7,620	32	7,053	87
West Pilton ...	50	12,700	51	11,153	86
	595	147,970	595	120,405	...

Average attendance during the year—81 per cent.

* 40 Places until 13/8/50. Extension opened 14/8/50 accommodates 20 children.

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 1950		
		Aged 0-2	Aged 2-5	Others
PUBLIC HEALTH DEPARTMENT				
Willowbrae House 	Short-stay	16	...	...
MATERNITY AND CHILD WELFARE DEPARTMENT				
* Victoria Park House, Newhaven Road ...	"	...		...
Viewforth Nursery, 22 Viewforth Terrace ...	"	15		...
Henderson Row Nursery, 73 Henderson Row	"	15		...
CHILDREN'S OFFICER'S DEPARTMENT.				
St. Katharine's Children's Home, Howdenhall Road, Liberton 	Either	40	...	...
Clerwood Children's Home, Clermiston Road, Corstorphine 	"	38	...	...
Canaan Lodge Children's Home, Canaan Lane	"	...	45	45
Redhall Children's Home, Craiglockhart Drive South ... ... ... ...	"	...	...	40

* Ceased to operate as a Residential Nursery on 1st December 1950.

(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 1950		
		Aged 0-2	Aged 2-5	Others
Adoption Home, 3 Forbes Road ...	Long-stay and Short-stay	4 10	...	...
Challenger Lodge (Edinburgh Cripple Aid Society), Boswall Road ...	Long-stay	...	10	17
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	7	...
Edzell Lodge Children's Home (Guild of Service for Women), 35 Inverleith Terrace ...	3 Short-stay others Long-stay	2	2	12
Lord and Lady Polwarth Home (Church of Scotland), 22 Colinton Road ...	Long-stay	10	16	...
Widowers' Children's Home, Corstorphine Road ...	"	...	7	47

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 ...	1	1	...	...	1	20	3	...
2. Child-minders ...	1	1	...	2	2	11	6	...

TABLE 31.—TODDLERS' PLAYGROUNDS.

Centre	Number on Roll	Daily Attendances	Centre	Number on Roll	Daily Attendances
Fountainbridge ...	18	16	Craigentinny ...	18	16
Pleasance ...	30	25	Jamaica Street ...	25	17
Stockbridge ...	20	17	Yardheads, Leith ...	42	33
Tron Square ...	25	18	Boswall Parkway ...	42	37
Abbeyhill ...	22	18	Granton ...	41	34
Barony Place ...	33	28	Lochinvar ...	42	35
Carrick Knowe ...	24	23	Lochend ...	24	21
Elm Row ...	28	25	Marshall Street ...	22	19
St Ninian's, Leith ...	28	23	Portobello ...	40	32
			Canongate ...	20	15

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	12		12	12	6 weeks	3 months
Haig-Ferguson Memorial Home, 4 Lauriston Park	11		11	5	3 months	4-6 weeks
*Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road	7	27	34	27	6 weeks	10 weeks

* Reopened after reconstruction, May 1949.

Total number of women admitted during the year to these three homes (ignoring re-admissions after confinement) 136

TABLE 33.—HOME AND DOMESTIC HELPS.

I. Number of Helps employed at end of year—

(a) whole-time	57
(b) part-time	21
(c) retaining fee basis	0
	78

II. Number of cases assisted during year—

Maternity	375
General	392
	767

III. Average period of assistance—

Maternity cases	12 days
General cases	18 "

DEPARTMENT OF VENEREAL DISEASES.

REPORT BY THE PHYSICIAN-IN-CHARGE.

New Registrations.—The numbers of new applicants to the various clinics have continued to show the progressive decline which started in 1947 and was evident in 1948 and 1949. The new registrations for 1950 numbered 3,245, compared with 3,945 in 1949, a fall of 700, representing 21·6 per cent., while the figures for 1948 and 1949 differed by 16·0 per cent.

The clinical examinations of the new applicants revealed that out of the total 3,245, the number of patients actually infected was 2,250. In 1949 the corresponding number was 2,711 so that in 1950 the new infections dropped by 461. The details of the 1950 infections are now displayed in tabular form, followed by the 1949 figures contained in brackets.

	New Cases	Transfers in	Total	Percentage
Syphilis	406 (528)	139 (197)	545 (725)	24·2
Gonorrhœa	541 (733)	42 (62)	583 (795)	25·9
Chancroid	1 (12)	1 (1)	2 (13)	0·1
Non-specific Venereal Disease ...	1,098 (1,149)	22 (29)	1,120 (1,178)	49·8

This table shows that the clinic cases of both syphilis and gonorrhœa have once more decreased. Non-specific venereal disease has also decreased, but to a much less degree, so that this category now amounts to very nearly one half of the total infections. Non-specific venereal disease in the clinics now accounts for practically as many infections as syphilis and gonorrhœa added together.

The admissions to hospital were distinctly fewer than in 1949, the number being 805 as against 1,178. The out-patient attendances showed a similar decline from 44,992 in 1949 to 40,474 in 1950.

Syphilis.—The new cases of syphilis, numbering 406, show a decrease of 3 per cent. below the figure 528 for the year 1949.

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

Year	Males	Females	Total
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
1950	286	259	545

When "transfers-in" are included, the total of new syphilis cases for the year is 545.

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
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
1950	76	33	67	72	97	85	13	102

Early Syphilis.—This table shows that the number of early fresh infections has declined remarkably. The recently acquired syphilis in men for the year 1950 is represented by the number 76 which is only about one-sixth of the figure (445) for the peak war-time year of 1942. Recent infections of syphilis in women in 1950 only 33,—by far the lowest figure for the last 10 years and only about one-seventh of the number (220) recorded in 1946. The figures now are far below those of the pre-war years.

The disparity between the sexes persists, so that now the fresh cases in women are less than half of those in men.

Syphilis under treatment, i.e. "Transfers-in."—In correspondence with the general decline the transferred cases already under treatment have also decreased. For the first time, however, since 1939 the women transferees exceed the men, and the number of men transferred is less than one quarter of what it was in 1946.

Later Stages of Syphilis.—As might be expected the later cases of syphilis remain remarkably constant and show much slighter annual fluctuations than do the fresh infections. The total late cases number 15 fewer than in 1949.

Congenital Syphilis.—It is particularly gratifying that the downward trend in these congenital cases has continued, thereby vindicating the forecast made in the report of the previous year. Penicillin treatment of syphilis in the expectant mother has proved to be almost infallible in protecting the fœtus from the disease. This success may still obtain when the penicillin is only applied in the later weeks preceding term. Nevertheless it remains highly desirable to aim at the detection of syphilis, and the consequent inception of penicillin therapy, as early in the pregnancy as possible. Early diagnosis can only be achieved by the routine use of the Wassermann blood test in all ante-natal departments. During 1950 the

number of routine Wassermann tests done on new patients in the Royal Infirmary Ante-natal Department was 3,772. Of all these tests the number found positive and in which treatment was required was 25, which is equal to 0.66 per cent. of the total.

Gonorrhœa.—The subjoined table gives the incidence since 1940.

New Cases of Gonorrhœa.

Year	Males	Females	Total
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
1950 ...	460	123	583

The sharp drop in the total of gonorrhœa cases noted in 1949 has been repeated in 1950. This time, however, the fall in the male cases has been much more pronounced than the decline in the female patients, the respective proportions being 28 per cent. and 18 per cent.

The decline in these gonorrhœa cases must be viewed in the light of the influence of penicillin in the treatment. The experience of this last year has confirmed the adoption of the one injection of 1 c.c. (=300,000 units) of a suspension of procaine penicillin as the recognized standard treatment of uncomplicated gonorrhœa in men. This simplification of the therapy has to some extent put this disease gonorrhœa back into the hands of the general practitioner. Certainly the prognostication made in the 1949 report, that the numbers coming to the clinics would decline progressively, has so far been substantiated.

More difficulty is experienced in the treatment of gonorrhœa in women and in the treatment of complicated cases in both sexes. So far as males are concerned one of the worst complications is the combination of gonorrhœa with one of the forms of non-gonococcal or abacterial urethritis. This obnoxious combination may result in prolonging enormously the duration of the malady, and may bring in its train further complications involving the eyes, the joints and the skin.

That dreaded sequel of the old discredited and discarded syringings and irrigations in the treatment of gonorrhœa, namely stricture of the urethra, is still frequently seen in the clinics. The unfortunate victims of this incurable infliction must report periodically for the instrumental dilation which is the only practicable alleviation of their discomforts. Failure to report regularly is punished heavily by the occurrence of acute retention of urine and then discomfort becomes distress magnified ten or even a hundredfold. Fortunately the associated infection of the bladder and urinary tract nowadays frequently responds to sulphonamide or streptomycin. In this group of cases penicillin is of less and definitely limited value.

Non-Specific Venereal Disease.—Though the actual number of cases listed as non-specific is less by 51 than in 1949, the proportion of the total new cases falling into this class has again risen to very nearly 50 per cent. Actually, when transferred patients are not included, there are more of these non-specific cases than there are cases of syphilis and gonorrhœa put together.

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
1950	1,098	49·8

This composite group comprises a heterogeneous collection of male and female cases. The female patients for the most part are suffering from vaginal discharge caused by infestation with a protozoal parasite, the trichomonas vaginalis. Most of the male patients are suffering from non-gonococcal urethritis, or prostatitis or epididymitis of non-gonococcal origin, or such other conditions as genital warts, paraphimosis, etc. Owing to the interest aroused by the reported increase of non-gonococcal urethritis, an analysis has been made of the 537 male classified as having non-specific venereal disease. The table now given shows the analysis of 236 cases of urethritis due to causes other than gonorrhœa.

Analysis of Cases of Non-gonococcal Urethritis.

Non-gonococcal urethritis	...	...	...	209
Abacterial urethritis (responding to intravenous N.A.B.)	...	...	...	2
Trichomonas vaginalis infestation	...	...	...	1
Tuberculous urethritis	...	...	...	1
Reiter's syndrome	...	...	...	5
Prostatitis	...	...	...	7
Epididymitis	...	...	...	11
Total	...	...	...	236

Further experience during 1950 has shown that fever therapy is probably the most reliable agent at our disposal for the treatment of non-gonococcal urethritis, particularly when this is complicated by such manifestations of a general systemic infection as arthritis, eye inflammations, including iritis, and skin rashes of a peculiarly resistant type (Reiter's syndrome). The fever cabinet is used for the more robust patients who pass the preliminary tests, and intravenous injections of T.A.B. vaccine are employed for the patients of poorer physique. It is noteworthy that these patients are practically all men, as non-specific urethritis is seldom encountered in women. This fact renders the relative increase of these cases the more striking in that the increase is due to one sex only.

Penicillin in the Treatment of Gonorrhœa and Syphilis.—Experience during the year under review has shown that the prolonged action preparations of penicillin, especially the insoluble procaine penicillin in oily or aqueous suspension, are bidding fair to supplant the previously popular aqueous solutions of the sodium salt. Nevertheless the procaine penicillins are not devoid of disadvantages: for example, the oily suspensions are less easy to inject than are aqueous solutions of the sodium salt; and injections of the aqueous suspensions of procaine penicillin are occasionally followed by undesirable and indeed alarming reactions. The future may see a swing back to large doses of the order of 500,000 units of the pure crystalline sodium penicillin-G. given once or twice daily.

While continued experience will probably modify the method of administration, the salient fact remains that penicillin appears to have proved itself as the agent of choice for the treatment of both gonorrhœa and syphilis. The lapse of time has fully confirmed its value, and penicillin-resistant strains of the gonococcus seem still to be relatively non-existent. But while this needs to be said, it must be emphasized that penicillin is quite impotent against whatever is the cause of abacterial urethritis, whether that cause be a virus or not.

During 1950, a combination of penicillin and fever induced by malaria has been adhered to for suitable cases of general paresis or tabes with, for example, optic atrophy. When every precaution is taken in the selection of cases, it has not been found that the risks from malaria are so great as to be a deterrent to its use. Frequently the practice has been to give concurrently with the penicillin only the half of a full course of malaria, and at the same time to prevent the malaria rigors from occurring daily instead of every second day.

Default.—The claim cannot be made that the year 1950 was signalized by a further drop in the defaulter rate, and perhaps this could hardly be expected. The public is coming more and more to regard penicillin as the miracle drug of the infallible cure. This leads to the attitude,—“I've had penicillin, so the incident is now closed.” The psychological make-up of many venereal disease patients is such that they take badly to any system which is rigid, rigorous, and at all exacting. Difficulty is always experienced in maintaining attendance for a prolonged period of observation and testing, and default varies directly with the length of the period of surveillance imposed. In the case of gonorrhœa, default could be minimized or virtually eliminated by discarding all tests of cure, as is already being done in some clinics in the U.S.A. In the case of syphilis, the danger that default will lead to infectious relapse is much reduced by the in-patient treatment of early syphilis. After 10 mega-units of penicillin plus a quota of arsenical and bismuth, transmission of the disease to others will rarely occur. But the new procaine penicillin makes treatment on an out-patient basis quite practicable, and a young patient will seldom choose to come into hospital if he knows that out-patient treatment is just as quick and just as effective in quelling all signs and symptoms. The knowledge that there will always remain a hard core of ineradicable default may tend to engender a somewhat fatalistic attitude towards this perennial problem.

Defaulters.

Year	Number
1940	393
1941	397
1942	376
1943	404
1944	328
1945	399
1946	471
1947	588
1948	235
1949	186
1950	332

Turn-over of Patients.—The figures for 1950 reflect the general decline in numbers. Comparison with the previous year is facilitated by including the figures for 1949 in brackets after those for 1950. During 1950 the total number of patients under treatment was 7,171 (7,849). During the year 332 (186) defaulted; 614 (728) were transferred; 3,243 (3,234) were discharged; and 20 (15) died; thus leaving at the end of the year 2,962 (3,686) patients still under observation and treatment.

Social Work and "Follow-up."—The social work for 1950 is summarized in the table subjoined.

Cases submitted for follow-up	1,219
Could not be traced	42
Refused to return	23
Returned to the clinics as result of follow-up	1,034 (85 per cent.)
Visits paid, interviews, correspondence	2,608

These figures show that more follow-up work has been necessary in 1950 than in 1949 when the cases submitted (1,096) were fewer by 123. That more "follow-up" should have to be undertaken in spite of the decrease in numbers of patients may be a reflection of the now prevailing idea that the marvellous and unique efficacy of penicillin has rendered prolonged attendance for observation no longer really necessary. The rapid interchange of information between countries widely separated may have promoted spread of the impression that tests of cure, because they have been abandoned in certain quarters, are now irrelevant and out-moded. Our social workers certainly have found that "follow-up" for regular attendance has become much more difficult.

The ineradicable nucleus of the hard core of default is that section who cannot be found owing to such unsurmountable obstacles as "false address," or "no fixed abode," or "removed and no address obtainable." During this last year of 1950, fortunately, few of the unreclaimables were in a highly contagious condition. Requiring the production of the National Registration Identity Card has been suggested as a possible partial solution of this difficult problem, but this proposal is not free from objections and might be regarded as unacceptable. Considering that there is no legislation giving power to compel attendance "it is surprising how few really do ignore advice and warning and continue to default."

Many visits and warnings are necessary to obtain the results quoted. As always, patience and perseverance in persuasion have been the flames that gradually melted away resistance, suspicion, truculence, apathy or pure inertia.

Special mention must be made of that noteworthy aspect of "follow-up" which deals with the care of elderly and lonely persons. The assistance of any patient in need or in difficulty goes hand-in-hand with successful follow-up work. The socio-medical organisations dealing with old people are as yet less highly developed than are those specializing in the care and welfare of the very young, and our social workers are often able to give needed help to patients prematurely aged though still in middle-life.

As "follow-up" begins in the clinic, a happy atmosphere throughout the department lays the foundation of confidence which upholds the whole structure of cure, and one chief aid of the almoners' persuasion is the certainty that the returning defaulter will be received with kindly consideration and encouragement.

An innovation during 1950 has been the taking over of the V.D. work in the Elsie Inglis and Bruntsfield Hospitals and the subsidiary clinic. This work, which had hitherto been done by a specially appointed doctor attached to these hospitals, is now undertaken by and under the direction of Dr Marjorie Murrell, the consultant for the women's section.

In the campaign for control of venereal disease, the co-operation of the public health, social services, and the protective municipal organizations in general can always be relied upon. In this matter of control also recognition must be made of the work of the Naval Health Authority: reports giving details of incidence and notifications of consorts are regularly issued and sent to the physician in charge of the central clinic.

Acknowledgments.—All the various members of the medical, nursing, social and clerical staffs have pulled together throughout the year in a cheerful and happy relationship and it is a pleasure to pay tribute to their fine work and loyal support.

LUNACY AND MENTAL DEFICIENCY.

The number of applications received from relatives concerned about the mental condition of patients was 295, of whom 239 were certified and removed to hospital. The comparable figures for the previous year were 276 and 233. In two years, the number of people certified has increased by 41, or rather more than 20 per cent. This is probably a reflection of our ageing population and an indication of the tendency to seek hospital protection for the elderly and feeble.

The ages of those certified showed little change as compared with the previous year, but the proportion of male patients increased from 39 per cent. to 41 per cent. The age-periods of those certified were as follows :—

Mental Illness—Certification						
Ages	Males		Females		Total	
	1949	1950	1949	1950	1949	1950
Under 16 years	—	2	—	1	—	3
16-19 "	4	2	2	3	6	5
20-29 "	19	16	12	12	31	28
30-39 "	23	14	12	20	35	34
40-49 "	9	17	24	21	33	38
50-59 "	6	9	20	20	26	29
60-69 "	12	16	27	22	39	38
70-79 "	14	18	30	25	44	43
80 " and over ...	4	5	15	16	19	21
Not Certified and Withdrawn ...	91	99	142	140	233	239
	22	25	21	31	43	56
Total No. of Applications ...	113	124	163	171	276	295

Mental Defectives.—There were 15 new cases admitted to institutions as against 12 in the preceding year. In addition, 10 patients were re-certified and detention continued. The waiting list for admission to institutions was 69—one fewer than at the end of the previous year. The following table shows the position during the past two years :—

Mental Defectives						
	Males		Females		Total	
	1949	1950	1949	1950	1949	1950
1. New cases admitted to institutions ...	6	8	6	7	12	15
2. Re-certified at 16 years and detention continued	8	8	5	2	13	10
3. New cases certified and placed under guardianship	5	9	8	8	13	17
4. Removed from guardianship for various reasons (no longer suitable for boarding out)	8	5	4	2	12	7
5. Removed from guardianship roll by death... ..	...	1	...	1	...	2
6. Waiting list for admission to institutions as at 15th December 1950 ...	47	45	23	24	70	69
7. Under guardianship as at 15th December 1950	69	72	87	93	156	165

Boarding Out.—At the end of the year the number of mental defectives boarded out was 165 (72 males and 93 females). This was nine more than in 1949. Lunatics boarded out numbered 35 (18 males and 17 females) as against 36 in 1949.

SCHOOL HEALTH SERVICE.

REPORT BY THE CHIEF EXECUTIVE SCHOOL MEDICAL OFFICER.

The following report for the year ended 31st July 1950 is the forty-third since the institution of school medical inspection in Edinburgh and the twentieth since the transfer of the service to the municipality.

General Statistics.

Population of the area 490,300

Number of schools (under the Education Committee) :—

(a) Nursery	8
Nursery classes	11
(b) Primary	79
(c) Secondary	21
* (d) (i) Special schools	19
(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	140

* Includes the following not medically inspected by the Authority : six special schools (Astley Ainslie Hospital, Bangour Hospital, Challenger Lodge, Gogarburn Institution, Princess Margaret Rose Hospital, and Southfield Sanatorium).

Number of children on the registers :—

Primary	34,361
Secondary	17,203
Roman Catholic	5,103
Episcopal	513
Special	954
Special (in outwith area)	39
Hospital classes	296
Nursery schools	411
Nursery classes	430
Normal (Moray House Provincial Committee)	557
Total	59,867

Average number of children in attendance 54,893

Organisation and Administration.

Sanitary Condition of Schools.—During the session the school medical officers inspected the school premises, special attention being paid to dining centres, washing accommodation and lavatories. Soiling and misuse of lavatories are often caused by newly admitted five-year-olds, untrained in the use of wash-down closets and of lavatory paper; wanton misuse and damage are the work of older pupils and are much more prevalent in certain schools and in certain areas than in others. These and like matters were discussed with Head Teachers

and with Janitors. Defects observed by School Doctors were reported to the appropriate section of the Education Department for consideration and action.

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

School medical officers were responsible for inspection and treatment in the schools and clinics in their respective areas of the city. Inspections were carried out on the lines suggested by the Department of Health for Scotland, including:

Systematic (Routine) Inspection of the specified age groups.

Non-routine (Special) Inspection of pupils referred by teacher, parent or nurse.

Supervision of pupils found at previous inspection to be suffering from disease.

Routine Medical Inspection of children in schools for the physically and mentally handicapped.

Inspection of children over 13 for part-time employment; of classes going to camp schools; of groups going abroad under official schemes; of children going through the Juvenile Courts.

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

Through the co-operation of the Director of the Mass Radiography Unit, to whom, with his staff, thanks are due, radiographic examination was made available to all children of 14 and over in the Secondary Schools. Transport to and from the Unit was provided by special buses. In all, 66 per cent. were X-rayed, after consent had been obtained from the parents, and the results are summarised in the body of the report.

Treatment.

The introduction of the National Health Service Act, 1947, brought about a fall, as noted in last year's report, in attendances at the minor ailments clinics and the doctors' clinics. In the year under review, probably because parents realised that less delay was experienced in these clinics than in the crowded surgeries of some National Health Service practitioners, not only has this fall been arrested but a substantial increase has been shown, the attendances at the minor ailments clinics for treatment by the nurse rising from 29,854 to 31,919, and those at the doctors' clinics from 3,407 to 4,706.

The extent of the school aurists' work remained unchanged.

There was little alteration in the number of new cases coming to the school oculists but the total number of attendances at oculists' clinics fell from 3,366 to 2,893.

School children had still, as a rule, to wait some months for spectacles, but opticians were able to give some priority to urgent cases and the plight of the child with considerable visual defect was a little easier.

In January, 1950, the Child Psychiatric Unit, now a part of the Hospital Service, moved from its quarters in the Child Guidance Clinic at 7 Merchiston

Park to premises in the Royal Hospital for Sick Children; the psychiatrist continued to see cases referred by the school medical officers.

The school chiropodist has continued the inspection of children in secondary schools in Leith and the North of Edinburgh and has carried out treatment at Leith Clinic. Chiropodist inspections have not been possible in schools in other parts of the city and children in those schools found by school doctors to require treatment have been referred to the Edinburgh Foot Clinic.

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

REPORT BY THE SENIOR DENTAL OFFICER.

Staff.—During the session 1949-50, six dental officers resigned, and replacements took place slowly and with difficulty. The services of two part-time dental surgeons were enlisted to off-set the shortages.

Clinics.—Three school clinics closed down early in the session, while heavy demands were made upon the remaining clinics and staff. Systematic inspection and treatment facilities were curtailed to deal with the applications for emergency or casual treatment, which increased by 20 per cent. to nearly 6,000 cases in the year.

With the further appointment of two full-time dental officers in the spring of 1950, it was decided to proceed with the new surgery at Niddrie Mains Clinic, which has a splendid dental room. It was equipped, staffed, and in full use by May, 1950. The one disadvantage of the site is that it is on the opposite side of the road to the schools which it serves.

Treatment.—Of 29 schools fully inspected, almost 10,000 pupils were referred for treatment and two-thirds of this number accepted treatment. The reduced numbers inspected coincide with the reduction of dental staff, but as mentioned above, the figures for "casuals" rose sharply for some time.

The amount of conservative work, mainly fillings, showed a fair comparison with that of last year, being only 15 per cent. less, although the numbers of routine cases were fewer by 27 per cent., due to the fall in numbers inspected and offered treatment.

The acceptance rate rose to 64 per cent. of those offered treatment, but there were many broken appointments during the school holiday periods, particularly in the summer.

In the work of correcting irregularities of children's teeth, more than 300 permanent teeth were extracted and 37 appliances were fitted. Dentures were made in 46 cases where teeth had been lost by accident or decay.

A form of preventive treatment has been initiated during the session. It consists of applications to the teeth, whilst still in the formative stage, of weak solutions of Sodium Fluoride.

This procedure has been established after some years of research and it is hoped that by gradually extending the use of this method we shall be able to retard or postpone the onset of dental decay.

A step forward in the treatment of irregularities in children's teeth has been gained by the periodic visits of an orthodontic specialist, provided by the Regional Hospital Board. Diagnosis and advice are given, and the cases handed back to the dental officers for further treatment or the fitting of appliances for the correction required.

Maternal and Child Welfare Service.—The demand for dental work among nursing or expectant mothers has declined during the session. Mothers made 528 attendances, 89 dentures were fitted, and 99 teeth were filled. The total number of patients this year was only 123.

The attendance of pre-school children showed a definite increase, and of 566 children inspected, 412 have had treatment completed, while 101 more were awaiting treatment at the end of the session. Extractions for these patients amounted to 536, and fillings of temporary teeth, 95, while other operations such as dressings or the trimming of teeth, numbered 306.

Conclusion.—While the needs of mothers are being increasingly met by the State general practitioner scheme, approximately 50,000 children did not have a dental inspection in the last twelve months.

Discounting those school children who do not require dental treatment and those who would probably refuse it, probably 25,000 potential patients miss a dental inspection and attention each year.

Accordingly to give an adequate service the dental staff must be increased considerably.

C.—School nursing and arrangements for following up.

No change in arrangements falls to be reported. During the session nurses paid 1,807 home visits.

D.—Co-operation with other Authority Departments.

This co-operation 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 Footwear.—There has been a small increase in the number of children under this heading.

Cleanliness.—The incidence of nits is practically unchanged. 3.3 per cent. of all children had nits, the highest recording being in the 9 year-old and 13 year-old age groups of girls. In them the incidence was 7.86 per cent. and 7.60 per cent. respectively.

Skin Conditions.—A continued decrease is reported in ringworm of the head and in scabies, the incidence of the latter falling from 0.24 per cent. to 0.06 per cent.

Defective Nutrition.—The number of cases reported as "bad" rose slightly, and the "slightly defective" showed a greater increase. Neither of these increases is of a magnitude to be considered significant, for estimate varies much according to individual judgement.

Mouth and Teeth Unhealthy.—A small reduction in the number of unhealthy mouths is shown this year in the 13 year-old group; but here, again, personal estimates vary considerably.

Naso-Pharyngeal Defects.—There was a decreased percentage among those requiring observation or operation for nose and throat conditions but a small increase where glands were concerned.

Visual Acuity.—There was a drop in the incidence of visual defect.

Ear Diseases.—Otorrhœa showed a small decrease but other diseases rose a little.

Diseases of the Lungs.—Cases of chronic bronchitis fell from 0.63 per cent. to 0.33 per cent.

Deformities.—"Acquired, probably rickets" showed a small drop, while "Acquired, other causes" rose from 1.0 per cent. to 1.47 per cent.

Infectious Illnesses.—The incidence fell from 0.24 per cent. to 0.07 per cent.

Cases of **Other Defects** also decreased from 6.32 per cent. to 4.81 per cent.

Conclusion.

On the whole, such changes as have taken place in the recorded statistics, show an improvement over the previous year. The number of children found on routine inspection to be without defect rose by 2.7 per cent.

Medical Treatment.

(1) Provided directly by School Health Service :—

A. Minor Ailments :	New Cases	Attendances
(1) Cuts, bruises, sprains, minor injuries, etc.	7,249	16,396
(2) Diseases of the ear	1,104	5,668
(3) Diseases of the eye, excluding def. vision	1,110	2,899
(4) Diseases of the Skin :—		
Ringworm (scalp)	2	16
Ringworm (body)	70	329
Impetigo	778	2,517
Other diseases	1,436	4,094
Total	11,749	31,919
B. Doctors' Clinics	2,532	4,706
C. Sunray Treatments :—		
Pleasance Clinic—		
School children	393	3,277
Pre-School children	8	79
Leith Clinic—		
School children	52	468
Pre-School children	2	10
D. Orthopædic Clinics (Physiotherapist) :—		
Pleasance Clinic—		
School children	451	3,704
Pre-School children	51	407
Leith Clinic—		
School children	198	865
Pre-School children	12	96
E. Chiropodist :—		
Children examined	3,858	—
Children requiring treatment	304	—
Children who refused treatment	57	—
Special cases referred by medical officer or by orthopædic clinic	282	—
Total number of new cases treated	529	—

The incidence of verruca remains high ; 172 children (32 per cent. of new cases) were treated for this. The commonest source of infection probably is the floors surrounding bathing pools. These cases received an average of 6.6 treatments before cure was effected.

Others, which required daily, monthly or six weekly treatment, were cases of corns, bruises and cuts, tenosynovitis, hallux rigidus, bunions and suspected Kohler's disease. Ill-fitting and unsuitable footwear can be blamed for a proportion of these foot troubles.

Appropriate cases have been referred to the school doctors or to the orthopædic clinic.

Condition	Attendances
Skin conditions	2,081
Nail conditions	114
Muscle and tendon conditions	128
Joint conditions	115
Bone conditions	32
Arch—long and metatarsal	180
Hyperidrosis and foot hygiene	15
Shoes—fittings and advice	30
TOTAL	2,695

F. Immunisation :—

Diphtheria.—4,875 children received injections of A.P.T. (of these 3,733 were reinforcing doses).

4,531 children received injections of T.A.F. (of these 3,494 were reinforcing doses).

The proportion of children whose parents give consent for anti-diphtheria immunisation remained high but this satisfactory response was maintained only by personal contact and much patience and persuasion on the part of doctors, nurses and teachers. Reasons frequently given by mothers for refusing consent were "none of the other children ever had injections and *they've* never taken diphtheria"; "His brother had a sore arm when *he* was done"; "Her father had injections in the army and he doesn't hold with them."

Whooping Cough :—10 children received injections.

Smallpox :—In March, in one of the Elementary schools, smallpox was suspected in a pupil whose father was also a suspected case. Both had arrived from India. Vaccination of all susceptibles was advised, and some 600 children were vaccinated in school by doctors of the School Health Service.

Three hundred children going to France and Belgium under the "School Journeys" scheme were immunised against enteric fever with the consent of their parents.

G. Infectious Diseases :—

There were 7,805 cases and 1,748 contacts absent from school on account of infectious diseases.

Scabies :—The number of cases treated at the municipal clinics continued to fall, and it has been possible temporarily to close all scabies clinics except those at High School Yards and at Leith Links.

Cases and Attendances at Scabies Clinic.

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
1950	36	251	75	362	3,455

Note.—Figures in the above table are for calendar years.

(2) Given in School Clinics by Regional Hospital Board Specialists :

	New Cases	Attendances
H. Defective Vision :	1,809	2,893
Squint	311	724
Glasses prescribed	1,796	
I. Nose and Throat	1,333	1,769
Recommended for operative treatment		
J. Skin Specialist's Clinic	292	1,270
K. Orthopaedic Surgeon :—		751
Number of plasters supplied		227

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

Congenital Deformities :

Talipes calcaneo-cavus	10
Talipes equino-varus	9
Congenital dislocated hip	6
Torticollis	7
Arthrogryposis multiplex congenita	1
Spine	4
Various	25

Static Deformities :

Kypho lordosis	17
Scoliosis	25
Knock knees	28
Bow legs	5
Flat foot	63
Pes cavus	26
Pes calcaneo-cavus	12
Pes calcaneo-valgus	16

Nervous System :

Anterior poliomyelitis	54
Spastic paraplegia	18
Spastic hemiplegia	5
Birth palsy	1
Nerve injury	1

Chronic Bone Disease :

Osgood Schlatter	5
Exostosis	3
Vertebral epiphysitis	9
Severs	1
Kohler's	2
Perthe's	2

Trauma :

Various	25
----------------	----

(3) Carried out in Hospital :

	New Cases	Attendances
L. Rheumatism Clinic, Royal Hospital for Sick Children	54	255
M. Child Psychiatrist Unit, Royal Hospital for Sick Children :—		
New cases (this figure is incomplete)	61	
N. Princess Margaret Rose Hospital :—		
Cases admitted from school orthopaedic clinics	30	
O. Edinburgh Foot Clinic (an approximation)	310	

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 242 and the number taught at home is 61.
- (b) **Partially-Sighted** children to the number of 25 are educated in Lauriston Special School—9 refractive errors and 16 other conditions.
- (c) **Partially-Deaf** children to the number of 88 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 93) and one special class—the total roll being 574.

As in the last two years, psychological assessment of educationally subnormal children was undertaken by educational psychologists of the Child Guidance Clinic.

- (e) **Speech Therapy** is given in small, special classes. With three speech therapists now on the staff considerably more treatment has been possible, as the following figures show :—

520 children attended for therapy ; 181 were stammerers, 13 had cleft palate and 326 had defective articulation. 86 cases were discharged cured, 15 discontinued treatment, 38 left school before completion of treatment and 381 remain on the 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	...	16	(Boys, 6 : Girls, 10)
Deaf—			
Donaldson's School	...	50	(„ 29 : „ 21)
Deaf and Blind—			
St Vincent's R.C. School	...	5	(„ 3 : „ 2)
Epileptic—			
Colony for Epileptics	...	2	(„ 1 : „ 1)
Physically Handicapped—			
Challenger Lodge	...	9	(„ 6 : „ 3)
Trefoil School	...	10	(„ 6 : „ 4)
St. George's School, Manchester (Diabetics)	...	1	(„ 1 : „ —)
Westerlea School for Spastics	...	3	(„ 1 : „ 2)
East Park School, Glasgow	...	1	(„ 1 : „ —)
Mentally Handicapped—			
Gogarburn Institution	...	30	(„ 21 : „ 9)
Lennox Castle Institution	...	1	(„ 1 : „ —)
St. Joseph's Institution	...	10	(„ 5 : „ 5)
St. Charles' Institution	...	2	(„ — : „ 2)
Psychological Residential Schools—			
Rudolf Steiner (Aberdeen)	...	1	(„ — : „ 1)
Rudolf Steiner (Garvald)	...	2	(„ 2 : „ —)
Barns Hostel	...	25	(„ 25 : „ —)

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.

	1942-3	1943-4	1944-5	1945-6	1946-7	1947-8	1948-9	1949-50
Examined	28,128	40,514	45,826	44,002	40,473	36,316	42,584	51,637
Passed	79.2	76.8	73.4	69.8	72.3	75.2	72.6	73.8
Slight Defect	16.2	18.5	21.3	25.4	23.5	20.7	24.6	24.0
Marked Defect	4.5	4.6	5.3	4.7	4.2	4.1	2.8	2.2

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), in 1948-49 it was 10.8 (4,618 out of 42,584), and in 1949-50 it was 8.9 (4,610 out of 51,637).

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

Mass Radiography of Secondary School Children.

Number of children to whom examination was offered 3,396

Number of children examined ... 2,249 (66 per cent.)

	Boys	Girls	Total	Per Cent.
Number examined and found to be normal	1,109	1,054	2,163	—
Number recalled for further examination	34	52	86	3.97
Analysis of Cases Recalled:—				
(a) Active T.B.—referred to own doctor	3	4	7	0.32
(b) Observation T.B.—referred to own doctor	3	2	5	0.23
(c) Healed T.B.—no further action required	18	22	40	1.85
(d) Non-tuberculosis conditions:—				
i. No action required	4	7	11	0.51
ii. Observation—referred to own doctor	—	4	4	0.18
(e) No disease	6	13	19	0.88
Total	34	52	86	3.97

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.

Testing by gramophone audimeter during the session was completed in all schools of the city for the first time by a staff of three test supervisors. In all, 6,560 tests were performed and 1,211 re-tests. The total number of defectives known in the city is 1,756.

Routine tests on three age groups were carried out:—

1. Infants admitted during 1949.
2. Primary pupils born 1941.
3. Pupils admitted to secondary schools in 1949.

	Number Tested	Defective Grades						Total	
		I		II A		II B			
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Infants	5,042	150	2.98	150	2.98	32	0.63	332	6.59
Primary	4,513	163	3.61	64	1.42	20	0.44	247	5.47
Secondary	4,280	111	2.60	57	1.34	5	0.12	173	4.06

This year's results again show the reliability of the infant testing, which compares favourably with primary school results.

1,102 children previously tested and found defective were re-tested. 550 or 49.9 per cent. had recovered normal hearing, 552, or 50.1 per cent. still had defects; of the 552 still defective, 327 or 59.2 per cent. were grade II.

Another interesting group consisted of children previously defective who on their last test had had normal hearing. 286 of these were tested again. 53, or 18.5 per cent. had again developed defects of whom 13 were grade II.

950 pupils, not belonging to any of these groups, were referred by the schools because hearing defects were suspected. 135, or 14.2 per cent. were found to be defective, 70 of them being grade II.

Testing by the pure tone audiometer was carried out on 185 pupils referred by school medical officers, aurists, and psychologists, or sent for by test supervisors for further investigation. Of these, 153 or 82.7 per cent. were found defective, 126 of them being grade II.

The work of the testing department is now shown to be such that 17 to 18 thousand tests must be performed throughout all the schools in the city. In addition, more extensive testing with the pure tone audiometer is desirable but cannot be undertaken without increase of staff.

MEALS.

The number of meals supplied to schools and nurseries during the year ending 15th May, 1950, was 4,463,931. The total cost involved was £239,719. The average cost per meal was 12.888d. (6.588d. for food and 6.300d. for administration). The income from payments received for meals was £73,337. Applications for provision of free meals were received from 1,078 parents or guardians; 855 of these applications were granted.

Nursery Meals.

	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
1949-50	181,908	42,226	15,060	239,194

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, 54,169 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	623	...
5 year-olds	5,873	...
9 "	5,039	...
13 "	4,761	...
16 "	233	...
Various ... ..	...	92
Total	16,529	92

Other examinations :—

Special cases	19,240
Re-inspections	4,910
Visual Acuity and Hearing (1941 age groups)	3,542
Employment of children	2,022
Middleton and Broomlee Camps	2,108
Potato harvesters	518
School journeys abroad	332
Juvenile Court cases	263
Special schools (routines)	229
Nursery schools and classes (routines)	299
Pre-apprentices (building)	63
Pre-apprentices (engineering)	47
Pre-nursing	42
Moray Sea School	35
Smoke abatement	51
Total	33,701

Treatment Advised

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

Nursery	52
5-year-olds	627
9 "	774
13 "	575
16 "	31
Total	2,059

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 ...	261	...	...
Girls ...	362	...	...
<i>Infants—</i>			
Boys ...	3,035	...	...
Girls ...	2,838	2	0.08
<i>9-year-olds—</i>			
Boys ...	2,469	5	0.20
Girls ...	2,570	1	0.04
<i>13-year-olds—</i>			
Boys ...	2,378	2	0.08
Girls ...	2,383	1	0.04
<i>16-year-olds—</i>			
Boys ...	137	...	...
Girls ...	96	...	...
Total ...	16,529	11	0.07

Footgear.

	Number Examined	Unsatisfactory	
		Number	Per cent.
<i>Nursery—</i>			
Boys ...	261	...	...
Girls ...	362	...	...
<i>Infants—</i>			
Boys ...	3,035	2	0.07
Girls ...	2,838	1	0.04
<i>9-year-olds—</i>			
Boys ...	2,469	8	0.32
Girls ...	2,570	1	0.04
<i>13-year-olds—</i>			
Boys ...	2,378	4	0.17
Girls ...	2,383	...	...
<i>16-year-olds—</i>			
Boys ...	137	...	...
Girls ...	96	...	...
Total ...	16,529	16	0.10

Heights and Weights.

	Number Examined	Average Height (inches)	Average Weight (lbs.)	Average Age
<i>Nursery—</i>				years months
Boys ...	253	37.67	35.37	3 7½
Girls ...	234	36.79	33.29	3 6½
<i>Infants—</i>				
Boys ...	2,973	42.47	42.55	5 3
Girls ...	2,741	42.14	41.21	5 3
<i>9-year-olds—</i>				
Boys ...	2,501	51.59	64.04	9 5
Girls ...	2,506	51.25	62.75	9 6
<i>13-year-olds—</i>				
Boys ...	2,261	59.15	92.15	13 6
Girls ...	2,458	59.90	97.50	13 6
<i>16-year-olds—</i>				
Boys ...	163	67.40	135.00	16 10
Girls ...	95	62.95	120.10	16 7

Cleanliness of Head.

	Number Examined	Nits		Vermineous		Dirty	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Boys—</i>							
Nursery ...	261	3	1.15	...	...	...	...
Infants ...	3,035	27	0.89	1	0.03	11	0.36
9-year-olds ...	2,469	30	1.22	1	0.04	4	0.16
13-year-olds ...	2,378	23	0.97	2	0.08	5	0.21
16-year-olds ...	137	...	...	...	...	...	...
<i>Girls—</i>							
Nursery ...	362	12	3.31	...	...	...	...
Infants ...	2,838	70	2.47	6	0.21	16	0.56
9-year-olds ...	2,570	202	7.86	6	0.23	16	0.62
13-year-olds ...	2,383	181	7.60	6	0.25	60	2.52
16-year-olds ...	96	2	2.08	...	...	1	1.04
Total ...	16,529	550	3.33	22	0.13	113	0.68

Cleanliness of Body.

	Number Examined	Dirty		Vermineous	
		Number	Per cent.	Number	Per cent.
<i>Nursery—</i>					
Boys ...	261	...	...	...	...
Girls ...	362	...	...	...	...
<i>Infants—</i>					
Boys ...	3,035	4	0.13	1	0.03
Girls ...	2,838	1	0.04	...	...
<i>9-year-olds—</i>					
Boys ...	2,469	12	0.49	1	0.04
Girls ...	2,570	3	0.12	...	...
<i>13-year-olds—</i>					
Boys ...	2,378	2	0.08	...	...
Girls ...	2,383	4	0.17	1	0.04
<i>16-year-olds—</i>					
Boys ...	137	...	...	...	...
Girls ...	96	...	...	...	...
Total ...	16,529	26	0.16	3	0.02

Condition of Skin.

(a) Head.

	Number Examined	Ringworm		Impetigo		Others	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
Nursery—							
Boys ...	261	...	...	...	...	...	...
Girls ...	362	...	...	1	0.28	...	...
Infants—							
Boys ...	3,035	...	...	5	0.16	3	0.10
Girls ...	2,838	3	0.11	15	0.53	10	0.35
9-year-olds—							
Boys ...	2,469	1	0.04	12	0.49	5	0.20
Girls ...	2,570	1	0.04	7	0.27	5	0.19
13-year-olds—							
Boys ...	2,378	...	...	...	...	5	0.21
Girls ...	2,383	4	0.17	4	0.17	9	0.38
16-year-olds—							
Boys ...	137	...	...	...	...	2	1.46
Girls ...	96	...	...	...	...	1	1.04
Total ...	16,529	9	0.05	44	0.27	40	0.24

(b) Body.

	Number Examined	Ringworm		Impetigo		Scabies		Others	
		Number	Per cent.	Number	Per cent.	Number	Per cent.	Number	Per cent.
Nursery—									
Boys ...	261	...	...	...	...	1	0.38	4	1.53
Girls ...	362	1	0.28	...	...	...	...	7	1.93
Infants—									
Boys ...	3,035	...	...	1	0.03	...	...	51	1.68
Girls ...	2,838	...	...	1	0.04	4	0.14	25	0.88
9-year-olds—									
Boys ...	2,469	2	0.08	3	0.12	2	0.08	52	2.11
Girls ...	2,570	...	...	1	0.04	2	0.08	33	1.28
13-year-olds—									
Boys ...	2,378	2	0.08	...	...	1	0.04	54	2.27
Girls ...	2,383	...	...	...	...	...	...	40	1.68
16-year-olds—									
Boys ...	137	...	...	...	...	...	...	4	2.92
Girls ...	96	...	...	...	...	...	...	...	...
Total ...	16,529	5	0.03	6	0.04	10	0.06	270	1.63

Nutrition.

	Number Examined	Slightly Defective		Bad	
		Number	Per cent.	Number	Per cent.
Nursery—					
Boys ...	261	8	3.07	1	0.38
Girls ...	362	22	6.8	...	...
Infants—					
Boys ...	3,035	133	4.38	3	0.10
Girls ...	2,838	158	5.57	6	0.21
9-year-olds—					
Boys ...	2,469	161	6.52	17	0.69
Girls ...	2,570	200	7.78	17	0.66
13-year-olds—					
Boys ...	2,378	147	6.18	15	0.63
Girls ...	2,383	159	6.67	13	0.55
16-year-olds—					
Boys ...	137	1	2.19	...	...
Girls ...	96	1	1.04	...	...
Total ...	16,529	992	6.00	72	0.44

Teeth.

	Number Examined	Mouth and Teeth Unhealthy	
		Number	Per cent.
Nursery—			
Boys ...	261	4	1.53
Girls ...	362	9	2.49
Infants—			
Boys ...	3,035	163	5.37
Girls ...	2,838	177	6.24
9-year-olds—			
Boys ...	2,469	161	6.52
Girls ...	2,570	180	5.06
13-year-olds—			
Boys ...	2,378	72	3.03
Girls ...	2,383	56	2.35
16-year-olds—			
Boys ...	137	8	5.84
Girls ...	96	...	...
Total ...	16,529	780	4.72

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.
Nursery—							
Boys ...	261	4	1.53	6	2.30	2	0.77
Girls ...	362	6	1.66	6	1.66	1	0.28
Infants—							
Boys ...	3,035	42	1.38	86	2.83	10	0.33
Girls ...	2,838	32	1.13	53	1.87	4	0.14
9-year-olds—							
Boys ...	2,469	17	0.69	39	1.58	7	0.28
Girls ...	2,570	15	0.58	24	0.93	2	0.08
13-year-olds—							
Boys ...	2,378	5	0.21	2	0.08	6	0.25
Girls ...	2,383	5	0.21	7	0.29	7	0.29
16-year-olds—							
Boys ...	137	...	...	...	...	...	...
Girls ...	96	...	...	...	...	...	...
Total ...	16,529	126	0.76	223	1.35	39	0.24

(b) Throat.

	Number Examined	(i) Tonsils (Observation)		(ii) Tonsils (Operation)	
		Number	Per cent.	Number	Per cent.
Nursery—					
Boys ...	261	22	8.43	7	2.68
Girls ...	362	29	8.01	29	8.01
Infants—					
Boys ...	3,035	273	9.00	153	5.04
Girls ...	2,838	218	7.68	105	3.70
9-year-olds—					
Boys ...	2,469	108	4.37	73	2.96
Girls ...	2,570	126	4.90	72	2.80
13-year-olds—					
Boys ...	2,378	49	2.06	20	0.84
Girls ...	2,383	62	2.60	47	1.97
16-year-olds—					
Boys ...	137	...	...	...	...
Girls ...	96	...	...	...	...
Total ...	16,529	887	5.37	506	3.06

(c) Glands.

	Number Examined	(i) Requiring Observation		(ii) Requiring Operative Treatment	
		Number	Per cent.	Number	Per cent.
Nursery—					
Boys ...	261	3	1.15	...	...
Girls ...	362	5	1.38	2	0.55
Infants—					
Boys ...	3,035	78	2.57	2	0.07
Girls ...	2,838	35	1.23	1	0.04
9-year-olds—					
Boys ...	2,469	17	0.69	2	0.08
Girls ...	2,570	13	0.51	2	0.08
13-year-olds—					
Boys ...	2,378	4	0.17	1	0.04
Girls ...	2,383	5	0.21	...	...
16-year-olds—					
Boys ...	137	...	...	...	...
Girls ...	96	...	...	...	...
Total ...	16,529	160	0.97	10	0.06

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.
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Nursery—											
Boys ...	261	...	...	2	0.77	1	0.38	6	2.30	...	...
Girls ...	362	1	0.28	1	0.28	...	...	4	1.10	...	...
	623	1	0.16	3	0.48	1	0.16	10	1.60	...	...
Infants—											
Boys ...	3,035	14	0.46	5	0.16	1	0.03	82	2.70	6	0.20
Girls ...	2,838	16	0.56	5	0.18	1	0.04	102	3.59	5	0.18
	5,873	30	0.51	10	0.17	2	0.03	184	3.13	11	0.19
9-year-olds—											
Boys ...	2,469	13	0.53	3	0.12	1	0.04	73	2.96	3	0.12
Girls ...	2,570	9	0.35	6	0.23	1	0.04	58	2.26	3	0.12
	5,039	22	0.44	9	0.18	2	0.04	131	2.60	6	0.12
13-year-olds—											
Boys ...	2,378	13	0.55	6	0.25	1	0.04	50	2.10	6	0.25
Girls ...	2,383	3	0.13	8	0.34	...	...	23	0.97	3	0.13
	4,761	16	0.36	14	0.32	1	0.02	73	1.54	9	0.19
16-year-olds—											
Boys ...	137	1	0.73	...	...	...	...	1	0.73	...	...
Girls ...	96	...	...	...	...	...	...	...	...	...	...
	233	1	0.43	...	...	...	...	1	0.43	...	...
Totals ...	16,529	70	0.42	36	0.22	6	0.04	399	2.41	26	0.16

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 ...	2,469	240	9.72	119	4.82	100	4.05
Girls ...	2,570	321	12.49	104	4.05	78	3.04
13-year-olds—							
Boys ...	2,378	224	9.42	141	5.93	86	3.62
Girls ...	2,383	277	11.62	169	7.09	119	4.99
16-year-olds—							
Boys ...	137	16	11.68	9	6.57	11	8.03
Girls ...	96	19	19.79	16	16.67	6	6.25
Total ...	10,033	1,097	10.93	558	5.56	400	3.99

Ears.

(a) Diseases.

	Number Examined	Otorrhœa		Other Diseases	
		Number	Per cent.	Number	Per cent.
Nursery—					
Boys ...	261	2	0.77	1	0.38
Girls ...	362	6	1.66	1	0.28
Infants—					
Boys ...	3,035	22	0.72	8	0.26
Girls ...	2,838	14	0.49	7	0.25
9-year-olds—					
Boys ...	2,469	19	0.77	12	0.49
Girls ...	2,570	11	0.43	14	0.54
13-year-olds—					
Boys ...	2,378	14	0.59	8	0.34
Girls ...	2,383	13	0.55	4	0.17
16-year-olds—					
Boys ...	137	...	...	1	0.73
Girls ...	96	...	...	...	...
Total ...	16,529	101	0.61	56	0.34

(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 ...	261	...	...	...	...	...	...	...	...
Girls ...	362	...	...	...	...	...	...	...	...
Infants—									
Boys ...	3,035	1	0·03	1	0·03	...	...	...	...
Girls ...	2,838	2	0·08	1	0·04	1	0·04	...	...
9-year-olds—									
Boys ...	2,469	20	0·81	8	0·32	5	0·20	...	...
Girls ...	2,570	7	0·27	5	0·19	1	0·04	...	...
13-year-olds—									
Boys ...	2,378	11	0·46	4	0·17	3	0·13	...	...
Girls ...	2,383	5	0·21	5	0·21	...	...	...	...
16-year-olds—									
Boys ...	137	...	...	...	...	...	...	...	...
Girls ...	96	...	...	...	...	...	...	...	...
Total ...	16,529	46	0·28	24	0·15	10	0·06	...	...

Speech.

	Number Examined	Defective Articulation		Stammering	
		Number	Per cent.	Number	Per cent.
Nursery—					
Boys ...	261	1	0·38	...	...
Girls ...	362	3	0·83	...	...
Infants—					
Boys ...	3,035	22	0·72	4	0·13
Girls ...	2,838	8	0·28	2	0·08
9-year-olds—					
Boys ...	2,469	8	0·32	4	0·16
Girls ...	2,570	4	0·16	2	0·08
13-year-olds—					
Boys ...	2,378	1	0·04	8	0·34
Girls ...	2,383	...	...	...	...
16-year-olds—					
Boys ...	137	...	...	...	...
Girls ...	96	...	...	...	...
Total ...	16,529	47	0·28	20	0·12

Mental and Nervous Condition.

	No. Examined	Backward		Dull		M.H. Educable		M.H. Ineducable		Nervous or Unstable		Difficult in Behaviour	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Nursery—													
Boys ...	261	...	...	...	...	...	...	2	0·77	1	0·38	2	0·77
Girls ...	362	1	0·28	...	...	...	...	...	...	...	...	...	...
Infants—													
Boys ...	3,035	4	0·13	3	0·10	4	0·13	1	0·03	12	0·40	9	0·30
Girls ...	2,838	...	...	...	...	...	...	...	...	5	0·18	1	0·04
9-year-olds—													
Boys ...	2,469	2	0·08	6	0·25	1	0·04	...	...	14	0·57	4	0·16
Girls ...	2,570	1	0·04	...	...	3	0·12	...	...	6	0·23	2	0·08
13-year-olds—													
Boys ...	2,378	1	0·04	2	0·08	...	...	...	...	...	...	1	0·04
Girls ...	2,383	...	...	...	...	...	...	...	...	5	0·21	1	0·04
16-year-olds—													
Boys ...	137	...	...	1	0·73	...	...	...	...	...	...	...	...
Girls ...	96	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	16,529	9	0·05	12	0·07	8	0·05	3	0·02	43	0·26	20	0·12

Circulatory System.

	Number Examined	Organic Heart Disease				Functional Conditions	
		Congenital		Acquired		Number	Per cent.
		Number	Per cent.	Number	Per cent.		
<i>Nursery—</i>							
Boys ...	261	...	...	...	...	1	0·38
Girls ...	362	1	0·28	...	...	1	0·28
<i>Infants—</i>							
Boys ...	3,035	10	0·33	5	0·16	26	0·86
Girls ...	2,838	13	0·46	3	0·11	16	0·56
<i>9-year-olds—</i>							
Boys ...	2,469	3	0·12	5	0·20	11	0·45
Girls ...	2,570	3	0·12	5	0·19	6	0·23
<i>13-year-olds—</i>							
Boys ...	2,378	5	0·21	13	0·55	15	0·63
Girls ...	2,383	1	0·04	5	0·21	15	0·63
<i>16-year-olds—</i>							
Boys ...	137	...	...	...	...	...	...
Girls ...	96	...	...	...	...	...	...
Total ...	16,529	36	0·22	36	0·22	91	0·55

Lungs.

	Number Examined	Chronic Bronchitis		Suspected Tuberculosis		Other Diseases	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
Boys ...	261	...	...	...	...	3	1.15
Girls ...	362	1	0.28	1	0.28	7	1.93
<i>Infants—</i>							
Boys ...	3,035	13	0.43	12	0.40	80	2.64
Girls ...	2,838	5	0.18	6	0.21	40	1.41
<i>9-year-olds—</i>							
Boys ...	2,469	16	0.65	1	0.04	61	2.47
Girls ...	2,570	6	0.23	5	0.19	41	1.60
<i>13-year-olds—</i>							
Boys ...	2,378	10	0.42	5	0.21	22	0.93
Girls ...	2,383	4	0.17	3	0.13	17	0.71
<i>16-year-olds—</i>							
Boys ...	137	...	...	2	1.46	...	...
Girls ...	96	...	...	...	...	...	...
Total ...	16,529	55	0.33	35	0.21	271	1.64

Deformities.

	Number Examined	Congenital		Acquired (Infantile Paralysis)		Acquired (probable Rickets)		Acquired (other causes)	
		Number	Per cent.	Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>									
Boys ...	261	1	0.38	...	...	1	0.38	3	1.15
Girls ...	362	...	...	2	0.55	1	0.28	6	1.66
<i>Infants—</i>									
Boys ...	3,035	10	0.33	9	0.30	9	0.30	45	1.48
Girls ...	2,838	2	0.08	4	0.14	6	0.21	23	0.81
<i>9-year-olds—</i>									
Boys ...	2,469	10	0.41	3	0.12	2	0.08	44	1.78
Girls ...	2,570	6	0.23	2	0.08	1	0.04	32	1.25
<i>13-year-olds—</i>									
Boys ...	2,378	8	0.34	2	0.08	5	0.21	34	1.43
Girls ...	2,383	3	0.13	...	...	2	0.08	53	2.22
<i>16-year-olds—</i>									
Boys ...	137	1	0.73	2	1.46	...	...	1	0.73
Girls ...	96	...	...	...	...	...	...	2	2.08
Total ...	16,529	41	0.25	24	0.15	27	0.16	243	1.47

Infectious Diseases.

	Number Examined	Infectious Disease	
		Number	Per cent.
<i>Nursery—</i>			
Boys ...	261	...	...
Girls ...	362	1	0.28
<i>Infants—</i>			
Boys ...	3,035	7	0.23
Girls ...	2,838	3	0.11
<i>9-year-olds—</i>			
Boys ...	2,469	...	...
Girls ...	2,570	1	0.04
<i>13-year-olds—</i>			
Boys ...	2,378	...	...
Girls ...	2,383	...	...
<i>16-year-olds—</i>			
Boys ...	137	...	...
Girls ...	96	...	...
Total ...	16,529	12	0.07

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 ...	261	8	3.07	12	4.60	19	7.28
Girls ...	362	15	4.14	40	11.05	58	16.02
<i>Infants—</i>							
Boys ...	3,035	181	5.96	351	11.56	621	20.46
Girls ...	2,838	104	3.66	276	9.73	420	14.80
<i>9-year-olds—</i>							
Boys ...	2,469	173	7.01	410	16.61	726	29.40
Girls ...	2,570	123	4.79	364	14.16	378	14.71
<i>13-year-olds—</i>							
Boys ...	2,378	115	4.84	271	11.40	505	21.24
Girls ...	2,383	67	2.81	304	12.76	600	25.18
<i>16-year-olds—</i>							
Boys ...	137	7	5.11	18	13.14	24	17.52
Girls ...	96	2	2.08	13	13.54	15	15.63
Total ...	16,529	795	4.81	2,059	12.43	3,366	20.36

TABLE III.
Summary of 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	447	71.75	4,008	68.25	3,230	64.10	3,352	70.41	171	73.39	11,208	67.81
II. (a) 6/12+ (better eye) with or without glasses ...	...	...	7	0.12	186	3.69	220	4.62	16	6.87	429	2.60
(b) Mouth or teeth likely to cause ill-health ...	...	...	57	0.97	62	1.23	38	0.80	1	0.43	158	0.96
(c) Both (a) and (b) ... ..	...	...	2	0.03	7	0.14	4	0.08	...	...	13	0.08
Total ... ..	...	...	66	1.12	255	5.06	262	5.50	17	7.30	600	3.63
III. Temporary illness only	136	21.83	1,281	21.81	993	19.71	676	14.20	20	8.58	3,106	18.79
IV. (a) Cure expected by treatment	35	5.62	473	8.05	466	9.25	363	7.62	18	7.73	1,355	8.20
(b) Improvement only by treatment	5	0.80	45	0.77	95	1.89	108	2.27	7	3.00	260	1.57
Total	40	6.42	518	8.82	561	11.13	471	9.89	25	10.73	1,615	9.77
Total number of children examined	623	100	5,873	100	5,039	100	4,761	100	233	100	16,529	100

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

	1942-43		1943-44		1944-45		1945-46		1946-47		1947-48		1948-49		1949-50	
	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 ...	...	...	...	...	...	...	36.85	33.96	36.85	35.67	37.19	34.02	37.66	35.84	37.67	35.37
Nursery Girls ...	...	...	...	...	...	...	37.95	34.86	38.09	35.34	37.59	33.88	37.40	34.50	36.79	33.29
Infant Boys ...	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	42.47	42.55
Infant Girls ...	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	42.14	41.21
9-year-old Boys	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	51.59	64.04
9-year-old Girls	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	51.25	62.75
13-year-old Boys	59.10	91.72	58.65	88.33	59.15	92.16	58.90	91.62	58.70	90.08	58.66	90.87	59.46	93.55	59.15	92.15
13-year-old Girls	59.76	95.94	59.64	95.74	55.45	104.50	59.64	96.39	59.47	96.31	59.08	95.55	59.79	98.13	59.90	97.50
16-year-old Boys	...	...	67.48	130.52	...	...	65.69	126.18	66.83	132.56	64.04	120.64	66.78	136.42	67.40	135.00
16-year-old Girls	...	...	62.52	118.77	...	...	63.89	124.97	63.58	121.59	63.11	124.67	63.40	121.50	62.95	120.10

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. Blind ... ..	...	16	...	16	
2. Partially-sighted—					
(a) Refractive errors ...	...	9	...	9	
(b) Other conditions ...	...	16	...	16	
3. Deaf—					
Grade I	894*	37(a)	...	931	* Routine exams. by Gram. Audiom.
Grade IIa	584*	32(b)	...	616	(a) 31 in M.H. schools, 6 in P.H. schools.
Grade IIb	104*	105(c)	...	209	(b) 27 in M.H. Schools, 5 in P.H. schools.
Grade III ... ..	...	57(d)	9(e)	66	(c) In St. Giles, 88. M.H. 13 P.H. 4
					(d) Donaldson's, 51. St. Vincent's, 5. St. Giles, 1.
					(e) Waiting-list for Donaldson's, 9.
4. Defective Speech—					
(a) Articulation	327	12(f)	...	339	(f) Excluding M.H. schools.
(b) Stammering	180	1(f)	...	181	
5. Educationally Subnormal—					
(a) I.Q. approx. 70-50—					
(i) Education Act ...	...	481	...	481	
(ii) M.D. Acts ... ..	...	30(g)	...	30	(g) In Certified Institutions.
(b) I.Q. under 50—					
(i) Education Act ...	...	93(h)	...	93	(h) In Occupation Centre.
(ii) M.D. Act ... ..	...	52(i)	146(j)	198	(i) In Certified Institutions. (j) Notified G.B.O.C. 27 on Waiting List for Certified Institutions.
6. Epilepsy—					
(a) Mild ... ..	...	14	...	14	
(b) Severe ... ..	...	7(k)	1	8	(k) 2 in Colony. 2 taught at home.
7. Physically Handicapped—					
(a) Non-pulm. T.B. ...	...	69(l)	5	74	(l) 1 in Challenger. 25 in P.M.R. 1 in Trefoil. 14 taught at home. 4 in Southfield.
(b) General Orthopaedic ...	...	206(m)	5	211	(m) 9 in Challenger. 9 in Trefoil. 107 in P.M.R. 10 taught at home.
(c) Organic Heart Disease ...	...	21(n)	1	22	(n) 4 taught at home.
(d) Other causes ... ..	...	175(o)	49	224	(o) 35 taught at home.
8. Multiple Defects ... ..	...	Not recorded			

TABLE V.
Dental Inspection and Treatment.

Number of Children :—

	Systematic Examinations	Special and emergency cases	Total
1. Inspected—Age 5 years	864	38	902
" 6 "	1,187	502	1,689
" 7 "	1,370	574	1,944
" 8 "	1,270	701	1,971
" 9 "	1,152	774	1,926
" 10 "	1,152	828	1,980
" 11 "	1,208	696	1,904
" 12 "	1,153	550	1,703
" 13 "	1,449	418	1,867
" 14 "	1,127	406	1,533
" 15 "	882	332	1,214
" 16 "	141	128	269
" 17 "	21	36	57
Total	12,976	5,983	18,959
2. Found to be requiring treatment	9,885	5,982	15,867
3. Number accepting treatment	6,328	5,982	12,310
4. Actually Treated	5,671	5,972	11,643
5. Number of attendances for treatment ...	13,282	5,972	19,254
6. Fillings (a) Permanent Teeth	8,965	360	9,325
(b) Temporary Teeth	562	218	780
7. Extractions (a) Permanent Teeth	2,111	1,413	3,524
(b) Temporary Teeth	6,577	5,860	12,436
8. Number of administrations of a general anaesthetic for extractions	3,021	2,968	5,989
9. Other Operations—(a) Permanent Teeth ...	2,326	461	2,787
(b) Temporary Teeth	2,455	521	2,976
10. Half-days devoted to—			
(a) Inspection ... ..	...	...	73
(b) Treatment ... ..	...	...	3,534
11. Number of children treated under private arrangements ... ..	...	...	150

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, 1950.

The work recorded was under the charge of Dr J. C. J. Ives (1st January to 30th June) and Dr Helen A. Wright (1st July to 31st December), Senior Lecturers for Bacteriological Services, University of Edinburgh.

	Positive	Total
Swabs from throat, nose and ear examined for <i>B. diphtheriae</i> ...	3	885
Swabs from throat, nose and ear examined for hæmolytic streptococci and other pathogenic organisms ...		1,982
Positive—Hæmolytic streptococci ...		773
Determination of serological group of hæmolytic streptococci ...	—	4
Determination of serological type of hæmolytic streptococci ...	—	22
Cough-plates for <i>B. pertussis</i> ...	—	34
Sputum examined for <i>B. tuberculosis</i> by the microscopic method* ...	34	303
Urine, faeces, pus and stomach washings examined for <i>B. tuberculosis</i> by the microscopic method* ...	—	20
Cultivation test for <i>B. tuberculosis</i> † (sputum and other specimens) ...	15	287
Animal inoculation for <i>B. tuberculosis</i> (sputum and other specimens) ...	3	21
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method*) ...	—	10
Pus for general bacteriological examination including exudate from wounds ...	—	35
Urine for general bacteriological examination ...	—	196
Sputum for general bacteriological examination ...	—	58
Conjunctival swabs and smears for general bacteriological examination ...	—	43
Vaginal, uterine and urethral swabs and smears for general bacteriological examination ...	—	39
Swabs examined for thrush fungus ...	15	16
Blood cultures (general) ...	—	7
Blood for Widal reaction† (including agglutination test for <i>B. abortus</i>) ...		29
Positive : <i>B. typhosus</i> ...		2
<i>B. certrycke</i> ...		4
<i>Salmonella</i> Group ...		3
Blood-clot cultures from specimens submitted for Widal reaction ...		24
Positive : <i>B. typhosus</i> ...		1
Fæces and urine† examined for organisms of <i>Salmonella</i> and dysentery groups ...		2,615
Positive : <i>B. paratyphosus</i> B ...		2
<i>B. certrycke</i> ...		4
<i>B. dysenteriae</i> Sonne ...		230
<i>B. dysenteriae</i> Flexner ...		20
<i>B. dysenteriae</i> Newcastle ...		6
Number of cases proved by isolation of specific organism and/or serological examination to be due to :—		
<i>B. typhosus</i> ...		1
<i>B. paratyphosus</i> B ...		2
<i>B. certrycke</i> ...		9
<i>B. dysenteriae</i> Sonne ...		184
<i>B. dysenteriae</i> Flexner ...		13
<i>B. dysenteriae</i> Newcastle ...		6
Fæces examined for protozoa, and helminth ova ...		91
Positive : <i>Giardia lamblia</i> ...		10
<i>Endolimax nana</i> ...		1
<i>Entamoeba histolytica</i> cysts ...		1
Round worm ...		1
Whip worm ...		2

	Positive	Total
Blood examined for agglutination of <i>Leptospira canicola</i> ...	2	—
Batch of rats examined for <i>Leptospira icterohaemorrhagiae</i> ...	—	1
Batch of rats examined for plague infection ...	—	7
Paul-Bunnell test for glandular fever ...	—	10
Blood examined for malaria parasites ...	—	4
Cerebro-spinal fluid for Wassermann reaction ...	—	1
Blood for Wassermann reaction ...	41	347
Syphilis flocculation test—method of Bacteriology Department, University of Edinburgh ...	33	558
Syphilis flocculation test—Kahn method ...	7	58
Syphilis flocculation test—Kahn "verification" method ...	28	75
Complement-fixation test for gonococcal infection ...	1	13
Penicillin sensitivity tests ...	—	19
Streptomycin sensitivity tests ...	—	8
Sulphanilamide sensitivity tests ...	—	7
Aureomycin sensitivity tests ...	—	2
Chloromycetin sensitivity tests ...	—	4
Staphylococcus coagulase tests ...	—	10
Water specimens for complete bacteriological examination ...	—	126
Water specimens for presumptive <i>B. coli</i> test ...	—	485
Total water specimens examined ...	485	
Milk specimens for bacterial count ...	—	714
Milk specimens for <i>B. coli</i> test ...	—	933
Milk specimens for methylene blue reduction test ...	—	443
Milk specimens for phosphatase test ...	—	402
Milk specimens examined for <i>B. tuberculosis</i> by animal inoculation ...	4	115
Total milk specimens examined ...	969	
Milk bottle for lacteriological tests :—		
Bacterial count ...	—	1
<i>B. coli</i> test ...	—	1
Other Dairy equipment for lacteriological tests :		
Bacterial count ...	—	6
<i>B. coli</i> test ...	—	6
Ice-cream specimens for bacterial count ...	—	147
Ice-cream specimens for <i>B. coli</i> test ...	—	147
Ice-cream for enteric and dysentery organisms ...	—	2
Total ice-cream specimens examined ...	147	
"Ice lollies" for bacterial count ...	—	25
"Ice lollies" for <i>B. coli</i> test ...	—	25
"Ice lollies" examined for enteric and dysentery organisms ...	—	13
Total "ice lollies" examined ...	25	
Food specimens for general bacteriological examination ...	—	62
Food specimens for enteric and dysentery organisms ...	—	6
Miscellaneous examinations ...	—	48
		11,577

* After concentration of specimen.

† Negative by microscopic method.

‡ This number includes repeat tests.

SANITARY DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, 1. June 1951.

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 1950.

It has taken about a quarter of a century to influence public opinion on the need for reasonable hygienic and æsthetic standards in the production, storage, distribution and service of food. As a result of the interest aroused, working parties were appointed by the Minister of Food to review the present trade practice and legal requirements for securing that conditions in the catering and the meat manufacturing industries were clean and sanitary and to make recommendations as to the precautions considered practicable and desirable. The reports of the Manufactured Meat Products Working Party and of the Catering Trade Working Party have since been submitted to the Ministers of Food and Health and to the Secretary of State for Scotland. Should the recommendations contained in these reports be wholly or even partly embodied in subsequent legislation, as is anticipated, local authorities will thereby be empowered to effect a much needed measure of reform in food hygiene. Without making pretentious claims, it may be mentioned that this ideal has been constantly envisaged and pioneered by this Department since 1925, when, in the Annual Report for that year, the attention of the Scottish Board of Health and the Corporation was called *inter alia* to the unhygienic methods of handling food and meat; the needless exposure of food to dust and flies; the delivery of food unwrapped; improper methods of food transport; the need for personal hygiene, health welfare, and for washing and cloakroom accommodation; the objectionable practices of smoking, spitting, and the keeping of animals in food premises; the risks of contamination of food left at house doors; and to the necessity for powers of registration of certain food premises.

The appointment of Mr Allan W. Ritchie, ex-Chief of this Department, as Scotland's first Food Hygiene Officer, may be accepted as a tribute to his leadership and a compliment to the efforts of this Department on the question of food hygiene.

As in past years, under the local authority's powers relating to shops and factories, structural and other improvements effected in food premises have been photographically featured in this Report to illustrate the progressive hygienic practice which continues to develop in the smaller food establishments.

Creameries in the City are well-kept and are abreast of modern hygienic requirements in the pasteurisation and bottling of milk. Their plants and equipment reduce the human handling of milk to a minimum. During November and December of last year the Department of Health for Scotland made a survey of the conditions under which milk is pasteurised in the City. The report of the Department indicated that the local authority, through their officials, were exercising close supervision over the conditions at the dairies and were giving much useful advice and assistance to dairymen. The high percentage of samples of pasteurised milk which complied with the statutory tests was attributed to this liaison between the dairies and the local authority officials.

The increasing consumption of ice lollies, particularly by children, and the public fears regarding their manufacture, resulted in an investigation being carried out, in conjunction with the Medical Officer of Health, into the methods of production, storage and sale. Sampling revealed dangers of contamination necessitating adequate powers of legal control in order to safeguard consumers in the same manner as ice-cream. This report was made the basis of a representation on the subject by the Scottish Counties of Cities Association to the Department of Health for Scotland.

Burdens of Ownership,

In the years between the major wars, slum clearance figured prominently as a public health measure but has remained in a state of stagnancy since 1939. Properties listed prior thereto as subjects suitable for closure or demolition have continued to remain occupied owing to the housing shortage. Many of these properties are beyond structural improvement and high costs have made reasonable maintenance difficult. From time to time representations are made to the Department regarding the burdens of ownership or the hazards of occupancy of some of the houses in these properties. Indeed, where indications of subsidence, dilapidation and decay are present and continue unarrested, partial collapse of the internal or external fabric is always a danger. The resumption of the local authority's pre-war policy of slum clearance even on a small scale would be helpful in such cases.

The City's smoke problem assumes its darkest pall during the winter months when atmospheric influences are less conducive to its rapid dispersal. Only in the summer period, and particularly during the Trades Holiday vacation, do clearer atmospheres prevail when industrial furnaces and domestic fireplaces are notably less active. The core of the smoke problem lies in the traditional practice of burning bituminous coal in its raw state. In the main, smokeless conditions are entirely dependent upon the extended use of electricity, gas and the solid smokeless fuels which comprise the natural smokeless coals and the carbonised fuels or cokes. Of the solid smokeless fuels, a greater supply and wider range is required for all consumers. This project is at present under research by the National Coal Board. Both domestic and industrial smoke, however, can be effectively reduced by the introduction of improved grates and modern furnaces. Domestic grates now give effective air control, while modern mechanically-stoked furnaces overcome spasmodic hand-firing. These appliances economise

considerably in fuel consumption. It has been factually stated that smoke from domestic fires in this country constitutes at least one-half of the total quantity of smoke and is probably responsible for even more than that proportion of its injurious consequences. In this connection it is of interest to mention that the annual amount of fuel estimated to be consumed in domestic grates in the City is approximately double the amount burned in industrial furnaces. There is therefore a moral obligation upon householders as well as a statutory duty upon industrialists and others to lessen the evils of smoke.

Under the provisions of the Prevention of Damage by Pests Act 1949 it is now obligatory for the occupiers of premises to give notification of rat and mice infested conditions to the local authority. Active measures continue to be taken within the district of the local authority and on board ships arriving at Leith Docks and Granton Harbour for the destruction of these rodents. Inspections and surveys undertaken under this Act reveal their presence to be closely associated with the production, storage and distribution of foodstuffs. Premises used for these purposes call for constant supervision and vigilant action whenever evidence of rodents appears.

The work of the Department is detailed under the appropriate sections and appendices in this Report.

HOUSING

Clearance Areas.

This year has proved another blank year with regard to the promotion of Clearance Areas. The condition of many properties which were "listed" in 1938 as suitable for inclusion in Clearance Areas is causing grave concern to this Department. The buildings are deteriorating rapidly and in several instances the upkeep of repairs is straining the owners' resources to the limit. Two tenements in Leith containing 23 houses had reached such a state of dilapidation that the City Engineer had to deal with them as dangerous buildings and the families were rehoused at short notice.

Individual Unfit Houses.

Only one house was officially closed under the Housing (Scotland) Act, 1930, but in 38 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 35 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 2,206 applicants for Corporation houses, a decrease of 1,021 as compared with the previous year.

The House-letting Department rehoused 687 families from overcrowded houses or overcrowded sub-let rooms.

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 2,343 prospective Corporation tenants were examined by inspectors of this Department and 132 or 5.63 per cent. of that number were found to be bug-infested. Since the scheme was put into operation, 31,251 houses have been inspected and 3,986 or 12.75 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 disinfecter. The furniture and bedding was thereafter delivered direct to the new houses. Since 1934, when this work was commenced, 3,472 fumigations have been carried out, including 94 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 27,859 visits were made, and the following table shows the condition of the houses at the end of 1950, 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. 1949	15,510	95.44	698	4.29	44	0.27	16,252	26,506
31st Dec. 1950	16,774	94.74	880	4.97	51	0.29	17,705	27,859

In addition to the aforementioned routine visits the Lady Sanitary Inspectors made 262 inspections regarding certificates of overcrowding; 862 enquiries on behalf of the House-letting Department; 163 enquiries regarding infectious disease in Corporation houses; attended to 492 miscellaneous complaints and made 31 inspections of Ladies' Public Conveniences, throughout the City.

GENERAL SANITATION.

Nuisances and Structural Defects.

During the year 17,004 nuisances and structural defects in dwelling-houses and other premises were dealt with by the Department. Of these, 13,734 or 80.76 per cent. were discovered or reported upon by the district inspectors; 3,186 or 18.74 per cent. were notified by citizens; and 84 or 0.50 per cent. were notified by other City departments. To bring these to the notice of the owners of the properties concerned, 494 Intimations of Existence of Nuisance were served, including 40 in connection with the renewal of sinks and water-closets. In 85 of these cases, no appropriate action was taken by the owners, and Statutory Notices, including 7 for the renewal of sinks and water-closets, had to be served in order to effect the desired improvements.

In 27 instances obsolete or badly defective water-closets were abolished and new appliances substituted. A further 169 defective water-closets were improved or repaired. In one case a water-closet had to be provided where none previously existed, and in 9 cases, new water-closet apartments were constructed. Twenty-two water-closets were found filthy and subsequently cleansed, and chokages were cleared in 31 cases.

Twenty-two insanitary sinks were replaced, and 3 new sinks introduced. Chokages cleared in sinks numbered 49. Repairs to sinks and the woodwork surrounding them were effected in 106 instances.

Various repairs to drains, soil pipes, sink waste pipes and rain water conductors numbered 91. There were 119 choked drains and 13 choked surface traps cleared.

The domestic water supply had to be safeguarded by covering or cleaning cisterns in 253 houses, and 52 cisterns were renewed or repaired.

Repairs undertaken to houses at the instance of the Department related to floors, hearths, walls, doors, windows, coal bunkers, grates, boilers, plasterwork and roofs, and amounted in all to 901.

The Department dealt with 15,071 nuisances relating to dwelling-houses. These concerned dirty houses, offensive smells, smoky vents, dampness, animals, overcrowding, smoke from industrial chimneys, accumulations of rubbish, garbage, manure, infestation of premises by rats, mice, bugs and other pests, garbage throwing, and noise nuisances. Complaints of tenants casting bread or garbage over windows in 137 cases necessitated the serving of 883 notices to tenants cautioning them about this offence.

The number of common stairs painted maintains the high level achieved since the war. In the course of the year 1,383 stairs were painted. This was accomplished by the serving of 5,528 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 545 instances, and also nuisances caused by cats and dogs in 165 instances.

In all 57,428 inspections were made during the year. Details of nuisances abated and defects remedied are given in Appendix 1 and inspections in Appendix 2. Details of prosecutions relating to nuisances are given in Appendix 14.

Noise Abatement.

Complaints of noise nuisance maintain a fairly steady level. In 1950 they numbered 85.

In this class of nuisance action is circumscribed to a great extent by the restrictive terms of the Edinburgh Corporation Order, 1933, which states that "a noise nuisance shall be deemed to exist where any person makes or continues or causes to be made or continued any excessive or unreasonable or unnecessary noise and where such noise is (a) injurious or dangerous to health and (b) is capable of being prevented or mitigated having due regard to all the circumstances of the case." Further, if the noise is occasioned in the course of any trade, business or occupation, it is a good defence to prove that the best practical means have been adopted for preventing or mitigating it, having regard to the cost.

Of the 85 complaints dealt with, 38 were of a domestic nature arising out of needless noise by neighbours or their children or wireless sets. Only 20 complaints could properly be described as of an industrial nature, and concerned a piping factory, wire works, a cooperage, a printing establishment, engineering works, machinery of various kinds, circular saws, a steam ejector from a laundry and night work in bakeries. The remainder related to defective chimney cans, electric motors in refrigerators, noisy juke-boxes in cafés, noise made by dogs and poultry, structural alterations to premises taking place by night, and one of the noise made by the running of motor bicycle engines. The Department's efforts on behalf of the complainants met with co-operation and general sympathy and resulted in the elimination or mitigation of the nuisance.

Cemeteries.

In the course of routine duties during the war the Department had occasion to enquire into the sanitary accommodation for workers in a cemetery. The conditions were found to be most unsatisfactory and it was decided that on the return to normal conditions a survey should be made of the sanitary accommodation for all cemetery workers. This has now been done and the survey shows that of 9 cemeteries, employing a total of 46 men, 5 had primitive pail closets. In two instances the closets, although modern, were in disrepair, and the remaining two were satisfactory.

To remedy these defective conditions, three modern water closets have been installed in new apartments, two chemical closets of the "Elsan" type provided where drainage was impracticable, and necessary repairs and cleaning have been carried out. All cemeteries now have satisfactory closets for their workers.

Unfortunately the question of suitable hand-washing facilities has not been satisfactorily met. In only one case had a sink been provided, and two recent improvements include the provision of wash-hand basins. At the remaining six cemeteries only taps are provided for washing.

The need for legislation to deal adequately with the health and welfare of such non-industrial workers was again made evident when dealing with the above-mentioned matter. Due notice was taken of this omission in the Report of the Committee of Enquiry (Gowers' Committee) on Health, Welfare and Safety in Non-Industrial Employment which was published about two years ago, and legislation may yet remedy this deficiency.

Offensive Trades.

There are 24 businesses coming under the classification of offensive trades registered within the City. This figure is made up as follows:—7 skin and hide factors, 6 manure manufacturers, 4 tanners, 2 tripe cleaners, 2 tallow melters, 1 gut scraper, 1 glue and gelatine maker, and 1 soap boiler. The bye-laws for registration of these trades require the prevention of offensive effluvia, the in-offensive disposal of obnoxious waste, the lime-washing of walls, the cleansing of floors and utensils, and the thorough flushing of the drains. Inspections showed that these provisions were being observed.

Places of Public Entertainment.

Cinemas, theatres, and other places of public entertainment were frequently visited by the District Inspectors to ensure that hygienic conditions were being maintained. The Department has endeavoured to induce the managements of these establishments to restore such facilities as the provision of soap and towels at the wash-hand basins. These are gradually being provided but the managements of some cinemas are still reluctant to do so, for experience has shown that theft and vandalism often result.

Obnoxious Odours.

It is usually not too difficult a matter to trace the source of smells which are commonly the subject of complaint and arise from drains, sewers, dead rodents

or trade processes. In one case, however, where the characteristic odour complained of was sulphuretted hydrogen, an examination of the neighbouring sewers revealed no cause for offence. A survey of the neighbourhood disclosed no alternative source of nuisance. The only untoward happening in this suburban area was the dismantling of the platform of the local station by the railway authority some three months previously. Timeously, this covered the period during which periodic smells had been experienced by the complainants whose houses were "down-wind" below the station. Patrol duty indicated the source of smell to be "up-wind" in line with the station. Upon investigation the presence of odours was suspected amidst the ruins of the station platform, which consisted of shattered concrete, broken bricks, and an embankment of ashes loosened and exposed by the demolition which extended for 150 yards alongside the railway line. A sample of unexposed ash material was secured for chemical analysis and this revealed the presence of large quantities of carbonates and some sulphides. The latter on acidifying gave off volumes of sulphuretted hydrogen. The ashes also contained traces of phosphates and ammonia suggesting the presence of some decaying organic matter.

Reptile Escape.

In a state of alarm, a lady telephoned the Department and intimated that a reptile had been discovered in the bedroom. On visiting the house, the district inspector found a small 18 in. snake crawling around the bedroom floor. It was caught by means of a domestic shovel, deposited into a tin box and returned with the "compliments" of the Department to the occupier of a pet shop nearby, who admitted that it was one of two snakes missing from his premises. He explained that some boys had been in his shop shortly before he discovered his loss and that they must have made off with the creatures or left the cage door open. The occupier of the shop informed the inspector that it was a harmless type of grass snake frequently kept by people as a pet and gave an assurance that every precaution would be taken in future to prevent any recurrence of public annoyance or alarm of this nature.

LODGING-HOUSES.

Common Lodging-Houses, etc.—The year has been marked by extensive improvements to several of the lodging-houses in the City. It was reported last year that the Finance Committee had authorised extensive alterations and improvements at the Corporation lodging-house in Leith. This has now been completed, and the additional sanitary accommodation provided includes 5 wash-down water-closets, 11 wash-hand basins, 1 drinking fountain, 1 wall urinal, 2 plunge baths and 1 shower bath. The water supply pipes were also renewed. The reading room had a new composition floor laid, the walls and ceiling were painted and fluorescent lighting was installed. The dormitory walls and ceilings were washed down and similar lighting was installed there. The external wood-work of the house was painted and 180 metal wardrobes were provided.

In another lodging-house the entire roof had to be stripped and reslated and the down pipes renewed over the past two years. In the course of this work

extensive wood-rot was found on the upper flat. This entailed further work, including stripping out and renewal of woodwork and plasterwork. There were 175 mattresses and 200 blankets provided and the cost of all this work was approximately £4,000.

A lodging-house for women had a passenger lift installed to serve four floors. This has proved to be a great help to the older people and cost £1,800.

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

RODENT AND INSECT REPRESSION.

(a) Destruction of Rats and Mice.

The destruction of rats and mice continued during the year with satisfactory results. The Department received notification regarding 672 premises being infested, and on investigation the majority of these infestations were found to be of a minor nature. Of complaints 579 were abated. It was also necessary to have 184 items of repair carried out in order to prevent re-infestation of these premises. In all 2,760 visits were made to investigate complaints and advise the complainants of the best methods of control.

In co-operation with the Department of Agriculture an organised scheme of rat destruction was successfully carried out in suburban areas of the city in the early part of the year. These areas involved 204 premises where it was found necessary to deal with 42 infestations. The measures taken resulted in the destruction of 2,811 rats. Outwith this scheme a further 86 premises were treated individually by the Department of Agriculture and 3,855 rats were destroyed. Where owners of private properties undertook measures 828 rats were killed. In all the total number of rats destroyed was 7,494.

In many cases rats found their way into premises from defective drainage systems and this involved the execution of repairs and renewal of drains. The co-operation of the City Engineer's staff was of considerable assistance in having suspected drains investigated and the necessary repair work executed.

The baiting of sewers with poison for rat destruction was carried out at 261 manholes. Re-inspection revealed that good takes had resulted. The repression of rats in sewers should prove of substantial benefit to surrounding properties. Forty electric junction boxes were treated similarly.

The Prevention of Damage by Pests Act, 1949, came into force on 31st March 1950 and superseded the Rats & Mice (Destruction) Act, 1919, and the Rats and Mice (Scotland) Order, 1943. This Act changed the duties of the local authority who are now charged with taking the necessary steps to ensure that their districts are so far as practicable kept free of rats and mice. In addition the owners or occupiers of any property where rats are present in substantial numbers are legally required to notify the local authority of the fact. While, in some cases, it is possible for the early stages of infestation to escape detection it is inadvisable to wait until the vermin are in substantial numbers before notifying the local

authority. By delay, surrounding properties may become involved and the area of infestation enlarged. The Act does not restrict owners or occupiers from taking action on their own initiative, but the experience and advice of the rodent officers of the local authority may prove invaluable. Requests to have members of their staff trained in the modern methods of rat destruction were received from 23 private firms, and the Department gave practical demonstrations of the best repressive measures advisable in the respective types of premises.

Since the Department of Agriculture discontinued their rodent control service late in the year in the carrying out of surveys and rat destruction campaigns, the work has been continued by this Department in order to ascertain that the provisions of the Act are observed by the owners and occupiers of infested premises.

The Department carried out surveys comprising 1,242 premises in various parts of the city when 303 were found to be infested. It was encouraging to find that 61 per cent. of the occupiers of infested premises were already taking the necessary steps to eradicate the vermin either by personal action or by contracts with firms who carry out destruction work.

Details of rat survey work done are as follows :—

Premises inspected ...	1,446
Premises found infested ...	345
Premises treated by Department of Agriculture trappers ...	128
Number of rats destroyed ...	2,811
Number of poison baits laid ...	1,452

(b) Bug Infestation.

Bug infestation is still a social menace which requires to be rigorously fought with the best available insecticides. Although much experimental work has been carried out with various chemicals, an insecticide capable of killing bugs and their eggs and also having a residual lethal effect has yet to be found. The insecticides in general use at present do not destroy eggs; they are highly toxic to most insects and particularly to bed-bugs. Their lethal capacity extends for a considerable period under normal conditions so that re-infestation does not frequently occur and then as a rule, from bugs or their eggs which have been buried deeply in woodwork, cracks in plaster walls or other inaccessible places.

Since 1947 when an extensive experiment was carried out, the number of bug infested houses in the City has gradually fallen and it is hoped that with the continued use of insecticides the bug menace will eventually disappear. The number of bug-infested rooms treated during 1950 was 389 as against 591 in 1949.

(c) Beetles, Cockroaches, Fleas, etc.

In all, 149 premises comprising 187 apartments were treated with the under-noted insecticide for destroying infestations of beetles, cockroaches and fleas, etc.

Insecticides used :—

5 per cent. D.D.T. in Kerosene.	
3 " " Water Emulsion Concentrate.	
0.35 " Gammexane.	
10 " D.D.T. Powder.	

The following table shows the number of apartments treated for verminous infestations in each ward, the total number being 576.

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 ...	81	53	25	11	3	-	3	-	2	29	-	-	-	14	26	2	22	21	34	27	28	1	7	389
Other Insects	5	5	8	5	8	8	5	9	3	24	7	2	2	20	10	10	3	5	14	19	5	9	1	187
Total ...	86	58	33	16	11	8	8	9	5	53	7	2	2	34	36	12	25	26	48	46	33	10	8	576

(d) Anti-Fly Campaign—Report by Medical Officer of Health and Chief Sanitary Inspector.

For the third year in succession, an Anti-Fly Campaign was carried out in the City in accordance with instructions by the Health Committee. In 1949, in addition to general publicity and the spraying of premises liable to attract flies, an attempt was made to assess the efficiency of anti-fly measures in selected food-shops. This year a special investigation was carried out in certain of the school cooking centres in the City and in a number of prefabricated houses.

Publicity.

Publicity took the form of news paragraphs and advertisements in the local press. Posters were erected at the Waverley Market and special display boards were issued to traders willing to exhibit them in their premises. Smaller posters were displayed in trams and buses and distributed along with leaflets to shops, factories and public offices. In addition 40,000 leaflets were distributed to children in schools.

Inspections.

As in previous years, sanitary inspectors carried out a survey of premises regarded as potential breeding places and advised the occupiers as to the most suitable measures of prevention. Special attention was given to stables, pigsties, farms and refuse tips.

Treatment.

In some cases, the actual treatment was carried out by the staff of the Department. A commencement was made on 3rd June with the spraying of dungsteads and refuse tips and this was extended later to stables, pigsties and fish premises. The owners co-operated willingly, and it is interesting to note that the reluctance which had been shown at times in the two previous campaigns was no longer in evidence.

Accumulations of garbage and garden refuse presented some difficulty owing to the daily additions. It is satisfactory to record the co-operation of the Cleansing Department who undertook frequent spraying of their refuse tips during the campaign. This Department also carried out periodical treatment of waste food bins and their surroundings.

Particular attention was given to the emergency housing camps and accumulations of refuse at the principal hospitals in the City were also treated. Altogether

287 premises and areas were dealt with by the Department during the campaign, and 130 of these received a second treatment.

Insecticides.

The insecticides used were :—

1. 5 per cent. D.D.T. in Kerosene (Dichlor-Diphenyl-Trichlorethane),
2. 3 " " Water Emulsion Concentrate.
3. 10 " " Powder.

Staff.

All the procedures carried out by the Department were undertaken by the existing staff with the addition of one temporary assistant, using the motor vehicle and spraying apparatus normally employed in disinfection work.

Results.

While the weather in general was unfavourable to the breeding of flies, the results of the campaign can be regarded as encouraging. Visits paid to premises which were known to attract large numbers of flies showed that following treatment a very marked improvement had taken place. This also applied to adjoining houses in which the occupiers had complained of the fly nuisance. These houses had not been treated, but the source of infestation had been dealt with.

The staff of the Department cannot, of course, deal with every potential breeding place, but it can be said that the publicity during the campaign encouraged many citizens to carry out measures on their own behalf and stimulated a general sense of responsibility in the matter.

A detailed statement of the number and type of premises dealt with by the Department and the wards in which they were situated, is given in the following Table.

[TABLE

STATEMENT SHOWING THE VARIOUS PREMISES AND AREAS TREATED
DURING THE ANTI-FLY CAMPAIGN, 1950.

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	
Stables ...	10	5	2	6	4	1	8	4	3	8	...	1	1	10	2	3	14	...	16	8	...	...	...	3
Piggeries ...	...	...	...	...	14	...	...	7	1	1	16	3	...	...	...	...	...	...	...	...	1	11	...	54
Farms (Stables, Dungsteads, etc.) ...	...	1	...	...	13	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	23
Hospitals and Institutions ...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	2	...	...	1	...	6
Emergency Housing Camps ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	1	...	4
Abattoirs ...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Fish Merchants and Markets ...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	5	2	...	1	...	...	12
Prefabricated Houses ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	6
School Cooking Centres ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	2
Garden and other Refuse Tips ...	...	...	...	...	3	2	...	6	...	...	5	5	1	7	...	...	...	...	...	2	...	6	...	37
Yards and Open Spaces ...	2	1	...	...	2	1	...	1	2	...	2	4	2	1	1	...	...	...	7	2	2	1	...	31
TOTALS ...	12	7	2	6	36	4	8	22	9	9	23	14	8	21	3	4	14	6	27	12	7	26	7	287

Number of premises and areas treated for the second time—130.

Special Investigations.

The opportunity was taken of conducting special investigations at certain of the school cooking centres and in a number of prefabricated houses situated in close proximity to a refuse tip which had previously been a source of complaint.

Expenditure.

The expenditure on the scheme was as follows :—

Insecticides	£70	0	0
Wages of Spraying Attendant ...	185	8	0
Proportion of Motor Van Costs...	50	0	0
	<u>£305</u>	<u>8</u>	<u>0</u>

SMOKE ABATEMENT.

Industrial Smoke.

Since the war, industrial smoke abatement has been hindered by the continued shortage of supplies for the home market of good quality fuels of low volatile content suitable for industrial plants. This is a major difficulty confronting those industrialists who are willing and anxious for economic and other reasons to dispense with the use of poor quality fuels which result in dense emissions of smoke. When burning fuel of this type it is only with difficulty that sufficient steam is maintained despite efficient and careful firing.

To obviate forceful firing and overloading of boilers efforts have been made by several owners of industrial and commercial units to improve upon their existing boiler plant by substituting boilers of greater capacity, introducing additional boilers, or by installing mechanical stokers.

While the present fuel situation is not favourable to effecting a general improvement in smoke abatement, limited measures of relief have been secured by the Department—and others are in contemplation—where smoke nuisance of an intensive nature has given cause for complaint in individual cases. Where Departmental representations have been made in these instances, the following works have been executed, viz. :—

Type of Establishment	Technical Improvements
1. Laundry	New boiler installed.
2. Laundry	Mechanical underfeed stoker introduced.
3. Dry Cleaner	New boiler and mechanical underfeed stoker installed.
4. Departmental Store ...	Mechanical underfeed stoker introduced.
5. Brewery	New boiler house and plant constructed, and mechanical coking stokers introduced.
6. Glue Works	Mechanical chain grate stoker introduced.

Improvements of a similar nature for smoke abatement are under consideration in respect of two large hotels, one hospital, one manufacturing chemist, a large firm of outfitters, and two departmental store establishments. Work of this nature, however, is necessarily slow by having to be undertaken at periods suitable to the particular trade or business and this only if the necessary plant is obtainable.

Throughout the year 119 observations, each of one hour's duration, were made of factory and other chimneys and 265 visits were paid to boiler houses for the purpose of effecting improvements in the methods of hand stoking with a view to minimising excessive smoke nuisance.

Atmospheric Pollution.

Deposit Gauges.—For a number of years the Department has been co-operating with the Department of Scientific and Industrial Research in order to ascertain the extent of atmospheric pollution within the City. For this purpose four deposit gauges stationed as follows show the degree of pollution in these particular areas :—

Sites	Average Monthly Deposits in tons per square mile
1. Seafeld (Leith Hospital)	12.52
2. Morningside (Astley Ainsley Institute)	12.65
3. Castle vicinity (Johnston Terrace)	17.46
4. Glencorse (Reservoir)	6.47

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.

In Appendix 5 the City Analyst's reports give the respective monthly records of the total solids deposited in tons per square mile, the sub-division thereof into soluble and insoluble solids together with the rainfall in inches.

Lead Peroxide Instruments.—In addition to the deposit gauges, lead peroxide instruments have now been installed for the purpose of measuring the sulphur content in the atmosphere and four instruments stationed at the following sites give the following results :—

Sites	Average Monthly Deposit
1 at Public Health Chambers	8.3 per cent.
1 at Seafeld	6.0 "
1 at Astley Ainslie Institute	5.4 "
1 at Robb's Loan, Gorgie	4.9 "

In Appendix 5A the monthly reports submitted by the City Analyst show the rate of sulphation expressed in milligrammes of SO_3 ; per day per 1,000 square centimetres.

Note.—On an average the figures given in this table form a guide to the main source of pollution as they correspond approximately to the weight of coal burned in tons per day in these areas.

Educational Measures.

Lectures on the domestic and industrial aspects of the smoke problem were given by the Smoke Abatement Inspector to various interested associations. A series of lectures under the auspices of the Ministry of Fuel and Power were

again held in the Heriot-Watt College and were well attended by boiler firemen and engineers. Instruction was given in the principles of combustion and the proper methods of stoking in order to reduce the formation and minimise the emission of smoke from industrial chimneys.

FACTORIES ACTS, 1937-1948.

The number of inspections of factories with mechanical power was 749 and of factories without power 115, a total of 864. The former are subject to inspection by the Local Authority in respect of sanitary conveniences only, while the latter are subject to inspection more or less in all sanitary matters.

Improvements under Part I—Health (General Provisions)—of the 1937 Act numbered 296, which included 91 in bakehouses.

The tabulated statement showing the prescribed particulars on the administration of the Factories Act, 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 of improvements effected in factories are shown in Appendices 6 and 7.

Basement Bakehouses.

Reference was made in last year's Report to an appeal which had been lodged by the occupier of a basement bakehouse against the decision of the Health Committee to close the bakehouse following the recent quinquennial inspection. The case has now been decided in the Sheriff Court in the Corporation's favour. The case lasted two days, Counsel were engaged on both sides, and several witnesses were heard. The Sheriff, in his interlocutor, stated that it was the policy of sec. 54 of the Act of 1937 to put an end to the use of all unsatisfactory basement bakehouses and that the Court in any appeal should be slow to interfere with the decision of the District Council if that decision had been arrived at after full and careful investigation and consideration and if there were reasonable grounds for the decision to which the Council had come.

The Sheriff was also of the opinion that the evidence of the witnesses for the District Council strongly supported the view that the premises were quite inadequate having regard to modern requirements in respect of construction, height, light, ventilation and hygiene and that the main objections to the suitability of the premises by the witnesses arose from construction and that it would be impracticable, in their view, to carry out remedial measures which would render the bakehouse suitable.

The Sheriff took note of the fact that following reports from the Council's officials, the chairman of the Health Committee, realizing the possible hardship on the appellant if the certificate was not renewed, recommended that he and two other members of the committee should personally examine the premises before coming to a decision. This was done and it was after a report by these members of committee that the Health Committee reached the conclusion complained of.

In that state of affairs, he thought, only the strongest counter-evidence would warrant any Summary Court in exercising the power conferred on it by sec. 54 (3) of the Act of 1937.

Further, he thought the real difficulty in the appellant's case was that the premises were hopelessly obsolete and quite unsuitable for modern requirements. On any view of the case, he did not think he would be warranted in interfering with the decision of the Health Committee, which had obviously been arrived at after a very just and careful consideration of the whole matter, influenced by the formidable evidence and reports of the responsible officials.

The appellant's counsel strongly argued that the respondents were barred from refusing a certificate because there was no radical change in the nature of the construction, height, light, ventilation, etc., between the time when the certificate of 1939 was granted and the present time. The Sheriff said he was unable to support this contention. The Act provided for periodic examination and consideration by the officials and council for the time being at each period and he could not see that the responsible body at any time could possibly be bound by the actings of their predecessors.

A further point of interest which emerged in this case was that it had to be viewed entirely from the aspect of the health of the employees and not the hygienic condition of the premises themselves.

This is the first case of its kind in Scotland and it may have an important bearing on future quinquennial inspections.

Building Sites.

Notice was taken in one of our former annual reports of the need for the provision of suitable sanitary conveniences for workmen on building sites. The conditions obtaining in the City then were reported on, including the increasing use of the water-carriage system.

It is now interesting to find that the Central Authority has given this subject special attention. A booklet was recently published by the Ministry of Labour and National Service about, *inter alia*, sanitary conveniences on building sites. It is to be hoped, however, that the deep-trench type of latrine which is one of the types illustrated in the booklet will be made use of only where there is no alternative and that water-flushed closets will find increasing favour.

SHOPS ACT, 1950.

Shops inspections in order to ascertain if the provisions of the Shops Act were being observed, totalled 1,338.

New Act—Shops Act, 1950.

During 1950 the Shops Acts 1912-1938, and other ancillary enactments relating to shops, were repealed and these were consolidated in a new Act which came into operation on 1st October 1950, viz.:—The Shops Act, 1950. It is anticipated there shall follow at a later date an amending Act, and this should be

most welcome. Legislation is still obscure and complicated in spite of consolidation and until there is amendment and simplification the position will remain unsatisfactory.

That part of the new Act which relates to Sunday trading and employment does not apply to Scotland except in the case of barbers and hairdressers.

Contraventions.—Most of the contraventions were of a minor nature but in three instances it was necessary to take court proceedings against the defaulters. All three were contraventions of the Fish Friers' (Shops Act) Order, 1946, and in one case a fine of £2 was imposed and in the other two the fine was 10s. Present-day restricted trading and hours have effected a marked reduction in the number of contraventions.

Winter Closing Hours.—The general closing hours as respects the winter months, formerly fixed under the Defence (General) Regulations, 1939, Regulations 60A and 60B and brought into force each year are now incorporated in the 1950 Act. Under the relative section the local authority again exercised its powers to amend these winter closing hours. The effect was that during that season 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, viz.:—9 p.m. on Saturday and 8 p.m. on any other day.

Arrangements for Health and Comfort.—There has been a considerable increase in the number of applications to the Ministry of Works by shop owners and others which the Ministry refer to this Department. This procedure is adopted with a view to their ascertaining whether the proposed alterations and improvements are in fact necessary to meet the requirements of Public Health enactments, and refers particularly to public houses which are at present being improved in regard to sanitary accommodation, but cafes, food shops and other premises are also included. A good deal of time is taken up in examining these premises and plans of alterations along with owners and their architects, and submitting reports on the various works necessary to comply with the Statutes concerned. This, however, results in a general raising of hygienic standards and is well worth while.

Other improvements of a similar nature are also effected from time to time when plans are submitted to the Dean of Guild Court. These plans are examined by the Shops and Factories Inspector and necessary adjustments made before the plans are passed.

Food Shops.

Applications to the local Food Control Committee for licences to commence restaurants, snack bars and similar premises continue to be referred to us for approval. Some of these have had to be refused on account of the premises being unsatisfactory, but in other cases, after the necessary improvements have been carried out to our satisfaction, licences have been granted.

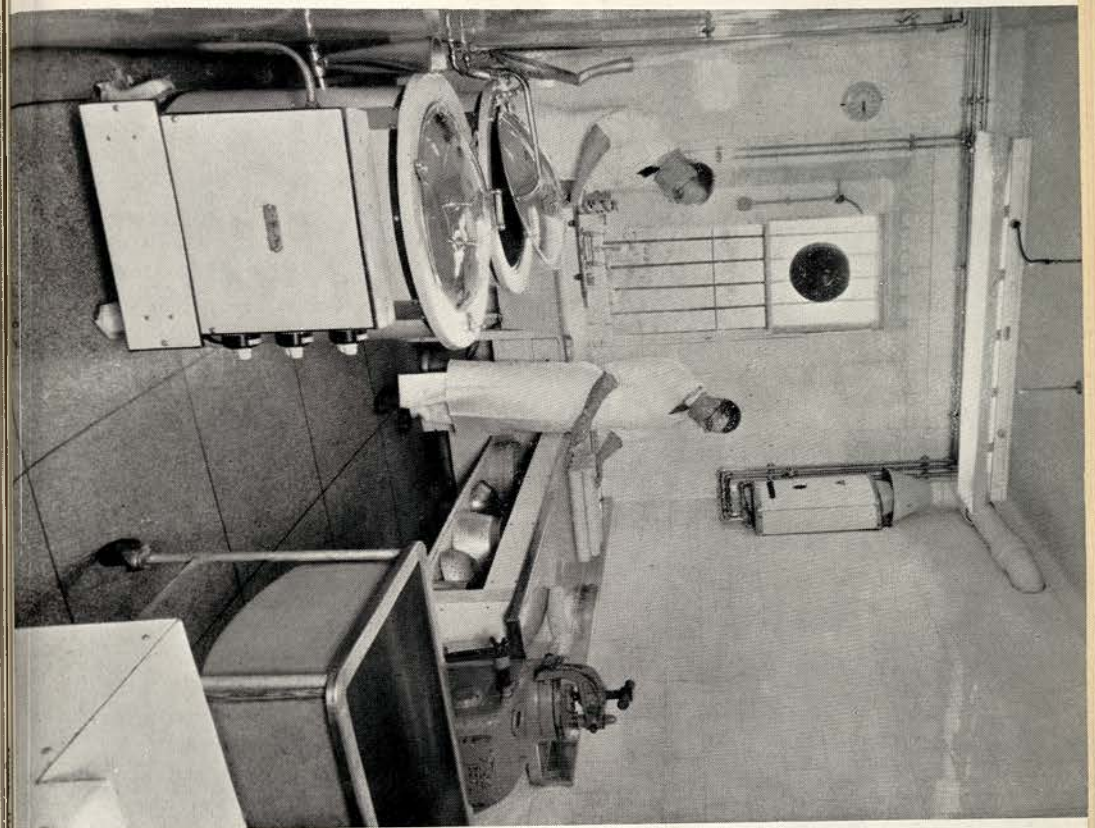
The two Reports of the Working Parties appointed by the Ministry of Food in connection with the Catering Trade and Manufactured Meat Products have now been issued. The Reports are a result of enquiries extending over a period of approximately two years. They cover a wide field and raise many important matters, some items of which are of a controversial nature such as whether registration of certain food premises should be by right or after inspection and approval by the local authority. The Working Parties suggested that Codes of Practice be favoured; that the law in Scotland be extended to give the same powers as exist in England; that food poisoning be made notifiable in Scotland; and that particular stress be laid on the need for the education of all workers in food hygiene. As a long-term policy an ideal Code is given by the Catering Working Party called a Target Code, which is of a more ideal nature, and an immediate practical code called the Standard Code.

Should legislation implement the recommendations of these Reports, duties laid upon local authorities will involve surveys of, and reports on, various types of food establishments, ranging from large hotels and boarding houses down to the small snack bar. While awaiting legislation, steps have been taken in developing the educational aspect of this problem by means of lectures, films, and discussions which have been attended by members of the public, food trade representatives and others interested in food hygiene.

PORK BUTCHER'S SHOP.

The photographs opposite show a pork butcher's shop, with food preparation room in rear, which was recently modernized in accordance with best hygienic standards after consultation with this Department. The floors are of terrazzo or jointless composition; tiled walls with "cove" formed at floors, counters and ceiling; counter top of smooth plastic material; glass display case; cooking apparatus enamel finished and chrome plated; trough and table of stainless steel; cupboard for utensils of enamelled metal; white enamelled tub; gas water-heater; water supply from "main" with direct hot and cold supply to boilers, mixers, etc.; aluminium vermin-proof storage bins; flush-panelled doors of hardboard; fluorescent lighting; through ventilation including an extractor fan in rear and permanent louvres at front shop; and good ceiling height of back room of about 12 feet. The piping on walls is chromium-plated and is kept to a minimum. It is so fixed as to project sufficiently to facilitate cleaning and avoid harbourage for vermin.

Toilet accommodation consists of cloakroom with wash-hand basin, soap, towel, nailbrush, large mirror, water-closet apartment with low-back combination water-closet. Both apartments have walls and ceilings lined with glazed asbestos panels, and have globular electric lights.





BUTCHER'S SHOP.

BUTCHER'S SHOP

The photographs opposite show butcher shop premises that formerly had many undesirable features but which within the past year have been completely re-modelled. These improvements incorporate many suggestions submitted by this Department and are included in the following, viz.:—

Floors on ground level renewed in jointless material with "cove" formed where they meet walls and counter; floor in basement renewed in concrete, also with "cove"; walks on both floors tiled; new sink on each floor with hot and cold water supply; stainless-steel mixing troughs and pails; terrazzo working tables; marble counter and shelving in front shop; metal vermin-proof storage bins; and canopy over three gas boilers and cooker having extractor fan and vent duct to roof level. There is a poultry-dressing room having tiled walls, a specially constructed live-bird cage and latest-type vacuum plucking machine from which feathers are fed direct to enclosed store. Through ventilation is provided on both floors, the front shop having glass louvres in the window, rear shop and basement new windows with opening sashes, and stallboard lights and ventilators to basement renewed and improved. A prismatic pavement light has also been substituted for an open grating over an enclosed area. Fluorescent lighting has been installed throughout. Overhead heating units are provided where necessary.

Formerly the sanitary accommodation for male assistants was most unsatisfactory, and for three clerkesses non-existent. A cloakroom has now been provided for males, with clothes lockers, wash-hand basin with hot and cold water, soap, towel and mirror. In an adjoining apartment a low-back combination water-closet has been installed. Accommodation was provided for clerkesses by extending the premises. A small adjoining shop was taken over and this afforded space for a small cloakroom with wash-hand basin, and a water-closet off, as described above. A small office for the Manager and presses for paper storage were also provided within this extension.

A novel feature of this shop is the situation of one of the chill-rooms, and unloading arrangements for beef. The chill-room adjoins a door in the side street and an overhead rail to this room extends over the doorway to the outside. Block-and-tackle is attached to the rail and by this means sides of beef can be off-loaded direct from the vehicle standing at the pavement-edge to the "chill," thus reducing movement and man-handling of beef to a minimum.

SALE OF FOOD AND DRUGS ACTS, ETC.

During the year 1,159 samples of food and drugs were procured for analysis in order to test whether these articles complied with the statutory standards or were of the nature, substance and quality demanded or the claims made on the labels were valid. Of these 354 were statutory or official samples and 805 were informal or test samples. Of the 354 statutory samples representing some 54 varieties of food and drugs, Dr A. Scott Dodd, City Analyst, reported that 11 or 3.10 per cent. failed to comply with the legal requirements.

Milk.—Milk is the commodity most frequently found to be adulterated and therefore more samples of it were taken than of any other food. The number of statutory samples taken was 196 and of these 183 were reported to conform with the requirements of the Sale of Milk Regulations, 1901. Of the remaining 13 samples, 6 were found to be adulterated either by the abstraction of fat or the addition of water, and where 7 were found to be deficient in non-fatty solids, the application of the Hortvet test showed the deficiency to be natural and not due to adulteration.

Extraneous water found in the adulterated samples of milk varied from 2 to 6 per cent., and the deficiency in fat from 6 to 29 per cent. The average fat and non-fatty solids content of all milk samples taken, including the adulterated samples, was 3.64 per cent. and 8.75 per cent. respectively, which is much in excess of the presumptive standards of 3.0 per cent. and 8.50 per cent. In recent years gross adulteration of milk has been little experienced, and the number of offences also continues to diminish.

It was only considered necessary to take legal proceedings against one producer, who was acquitted on technical grounds. This case was in respect of sweet milk sent from a Lanarkshire farm into the City. A sample was procured from a consignment of 20 gallons in course of delivery and was found to contain 2.98 per cent. of fat and 7.98 per cent. of non-fatty solids. The non-fatty solids showed that the milk contained at least 6 per cent. of extraneous water and this result was confirmed by the freezing-point test. At the request of this Department the farm was visited by the Food and Drugs Inspector for the County of Lanark and the milking of the herd supervised at the evening and morning milkings. Samples from both milkings proved to be genuine milk. The sample taken from 10 gallons produced at the evening milking contained 3.03 per cent. of fat and 8.55 per cent. of non-fatty solids and had a freezing point (Hortvet) of $-0.538^{\circ}\text{C}.$, while the sample taken after the morning milking from 10 gallons produced by the same cows contained 3.08 per cent. of fat and 8.51 per cent. of non-fatty solids and had a freezing point (Hortvet) of $-0.539^{\circ}\text{C}.$

The Sheriff was satisfied that the milk delivered to the City had been adulterated and stated that had the contract been produced declaring that the place of delivery was the purchaser's premises he would have had no option, on the merits of the case, but to give a verdict of "guilty." Because of the non-production of the contract he gave his verdict of "not guilty" with considerable regret.

The seven cases of abnormal milk previously mentioned involved two farms. Whatever the reason for the low compositional quality of these milks, whether

due to breeding for quantity at the expense of quality or bad management or a combination of both, the milk was definitely sold to the prejudice of the purchaser. Powerlessness to act in defence of the consumer in such cases makes it desirable that in place of the presumptive standard a fixed minimum standard for milk should be prescribed and in addition the producer encouraged by payment to raise the quality rather than induce an increase in quantity of milk of poorer nutritional value.

The retail shops supplied by one of the producers of this poor quality bulk milk all changed over to the sale of bottled "pasteurised" milk and in the other case, the creamery supplied ceased to purchase this inferior quality milk which, as a result, had to find a market outwith Edinburgh.

School Milk.—The milk supplied to the City schools under the Milk-in-Schools Scheme is of the following grades, viz.:—"tuberculin tested," "tuberculin tested (pasteurised)," or "pasteurised" milk. Of 51 samples taken, either at the schools or at the distributors' premises, the average milk fat content was 3.66 per cent., a very satisfactory result.

Ice-Cream.—One hundred and twenty-five samples of ice-cream 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, 145 samples were sent to the Professor of Bacteriology at Edinburgh University for bacteriological examination.

(a) *Chemical Analysis.*—The chemical analysis showed a wide divergence in the quality of the ice-cream, the fat content varying from as low as 0.11 per cent. to as high as 14.51 per cent., giving an average fat content of 4.54 per cent. Only 24 of the samples had a fat content under 2.50 per cent. which was a great improvement upon the number of samples of poor quality in previous years. This improvement may be attributed to the Ministry of Food continuing the policy of allocating additional supplies of sugar and fats to those ice-cream manufacturers who give a written undertaking to the Ministry that their ice-cream will contain at least 2.50 per cent. of fat and also to the action of the local authority in reporting samples to the Department of Health for the information of the Ministry of Food so that any necessary action could be taken where default occurred.

(b) *Bacteriological Examination.*—The bacteriological examination of ice-cream consists of an enumeration of the number of viable organisms per c.c. capable of growth at $37^{\circ}\text{C}.$ together with a test for the presence of coliform organisms in 1/100 c.c. There being no statutory standards yet prescribed for the bacterial cleanliness of ice-cream, the results are interpreted in relation to the conditions under which the ice-cream is manufactured. Ice-cream having not more than 100,000 bacteria per c.c. with no *B. coli* present is accepted generally as being satisfactory. Of the 145 samples of this commodity submitted for examination 8 had a plate count of more than 100,000 bacteria per c.c., 20 had coliform organisms present in one hundredth part of a c.c. and 22 had both a plate count of more than 100,000 organisms per c.c. with coliform organisms present. Where the results of the tests were considered to be unsatisfactory the methods of

manufacture and handling of the product were investigated in order to find out the cause of these unsatisfactory samples. In a few cases this was found to be due to lack of care in preparation and handling of the commodity but in most cases the trouble was traced to imperfect cleaning and sterilisation of the plant. In every case the opportunity was taken to demonstrate wherein the fault lay and to advise upon the hygienic precautions necessary in the manufacture, storage and sale of the commodity. These plant inspections were much appreciated by the manufacturers of ice-cream and it is of some satisfaction to know that after these visits of instruction in hygiene further samples taken gave the desired results.

Ice Lollies.—This confection was made the subject of a special report to the Health Committee by the Medical Officer of Health and Chief Sanitary Inspector in the following terms:—

“Recently public concern has been expressed regarding the widespread sale and increasing consumption of ice lollies, particularly by children. It is known that this easy and lucrative business has attracted many persons and led to an increasing trade in the production of a very popular confection by many who have little or no experience in hygienic methods of production. Ice-cream and other dealers have been found trading freely in this commodity. Since July, therefore, the Department has carried out investigations into the production, storage and sale of ice lollies.

“**Composition.**—It has been found that the composition of ice lollies varies considerably and ranges from the freezing of plain mineral waters to the freezing of weak dilutions of concentrated fruit cordials. In some instances the taste, quality and attractiveness of the ice lollie is enhanced by the addition of essences, syrups, flavouring and colouring matter, gelatine, tartaric or other acids, while ice-cream lollies are also marketed.

“**Production.**—Small manufacturers in making ice lollies use conical moulded metal trays or trays to which are affixed detachable cups or containers. More recently plastic models have come into use. Whatever the mixture it is poured into these cups or moulds, wooden sticks are inserted and the whole is finally frozen in refrigerators or by floating the tray in a tank of brine solution. The moulds are then released from the cups by dipping the tray into a tank of hot water. Where the trays are moulds of an undetachable type and narrow in design thorough cleansing is exceedingly difficult. Furthermore some of the metal trays on examination have shown exposed copper surfaces and it is possible that the tinning had been eaten away by the action of acids or other substances used in the composition of the ice lollie. Again the wooden sticks used with the lollie are frequently of a soft absorbent nature, rough and undressed and, as they are exposed to much handling, are liable to contamination from various sources. With the small trader the article is entirely hand-produced.

“Under large-scale factory production the liquid lollie mixture is subjected to heat treatment at a high temperature and thereafter rapidly cooled. It is probable, therefore, that disease-producing organisms are for the most part destroyed in this way. The lollie mixture is then pumped to a mould-filling machine—each

mould containing 24 or more individual cups or containers. When full, and with sticks inserted into the individual cups, the trays are placed on a conveyor belt and frozen by passing through a brine tank. The frozen confectionery is released by placing the moulds in a defrosting tank containing hot water. Finally, the released lollies pass to a machine where they are enclosed in transparent paper bags leaving the wooden sticks projecting from them. The wrapped produce is thereafter packed in cardboard cartons, conveyed to a low-temperature-hardening chamber, and subsequently dispatched in insulated containers to retail shops.

“**Storage.**—It has been found that the storage of ice lollies in many instances leaves much to be desired. Thus lollies have been found stored in old disused paper-lined biscuit tins within the confines of ice-cream conservators. The lollie under small-scale manufacturing conditions is generally served unwrapped to the public, and is therefore unprotected against contamination and human handling.

“**Bacteriological Examination.**—Samples of ice lollies for bacteriological examination have been obtained from a number of traders, including ice-cream merchants and confectioners, food traders and general shops. Altogether 24 samples have been examined in this way and the results are shown in the accompanying statement. It will be observed that 10 of the 24 samples were unsatisfactory and revealed the dangers of contamination which may result from the present methods of manufacture of ice lollies.

“**Other Enquiries.**—During the course of the investigation the School Medical Officers were asked to pay particular attention to the problem of its relationship to school children. As a result of their examinations and enquiries they came to the conclusion that there was an increased incidence of ‘sore mouth’ among children who had consumed lollies, as compared with children who had not. The number of children studied was not sufficient to come to any scientific conclusion on the connection between ice lollie and ‘sore mouth’ but the medical officers concerned from their experience formed the opinion that there seems to be a condition associated with the consumption of ice lollies which might perhaps be described as ‘lollie mouth.’

“**Recommendations.**—At the present time there are no legal powers to control the manufacture of ice lollies. Under the Ice Cream (Scotland) Regulations, 1948, ice-cream is defined as including ‘water ices and any article however described which is so similar to ice-cream as to constitute a substitute therefor.’ Unfortunately ice lollies cannot be considered as either ‘similar to’ or a ‘substitute’ for ice-cream unless they contain a proportion of ice-cream. It is not possible, therefore, to supervise the premises where ice lollies are manufactured or to control the methods employed in their production, storage and sale as in the case of ice-cream. It is for consideration whether representation should now be made to the Department of Health for Scotland suggesting that the manufacture, storage and sale of ice lollies should be legally controlled in the same manner as ice-cream, or whether it might not be wiser to suggest to the Department that they might consider a controlled enquiry into the effects of ice lollies on the health of children and on the results of such an enquiry decide what steps should be taken on this question.”

Results of Bacteriological Examination of Samples of Ice Lollies.

No.	Type of Shop	No. of viable bacteria per c.c. at 37° C.	B. Coli	Remarks
1	Ice-cream ...	Uncountable...	Typical B. Coli present in 0.5 c.c.	Unsatisfactory.
2	Do. ...	Nil ...	B. coli absent from 100 c.c.	
3	Do. ...	Uncountable...	Atypical B. Coli present in less than 0.05 c.c.	Unsatisfactory.
4	Do. ...	120,000 + pin point colonies.	Typical B. Coli present in 2 c.c.	Unsatisfactory.
5	Food ...	20 ...	B. Coli absent from 100 c.c.	
6	Do. ...	40 + pin point colonies	Do. Do.	
7	Ice-cream ...	2 ...	Do. Do.	
8	Ice cream and Dairy.	Nil ...	Atypical B. Coli present in 100 c.c.	
9	Ice-cream ...	Nil ...	B. Coli absent from 100 c.c.	
10	Do. ...	Uncountable...	Typical B. Coli present in less than 0.5 c.c.	Unsatisfactory.
11	Do. ...	40,000 (approx.)	Typical B. Coli present in 0.16 c.c.	Unsatisfactory.
12	Restaurant	Nil ...	B. Coli absent from 100 c.c.	
13	Food ...	5,000 (approx.)	Atypical B. Coli present in less than 0.05 c.c.	Unsatisfactory.
14	Ice-cream ...	81 ...	Typical B. Coli present in 33 c.c.	Unsatisfactory.
15	Do. ...	Over 5,000 ...	Typical B. Coli present in 2.5 c.c.	Unsatisfactory.
16	Food ...	36 ...	Atypical B. Coli present in 4 c.c.	Unsatisfactory.
17	Ice cream and Dairy.	Too much particulate matter to allow colonies to be counted.	Atypical B. Coli present in 100 c.c.	
18	General ...	7 ...	Atypical B. Coli present in 33 c.c.	
19	Do. ...	1 ...	B. Coli absent from 100 c.c.	
20	Do. ...	3 ...	Atypical B. Coli present in 100 c.c.	
21	Do. ...	3 ...	B. Coli absent from 100 c.c.	
22	Food ...	3 ...	Do. Do.	
23	Ice-cream ...	2,000 ...	Atypical B. Coli present in 2.5 c.c.	Unsatisfactory.
24	Do. ...	10 ...	B. Coli absent from 100 c.c.	

Mince.—Eight samples of mince were purchased from butchers' shops in the City, and two of these were reported to contain preservative contrary to the Public Health (Preservatives, etc., in Food) Regulations (Scotland). Court proceedings were taken against the offenders, both of whom pleaded guilty and fines totalling £7 were imposed.

Sausages.—Seven samples of sausages of various description were procured for chemical examination. The City Analyst reported that one of these samples contained preservative in excess of the amount permitted by the Public Health

(Preservatives, etc., in Food) Regulations (Scotland), and that five of the samples were found to be entirely free from preservative. A warning was given to the vendor of the sausages containing excess of preservative.

Ground Cinnamon.—One sample of ground cinnamon was reported to be *Cassia Lignea*, known in commerce as Chinese cinnamon. Cinnamon is the dried inner bark of a small evergreen tree which grows best in Ceylon, while *Cassia Lignea* is the bark of a different plant. There is not much difference in the excellence of flavour but there is a difference in price in favour of the Ceylon product. It was considered that a warning should suffice in this case.

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. These samples were all of satisfactory composition.

The Merchandise Marks Act, 1926.—The Marking 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. The number of Marking Orders in force was reduced during the war when those relating to bacon and ham, butter, currants, sultanas and raisins, eggs in shell, meat and poultry were suspended by emergency legislation, and those suspensions, except for eggs, are still continued.

It was found on inspection that the vendors of foodstuffs subject to Marking Orders were complying with their requirements.

The Rag Flock Acts, 1911 and 1928.—Three statutory samples of rag flock were procured from bedding 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 were 5.93, 7.10 and 14.2 parts respectively per 100,000 parts of flock, compared with the maximum of 30 parts 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 for the sale of poisons included in Part II of the Poisons List was 372. All the applicants were duly registered. The various premises were visited periodically in order to see that the requirements of the Acts were fulfilled.

Warnings were given to six shopkeepers for selling Part II poisons without being on the local authority's list of persons entitled to sell such articles; of these, three were ultimately registered for the sale of Part II poisons but the remainder decided not to sell these goods and returned their stocks to the wholesalers.

MILK SUPERVISION.

During the year 754 samples were submitted to the Bacteriological Department of the University for examination, and 291 were examined at Johnston Terrace by the Methylene Blue (Hiscox) Keeping Quality Test. The results of these samples are to be found in Appendices 9, 10 and 11.

A brief outline of the milk testing scheme, taking the various grades of milk in turn, is as follows.

Certified Milk.—This milk is from cows that have passed the tuberculin test. It must be bottled on the farm of production, where the premises and equipment are required to comply with certain stipulated conditions. It comes mainly from farms outside the City, and in most cases is delivered direct to the creameries for distribution by them. Samples are taken for bacteriological examination at these depots, from shops and from vans delivering to the actual consumers. The farmer, the medical officer of health for the area and the Edinburgh depot are all notified of the results.

Tuberculin Tested Milk.—Apart from the producer-retailers within the City, this milk comes in bulk or in bottles to the City from the county areas. Samples are taken regularly from each supplier, and where the milk is going in cans to a dairy without laboratory facilities samples are taken of the milk on arrival and the results sent out as for "certified" milk.

Pasteurised, Tuberculin Tested Pasteurised and Heat-Treated.—Samples of these milks are taken at least twice monthly at the processing creameries, while samples are also taken regularly from shops, schools, vans and carts supplied by them. There is no question of the dairies knowing with any certainty when a visit is to be paid or a sample taken.

Non-Designated or Ordinary Milk.—The Methylene Blue (Hiscox) Test is carried out once a month on all samples of ordinary milk from the small dairies in the City still selling this milk.

Additional samples which can be grouped into various categories are also taken.

Sterility Tests are carried out on empty bottles and milk cans when there is reason to believe that they have been inadequately washed or sterilised.

Miscellaneous Samples are those usually taken for some particular reason other than as a matter of routine. Often these are non-designated milks about which it is advisable to obtain information additional to that given by the Keeping Quality Test.

Biological Samples.—Samples of non-designated milks which are submitted to the animal inoculation test for the presence of tubercle bacilli, at least three times per year.

The results of the various categories of samples have improved generally compared with those of the previous year.

At the beginning of the year 28 small dairies were selling non-designated milk. In each case these received their supply from one particular farm. By the end of the year 14 were receiving bottled designated milk. This change over is very satisfactory as the previous milk was in most cases of indifferent quality. Furthermore, it is satisfactory to note that this raw milk is now going to creameries for pasteurisation where a close check is kept on it and where it is returned to the producer if it falls below certain standards.

There was a marked reduction in the number of complaints received from the public during the year. The total number was 31 as compared with 51 in 1949. The nature of these varied, but in most cases referred to dirty or cracked bottles. The high cost of bottles and the large numbers of replacements necessary are sometimes the cause of dairymen using chipped bottles that would, a few years ago, have been discarded.

PORT SANITARY INSPECTION.

Shipping Arrivals.—Vessels which arrived at Leith Docks and Granton Harbour from foreign ports numbered 931, representing 724,535 tons, while vessels which arrived from home ports numbered 2,892, representing 499,822 tons. Foreign fishing vessels numbered 61, representing 4,927 tons, while British fishing vessels numbered 1,924, representing 200,919 tons.

The total number of ships, including steamer, motor and sailing vessels, which entered the Port Sanitary District from home and foreign ports was 5,808, with a total tonnage of 1,430,203 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 totalled 1,862, and the insanitary conditions dealt with were 1,435, necessitating 10 written, 485 verbal intimations and 1,025 copies of regulations. In the course of inspections many matters of an insanitary nature came under observation; 313 floors, tables and decks were found in a dirty condition, 331 bunks and bedding were dirty and verminous, 236 dirty food lockers were discovered, and exception had to be taken to dirty partitions and ceilings in 94 cases, whilst 194 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.

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 113, of which 95 were exemption certificates. The fees collected for these certificates amounted to £260, 19s. In 18 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 1,127. 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 the purpose and so were open to rat infestation. This has necessitated constant supervision, trapping and baiting, and demanded much extra work from the Dock Commission staff.

Cleansing.—The Dock Commissioners 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.—These 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 11 cases. The total fines imposed amounted to £11. Details of these prosecutions are given in Appendix 14.

STAFF.

I desire to express my cordial appreciation of the enthusiastic services rendered by all the members of the staff.

I am, My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

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

Chief Sanitary Inspector.

APPENDIX 1.

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1950.

[illegible]

APPENDIX 3.

NOTICES.

Intimations of existence of nuisance served	454
Notices to remove nuisances served at the instance of the Local Authority ...	78
Intimations served in connection with the renewal of sinks and water-closets ...	40
Notices served in connection with the renewal of sinks and water-closets ...	7
Notices delivered cautioning persons against casting garbage over windows ...	883
Notices served on occupiers failing to take due rotation of stair-washing and sweeping	181
Notices served for the cleaning of dirty areas, cellars, etc.	156
Notices served in connection with the painting of common staircases	5,528
Notices served in connection with the cleansing of water cisterns	151
Total	7,478

SUMMARY.

Complaints by citizens	3,186
Complaints by other departments	84
Nuisances discovered and reported by District Inspectors	13,734
Total nuisances dealt with by Department	17,004

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	144	—
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		1,346	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
1950.

Month	Station	Rainfall in Inches	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Total Solids
January ...	1. Seafield	1.25	6.26	3.79	10.05
	2. Astley Ainslie Institute ...	1.34	2.91	2.80	5.71
	3. Public Health Chambers ...	...	...	...	...
	4. Glencorse	2.25	1.02	4.21	5.23
February	1. Seafield	1.85	7.86	13.75	21.61
	2. Astley Ainslie Institute ...	3.29	6.44	5.36	11.80
	3. Public Health Chambers ...	2.08	13.41	6.16	19.57
	4. Glencorse ... ..	...	...	...	...
March ...	1. Seafield	2.00	6.81	4.40	11.21
	2. Astley Ainslie Institute ...	2.62	5.78	4.43	10.21
	3. Public Health Chambers ...	1.90	8.59	3.56	12.15
	4. Glencorse	3.25	1.20	3.35	4.55
April ...	1. Seafield	1.91	4.44	5.82	10.26
	2. Astley Ainslie Institute ...	2.50	7.68	5.05	12.73
	3. Public Health Chambers ...	1.53	13.61	5.53	19.14
	4. Glencorse	4.32	2.36	9.48	11.84
May ...	1. Seafield	1.58	6.84	5.01	11.85
	2. Astley Ainslie Institute ...	2.13	5.06	6.23	11.28
	3. Public Health Chambers ...	1.90	15.28	7.12	22.40
	4. Glencorse ... ..	...	...	...	...
June ...	1. Seafield	1.75	8.09	6.91	15.00
	2. Astley Ainslie Institute ...	1.94	9.86	27.16	37.02
	3. Public Health Chambers ...	2.02	8.40	3.72	12.12
	4. Glencorse	1.49	1.74	3.46	5.20
July ...	1. Seafield	3.10	6.30	3.62	9.92
	2. Astley Ainslie Institute ...	...	...	...	...
	3. Public Health Chambers ...	3.61	19.23	4.45	23.68
	4. Glencorse	2.21	1.33	2.43	3.76
August ...	1. Seafield	2.55	6.84	5.96	12.80
	2. Astley Ainslie Institute ...	3.06	4.53	5.78	10.31
	3. Public Health Chambers ...	2.33	6.16	5.73	11.89
	4. Glencorse	3.58	1.30	4.17	5.47
September	1. Seafield	3.67	6.47	4.98	11.45
	2. Astley Ainslie Institute ...	4.04	5.09	5.54	10.63
	3. Public Health Chambers ...	3.63	5.50	6.79	12.29
	4. Glencorse	7.48	9.55	8.21	17.76
October ...	1. Seafield	1.70	4.98	4.74	9.72
	2. Astley Ainslie Institute ...	2.21	2.90	3.60	6.50
	3. Public Health Chambers ...	1.68	0.89	6.52	7.41
	4. Glencorse	3.41	0.37	6.40	6.77
November	1. Seafield	2.76	8.01	11.07	18.08
	2. Astley Ainslie Institute ...	3.46	5.74	9.24	14.98
	3. Public Health Chambers ...	2.89	32.58	10.08	42.66
	4. Glencorse	4.48	1.50	7.50	9.00
December	1. Seafield	1.80	4.54	3.76	8.30
	2. Astley Ainslie Institute ...	2.22	3.70	4.33	8.03
	3. Public Health Chambers ...	1.86	8.24	4.81	13.05
	4. Glencorse	1.53	0.72	2.67	3.39

APPENDIX 5A.

MEASUREMENT OF SULPHUR DIOXIDE BY THE
LEAD PEROXIDE METHOD.

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Astley Ainslie Institution ...	16.0	6.2	5.7	3.7	5.9	3.6	0.9	3.0	2.0	3.3	7.3	6.9
Robb's Loan, Gorgie ...	—	—	—	5.9	9.3	4.4	3.0	3.3	2.8	4.3	6.1	5.0
Public Health Chambers ...	13.8	10.1	8.5	8.9	9.4	5.8	5.6	4.8	6.8	8.6	12.3	5.5
Seafield	10.5	7.0	6.8	6.4	2.0	3.5	4.2	1.9	4.0	6.5	10.6	7.6

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	478	115	15	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,109	714	27	...
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	24	35	1	...
Total	2,611	864	43	...

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) ...	68	98	2	13	...
Overcrowding (S.2) ... ..	...	...	...	...	...
Unreasonable temperature (S.3)	2	2	...	...	...
Inadequate ventilation (S.4) ...	1	1	...	...	...
Ineffective drainage of floors (S.6)	...	...	...	...	...
Sanitary conveniences (S.7)—					
(a) insufficient	13	13	...	6	...
(b) unsuitable or defective ...	163	168	...	29	...
(c) not separate for sexes ...	...	...	...	2	...
Other offences (not including offences relating to homework)	19	14	4	2	...
Total	266	296	6	52	...

3. Outwork (Sections 110 and 111).

Number of outworkers in August lists (i.e., these residing in Edinburgh) 32

Nature of work :—

(1) Making wearing apparel 9
(2) Nets, other than wire nets 23

APPENDIX 7.

FACTORIES ACTS, 1937 AND 1948—STATEMENT FOR 1950.

1. INSPECTIONS MADE 864

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

Cleanliness—

Accumulations of dirt and refuse removed	6
Floors cleaned	18
Walls and ceilings cleansed (whitewashing, colourwashing, painting, varnishing or washing down)	74

Temperature—

Number of thermometers provided in workrooms	2
---	---

Ventilation—

Number of cases remedied where adequate ventilation was not maintained	1
---	---

Sanitary Conveniences—

Absence of sanitary accommodation; water-closets introduced	1
Additional water-closets introduced	9
Urinals introduced	3
New apartments constructed or reconstructed	11
W.C. or urinal removed to more sanitary situation	3
W.C. or urinal substituted	9
W.C. provided in lieu of privy	3
Intervening ventilated spaces provided	10
Separate and screened approaches provided	4
Lighting (natural) provided or improved	8
Lighting (artificial) provided	27
Ventilation provided or improved	7
Walls and ceilings found dirty and limewashed, etc.	25
Floors found dirty and cleaned	9
Appliances found dirty and cleaned	7
Choked water-closets cleared	1
Repairs to appliances, roofs, floors, walls, ceilings, doors, windows, etc.	33

271

Miscellaneous—

Sinks or washhand basins introduced or substituted	12
Appliances repaired	1
Main water supply introduced	1
Hot water supply introduced	2
Nuisances removed	4
General repairs to roofs, walls, ceilings, floors, windows, etc.	1

25

Total 296

Bakehouses (defects in Bakehouses included in above statement)—

Walls and ceilings of bakehouses — limewashed, painted, varnished or washed down	32
Storerooms limewashed, painted or washed down	11
Water-closet apartments or cloakrooms painted or washed down	11
Floors of bakehouses and storerooms cleaned	6
Floors of cloakrooms and water-closet apartments cleaned	3
Stair steps and passages, etc., cleaned	5
Windows cleaned	4
Sanitary appliances found dirty and cleaned	1
Accumulations of dirt and refuse removed	4
Bakehouse tables and utensils cleaned	5
Shelving, cupboards, racks, etc., cleaned	3
Baking machines and steam presses cleaned	3
Offensive smells and fumes, etc., abated	1
Rats and mice infestation—nuisance abated	2

Total 91

APPENDIX 8.

SHOPS ACT, 1950—STATEMENT FOR 1950.

INSPECTIONS MADE :—

Retail Shops, Wholesale Shops and Warehouses	1,306
Number of evenings on duty to check observance of Evening Closing Orders	28
Number of Saturday afternoons on duty to check observance of Weekly Half-holiday Orders	4

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	3

NOTICES, ETC. :—

Failure to affix Form <i>re</i> Assistants' Half-holiday	10
Failure to affix Abstract of Act <i>re</i> hours of employment, etc.	2
Failure to keep Record of actual hours worked and intervals allowed	4
Failure to display Notice where shop is open for the carrying on of a certain Trade or Business (<i>i.e.</i> , Mixed Shops)	2

HEALTH AND COMFORT PROVISIONS :—

Ventilation—Improvements effected	7
Lighting—Improvements effected	8
Heating—Means provided or Improvements effected	2
Seats for female assistants provided—Number of instances	2

WASHING FACILITIES :—

Water supply introduced	4
Main water supply provided	7
Sinks or wash-hand basins introduced	17
Earthenware sinks substituted	4
Sinks removed to more sanitary situation	2
Hot water supply provided	18

SANITARY ACCOMMODATION :—

Water-closets introduced	7
New water-closet apartments constructed or re-constructed	15
Water-closets substituted (or replacements)	5
Water-closets removed to more sanitary situation	2
Separate sanitary accommodation provided for sexes	3
Intervening ventilated spaces provided	28
Lighting and/or ventilation provided or improved	18
Repairs to appliances, walls, ceilings, floors, windows, etc.	13
Dirty water-closets : cleansed or limewashed	5

Miscellaneous repairs, etc., in shops 8

CLEANLINESS :—

Dirty walls and ceilings—painted or limewashed	30
Dirty floors, etc.	7
Accumulations of refuse removed	8
Other nuisances remedied	4

Intimations served under Shops Act 28

Notices served under Shops Act 2

Letters sent under Shops Act 2

PROSECUTIONS :—

(a) Convictions	6
(b) Fines imposed (total)	£6

APPENDIX 9.

In the following tables the results of samples of pasteurised, tuberculin tested pasteurised and heat treated milks from the Edinburgh creameries are classified according to the place of sampling.

TUBERCULIN TESTED PASTEURISED MILK.

Creamery	Place of Sampling	Total No. of Samples Taken	No. Passing all Tests	No. Failing Tests
1	Creamery	13	11	2
	Shops and Vans	10	9	1
	{ Creamery	14	11	3
	{ Schools	16	16	—
2	Creamery	14	11	3
	Shops and Vans	7	6	1
	{ Creamery	12	12	—
	{ Schools	20	17	3
3	Creamery	23	18	5
	Shops	16	13	3
4	Creamery	10	5	5
	Shops and Vans	5	1	4
	Totals	86 74	68 62	18 12
		160	130	30

PASTEURISED MILK.

Creamery	Place of Sampling	Total No. of Samples Taken	No. Passing all Tests	No. Failing Tests
1	Creamery	22	22	—
	Shops and Vans	18	18	—
2	Creamery	38	35	3
	Shops and Vans	16	16	—
3	Creamery	20	19	1
	Shops	25	22	3
	{ Creamery	10	9	1
	{ Schools	13	13	—
4	Creamery	18	15	3
	Shops and Vans	21	12	9
	{ Creamery	12	10	2
	{ Schools			
	Totals	120 93	110 81	10 12
		213	191	22

APPENDIX 9.—continued.

HEAT-TREATED MILK.

Creamery	Place of Sampling	Total No. of Samples Taken	No. Passing all Tests	No. Failing Tests
5	Creamery	27	25	2
	Shops	9	6	3
	Totals	27 9	25 6	2 3
		36	31	5

APPENDIX 10.

MILK TESTING SCHEME.

Number of Samples taken for Bacteriological Examination.

Certified	104
Tuberculin Tested (Bulk)	79
Tuberculin Tested (Bottled)	57
Tuberculin Tested (Schools)	17
Tuberculin Tested (Pasteurised)	98
Tuberculin Tested (Pasteurised—Schools)	62
Pasteurised (Bottled)	186
Pasteurised (Schools)	35
Heat-treated (Bottled)	36
Miscellaneous	24
Biological	50
Sterility Tests (on Bottles and Milk Cans)	6
Total	754

Number of Samples Examined for Keeping Quality.

291 Methylene Blue (Hiscox) Tests were carried out at Johnston Terrace.

METHYLENE BLUE (HISCOX) TESTS:

Non-designated	182
Tuberculin Tested (Bulk)	86
Tuberculin Tested (Pasteurised)	2
Pasteurised (Bulk)	10
Pasteurised (Bottled)	11

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	Coli-form and Phosphatase	Coli-form and Methylene Blue	Phosphatase and Methylene Blue
T.T. Pasteurised	98	74	6	9	4	1	...	4	...
T.T. Pasteurised (School)	62	56	1	2	1	...	...	1	...
*Pasteurised	186	165	...	6	4	1	...	6	1
Pasteurised (School)	35	32	...	1	...	2	...	...	...
Heat-treated	36	31	...	...	4	1	...	...	...

* Included in this figure are eight samples of milk taken in the City from a creamery situated outside the boundary.

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	104	88	4	11	1	
T.T. (Bulk)	79	73	1	3	2	
T.T. (Bottled)	57	50	1	4	2	
T.T. (Schools)	17	9	2	3	3	

APPENDIX 12.

PORT SANITARY INSPECTION.

Annual Statement—Year 1950.

Ships boarded and inspected	...	...	...	...	1,025
Re-visits made	...	...	...	...	837
Nuisances discovered	...	...	...	...	1,435
Nuisances abated	...	...	...	...	1,423
Communications written	...	...	...	...	10
Notices served	...	...	...	...	Nil.
Verbal warnings	...	...	...	...	485
Ships fumigated or otherwise treated for vermin by owners	...	...	...	...	32
Fumigation Certificates granted	...	...	...	...	18
Deratisation Certificates granted	...	...	...	...	18
Deratisation Exemption Certificates granted	...	...	...	...	95
Rats exterminated	...	...	...	...	1,127
Ships provided with rat guards	...	...	...	...	1,013
Notices of regulations served upon Masters or Officers in charge	...	...	...	...	1,025
Rats submitted for bacteriological examination	...	...	...	...	18
Found negative	...	...	...	...	18
Rat destructive measures in Dock area—Baits laid	...	...	...	...	15,000
Fees collected	...	...	...	...	£260 19 0

Nuisances Discovered.

Dirty floors, tables, decks, etc.	...	...	...	...	313
Dirty bunks and bedding	...	...	...	...	326
Dirty partitions and ceilings	...	...	...	...	94
Dirty lockers	...	...	...	...	236
Foul closets and latrines	...	...	...	...	43
Foul wash basins	...	...	...	...	22
Foul sinks	...	...	...	...	16
Foul baths	...	...	...	...	7
Choked scuppers	...	...	...	...	20
Choked and defective latrines	...	...	...	...	18
Choked and defective sinks and basins	...	...	...	...	32
Accumulations of garbage, refuse, etc.	...	...	...	...	48
Dirty fresh water tanks	...	...	...	...	11
Dirty and offensive bilges	...	...	...	...	63
Dirty galleys, food stores, pantries, etc.	...	...	...	...	34
Dirty wash places	...	...	...	...	37
Dampness in quarters	...	...	...	...	5
Insufficient light and ventilation	...	...	...	...	6
Ships without rat guards	...	...	...	...	12
Presence of rats and mice	...	...	...	...	18
Presence of cockroaches and beetles	...	...	...	...	20
Presence of bugs and fleas	...	...	...	...	5
Miscellaneous	...	...	...	...	21
Total	...	...	...	...	1,435

APPENDIX 13.

PORT SANITARY REGULATIONS—1933 to 1945.

Edinburgh Port Health District.

1. Amount of shipping entering the Port in 1950 :—

	Number	Tonnage
(1) Foreign	931	724,535
(2) Coastwise	2,892	499,822
(3) Total	3,823	1,224,357

2. Total number of vessels subjected to methods of rat destruction in 1950.

“ 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
32	388	18	739	Nil.	Nil.	Nil.

*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.	19	341	13	47	18	95

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 1950	Whether infected, suspected, or from infected ports	Methods of Rat Destruction	No. of Rats killed	Whether a Certificate of Deratisation granted	Remarks
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 Table “ 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.	19	341	13	47	18	95	Ropes and hawsers rat guarded.

APPENDIX 14.

Reports of Prosecutions instituted by the Sanitary Department during the year ended
31st December, 1950

No.	Nature of Contravention	Act Contravened	Court Where Tried	Result
1	Failure to wash Common Stair ...	Bye-laws for Cleansing of Common Stairs	Burgh	Not guilty.
2	Adulteration of Whisky ...	Food and Drugs (Adulteration) Act, 1928—Section 2.	Sheriff	Not guilty.
3	Failure to observe Half-Holiday Closing ...	Edinburgh Fish Friers (Shops Act) Order, 1946.	Do.	£2 Fine.
4	Do.	Do.	Do.	10/- Fine.
5	Do.	Do.	Do.	10/- Fine.
6	Adulteration of Sweet Milk ...	Food and Drugs (Adulteration) Act, 1928—Sections 2 and 16.	Do.	Not guilty.
7	Failure to wash Common Stair ...	Bye-laws for Cleansing of Common Stairs	Burgh	Admonished.
8	Failure to comply with a Notice requesting the repair, cleansing and painting of a Common Stair.	Edinburgh Corporation Order, 1933—Section 144.	Do.	Guilty. No order made as stair in hands of painter.
9	Sale of Ice-Cream from an Unregistered Vehicle.	Food and Drugs Ice-Cream (Scotland) Regulations, 1948—Part 2.	Do.	£1 Fine or 10 days.
10	Excessive Preservative in Mince for summer months.	Food and Drugs (Adulteration) Act, 1928—Section 2(4) and Public Health (Preservatives, etc., in Food) Regulations (Scotland), Section 4.	Sheriff	£5 Fine.
11	Preservative in Mince ...	Do.	Do.	£2 Fine.

VETERINARY DEPARTMENT

REPORT BY THE VETERINARY INSPECTOR.

MILK AND DAIRIES.

Milk and Dairies (Scotland) Act, 1914.—During the year 445 visits of inspection were made 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.

At December 1950 there were 27 registered dairy herds within the City boundary. The average number of cows in those herds was 900. Two certificates of registration were cancelled and one granted during the year.

Three 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, visits were also paid to 24 premises which were exempt from the Act, but licensed under the Cattlesheds in Burghs (Scotland) Act, 1866, and during these visits 75 cows were clinically examined.

During the summer the premises having licences under the above Act were visited and at 16 of these samples were taken for bacteriological examination. Some of the premises had no cows at the time of visiting.

The premises were revisited when the results were available and by comparing them with those of the previous year, it was, depending on the attitude of the owner, possible to give some help and advice.

Three of the samples gave bacterial counts of under 10,000 per ml. This is very satisfactory considering that the milk was uncooled, and that it was tested in accordance with the procedure for standard milk. It is interesting to note that the lowest count came from a farm where a milking machine had been installed to milk four cows.

Results :—

Methylene Blue (Hiscox) Tests :—

Number of tests carried out	...	...	...	...	8
Number of samples passing test	...	...	...	...	5
Number of samples failing test	...	...	...	...	3

Plate Count and Coliform Tests :—

Number of tests carried out	...	...	...	...	8
Number of samples giving satisfactory results	...	...	...	...	5
Number of samples giving fairly satisfactory results	...	...	...	...	2
Number of samples giving unsatisfactory results	...	...	...	...	1

Six samples submitted to the biological test for tuberculosis gave negative results.

Milk (Special Designations) Order (Scotland), 1936-49.—Fifteen producers' licences for the sale of designated milk have been in force during the year under the following headings, two "Certified," ten "Tuberculin Tested," and three "Standard." The "Certified" licences are held by Messrs Neil N. Little & Sons, Brachead Mains, Barnton and Edinburgh University, "Sir Robert Philip Memorial Farm," Gracemount, Edinburgh. The increase in the number of tubercle free herds from nine in 1949 to twelve in 1950 shows a further advance in the campaign for safe milk.

Bacteriological Examination of Milk.—One hundred and eighty-nine samples were subjected to the test for bacteriological standard as follows :—

Certified Milk	...	...	...	14
Tuberculin-Tested Milk	...	...	...	97
Standard Milk	...	...	...	42
Ordinary Milk	...	...	...	36
				<u>189</u>

One sample of "Certified" milk fell below the standard specified in the Milk (Special Designations) Order, in respect of the coliform test. One sample of "Tuberculin Tested" milk failed in the bacterial count test, twelve samples failed in the coliform test and four samples in both tests. One sample of "Standard" milk failed in the bacterial count test and five failed in the coliform test. In all cases the failures were referred to the producers concerned.

Bulk Milk Samples subjected to Biological Test for Tuberculosis.—Tested and completed at 31st December 1950.

Total	Negative	Positive	Inconclusive
38	35	2	1

With regard to the two Positive results the herds concerned were visited by the Veterinary Inspector and two cows which were found to be suffering from a Tubercular Mastitis were valued and slaughtered under the Tuberculosis Order of 1938.

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.

As in previous years over fifty per cent. of the cattle and sheep were killed during August, September, October and November. This means that during this time all inspectors are working full time at the Abattoir and routine work in the City has to be held over.

The inspectors find this rush of work very heavy and I sincerely hope that some means will be found to induce or enable farmers to spread their supplies of fat stock over the year.

Abattoir.—Supervision has been maintained in accordance with the usual practice at Gorgie Abattoir.

The number of animals passing through the abattoir during 1950 is shown in the following table :—

Cattle	Oxen	...	...	15,280	
	Bulls	...	...	117	
	Cows	...	...	3,622	
	Heifers	...	...	5,964	
					<u>24,983</u>
Calves	...	...	...	...	4,160
Sheep	...	...	...	...	125,504
Swine	...	...	...	...	8,307
					<u>162,954</u>

Carcases and Offal Condemned in Abattoir.—Carcases partially or wholly condemned in the City abattoir weighed 101·59 tons. To this there falls to be added 134·74 tons (weight estimated) of condemned offal, making a total of approximately 236·33 tons. Tuberculosis was responsible for 18·73 per cent. of the number of carcass seizures and for 12·95 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 63·77 per cent. of all beef seized and destroyed, for 12·67 per cent. of veal, and 10·82 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 1950 :—

Class of Animals	Totally Condemned		Partially Condemned		Total Weight in lbs.
	Number	Weight in lbs.	Number	Weight in lbs.	
Oxen ...	31	16,904	675	38,543	55,447
Bulls ...	1	542	10	1,265	1,807
Cows ...	114	50,836	423	28,570	79,406
Heifers ...	27	12,480	184	9,649	22,129
Calves ...	108	4,566	12	83	4,649
Sheep ...	402	16,420	1,288	12,538	28,958
Swine ...	233	24,454	576	10,718	35,172
Total ...	916	126,202	3,168	101,366	227,568

Number of organs condemned in the different classes of animals at abattoir during 1950 (excluding organs of animals totally condemned):—

Organs Condemned	CATTLE						Swine	Sheep	TOTAL
	Oxen	Bulls	Cows	Heifers	Calves	TOTAL			
LUNGS AND HEARTS :—									
Tuberculosis ...	715	11	961	295	...	1,082	47	...	2,029
Other Causes ...	1,077	10	150	226	1	1,464	1,590	3,035	6,089
BOWELS :—									
Tuberculosis ...	176	...	232	62	...	470	4	...	474
Other Causes ...	34	2	60	12	1	109	27	17	153
STOMACHS :—									
Tuberculosis ...	22	...	17	6	...	45	...	...	45
Other Causes ...	214	3	40	20	...	277	10	99	386
SPLEENS :—									
Tuberculosis ...	7	...	15	9	...	31	2	...	33
Other Causes ...	18	...	9	4	...	31	1	14	46
LIVERS :—									
Tuberculosis ...	172	1	106	52	...	331	42	...	373
Other Causes ...	8,230	18	1,778	1,874	55	11,955	596	6,580	19,131
KIDNEYS :—									
Tuberculosis ...	4	...	3	2	...	9	...	...	9
Other Causes ...	73	1	125	18	1	218	33	9	260
UDDERS :—									
Tuberculosis ...	...	...	22	...	...	22	...	...	22
Other Causes ...	...	...	454	...	...	454	81	11	546
HEADS :—									
Tuberculosis ...	339	5	284	118	...	746	394	...	1,140
Other Causes ...	433	2	42	135	...	612	35	1	648
SKIRTS :—									
Tuberculosis ...	12	...	12	6	...	30	...	...	30
Other Causes ...	406	1	85	52	...	544	5	17	566
FEET :—									
Tuberculosis ...	...	...	...	...	...	...	...	...	...
Other Causes ...	113	...	...	...	...	113	...	...	113
TOTAL ...	12,045	54	4,395	2,891	58	19,443	2,867	9,783	32,093

Percentage incidence of Tuberculosis in animals slaughtered at abattoir during 1950 :—

Cattle	Oxen ...	...	5.61	...	9.54
	Bulls ...	...	11.11		
	Cows ...	...	31.25		
	Heifers ...	...	5.81		
Calves	...	...	...	...	0.16
Swine	...	...	...	...	4.86

Comparison between tuberculous and non-tuberculous diseases as causes of condemnation in carcasses of animals slaughtered in abattoir during 1950 :—

By Numbers		CATTLE					Swine	Sheep	TOTAL	
		Oxen	Bulls	Cows	Heifers	Calves				TOTAL
Tuberculosis ...	{ Total	14	...	64	18	11	107	14	...	121
	{ Partial	308	4	213	95	...	620	24	...	644
Total and Partial ...		322	4	277	113	11	727	38	...	765
Non-tuberculous	{ Total	17	1	50	9	97	174	219	402	795
	{ Partial	367	6	210	89	12	684	552	1,288	2,524
Total and Partial ...		384	7	260	98	109	858	771	1,690	3,319

By Weight	Tuberculosis (lbs.)	Non-tuberculous Disease (lbs.)	Percentages Tuberculous
Oxen	33,586	21,861	60.57
Bulls	978	829	54.12
Cows	50,961	28,445	64.81
Heifers	15,841	6,288	71.58
Calves	589	4,060	12.67
Sheep ... ..	...	28,958	...
Swine	3,805	31,367	10.82

Number of carcasses condemned in the different classes of animals slaughtered during 1950, 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	Total	Partial	Total	Partial
Tuberculosis	14	308	...	4	64	213	18	95	11	...	13	24	...	...
Emaciation and Oedema	3	...	...	...	31	...	3	...	70	...	82	...	215	133
Abscess and Sepsis	2	169	...	...	2	50	...	26	5	2	39	89	40	314
Septic Pleurisy	1	4	...	1	1	2	...	2	2	...	4	34	15	300
Peritonitis	...	60	...	2	...	36	...	13	...	1	2	36	2	125
Pneumonia and Pleurisy	...	4	...	...	...	4	...	1	...	...	...	27	...	59
Dead, Moribund, Ill-bled and Decomposed	1	...	...	...	1	...	1	...	3	...	10	...	68	...
Actinomycosis	1	54	1	...	...	1	...	...	1	...	...	2	...	...
Bruising and Fractures	...	61	...	3	3	90	...	33	...	5	3	147	9	142
Fevered and badly-set	1	...	...	...	3	...	2	...	4	...	22	...	13	...
Arthritis	...	4	...	...	...	4	...	...	...	3	...	148	5	96
Acute Enteritis	3	...	...	...	1	...	...	...	1	...	26	...	1	...
Malformation	2	...	...	...	...	2	...	...	...	...	...	1	...	8
Septic Pericarditis	2	...	...	...	...	1	...	...	...	...	...	...	5	...
Septic Metritis	...	...	...	...	5	...	...	...	...	...	...	...	4	...
Tumours	...	1	...	...	2	...	...	...	...	...	...	...	7	2
Mastitis	...	...	...	...	2	8	...	...	...	...	...	58	2	38
Cysticercus Bovis	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Uræmia	1	...	...	...	...	...	...	...	...	...	6	...	3	...
Jaundice	...	...	...	...	...	...	...	...	10	...	3	...	...	...
Swine Erysipelas	...	...	...	...	...	...	...	...	...	...	...	8	...	...
Melanosis	...	4	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis	...	3	...	...	1	6	...	...	...	...	1	2	...	1
Gangrene	...	...	...	...	...	2	...	...	...	...	3	...	1	...
Septic Pneumonia	1	...	...	...	...	...	...	...	...	...	5	...	5	...
Septic Peritonitis	1	1	...	...	...	4	...	...	2	...	8	...	7	10
	31	675	1	10	114	423	27	184	108	12	233	576	402	1288

Report on the Laboratory Facilities at the Slaughter House, Gorgie.
—During 1950 the laboratory facilities at the abattoir were developed for the purpose of detecting Salmonella and other organisms of health importance in carcasses submitted for meat inspection.

These examinations revealed the presence of Salmonella organisms in two carcasses, one ox and one pig carcass. The ox carcass proved to be affected with a Salmonella typhimurium septicaemia, and had this carcass been allowed to be sold to the public a severe and widespread outbreak of food poisoning would probably have occurred.

The other carcass, that of the pig, proved to be locally affected in the gall bladder and consequently the rest of the carcass was safe for human consumption. I may state that I have found this laboratory examination exceedingly helpful in judging carcasses, particularly those sent in for emergency slaughter.

Summary of Work done in the Laboratory.

A total of 197 carcasses were examined, necessitating 126 cultural examinations and 144 microscopical examinations of various tissues and organs.

Cultural Examinations.—Of the 126 examinations :—

80 showed no bacterial growth.
34 showed B. Coli.
9 showed Staphylococci.
2 showed Salmonella.
1 showed Para-colon bacilli

Microscopical Examinations.—Of the 144 examinations 95 were made for the determination of Anthrax, but they were all negative. The bulk of the remainder were for detection of the tubercle bacillus in tissues which to the naked eye showed only slight change.

Cysticercus Bovis (Measly Beef).—During 1950 the incidence of cysticercus bovis was 2.31 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. If a carcass showed any lesions, whether old standing or not, it was sent into cold store for three weeks at 20° F. as laid down in the Scottish Meat Regulations. One heifer carcass had cysts widespread in the muscles and was condemned.

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 144—an average of 3 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 1950 :—

Cattle	...	...	...	...	6,740
Calves	...	...	...	...	2,189
Sheep	...	...	...	...	30,718
Swine	...	...	...	...	20,676
					<u>60,323</u>

The number of animals passing through the store market on a Wednesday was :—

Cattle	...	...	...	...	17,680
Sheep	...	...	...	...	96,083
Swine	...	...	...	...	29,118
					<u>142,881</u>

The attested cattle sale, held roughly once a fortnight in the byre of the Corporation market, is still meeting with a good deal of success. Sales are held either on a Thursday or a Friday, and chiefly animals of the dairy breeds are exposed, but occasionally bullocks and beef bulls are sold. During the year a total of 4,450 cattle were sold, an increase of more than a thousand.

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 1950 :—

Butchers' Shops	...	...	...	856
Provision Shops	...	...	...	2,899
Fishmongers' Shops	...	...	...	288
Fruiterers' Shops	...	...	...	570
Meat Sales and Cold Stores	...	...	...	452
Live Stock Markets	...	...	...	312
Fishmarkets	...	...	...	308
Fruit Markets	...	...	...	494
Restaurants	...	...	...	175
Cooking Centres and Canteens	...	...	...	21
Bakers' Shops	...	...	...	4
Sausage Factories	...	...	...	20
Bakeries	...	...	...	8
Horse Flesh Shops	...	...	...	9
Street Hawkers	...	...	...	22
Miscellaneous	...	...	...	12
				<u>6,450</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 1949. The examination of tinned goods is still one of our most important tasks. During the year 12,000 certificates were issued by the inspectors.

The weights of foodstuffs seized in markets, shops and other premises in the City during 1950 were as follows :—

were as follows :—				Weight in lbs.
Beef	...	...	...	12,112 $\frac{1}{2}$
Mutton	...	...	...	208 $\frac{1}{2}$
„ (tinned)	...	...	...	1,001 $\frac{1}{2}$
Meat	„	...	...	12,339 $\frac{1}{2}$
Pork	„	...	...	1,473
„	„	...	...	1,144 $\frac{1}{2}$
Tripe	...	...	...	93
Sausages	...	...	...	130 $\frac{3}{4}$
Bacon	...	...	...	843 $\frac{3}{4}$
Pig Stomachs	...	...	...	1,177
Poultry and Game	...	...	...	5,897
Rabbits	...	...	...	439 $\frac{1}{2}$
Fish (fresh)	...	...	...	44,343 $\frac{3}{4}$
„ (tinned)	...	...	...	2,732 $\frac{3}{4}$
„ (dried)	...	...	...	462
Fruit (fresh)	...	...	...	3,424
„ (tinned)	...	...	...	18,378 $\frac{1}{4}$
„ (dried)	...	...	...	1,732 $\frac{1}{2}$
Vegetables (fresh)	...	...	...	17,221
„ (tinned)	...	...	...	57,996 $\frac{1}{4}$
„ (dried)	...	...	...	56
Soup	...	...	...	4,345 $\frac{3}{4}$
Milk (tinned)	...	...	...	9,088 $\frac{3}{4}$
Jam	...	...	...	3,469
Paste	...	...	...	5,964 $\frac{1}{4}$
Pastry Mix	...	...	...	220 $\frac{1}{2}$
Fruit Cake	...	...	...	3,219
Cheese	...	...	...	172 $\frac{3}{4}$
Confectionery	...	...	...	215
Sweet Fat...	...	...	...	131
Sugar	...	...	...	894
Cereal	...	...	...	1,340 $\frac{1}{2}$
Miscellaneous	...	...	...	3,657 $\frac{1}{2}$
				<hr/> 215,925

Equal to — 96 tons, 7 cwts., 3 qrs., 17 lbs.

With the shortage of food in the country it is pleasing to note a reduction in the amount of food seized as unsound. This is particularly so with fish which shows a reduction of 212,892 lbs.

There has been a considerable increase in the amount of tinned luncheon meat imported from various continental countries. One of the most difficult problems associated with these tins is the small percentage which shows a condition known as "Peaking," *i.e.* the ends of the tin are not concave but show some movement. The swelling can be pushed back and stays flat for some time. We have made many bacteriological examinations of these tins, but on only one occasion did we find any bacteria. The cause of the condition is possibly associated with poor technique in canning or to the very thin tin available. In view of the doubts which arise in the minds of the shopkeepers and general public it is to be hoped that the packers will soon eliminate this condition.

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.

PORT FOOD INSPECTION.

The usual supervision has been maintained as to the condition and soundness of foodstuffs landed at the port of Leith during 1950.

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 1950 :—

Country of Origin	Foodstuffs	Number of Consignments
Holland	Vegetables (fresh) ...	296
	„ (tinned) ...	24
	Fruit (fresh) ...	160
	„ (tinned) ...	55
	Butter ...	32
	Cheese ...	31
	Meat (tinned) ...	51
	Sweet Fat ...	36
	Fondant ...	31
	Chocolate ...	16
	Cake Filling ...	15
	Jam ...	11
	Milk (tinned) ...	7
	Biscuits ...	6
	Marzipan ...	3
		774
Denmark	Butter ...	78
	Bacon ...	77
	Cheese ...	54
	Eggs ...	68
	Pig Products ...	57
	Meat and Pork (tinned) ...	103
	Cow Udders ...	7
	Smoked Sausage ...	21
	Sweet Fat ...	64
	Vegetables (tinned) ...	12
	Cod Roes (tinned) ...	3
	Marzipan ...	13
	Fondant ...	15
	Poultry and Game ...	10
	Pears (bottled) ...	6
		588
Faroës	Whalemeat ...	3
Canada	Flour ...	1
	Wheat ...	6
U.S.A.	Wheat ...	1
	Maize ...	1
Yugoslavia	Maize ...	1
	Maize ...	1
Germany	Wheat ...	1
U.S.S.R.	Wheat ...	1
Sweden	Fish (fresh) ...	5
Poland	Onions ...	1
		1
		1,383

Imported foodstuffs condemned or rejected or re-exported at the port of Leith during 1950 :—

	Weight in lbs.
Fruit (tinned)	25,386
Vegetables (fresh)	3,808
„ (tinned)	10
Pig Products	3,423
White Cake Filling	1,176
Fondant	2,296
Cheese	369
Sweet Fat	25
	36,493

Equal to ... 16 tons, 5 cwts., 3 qrs., 9 lbs.

Food and Drugs (Whalemeat) (Scotland) Regulations, 1949.—There were three consignments of whalemeat landed at Leith during 1950 all of which complied with the regulations.

Summary showing total diseased and unsound foodstuffs dealt with by the Department in the City during 1950 :—

	Weight in lbs.
At Abattoir—Carcases	227,568
—Offal (weight estimated) ...	301,832
In Shops, Warehouses, etc. ...	215,925
At the Port of Leith	36,493
	781,818

Equal to ... 349 tons, 2 qrs., 2 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.—Five 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, 1 calf, 1 heifer, 60 sheep, 10 pigs, were found dead at the markets, railway sidings and abattoir. These were all examined for anthrax before disposal. All results were negative.

Foot and Mouth Disease.—Twenty outbreaks of this disease were confirmed in Great Britain during 1950, entailing the slaughter of 2,140 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.—Twenty outbreaks of this disease were confirmed in Great Britain during 1950, but there were no outbreaks in the City.

Swine Fever.—The number of outbreaks of Swine Fever in Great Britain shows a sharp rise from 5 outbreaks in 1949 to 430 outbreaks in 1950. The disease spread fairly rapidly throughout the country and in order to control its progress the Ministry of Agriculture and Fisheries introduced the Regulation of Movement of Swine Order which came into force in August 1950.

This Order, which applied only to England and Wales, prescribed a scheduled area in which no sale of swine could be held in any market, fairground or saleyard unless authorised by the Local Authority, and placed restriction on the movement of swine from any market, fairground or saleyard or from any collecting centre used by the Ministry of Food or from the premises of any pig dealer in that area. An amending Order dated 8th January, 1951, now extends the scheduled area to the whole of Great Britain.

There were 10 suspected outbreaks of the disease in the City during 1950, seven of which were confirmed by the Ministry of Agriculture and Fisheries. All the owners concerned slaughtered their entire stock, the healthy pigs being licensed to the Slaughterhouse and the sick and small pigs slaughtered on the premises and the carcasses destroyed. A total of 826 pigs were involved. The first outbreak to be confirmed in the City was in July 1950, and this was the first case of the disease in the City since 1944.

Bovine Tuberculosis.—Three animals were dealt with under the Tuberculosis Order of 1938. In addition, eleven 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.—Incidence of the disease showed a marked drop in the early part of 1950, but in the autumn a very bad outbreak occurred in East Anglia and in later months spread throughout the country. It was found to be caused by an American strain of virus which is very much milder than Continental strains, and affected birds may only show a slight fall in egg yield. The disease can be spread by day-old chicks which makes control very difficult. The Ministry have introduced many Orders to control the disease which now seems to be quietening down and, we hope, will soon disappear. Recent legislation introduced for the control of the disease is as follows:—

The Live Poultry (Regulation of Sales, Exhibitions and Movement) Order, 1950.

The Poultry Carcasses (Importation) Order, 1950.

The Live Poultry (East Anglia) (Restrictions) Order, 1950.

The Live Poultry (England and Wales) (Restrictions) Order, 1951.

The Live Poultry (Scotland) (Restrictions) Order, 1951.

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. 9,603 Irish cattle were received at Gorgie market under licence from ports, and 569 licences were issued authorising movement of these cattle from the market. 918 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 4,575 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 43 dogs, 2 cats and 2 foxes 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 6 certificates were issued for the disinfection

of straw. In addition 1 certificate was issued in respect of wool exported to Italy, 14 certificates were issued in respect of beef casings to France, and 2 certificates in respect of dried fish to Cuba.

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 1,851 sheep, 4 horses, 50 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. In addition 9 ponies were exported from Leith to Continental ports during the year.

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. 1,829 vehicles were cleansed and disinfected at Gorgie markets during the year, an average of 35 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. Two horses and replacements were purchased.

Lighting and Cleansing.—Ninety visits of attendance were made to the stud under the control of the Lighting and Cleansing Department. During the year seven horses were cast without being replaced.

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 1951.

	Medical Officers	Dental Officers	Inspectors	Admin. and Clerical Assistants, etc.	Health Visitors	Nursing Staff	Almoner, Masseuse and Chiropractist	Home Helps	Domestic Staff	Porters and other Male Staff	Cleaners and other Female Staff	Total
1. PUBLIC HEALTH—												
Medical Officer's Department	4	...	...	18	...	...	...	...	...	1	11	34
Sanitary Department	...	...	44	4	...	...	...	...	...	...	1	49
Veterinary Department	...	...	7	2	...	...	...	...	...	...	...	9
Tuberculosis Scheme	...	...	...	...	10	...	...	...	...	...	...	10
Maternity and Child Welfare Scheme, includes Day Nurseries, Midwifery and Home Helps	8	3	...	19	48	214	1	*92	*67	14	17	483
Venerable Diseases Scheme	...	...	...	...	2	...	...	...	...	...	...	2
Motor Vans and Disinfecting Station	...	...	...	...	...	...	...	...	...	6	1	7
2. SCHOOL HEALTH SERVICE	10	†8	...	16	26	...	2	...	...	2	7	71
	22	11	51	59	86	214	3	92	67	23	37	665

* 23 of the Home Helps and 20 of the Domestic Staff are employed on a part-time basis.

† There are in addition 2 part-time Dental Officers in the School Health Service.

1909		1910		1911		1912		1913		1914		1915		1916		1917		1918		1919		1920		1921		1922		1923		1924		1925		1926		1927		1928		1929		1930		1931		1932		1933		1934		1935		1936		1937		1938		1939		1940		1941		1942		1943		1944		1945		1946		1947		1948		1949		1950		1951		1952		1953		1954		1955		1956		1957		1958		1959		1960		1961		1962		1963		1964		1965		1966		1967		1968		1969		1970		1971		1972		1973		1974		1975		1976		1977		1978		1979		1980		1981		1982		1983		1984		1985		1986		1987		1988		1989		1990		1991		1992		1993		1994		1995		1996		1997		1998		1999		2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013		2014		2015		2016		2017		2018		2019		2020		2021		2022		2023		2024		2025		2026		2027		2028		2029		2030		2031		2032		2033		2034		2035		2036		2037		2038		2039		2040		2041		2042		2043		2044		2045		2046		2047		2048		2049		2050		2051		2052		2053		2054		2055		2056		2057		2058		2059		2060		2061		2062		2063		2064		2065		2066		2067		2068		2069		2070		2071		2072		2073		2074		2075		2076		2077		2078		2079		2080		2081		2082		2083		2084		2085		2086		2087		2088		2089		2090		2091		2092		2093		2094		2095		2096		2097		2098		2099		2100		2101		2102		2103		2104		2105		2106		2107		2108		2109		2110		2111		2112		2113		2114		2115		2116		2117		2118		2119		2120		2121		2122		2123		2124		2125		2126		2127		2128		2129		2130		2131		2132		2133		2134		2135		2136		2137		2138		2139		2140		2141		2142		2143		2144		2145		2146		2147		2148		2149		2150		2151		2152		2153		2154		2155		2156		2157		2158		2159		2160		2161		2162		2163		2164		2165		2166		2167		2168		2169		2170		2171		2172		2173		2174		2175		2176		2177		2178		2179		2180		2181		2182		2183		2184		2185		2186		2187		2188		2189		2190		2191		2192		2193		2194		2195		2196		2197		2198		2199		2200		2201		2202		2203		2204		2205		2206		2207		2208		2209		2210		2211		2212		2213		2214		2215		2216		2217		2218		2219		2220		2221		2222		2223		2224		2225		2226		2227		2228		2229		2230		2231		2232		2233		2234		2235		2236		2237		2238		2239		2240		2241		2242		2243		2244		2245		2246		2247		2248		2249		2250		2251		2252		2253		2254		2255		2256		2257		2258		2259		2260		2261		2262		2263		2264		2265		2266		2267		2268		2269		2270		2271		2272		2273		2274		2275		2276		2277		2278		2279		2280		2281		2282		2283		2284		2285		2286		2287		2288		2289		2290		2291		2292		2293		2294		2295		2296		2297		2298		2299		2300		2301		2302		2303		2304		2305		2306		2307		2308		2309		2310		2311		2312		2313		2314		2315		2316		2317		2318		2319		2320		2321		2322		2323		2324		2325		2326		2327		2328		2329		2330		2331		2332		2333		2334		2335		2336		2337		2338		2339		2340		2341		2342		2343		2344		2345		2346		2347		2348		2349		2350		2351		2352		2353		2354		2355		2356		2357		2358		2359		2360		2361		2362		2363		2364		2365		2366		2367		2368		2369		2370		2371		2372		2373		2374		2375		2376		2377		2378		2379		2380		2381		2382		2383		2384		2385		2386		2387		2388		2389		2390		2391		2392		2393		2394		2395		2396		2397		2398		2399		2400		2401		2402		2403		2404		2405		2406		2407		2408		2409		2410		2411		2412		2413		2414		2415		2416		2417		2418		2419		2420		2421		2422		2423		2424		2425		2426		2427		2428		2429		2430		2431		2432		2433		2434		2435		2436		2437		2438		2439		2440		2441		2442		2443		2444		2445		2446		2447		2448		2449		2450		2451		2452		2453		2454		2455		2456		2457		2458		2459		2460		2461		2462		2463		2464		2465		2466		2467		2468		2469		2470		2471		2472		2473		2474		2475		2476		2477		2478		2479		2480		2481		2482		2483		2484		2485		2486		2487		2488		2489		2490		2491		2492		2493		2494		2495		2496		2497		2498		2499		2500		2501		2502		2503		2504		2505		2506		2507		2508		2509		2510		2511		2512		2513		2514		2515		2516		2517		2518		2519		2520		2521		2522		2523		2524		2525		2526		2527		2528		2529		2530		2531		2532		2533		2534		2535		2536		2537		2538		2539		2540		2541		2542		2543		2544		2545		2546		2547		2548		2549		2550		2551		2552		2553		2554		2555		2556		2557		2558		2559		2560		2561		2562		2563		2564		2565		2566		2567		2568		2569		2570		2571		2572		2573		2574		2575		2576		2577		2578		2579		2580		2581		2582		2583		2584		2585		2586		2587		2588		2589		2590		2591		2592		2593		2594		2595		2596		2597		2598		2599		2600		2601		2602		2603		2604		2605		2606		2607		2608		2609		2610		2611		2612		2613		2614		2615		2616		2617		2618		2619		2620		2621		2622		2623		2624		2625		2626		2627		2628		2629		2630		2631		2632		2633		2634		2635		2636		2637		2638		2639		2640		2641		2642		2643		2644		2645		2646		2647		2648		2649		2650		2651		2652		2653		2654		2655		2656		2657		2658		2659		2660		2661		2662		2663		2664		2665		2666		2667		2668		2669		2670		2671		2672		2673		2674		2675		2676		2677		2678		2679		2680		2681		2682		2683		2684		2685		2686		2687		2688		2689		2690		2691		2692		2693		2694		2695		2696		2697		2698		2699		2700		2701		2702		2703		2704		2705		2706		2707		2708		2709		2710		2711		2712		2713		2714		2715		2716		2717		2718		2719		2720		2721		2722		2723		2724		2725		2726		2727		2728		2729		2730		2731		2732		2733		2734		2735		2736		2737		2738		2739		2740		2741		27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