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# **MEDICAL LIBRARY**

(MINISTRY OF HEALTH.)

**COUNTY OF ARGYLL**

**ANNUAL REPORTS**

on the

## **Health and Sanitary Administration of the County**

by

**JOHN A. C. GUY, M.B., Ch.B., D.P.H.**  
County Medical Officer

and

**J. LAWSON MOWAT, C.R.S.I., C.R.S.A.**  
County Sanitary Inspector

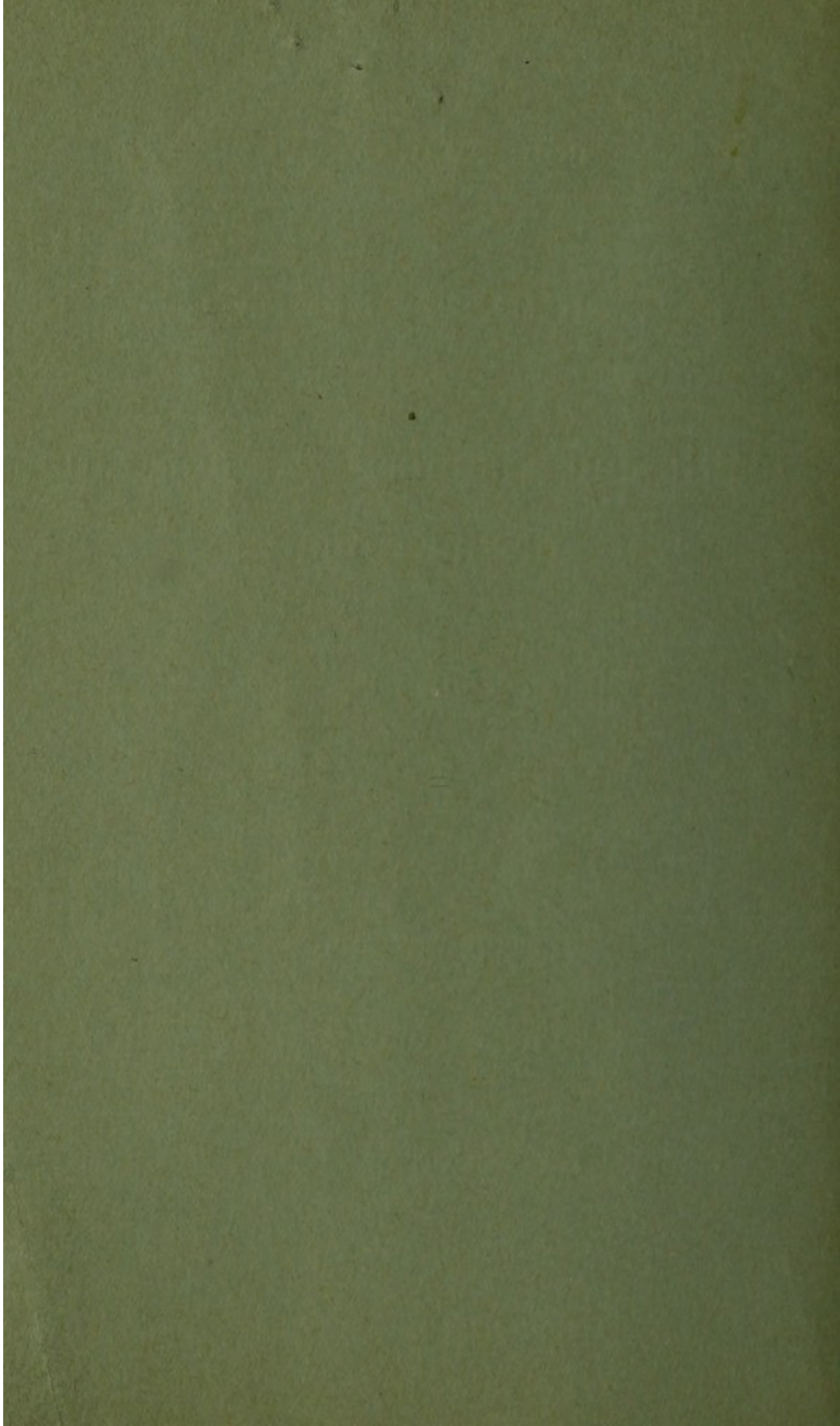
and

**The Annual Report**

on the

**Medical Inspection of School Children**

**1937**





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**1 9 3 7**



COUNTY OF ARIZONA

ANNUAL REPORT

1907

Health and Sanitation Administration  
of the County

Presented to the Board of Supervisors  
at their regular meeting

and

to the People of the County  
at the County Fair

The Annual Report

1907

Medical Inspection of School Children

1907

and the Yearly Summary

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TO THE DEPARTMENT OF HEALTH FOR SCOTLAND  
AND THE  
COUNTY COUNCIL OF ARGYLL

*Ladies and Gentlemen,*

*I have the honour to submit the following Report on the Health of the County during the year 1937, and the Report on School Medical Inspection.*

*The Annual Reports of the Sanatorium Medical Officer and the County Sanitary Inspector are included.*

*I am,*

*Ladies and Gentlemen,*

*Your obedient Servant,*

*JOHN A. C. GUY,*

*County Medical Officer of Health.*

# ARGYLL COUNTY PUBLIC HEALTH DEPARTMENT

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OFFICE—COUNTY BUILDINGS, OBAN.

POSTAL ADDRESS—County Medical Officer, Oban.

TELEPHONE No. OBAN 89.

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## LIST OF STAFF

### COUNTY MEDICAL OFFICER OF HEALTH

John A. C. Guy, M.B., Ch.B., D.P.H., Ed.

### ASSISTANT MEDICAL OFFICER OF HEALTH

Catherine A. Brown, M.B., Ch.B., D.P.H. (Glas.)

Archibald S. Hutcheson, M.B., Ch.B., D.P.H. (Glas.)

### COUNTY SANITARY INSPECTOR

John Lawson Mowat, C.R.S.I., C.R.S.A.

Chief Health Visitor - Elizabeth R. Simpson, C.M.B.

Chief Clerk - - - - - Ann L. Maclean

Clerkess and Typist - - - - Greta R. Stewart

Junior Clerkesses - - - { Catherine E. Galloway  
Nicholas Gray.

### Local Medical Officers.

#### ARDNAMURCHAN.

- Dr. Fergusson, Salen, Loch Sunart.
- Dr. Mackinven, Aline Park, Lochaline.
- Dr. Maciver, Fort William.

#### COWAL.

- Dr. MacIntyre, Lochgoilhead.
- Dr. Alan R. Fordyce, Kirn.
- Dr. Walker, Strone.
- Dr. Hamilton, Innellan.
- Dr. McLellan, Strachur.
- Dr. Thomson, Tighnabruaich.

#### ISLAY.

- Dr. Campbell, Port Ellen.
- Dr. Macintyre, Bridgend.
- Dr. Stuart, Bruichladdich.
- Dr. Sandeman, Jura.
- Dr. McCloghry, Colonsay.

#### KINTYRE.

- Dr. Cameron, Tarbert.
- Dr. Macqueen, Muasdale.
- Dr. Brown, Campbeltown.
- Dr. Niven, Southend,
- Dr. Cameron, Carradale.

#### LORN.

- Dr. Grant, Ballachulish.
- Dr. Campbell, Port Appin.
- Dr. Mackie, Dalmally.
- Dr. McNicol, Taynuilt.
- Dr. Currie, Oban.
- Dr. Adie, Balvicar.



**MID-ARGYLL.**

Dr. Chalmers, Inveraray.  
 Dr. Gracie, Furnace.  
 Dr. Matheson, Lochgilphead.  
 Dr. McCallum, Lochgilphead

**MULL AND TIREE.**

Dr. Macdonald, Salen, Mull.  
 Dr. Lyall, Bunessan, Mull.  
 Dr. Macintyre, Tobermory.  
 Dr. Hunter, Tiree.  
 Dr. Somerville, Coll.

**Burgh Medical Officers.**

Campbeltown, Dr. Harvey Thomson, Med. Officer of Health.  
 Dunoon, Dr. Boyd, Deputy Medical Officer of Health.  
 Oban, Dr. Currie, Medical Officer of Health.  
 Inveraray, Dr. Chalmers, Deputy Med. Officer of Health.  
 Lochgilphead, Dr. McCallum, Medical Officer of Health.  
 Tobermory, Dr. Macintyre, Deputy Med. Officer of Health.

**Divisional Sanitary Inspectors.**

Ardnamurchan, ... .. H. MacPherson, Acharacle.  
 Cowal, ... .. J. C. Smith, Dunoon.  
     Sandbank, Innellan,  
     and Inverchaolain,  
 Islay, ... .. A. Weir, Bowmore.  
 Kintyre, ... .. D. Macdonald, Campbeltown.  
 Lorn (North), ... .. D. Robertson, Glencoe.  
 Mid-Argyll, ... .. D. Maclean, Lochgilphead.  
 Mull, ... .. A. M. Mackenzie, Tobermory.

## Local Sanitary Inspectors.

### Cowal—

Strone district, ... ..	A. Campbell, Kilmun.
Colintraive, ... ..	W. Buchanan, Ardachuple.
Tighnabruaich, ... ..	W. G. Mallett, Tighnabruaich.
Strachur, ... ..	F. Godden, Strachur.
Lochgoilhead, ... ..	J. C. Munroe, Lochgoilhead.
Sandbank, ... ..	T. Devine, Innellan.
Innellan, ... ..	J. Reeves, Sandbank.

### Islay—

Port Ellen, ... ..	A. Campbell, Port Ellen.
Jura, ... ..	Neil Lindsay, Craighouse.
Colonsay, ... ..	M. Macintyre.

### Kintyre—

Tarbert, ... ..	Thomas Maxwell, Tarbert.
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### Lorn—

Kilmore and Kilbride, ...	J. Lawson Mowat, Oban.
Luining, ... ..	N. McDougall, Clachan Seil.

### Mid-Argyll—

Inveraray, ... ..	J. Maclean, Kilbride.
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### Mull—

Tiree, ... ..	H. Mackinnon, Crossapol.
Coll, ... ..	F. Bremner, Totamore.



## PREFACE.

'Tempus fugit,' and the year 1937 has become like its predecessors a memory of past events. Some of these can be regarded as a 'fait accompli', others are still, as it were, in the melting pot, possessing as yet no real historical value for the purpose of an annual report.

Last year a new note was struck and various views were submitted to stimulate certain lines of thought in the realm of public health in the hope that it might be instrumental in securing further improvement in the conditions of life and be a means of gaining that high degree of progress and efficiency for which every sphere of life is apparently striving.

The importance of health cannot be overestimated but in providing the services which maintain it, in the sparsely populated areas, the stumbling block is obviously finance. If, however, the costs could be spread over the whole country, the provision of adequate services would not be a burden to these widely scattered districts. A definite policy giving the same measure of efficiency and progress in all and every district would probably result in money being made available for this good purpose as it is for other services on which, at present, much more is being spent.

The history of public health is a long and progressive one but it has not been very spectacular and being part of our daily lives it has never secured the prominence which it might have done. The confidential nature of the work of medical practitioners and their public health colleagues is to a large extent responsible for this quiet form of progress but there is evidence to-day that there is a growing desire amongst the medical profession to aid this progress by discussing and giving their opinion on the various points at issue.

If some means could be discovered for giving effect to this it would result in greatly increasing and maintaining the interest of that great body of men and women on whose shoulders the executive work connected with the maintenance of health is resting. This would not of course be



confined to the medical profession but to those connected with the closely allied nursing and sanitary services.

It is evident to-day that the standards which have been laid down are intended to apply to all parts of the country but there are difficulties in doing this which are sometimes not apparent. I refer particularly to the Highlands and perhaps more intimately to the Western Highlands of which Argyll forms a considerable part.

Before the Great War it was no easy matter to travel to the more isolated parts of the Western Highlands. There were steamer services to certain places and the journey could be continued by coach where these services were available but such were unfortunately few and far between. All routes led to the large city and practically no cross country public services were in operation.

In these days and for many days to follow the public health services in Argyll were controlled by the seven District Committees and the Burghs within the County. These bodies acted as the Public Health Authorities for their own small areas and the rates levied in these districts kept their services in being. With no great wealth behind them it is only natural that only the essential services could operate but it is to their credit that their efforts were successful and the general health of the communities was eminently satisfactory.

In this County those who represented these communities were far seeing and inaugurated a Tuberculosis Scheme which embraced all the various Districts including the Burghs. In doing so, they actually anticipated the spirit of the Local Government (Scotland) Act 1929 and it was therefore no new thing for this County to participate in joint services and amalgamation became an easy matter.

The conditions which exist in any area are closely related to public health. We have in recent years heard much about the plight of the Western Highlands and much has been written and spoken on this very subject. There is nothing radically wrong with the Highlands and the crofter cannot by any means be regarded as a man who is discontented with



his lot more especially when we realise that this form of life holds such a strange fascination for him.

The fault, if one may style it so, and the cure if that can possibly be found, lie in that somewhat elusive and not very easily understood word 'economics'. The advent of motor transport and its somewhat sudden effect on the Western Highlands has upset the economic balance between the Highlands and the Lowlands. In days gone by the Highlanders lived a life of their own, different in many respects from that of their Lowland brothers. They formed a community by themselves, isolated and alone.

Modern conditions have upset this economic state and it will take some thought and ingenuity to evolve some means by which conditions which include the health and other services can be altered and run on lines somewhat similar and in close relationship to those of the comparatively wealthy districts of the South yet suited in all respects to the conditions prevailing amongst Highland communities.

At the present time for instance the rentals of houses in Highland districts cannot be as high as those in other areas. It is almost setting an impossible task to insist on modernising byres and making them conform to the requirements of the Acts when no money is available to do so. Few of the people are necessitous in the true sense of the word until perhaps illness comes their way and they have to leave their homes for treatment in the city hospitals. It is then that the expense of travelling is beyond their means for the fare is many times the tram or bus fares of those who dwell in the larger cities.

If the economic balance is adjusted the Highlands can and will live on. Money is not necessary for life but it is very necessary as a means of exchange. Payment in kind and a system of barter still exist between the more remote places and the populous centres. To solve the problem we must increase the basic value of the Highlanders worth, give him easier access to the markets with no pecuniary loss and augment his actual income by well directed grants. Do the



same for the various services and the Highlands will react with as much or even more enthusiasm than other areas. But prosperity will not have returned, it will have been gained, for one cannot honestly say that it was ever really there before.

The world in time gradually straightens things out and there can be no doubt that the Highlands would eventually adapt itself to suit the new conditions but rapid advances are expected of us to-day and hardships would probably arise during the process. Some form of assistance is therefore necessary but let it be given in such a way as will permit it to maintain the independence of the subject and so retain the individuality and character of the Highland people.

### **PUBLIC HEALTH STAFF.**

Dr. Archibald S. Hutcheson joined the staff in January of this year in a temporary capacity and his personality and ability has made him a very valuable colleague. It was with much satisfaction that on the recommendation of the Public Health Committee his appointment was made permanent at the December meeting of the County Council.

His appointment brings the complement of the Medical Staff up to the number which prevailed in the years immediately following the war and will do much to maintain the efficiency of the work in a wide and scattered County.

A word of praise must be given to the Clerical Staff without whose services the efficiency of public health would suffer considerably. They have a very varied correspondence to contend with and much exacting work to do and their services have been willingly given and are greatly appreciated.

### **LOCAL MEDICAL OFFICERS.**

There were several changes in the Local Medical Officers during the year.

#### **Resignations.**

Dr. Millar resigned from Morvern after very many years of faithful service in this district. The loss of his services



will be missed by the residents of this area but we wish him every success wherever he may take up his future work.

Dr. McColl, Dalmally, resigned to take up a medical practice in Killin. As a practitioner of much ability whose services were greatly appreciated by the residents of this practice he will be missed by those whom he attended and to whom he gave many years of valuable service and our good wishes go with him.

### **Appointments.**

The vacancy in Morvern was filled by the appointment of Dr. Norman McKinven.

Dr. Mackie who had given valuable services for several years in the Island of Coll was appointed to the vacancy in Dalmally.

The vacancy in Coll was filled by the appointment of Dr. Somerville.

### **SANITARY INSPECTORS.**

Owing to the much regretted illness and absence from duty of Mr C. Smith who for many years acted as Sanitary Inspector for that part of the landward district of Cowal extending on either side of the Burgh of Dunoon, Mr Devine was temporarily appointed to act as part-time Sanitary Inspector for the Innellan and Inverchaolain area and Mr. Reeves was at the same time appointed to act in a similar capacity for the Sandbank district.

### **INFLUENCES AND CONDITIONS INJURIOUS TO THE HEALTH OF THE COMMUNITY.**

Last year some remarks were made on various matters which were detrimental to the health of the population, things which are sometimes forgotten in the pursuit of the more orthodox aids to health and so there is perhaps no reason to excuse the continuance of such a policy even although it may be to some extent outwith the confines of a report on a more or less health-giving County like Argyll.

It is however often those who, living in other surround-



ings can the more easily give some helpful suggestions towards improving and perfecting the health of the community and solving the many problems which life holds for all of us.

Public health is a very wide subject whose scope is daily enlarging and penetrating into every walk of life. At first it seemed to confine itself to the isolation and prevention of infectious disease, but it has grown since then and now embraces the greater and much more important aspect of preventive medicine.

Preventive medicine has its roots very much further afield than we are inclined to imagine and the prevention of many diseases lies much more in correcting and controlling the actual mode of life rather than the actual medical aspect of their prevention.

There are many influences at work to-day militating against the health of the individual and every year seems to add more and more to the strain of living. It is true that there are some neutralising agents at work and we cannot deny that the hills, the lochs and wide open spaces of counties like Argyll offer every year a natural tonic to many hundreds of the city populations who seek relaxation from the busy and somewhat harassing life of the modern metropolis. The annual holiday, and there should be more of them, is to-day of relatively greater importance in maintaining health than ever it was before.

Speed of travel has been the aim of the world since the days of the Roman chariots and the age we live in has seen enormous strides in this respect.

But speed has not been confined to travel, it has found its way into nearly every factory and business and we demand rapidity to-day in nearly everything we do. This factor, advanced though it is and giving us the many advantages of our present-day civilization, has unfortunately brought in its train much which tends to be detrimental to the human beings who are called upon to operate and control the many and complicated machines and activities of this generation.



We have heard a great deal about safety first, but not so much about safeguarding health, and speed with safety should become a slogan not only in relation to our road systems but in all the occupations which any of us may be called upon to do.

In the days of the horse and trap and of the horse-drawn public transport the strain of drivers and conductors was negligible and the London bus conductor was famous for his wit and humour. In these days the time taken for a given journey was long and the duties light, but hours are now transformed into minutes and the duties multiplied enormously. There is a tendency for the operators to become harassed, wit and humour is disappearing and when humour goes out of life the danger signal is being sounded and it is time to look around and take stock of things. Then is the time for those responsible for public health to give it their attention and endeavour to find the remedy.

We see the signs of stress and strain in many occupations and we sometimes find the cause. Many causes are often quite accidental in their origin, for example the modern high speed stream-lined locomotive, the very perfection of which draws smoke and steam in beside those who are employed to control it.

The conditions of many drivers of heavy transport vehicles who in many cases do not have the standard of comfort of an ordinary private car and who have in addition to work under conditions which are sometimes cramped and warm, are not what they should be, and it is conditions such as these which tend to create an increase in digestive troubles and many other ailments.

To add to these the conditions under which employees work in transport garages, housing large numbers of motor vehicles where the warming up of many engines, particularly on cold and frosty mornings, produces an atmosphere detrimental to their health, could easily be avoided if a little ingenuity and thought were given to the designing of the garage and the motor vehicle so that the exhaust gases



might be quite easily extracted, and so prevent pollution of the atmosphere.

Even the typist working many hours without a break in busy offices, often overcrowded and poorly ventilated, requires protection or, as in many other occupations, the nervous strain may give rise to illness not often attributed to the proper cause.

It will be the duty of the next generation to regulate these things and perfect the apparatus and the mode of working so that stress and strain may be relieved and life again become more reasonable.

There are many things which are detrimental to health and many ways by which improvement could be made, but there is one which is beginning to receive attention, and that is noise. A noise can become as great a nuisance as any of the more accepted type and it may one day figure as a statutory offence. The noise of pneumatic drills, of crushers, the noise of railway engines and the many other noises of a noisy age could surely be eliminated with the application of a little pressure and the ingenuity of those who are responsible for their wonderful inventions.

We live in a democratic country and yet democracy has not yet had a chance to speak. Now is the time to ask for the opinions and suggestions of those who are called upon to operate and control the many inventions of the day and in harnessing their views to the machine of progress, the world of to-morrow may be co-ordinated and controlled in such a way that health and strength may be conserved so that illness and disease with their incapacitating effects may be brought to the level of an absolute minimum.



## ANNUAL RAINFALL IN INCHES FOR 1937.

Western Seaboard		Central		Eastern Districts	
Station	Ins.	Station	Ins.	Station	Ins.
Loch Shiel (Polloch)	68.21	Ardtornish -	61.74	Corran L H. -	62.16
Morvern (Drimnin)	47.72	Glencreran -	63.05	Barcaldine -	48.76
Tiree (Cornaig)	34.52	Oban -	46.76	Kilmelfort	
Isle of Coll -	41.18	Mull (Salen) -	59.74	(Arduaine)	54.79
Islay (Eallabus)	47.77	Acharacle -	52.88	Glenleven (Dam)	66.40
Mull (Ulva) -	50.34	Inveraray Castle	77.38	Toward (Knockdow)	
(Rhuvaal) Islay	40.49	Strachur Park	61.20		49.53
Jura (Ardlussa)	47.29	Dunoon (Benmore)	68.24	Lochgoilhead -	61.33
Mull (Bunessan)	45.23	Poltalloch -	53.41	Glencroe -	82.59
Ardlamont -	42.13	Torrisdale Castle	58.62	Glenbranter -	67.18
Glenborrodale	52.47	Ardrishaig -	56.05	Ardkinglas -	63.21
Sanda Lighthouse	36.88	Campbeltown -	49.32	Brenchoille -	60.81
Colonsay -	44.68	Glencoe -	65.01	Skipness Castle	49.35

## MEAN MONTHLY TEMPERATURES. (°F.) 1937.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug	Sept.	Oct.	Nov.	Dec.	Year
Ardtornish	41.2	39.1	37.6	46.2	49.8	52.3	56.3	58.7	52.7	47.4	41.5	35.9	46.5
Colonsay ..	44.3	41.1	38.3	46.5	50.3	53.6	56.1	56.5	53.7	49.2	44.3	38.3	47.7
Dunoon ..	40.5	39.5	37.4	46.5	51.5	54.5	57.1	58.4	53.5	48.7	42.9	37.1	47.3
Glenbranter	39.7	37.9	35.9	46.1	50.5	53.3	57.2	57.7	52.1	46.5	39.7	33.5	45.8
Oban .. ..	39.7	38.7	37.9	47.1	52.3	53.3	56.6	57.9	53.5	49.0	43.3	37.1	47.2
Tiree .. ..	42.5	40.7	38.8	46.7	50.3	53.9	55.9	57.1	54.5	50.3	45.9	41.4	48.1

## GENERAL INQUIRIES.

No special inquiries were called for during the year except those relating to water supplies, drainage and housing.

## WATER SUPPLIES.

The very important subject of water supplies and its ally drainage does not seem to be receiving the prominence which it deserves even in these days when so much is spoken and written about health and hygiene.

This is partly due to the fact that some fifty years ago the populous places managed to establish special water supply districts and partly to the fact that the existing legislation affecting these matters is not sufficiently comprehensive to embrace the wider views of modern public health.



For some years past attention has been drawn to the plight of the small villages, clachans and the isolated houses scattered throughout the Western Highlands. The same may be said of the many other rural areas in the various parts of Scotland.

There can be little doubt that regional area supplies will be the method of distribution in the years to come in order to secure a sufficient supply for all areas, including the larger cities, which are dependent on their supply from sources in adjoining counties. When this comes about it may then be possible to include the supply of water as an inclusive charge in the general rates of the County, but until it is a service which can be made available to one and all it cannot rank in the same category as roads, education and other general services.

Successful progress can only be made step by step, and of these it is now suggested that the first should be the amalgamation of the existing water districts, to which from time to time may be added areas too small to form a district, but large enough to necessitate a common supply.

A report was submitted to the County Council in 1935 and appeared in the Annual Report of 1936. This report showed the possibilities of such a scheme. During the time it was under consideration by the Public Health Committee the County Treasurer submitted a report on the financial side of the proposal. In the comprehensive report which he submitted and during the discussion which followed, he described the suggestion as one of the best financial propositions which had come before the County Council. The opinion he expressed gives much encouragement to the proposal.

Unfortunately, unless complete agreement is obtained from all the interested districts, there is no legislation to secure compulsory amalgamation. If those who are responsible for guiding the Parliamentary measures introduced to deal with such matters could look into the proposal submitted to the Argyll County Council they might



find the initial step towards securing better supplies for the smaller villages without increasing the cost to any appreciable extent, and if powers can be given to inaugurate a scheme which is both simple and straightforward to perfect the administration it will allow greater scope for the better control in the spending of the money which would become available.

The demand for good water supplies is becoming more insistent, due to the desire of the many people who wish to reconstruct and modernise their houses, and something must be done at an early date to enable water to be available in all and every district.

But the provision of water is not everything. Where water is in use provision must be made for adequate drainage and here again costs are against these services being obtained by the smaller villages. Similar measures should be taken with regard to drainage and if this were done the burden on the combined districts would not be great since there is not much expenditure in upkeep once the capital cost of the installation has been met.

In drawing attention to the seriousness of the necessity for making provision for proper water supplies it should be generally understood that no great advance can be made in rural housing until the problem of providing water and drainage has been solved. The lack of water will continue to delay the progress in housing the agricultural population in modern houses which are as well equipped as those in the populous districts.

## **SPECIAL WATER SUPPLY DISTRICTS.**

### **Cowal.**

1. **Innellan Special Water Supply District.**—This supply continues to give good service and to be well looked after.

2. **Tighnabruaich and Kames Special Water Supply Districts.**—These two special water districts, Kames and Tighnabruaich, were united on 16th May, 1937, a wise



arrangement which should give satisfaction. Both supplies continue to be satisfactory.

3. **Kilmun Special Water Supply District.**—The liming plant installed continues to prove of great benefit and no complaints have been received with regard to discolouration of the water.

4. **Lochgoilhead Special Water Supply District.**—This supply continues to function well.

5. **Sandbank Special Water Supply District.**—Repairs having been carried out no shortage was experienced this year and plans have been prepared for a considerable increase to the present water district.

6. **Strachur Special Water Supply District.**—No complaints have been received from this area, the supply being satisfactory.

#### **Islay.**

1. **Ballygrant Special Water Supply District.**—The supply here is still unsatisfactory and is likely to remain so until means of financing a scheme using the Lossit Loch are obtained.

This is a good example of a village with an obvious adjacent supply and too low a rateable value to make the scheme practicable at present. Until a water rate spread over the whole county is applicable such areas will continue to suffer from an inadequate supply.

2. **Portnahaven Special Water Supply District.**—Despite further scraping of the pipes this supply is likely to give further trouble and will continue to do so until the pipe from the reservoir has been replaced. This pipe is old and much too narrow.

3. **Bowmore Special Water Supply District.**—An extra source of supply has been included and the service is now satisfactory.

4. **Port Charlotte Special Water Supply District.**—The supply continues to function well.



5. **Port Ellen Special Water Supply District.**—Shortage was experienced in 1936 and accordingly this year the supply has been increased from Leorin Lochs and the village is now to a large extent dependent on this source. The supply has been ample but there is a fairly heavy amount of peaty sediment.

#### **Lorn.**

1. **Achaleven Special Water Supply District.**
2. **North Connel Special Water Supply District.**
3. **South Connel Special Water Supply District.**

It is unlikely that these districts will function really satisfactorily until they have been merged. It is hoped that by 1938 any remaining difficulties in the way of combining them will have been removed and the Benderloch and Kiel Crofts areas will have been included with them in a new and adequate large scheme of supply.

4. **Port Appin Special Water Supply District.**—The supply has been very unsatisfactory due to heavy discolouration of the water by rust from the action of an acid water on a galvanised iron pipe. The possibility of a liming plant being of value here or the use of asbestos lined pipes must be considered.

5. **Taynuilt Special Water Supply District.**—Beyond minor repairs no work has been carried out and the supply continues to give satisfaction.

6. **Ballachulish Special Water Supply District.**—The construction of the new reservoir at Allt-a'-Riabhaich is well in hand and should be completed by the beginning of 1938 when it is expected that the supply will be excellent.

7. **Carnoch Special Water Supply District.**—Owing to shortage of water new pipes were laid this year. Since then no complaints have been received and the work appears to be giving every satisfaction.

8. **Toberonochy Special Water Supply District.**—The whole supply will require investigation with a view to



augmentation on account of the building of new houses.

### **Kintyre.**

1. **Tarbert Special Water Supply District.**—Repairs have been carried out and no complaints have been received since.

### **Mid Argyll.**

1. **Ardishaig Special Water Supply District.**—No replacement of pipes or any other improvement took place in 1937.

2. **Furnace and Goatfield Special Water Supply District.**—Shortage of water was experienced at certain times and an investigation has been made and a report submitted to the Local Authority.

It would seem desirable that the auxiliary source of supply should be led into the main reservoir and this provision will probably raise the quantity to an ample amount.

The present filtering arrangement should be dispensed with and a copper screen substituted.

### **Mull.**

1. **Salen Special Water Supply District.**—Once again a satisfactory service has been maintained and no complaints have been received.

## **SPECIAL DRAINAGE DISTRICTS.**

### **Cowal.**

1. **Innellan Special Drainage District.**
2. **Sandbank Special Drainage District.**

### **Islay.**

1. **Port Ellen Special Drainage District.**
2. **Bowmore Special Drainage District.**
3. **Port Charlotte Special Drainage District.**
4. **Portnahaven Special Drainage District.**

### **Kintyre.**

1. **Tarbert Special Drainage District.**

**Lorn.**

1. **Ballachulish Special Drainage District.**
2. **Easdale Special Drainage District.**

**Mid Argyll.**

1. **Ardrishaig Special Drainage District.**

**Mull.**

1. **Salen Special Drainage District.**

Apart from minor repairs all the above districts would appear to be functioning satisfactorily and no special reports were called for in any of them.

**OFFENSIVE TRADES.**

No offensive trades are carried on in the County of Argyll.

**POLLUTION OF RIVERS.**

There was no evidence of river pollution in any district of the County during 1937, and there is consequently nothing to report under this heading.

**HOUSING.****Housing (Scotland) Acts 1925-35.**

Housing in the Highlands is not the comparatively simple matter which the large cities and even the smaller burghs have to contend with. There are many problems peculiar to rural areas which only become apparent when a Highland Local Authority sets out to deal with the re-housing of the scattered communities who dwell in the many districts of a county such as Argyll.

The Local Authority may have the best of intentions and may wish to see the housing conditions of the Highlands and Islands as good, if not better, than any other district, but as I have indicated in previous reports, there are many difficulties. These difficulties are not by any means insurmountable, but they unfortunately hinder rapid progress. Certainly recent legislation has at long last recognised the financial difficulties and has made provision for assisting the



erection of houses in the more remote districts, but a Housing Act more suited to the complex conditions which exist in the Highlands is still rather eagerly awaited.

I have often pointed out that life in the cities cannot be exactly compared with life in the Highlands, although in recent years it must be admitted that there has been a tendency for the latter to assume some of the characteristics of the city, due in the main to the modern speed of travel and the consequent nearness of the towns. But, even so, it will be a long time yet before conditions are in any way similar and the economic differences levelled up. It is the latter which makes it exceedingly difficult for the Highlands to have the improvements and services which civilization is demanding of us to-day.

It is hardly necessary to reiterate what has been said in previous reports, but it would not be out of place to repeat the main difficulties which are no doubt common to all Highland counties.

There are in many cases no incomes, or more correctly wages, in the true sense of the word. Life in Highland districts is the combination of many assets and the communal spirit still lingers in many places. The barter system still in evidence in some districts permits of certain commodities being obtained without the interchange of money. The facilities which are often given for the grazing of cattle and the payment in kind for services rendered, give both fuel and food to many members of Highland districts.

These and many other factors make the charging of rents a serious matter, for it is difficult in present circumstances for many to meet such an obligation, even if to do so they deny themselves other commodities, perhaps to the detriment of their health. To force the pace unduly would be to make for a certain amount of privation and would tend to promote a degree of public assistance, the refusal to take advantage of which has been and always will be a feature of Scottish independence.

The system of giving rent rebates is a good one, but to



put it into practice on a somewhat large scale and at the same time keep the housing account solvent, would place too great a burden on the Local Authority, which is unfortunately only too easily reflected in the rates and on the community which pays them.

There have been discussions in many quarters regarding the more or less inadequate grants which a Highland Authority receives in connection with their re-housing proposals, for the replacement of insanitary houses and a change from "units displaced" to that of "unit capacity" of the house erected would be a most welcome contribution to Highland housing.

These and the other added difficulties of providing adequate water supplies and drainage facilities, often at great cost, have to a great extent prevented Local Authorities from building in the more remote areas and much of their activities must as yet be confined to the villages and more populous centres.

The advent of legislation for making better provision for the housing of farm servants and other members of the agricultural population is to be welcomed, but there are many others living in houses which are none too good but who, not coming under the definition of agricultural worker, may be precluded as yet from obtaining a better house. This seems a pity and may hinder the building programmes in remote areas.

The detailed housing survey in connection with overcrowding is making very steady progress. It is a task of great magnitude in such a widely scattered county as this, but if properly carried out will give a register of great value in connection with the administration of the Housing Acts. There is one point however which is a little disconcerting and that is the fact that the register may be out of date before it is completed. Two things would seem to be necessary, first a positive identification mark for every house in the valuation roll, which might perhaps be the valuation roll numbers for the year 1935-36, and the second is the



necessity for the re-introduction of a form of national registration, so that information regarding the movements of householders intimated to the central Authority would be available for the use of Housing Authorities. This is the underlying principle which alone can form the basis of a proper and well-kept housing register. Without some system of the kind in operation difficulties in keeping registers up-to-date will be experienced. This may not be so apparent in burghs, but will be very evident in the remote districts of counties which are difficult to reach and cannot be easily re-surveyed.

The survey of certain wide districts in accordance with a definite programme and the erection of houses in centres within that district is a system which may prove preferable to the building of small numbers of houses in various centres throughout the County. Such a method has been employed in connection with Drumlemble in Kintyre and the cleaning up of all the insanitary houses in this wide area will be a great step forward in the re-housing of the people. Unfortunately all areas of the County cannot be compared with this district, which is flat and being the centre of farming activities lends itself to such treatment.

The three years building programme already begun is making progress. Delays due to difficulties in obtaining sites and other relative matters are slowly being overcome and a further instalment of the programme will shortly be under consideration.

Much remains to be done before housing in the Highlands is up to modern standards and the advent of further legislation to deal with Highland problems will do much to assist its progress. There is every evidence of improved housing conditions throughout the County. The grants given by the County Council coupled with the assistance and good offices of the Department of Agriculture, have materially affected the creation of a very much higher standard of housing in all and every district of the County.

The economic state of the Highlands, so different from



that of the neighbouring towns, is the chief problem of those whose duty it is to bring about the improvement of the various services and of the conditions under which the people live. Until there is a similarity in wages and in the standards of life between the scattered and the populous areas, the only solution lies in making up this difference by the giving of well-directed grants in such a manner as will bring about the desired effect without altering the mode of life or characteristics of these communities which is their inheritance.

### **Housing (Rural Workers) Act 1926.**

This Act, which has done more than any other Housing Act to promote better housing of the people in the remote areas, continues to permit the reconditioning of those houses which can be made properly habitable.

The County Sanitary Inspector as Authorised Officer for the County, deals more fully with this subject in his report, but a word can be said here on the large amount of detail work which the scheme necessitates. Considerable correspondence on each and every application is necessary and the Authorised Officer and other members of the staff have done much to encourage and maintain a very high standard in the reconditioning of these houses.

The results are very visible and the Act is doing a great deal to prevent depopulation of the Highlands and bring the standard of living up to that of the populous areas. By the improvement brought about has changed the appearance of the Highlands and the old time thatched cottage is fast disappearing. Its passing is regretted in many ways, but the modern version with its sanitary provisions outweighs the conservative attachments which many have for the picturesque thatched cottage of bygone days. There is something, however, to be said for the preservation of some good examples of the old houses here and there to allow future generations to visualise the Highlands as it was in the days of a period which has now become a historic tradition.



It is to be hoped that all those who would wish to reconstruct their houses and bring them up to the modern standard should take advantage of the grants which are still available under the County Scheme.

### ROAD CAMPS.

The work of the Department has been increased this year by the road camps which have appeared within the county in connection with the large road reconstruction schemes and require supervision.

They are situated at the following places:—

- |                              |                             |
|------------------------------|-----------------------------|
| 1. Muckairn Camp, Taynult,   | Messrs Wimpey & Co., Ltd.   |
| 2. Kilmaronaig Camp, Connel, | Messrs Wimpey & Co., Ltd.   |
| 3. Rest & Be Thankful,       | Messrs Colville & Co., Ltd. |
| (Two camps)                  |                             |
| 4. Loch Awe-Orchy Bridge,    | Messrs Colville & Co., Ltd. |
| 5. Furnace Camp,             | Messrs Carmichael.          |

In addition 1938 should see the establishment of further camps at Ardnamurchan, Mull and Tarbert.

It is the intention of the County Public Health Department to maintain a high standard of sanitation, cleanliness and, if one can use the word in this connection, comfort. The installation of water closets in camps housing a large number of men for a considerable period is required wherever practicable, which it usually is if the site is carefully chosen. Contractors are beginning to realise that this is quite an economic provision on the grounds of cost, ease of supervision and absence of danger from carriers of intestinal disease.

Furthermore most camps are situated in areas where the men are liable to be exposed to the elements. In that connection we wish to see the provision of hot sprays which are of great benefit to the workers returning to the camp in damp clothes. Attention is paid too to the structure of the huts which should possess porches and to many other details of the camp.

To obtain higher standards in any branch is difficult to begin with but one contractor has led the way in a praise-



worthy manner and there is evidence of more ready agreement to our requests, by others as they become conscious that what is desired is not only economically sound from a long view but a moral responsibility which they possess towards their employees in the safe-guarding of their health.

In connection with these large road camps there is evidence from time to time of a certain reluctance on the part of some contractors to bring the standard of the camp up to the requirements which are demanded to-day a fact which would appear to indicate that the profits of the Company on the contract are to some extent bound up with the cost of providing accommodation for the men.

If it were possible to separate the contract from the actual housing of the employees and give the actual cost or a stated sum on the basis of the number employed for the erection of the huts and other accessories better conditions could more easily be obtained and much tiresome visitation and correspondence would be avoided.

There may be difficulties in the way but it seems reasonable to suggest that the living quarters of the men employed should not be jeopardised by the possible loss on the work contracted for.

In other words the cost of the camp should not form part of the total estimate of the work contracted for.

Infectious disease among the men has been at a minimum and there has been a pleasing absence of pneumonia.

Inspection of these camps take place from time to time without prior notice.

Lastly contractors will be required to remove completely all the camp buildings at the termination of their contract. They are not built to stand for any great length of time so that they can be of little use for other purposes while to leave them standing is an offence against the amenities of a beautiful county.



## FOOD SUPPLY.

### Milk.

Great prominence has been given in recent years regarding the food value of milk and much is being done to eliminate tuberculosis from dairy herds and to improve the byres and dairy premises in all parts of the country.

It is difficult in the Highlands and more particularly in this county to attain the standards which prevail in the more populated areas and the reasons are easily found. The amount of milk retailed to the public is comparatively small and in some places non-existent whereas the number of retailers in districts surrounding the more populated places is relatively large.

When the sale of milk is a money making enterprise the premises of those undertaking the work can easily be brought up to the desired standard. Where there is no money there can be little structural improvement although the standard of cleanliness can and should be maintained.

Cleanliness in milkers and dairy premises should be a foregone conclusion but the standard in many places is still far below what it should be. Constant inspection is odious and difficult to carry out in scattered districts and if the proper spirit were shown by producers there would be little necessity for inspection.

Much as we would like to see a high standard of cleanliness we cannot be blind to the fact that there are very real difficulties especially to the small producer-retailer. Farming is an occupation of many parts much of which is of a nature in which actual personal cleanliness cannot be attained. To change suddenly from the other duties to that of milking is not so easy and it is scarcely possible to expect the high standard of those who in the larger dairy farms are merely doing dairy work. Nevertheless those who undertake to supply milk to the public should feel a certain responsibility in doing so and do everything in their power to see that the milk and the vessels used for its distribution are clean and free from dirt and any liability to contamination.



The sale of milk in many parts of this country is on a bad system and this commodity should be ordered beforehand and delivered in glass containers silently and not in a haphazard fashion from carts and vans with much blowing of whistles and ringing of bells.

The silent delivery of milk from movable shelves in vans has been carried out in Denmark many years before the Great War. Surely it is time that a similar system became more prevalent in a country which in many other ways is so advanced.

One cannot help thinking that the rapid souring of milk so often the subject of complaints, is due not merely to the want of rapid cooling but to the mixing of fresh warm milk with the remainder of old milk the bacilli of which multiply rapidly in the added warmth of the mixture. Some simple hints of what to do and what not to do should be issued to producer retailers and so prevent milk from souring and the public from drinking it.

### **Meat.**

Although there has perhaps been a tendency in recent years to eat less meat than formerly now that other articles of diet such as fruit and vegetables are more readily and more constantly available at prices more compatible with the average household, meat is still an important article of diet and of considerable dietetic value in a country such as this.

Outside the larger Burghs in this County there is a marked tendency for meat to be obtained from the dead meat markets of the South and the necessity for meat inspection in the outlying districts is scarcely necessary particularly in view of the high cost and great difficulty of carrying it out.

There is a great deal to be said for the centralization of slaughterhouses and forbidding the killing of animals in any place other than the central abattoirs but advances in this direction must be slow so that difficulties in distribution may be gradually overcome.

It will always be necessary to permit sheep to be killed in private slaughterhouses since it is much used and in the



summer months the supply and demand varies from day to day with the increased and altering populations.

In view of the alteration on the general question of abattoirs and the slaughter of animals it would be unwise to consider a scheme of adequate meat inspection for this County. It is a difficult problem but it would be completely solved if the provisions of the Live Stock Industries Act become universal and if Acts on similar lines give further powers to bring about these desired improvements.

### INFECTIOUS DISEASES.

There are appended tabular statements showing (1) the incidence of infectious disease within the county according to age groups as obtained from practitioners' notifications, (2) the numbers of cases receiving hospital treatment with the name of the hospital affording it and (3) the mortality figures of the infectious diseases.

It is difficult to obtain accurate mortality rates due to lack of notification on the part of a few practitioners, shown by the discrepancy between cases notified and those admitted to hospital. The majority of doctors carry out this duty faithfully but it is very desirable that all should do so, not only that a true estimation of the severity of the various conditions may be made but also that practitioners may be warned by the Department of the presence of a particular infection in their own or adjoining areas.

### NOTIFIABLE DISEASES.

**Scarlet Fever.**—The incidence remains much higher than that of any other fever but fortunately continues of a mild type in the vast majority of cases. Ardnamurchan was most affected of the landward part. For the whole county 93 cases were notified and 97 treated in hospital.

**Diphtheria.**—24 cases were notified and 29 treated in hospital. As usual the more populous areas accounted for the bulk of the infection, Dunoon suffering most, probably due to its proximity to Glasgow and the industrial Clydeside area.



**Enteric Fever.**—One case of typhoid fever occurred in a visitor to the Cowal area, infection having occurred outwith the county.

A small epidemic occurred in Ardnamurchan carried by a person unfortunately infected in a general hospital outwith the county. Two persons in the same house developed the disease which was due to the paratyphoid B organism. It was not considered advisable to undertake the removal of the cases which had occurred in an exceptionally isolated locality, and accordingly treatment was carried out there at considerable personal inconvenience by the local practitioner under whose able care both patients made a complete recovery.

The individual who had introduced the infection continued to carry the organism and as her occupation involved handling foodstuffs a strenuous effort was made to clear up the condition which however persisted until the removal of the gall bladder when the organisms ceased to be present. No further spread of the infection occurred.

**Erysipelas.**—There were 21 cases notified, a pleasing decrease of 10 from the previous year.

**Acute Poliomyelitis.**  
**Encephalitis Lethargica.** } No cases occurred during 1937.

**Cerebrospinal Fever.**—One case was notified, admitted to hospital, and terminated fatally. Contacts examined showed no evidence of carrier condition.

**Acute Primary Pneumonia.**—The number of cases remained almost the same as the previous year a good record when one remembers the possibility of an increase connected with the numerous road camps now situated within the county.

**Influenzal Pneumonia.**—An increase of 9 cases from the previous year, 1936, is probably due to the influenza epidemic occurring towards the close of that year, continuing into 1937 and affecting the burghs particularly in the early months of that year.

**Dysentery.**—14 cases were notified during the year, Oban



and Islay being two of the areas in which minor epidemics occurred, and Sonne organism being most in evidence. In one case a dairy worker was implicated and excluded from her duties.

<p><b>Ophthalmia Neonatorum.</b>  <b>Puerperal Pyrexia.</b>  <b>Puerperal Sepsis.</b></p>	}	<p>These conditions are dealt  with under Maternity and  Child Welfare.</p>
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## Return of Cases of Infectious Disease Notified, etc., during the year ended 31st December 1937.

**A.**—Diseases specified in the Infectious Disease (Notification) Act, 1889, and diseases notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897.

Number of Cases coming to the knowledge of the Medical Officer of Health.

DISEASE.	At all Ages	At Age—Years							Cases re- moved to Hospital	Cases not removed to Hospital
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards		
Cerebro-spinal Fever ..	1	—	—	—	—	—	1	—	1	—
Cholera ... ..	—	—	—	—	—	—	—	—	—	—
Diphtheria ... ..	24	—	2	12	6	3	1	—	17	7
Dysentery ... ..	14	1	4	1	1	5	1	1	2	12
Encephalitis Lethargica ..	—	—	—	—	—	—	—	—	—	—
Erysipelas ... ..	21	—	—	3	1	—	13	4	4	17
Malaria .. .. .	—	—	—	—	—	—	—	—	—	—
Measles .. .. .	4	—	1	2	—	—	1	—	—	4
Ophthalmia Neonatorum ..	1	1	—	—	—	—	—	—	—	1
Plague ... ..	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	28	—	2	2	4	4	8	8	4	24
Pneumonia, Acute Primary	22	1	1	2	2	7	6	3	4	18
Poliomyelitis, Acute ..	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ... ..	3	—	—	—	1	2	—	—	1	2
Puerperal Pyrexia ... ..	2	—	—	—	—	2	—	—	1	1
Scarlet Fever .. .. .	93	3	14	59	9	7	1	—	74	19
Smallpox .. .. .	—	—	—	—	—	—	—	—	—	—
Tuberculosis—Pulmonary ..	47	—	—	2	18	22	4	1	§31	16
Tuberculosis Non-pulmonary	22	1	3	5	7	4	—	2	§ 8	14
Typhoid Fever ... ..	1	—	—	—	—	1	—	—	1	—
Para-Typhoid A ... ..	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B ... ..	2	—	—	—	2	—	—	—	—	2
Typhus Fever ... ..	—	—	—	—	—	—	—	—	—	—
Whooping Cough ... ..	1	—	—	—	—	1	—	—	—	1
<b>Total ...</b>	<b>286</b>	<b>7</b>	<b>27</b>	<b>88</b>	<b>51</b>	<b>58</b>	<b>36</b>	<b>19</b>	<b>148</b>	<b>138</b>

Cases  
notified in  
a previous  
year and  
removed to  
hospital for  
the first  
time during  
1937

§ 1  
§ —

Hospitals in which cases were treated—Isolation Hospital, Ballachulish; Victoria Isolation Hospital, Dunoon; Gartnatra Isolation Hospital, Islay; Calton Isolation Hospital, Campbeltown; McKelvie Isolation Hospital, Oban; Mid-Argyll Isolation Hospital, Lochgilphead; Robroyston Hospital, Glasgow; County Sanatorium, Oban; Bridge of Weir Sanatorium; Argyll & Bute Mental Hospital, Lochgilphead (cases in Institution); Tor-na-dee Sanatorium (part payment); St. Andrew's Home, Millport.

### Venereal Disease.

FREE SUPPLY OF ARSENOBENZENE COMPOUNDS TO GENERAL PRACTITIONERS:—

1. Number of doses issued to general practitioners in 1937, ... 43
2. Number of general practitioners to whom supplies were issued in the year, ... 2



## NON-NOTIFIABLE INFECTIOUS DISEASE.

The following conditions are not officially notifiable, but the Medical Officer of Health welcomes the intimation by all practitioners of the occurrence of these diseases within their areas and appreciates the co-operation maintained in the past.

**Measles.**—The usual prevalence occurred in the burghs while Ardnamurchan, Morvern, Easdale and Carradale were among the landward parts most affected. The type was mild and complications were not marked. As is to be expected among a rural population, less exposed to casual immunisation by sub-infective doses the proportion of adult cases is higher than in large towns.

**Whooping Cough.**—A few cases occurred in most areas, but the Dalmally region suffered most severely.

**Chicken Pox.**—The only striking feature here was the coincident presence of some cases of Herpes Zoster in Islay.

**Influenza.**—The peak of the 1936 epidemic occurred in this County in the early months of 1937 when the burghs experienced the brunt of the attack. The disease made its way into all parts of the County and Dalmally, Kinlochleven and Colonsay felt its presence fairly severely. Lochgoilhead showed a predominance of the gastric rather than the respiratory type. In Ardnamurchan it was associated with middle ear complications and in Islay with sinusitis.

**German Measles.**—Carradale had a minor epidemic.

**Tonsillitis.**—Quite a definite epidemic occurred in the early part of the year, especially among the school children in Ballachulish and Kinlochleven. It tends to leave a fair number of tonsils apparently suitable subjects for tonsillectomy. It is, however, advisable to postpone such a course for a considerable period of time—at least a year—by which time a large proportion of the throats will have subsided to a more normal appearance.

**Catarrhal Jaundice.**—This condition illustrates well a



type of disease which has escaped serious attention by the profession. Little research work has been done since the condition is not a fatal one and rarely hospitalised. Such work should surely form an increasing part of the work of a public health department in conjunction with practitioners and a bacteriologist in the future if headway is to be made against the great group of conditions not hospitalised.

A definite epidemic was reported from Colonsay in May, June and July (11 cases in all), among children and adolescents, and on account of the isolated nature of the area it seemed a good place for investigation which was undertaken. Some interesting data was obtained which did not entirely support the recent theories of its spread. Transport difficulties however prevented as full an enquiry as one would have wished.

A circular letter to practitioners requesting them to intimate its presence produced information of sporadic cases in Kinlochleven and Strone, while in the late autumn an outbreak occurred in Oban.

Our thanks are due to the doctors who co-operated and we await with interest further information.

**Enteritis.**—Early information on this subject is desirable both for its own sake and on account of the possibility of dysentery or typhoid. Outbreaks occurred in several parts, including Islay, Oban and Carradale. In one case there remained little doubt from a review of the patients that a milk supply had been implicated, although it was not possible to obtain bacteriological proof.

In this connection it is worth noting that investigations are frequently hampered by the fact that in many areas households obtain their milk from several sources. One of these may be a registered dairy while the others are smaller concerns supplying milk to a variable number of clients and to 'neighbours'. This term requires a much clearer definition sheltering behind the clause in the Milk & Dairies (Scotland) Act 1916 which permits unregistered premises to sell milk



with regard to numbers of such customers and their names. Right of entry into such premises and the taking of samples by the medical officer and his staff should be as easy as in the case of the registered dairy. Many of these unregistered premises are insanitary to a high degree.

Cases of food poisoning should be intimated also to the medical officer in order to prevent further spread. One sporadic case of *Salmonella* type occurred in Dunoon.

**Acute Appendicitis.**—Although it may seem rather inappropriate to include such a condition here it is however of interest to note from the report of the local doctor the occurrence of 8 cases of appendicitis in 1937 in the Glenbarr district.

There is a strong case for the inclusion of the Kintyre peninsula in the Air Ambulance scheme at present applicable to the Islands.

**Mortality.**—The following table gives the number of deaths from acute infectious disease.

Disease.	Total Argyll County	Campbeltown Burgh	Dunoon Burgh	Inveraray Burgh	Lochgilphead Burgh	Oban Burgh	Tobermory Burgh	County Exclusive of Burghs
Typhoid (including Paratyphoid)	1	...	1	...	...	...	...	...
Scarlet Fever	1	...	...	...	...	...	...	1
Diphtheria	1	...	1	...	...	...	...	...
Influenza	55	6	11	...	1	4	...	33
Cerebro-spinal Fever	1	...	...	...	...	...	...	...
Other Epidemic Diseases	1	...	...	...	...	1	...	...
Pneumonia (all forms)	37	7	9	...	1	5	...	15
Puerperal sepsis	...	...	...	...	...	...	...	...
Other puerperal causes	2	...	1	...	...	...	...	1
Totals	99	13	24	...	2	10	...	50

## Isolation and Treatment of Cases in Hospital.

## 1. McKELVIE ISOLATION HOSPITAL, OBAN.

DISEASE	No. in Hospital at beginning of Year		Admitted during the Year		Dis-charged		Died		No. in Hospital at End of Year	
	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward
Scarlet Fever -	—	6	4	5	4	5	—	—	—	1
Chicken Pox -	—	—	2	—	2	—	—	—	—	—
Pneumonia -	2	—	6	1	6	1	—	—	—	—
Erysipelas -	—	—	3	3	3	3	—	—	—	—
Pleurisy -	—	—	—	1	—	1	—	—	—	—
Tonsillitis -	—	—	—	4	—	4	—	—	—	—
Meningitis -	—	—	—	1	—	—	—	1	—	—
Scabies -	—	—	5	—	5	—	—	—	—	—
Impetigo -	—	—	1	—	1	—	—	—	—	—
Carbuncle and Septicaemia -	—	—	1	—	—	—	1	—	—	—
Ophthalmic Sinus -	—	—	—	1	—	—	—	—	—	1
Puerperal Sepsis -	—	—	—	2	—	1	—	—	—	1
Diphtheria -	—	—	2	1	2	1	—	—	—	—
Total	2	6	24	19	23	16	1	1	—	3

## 2. DUNOON ISOLATION HOSPITAL.

Disease	No. in Hosp. at beginning of Year		Admitted during the Year		Dis-charged		Died		No. in Hosp. at end of Year	
	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward
Scarlet Fever -	—	—	47	16	45	16	—	—	2	—
Diphtheria -	6	—	14	7	13	7	1	—	—	—
Enteric Fever -	—	—	—	1	—	—	—	1	—	—
Measles -	—	—	2	—	2	—	—	—	—	—
Erysipelas -	—	—	3	1	3	1	—	—	—	—
Total	6	—	66	25	63	24	1	1	2	—



## 3. CAMPBELTOWN ISOLATION HOSPITAL.

Disease	No. in Hosp. at beginning of year		Admitted during the year		Discharged		Died		No. in Hospital at end of Year	
	Burgh	Land-Ward	Burgh	Land-Ward	Burgh	Land-Ward	Burgh	Land Ward	Burgh	Land-ward
Scarlet Fever - -	3	—	15	5	17	5	—	—	1	—
Pulmonary Tuberculosis - -	—	1	1	—	1	1	—	—	—	—
Diphtheria - - -	—	—	1	1	1	1	—	—	—	—
Erysipelas - - -	—	—	—	1	—	1	—	—	—	—
Pneumonia - - -	—	—	2	1	1	1	1	—	—	—
German Measles - -	—	—	2	4	2	4	—	—	—	—
Influenza - - -	—	—	—	7	—	7	—	—	—	—
Observation Diphtheria - -	—	—	2	—	2	—	—	—	—	—
Total	3	1	23	19	24	20	1	—	1	—

## 4. BALLACHULISH ISOLATION HOSPITAL.

DISEASE	No. in Hosp. at beginning of Year		Admitted during Year		Discharged		Died		No. in Hosp. at end of Year	
	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward
Membranous Croup - - -	—	—	—	3	—	3	—	—	—	—
Scarlet Fever - - -	—	—	—	2	—	1	—	—	—	1
Pneumonia - - -	—	—	—	2	—	2	—	—	—	—
Diphtheria - - -	—	—	—	1	—	1	—	—	—	—
Total	—	—	—	8	—	7	—	—	—	1

## 5. LOCHGILPHEAD ISOLATION HOSPITAL.

Disease	No in Hosp. at beginning of Year		Admitted during the Year		Discharged		Died		No. in Hosp. at end of Year	
	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward
Scarlet Fever - -	—	—	1	1	1	1	—	—	—	—
Pneumonia - - -	—	—	—	1	—	1	—	—	—	—
Total	—	—	1	2	1	2	—	—	—	—

## 6. GARTNATRA ISOLATION HOSPITAL, ISLAY.

DISEASE	No. in Hosp. at beginning of Year.		Admitted during the Year.		Discharged		Died.		No. in Hosp. at end of Year	
	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward
Diphtheria - -	—	—	—	2	—	2	—	—	—	—
Scarlet Fever -	—	—	—	1	—	1	—	—	—	—
Total	—	—	—	3	—	3	—	—	—	—

## 7. TIREE ISOLATION HOSPITAL.

Disease	No. in Hosp. at beginning of Year.		Admitted during the Year.		Discharged		Died		No. in Hosp. at end of Year	
	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward	Burgh	Land-ward
Nil - - - - -	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—

## School Closure during 1937.

<i>Name of School.</i>	<i>Disease.</i>	<i>Dates of Closure.</i>
Duisky Public School	Influenza	1st to 5th February.
Glencroe Public School	Diphtheria	4th and 5th February.
Kilchoman Public School	Influenza	29th January to 5th February.

Closure of schools was recommended in each case to prevent the spread of infection and each closure was sanctioned by the Medical Officer of Health.

## INSULIN.

During 1937 16 patients received insulin under the County Scheme. In all 213,600 units were issued to practitioners, an increase of 20,100 units from the quantity issued in 1936.

A supply of insulin is kept in the Public Health Offices, Oban, for use in emergency.

## TREATMENT OF THE SICK POOR.

Treatment of the sick poor in the County has been satisfactory during the year and with the prospect of new



accommodation for this type of case in Oban, adequate treatment should be facilitated.

While patients suffering from acute disease are still occasionally admitted to the public assistance institutions, the tendency is for the more chronic aged case to apply for admission, thus relieving the pressure on the voluntary institutions. With improved and more attractive accommodation for the sick, the burden on these hospitals will be still further lightened, and the number of cases for admission to the public assistance institutions increased.

The annual reports of the medical officers in charge of Poor Law Institutions follow, together with a table showing the number of sick poor persons treated in hospitals within and outwith the County.

### **WEST HIGHLAND REST, OBAN.**

#### **Report by Medical Officer for Year 1937**

I have the honour to submit my Report for the year 1937.

On 31st December 1936, there remained under treatment in the sick wards, 22 men; 27 women; 3 boys; 5 girls;—total 57.

During the year there were admitted 127 men; 95 women; 21 boys; 21 girls—total 264.

Deaths during the year amounted to 34—17 males; 17 females. The chief cause of death was disease of the heart and arteries—14.

There were 10 maternity cases—6 boys; 4 girls. Mothers and children did well.

The ailments from which the patients suffered were those incidental to advanced years and call for no special comment.

The nursing service was efficient. The staff consists of 1 matron; 1 assistant; 4 assistant nurses. Hours of duty per week—56.

The kitchen was frequently inspected and the food found to be very satisfactory in respect of quality and quantity.



The state of the kitchen and dining-room as regards cleanliness and neatness was always of a high order.

As I stated in my last Report—In the general management of the sick wards there is a dearth of rooms suitable for dying patients or those suffering from unpleasant conditions of body or mind. Suitable provision, I hope, will be made in the contemplated new building.

ANDREW CURRIE, M.B., Ch.B.

### **WITCHBURN HOUSE, CAMPBELTOWN.**

#### **Medical Officer's Report for year ended 31st December 1937.**

(a) Accommodation sufficient.

Inmates are medically inspected and their classification revised quarterly.

(b) The dietary of the inmates and the quality and cooking of the food are satisfactory.

(c) There is one trained nurse in charge of the sick wards. Paid, untrained night attendants are provided for the male and female wards.

It is desirable that a probationer be provided in addition. At present there is not accommodation for more than one trained nurse.

(d) Medicines etc. are supplied by a local chemist on the order of the Medical Officer.

(e) The Sick Wards are equipped with hot and cold water, screens, chairs, bed rests, etc.

(f) The sick are bathed under the supervision of the Nurse.

(g) Heating and ventilation of the wards are satisfactory.

(h) The sanitary arrangements are suitable.

(i) There are two small wards where offensive cases can be isolated. Pulmonary Tuberculosis and Infectious Diseases are not treated in the Poorhouse.

(j) The treatment of Venereal Diseases is otherwise provided for by the Local Health Authority.

(k) Minor operations are performed in the wards.



Major cases are sent to Glasgow or the Campbeltown Cottage Hospital.

(l) There are no special means available for the treatment of Cancer.

(m) Obstetric cases are examined ante-natally and are attended during parturition by the Medical Officer assisted by the Matron. The present Matron is in possession of the C.M.B. certificate and in normal cases is fitted to attend alone.

Silver nitrate is used for the eyes of the newly born.

(Sgd.) J. P. BROWN, Medical Officer.

Campbeltown,

24th January, 1938.

### **GORTANVOGGIE HOUSE, ISLAY.**

Bridgend, Islay,

30th June, 1938.

The following is my Annual Report on Gortanvoggie House, Bowmore, for the year ending December 1937.

I have little to add to my previous reports on the Institution with regard to its accommodation and state of repair. As before, both are satisfactory. I am pleased to say that during the year we had a wash-hand basin with hot and cold running water installed in the labour ward and it has proved of great convenience. Unfortunately, however, it has been fitted incorrectly with ordinary taps and screws when I desired a fish tail douching tap supplied by both hot and cold pipes adjustable to giving a continuous flow of water at the required degree of heat. Perhaps this could be altered, as the additional expense would not be very great and it would be more satisfactory.

The addition to the staff of another maid servant is really essential as at present the matron has too much to do, what with attending to the sick inmates and helping the solitary maid servant.

The equipment has been augmented by four white



enamelled metal bed-lockers and one commode chair.

The installation of the telephone has been of much benefit, as the matron can now communicate with me direct when occasion demands and has saved many messages sent by car during the night as formerly.

During the year there were 44 admissions and 29 discharges, leaving 15 inmates at the end of the year. The admissions include 14 patients in at the beginning of the year.

The cases dealt with were as follows:—

5 births—mothers and babies discharged well.

1 breast abscess admitted from the district and open and drained under general anæsthesia—patient discharged well.

1 road accident with multiple fractures of limbs—compound. General anæsthetic and fractures splinted and patient later removed to Glasgow Royal Infirmary.

1 cellulitis of arm with abscess formation—opened under general anæsthesia and drained with tubes—discharged well.

Four cases were transferred to the Argyll & Bute Mental Hospital, Lochgilphead. The other cases were of no particular interest, being aged inmates requirous of much attention from the Governor and Matron.

Arrangements are being made to have the ward walls painted instead of white-washed as at present.

CAMPBELL M. McINTYRE.

### Statistics.

The following table relates to the number of Sick Poor persons who received treatment during 1937.

	Men	Women	Children	Total
(a) Persons who received outdoor medical relief in the Council's area.	268	173	94	535
(b) Poor persons who received medical treatment under the POOR LAW in:—				
1. The Council's institutions, including combination institutions in which the Council has a share.	163	120	56	339
2. Other, including voluntary institutions.	29	23	10	62
Totals	460	316	160	936



## HOSPITALS.

There has been no change in the hospital accommodation within the County or in the arrangements made with hospitals outwith the County during the year.

Those of us who dwell in the remote and scattered areas must continue to rely on the city hospitals. All roads lead to the large cities and transport routes concentrate on them. It is accordingly easier to travel direct than across country and except for the isolation of infectious disease and any services where there is no urgency it would not be advisable to endeavour to establish a large hospital within the county boundaries which could never attain the efficiency or have available the staff and equipment of the large Infirmaries.

The population of this County is much indebted to the services rendered by the City Hospitals and in this age of unification and co-operation it gives much satisfaction to put on record the kindness and generosity of the superintendents and staffs of these hospitals and their unfailing readiness to provide accommodation on very short notice.

Any scheme for the co-ordination of hospitals should not lose sight of these facts and any arrangements made should have the needs of the Highland areas incorporated in them.

It has been decided to replace the Isolation Hospital at Lochgilphead by building a more permanent and modern structure. This will give this wide area the facilities which are available at other centres in the County.

The difficulty of opening small hospitals in the Islands and providing nurses and maids is becoming apparent more especially when infectious disease is more easily spread in these areas with the easier communication with the mainland. The employment of air ambulances for the removal of infectious disease may feature in future administration and must not be lost sight of.

Good administration is the ability to change the organisation to suit the altering circumstances which progress in other spheres may bring about and it is essential to keep these coming changes in view if the efficiency of the health services are to be maintained.



## HOURS FOR ADVICE AT DISPENSARIES 84-86 CASTLE STREET

### ROYAL INFIRMARY, GLASGOW

Diseases of the Throat, Nose and Ear	... ..	11 a.m. Tuesday and Friday	No. 86
Diseases of the Teeth	..	9 a.m. Wednesday	No. 84
Diseases of the Skin	... ..	10 a.m. Monday, Wednesday and Thursday	No. 86
Diseases of Women	... ..	2 p.m. Monday and Thursday	No. 86
Medical	... ..	2 p.m. daily (Sundays excepted)	No. 86
Surgical	... ..	9 a.m. daily (Sundays excepted)	No. 86
Urological	... ..	1.30 p.m. Tuesday	No. 84
Nervous and Mental	... ..	1 p.m. Friday	No. 86
Vaccination	... ..	12 noon Monday and Thursday	No. 86

Dispensaries closed on all Glasgow Holidays

### VICTORIA INFIRMARY, GLASGOW

Patients admitted every afternoon (Sundays excepted). Accidents and urgent cases admitted to the Infirmary at any hour.

#### HOURS OF ADVICE.

Physicians	... ..	Monday and Thursday, 9 a.m. Wednesday and Saturday 11 a.m.
Surgeons	... ..	Monday, Tuesday, Wednesday, Thursday and Saturday 9 a.m.
‡ X-Ray	... ..	Daily 9.30 a.m. till noon (except Sat.)
Diseases of the Skin		Monday, Wednesday, Saturday, 9 a.m.
Diseases of the Eye	...	Monday 1.30 p.m., Saturday 10 a.m.
Diseases of the Ear, Nose and Throat	...	Tuesday, 4 p.m. Wednesday, 2.30 p.m.
Gynaecological Cases		Wednesday at 9.30 a.m.
Metabolic Diseases (Diabetes, etc.),	..	Tuesday and Friday, 9 a.m.
Orthopaedic Clinic,		Monday, 1.30 p.m. Wednesday and Saturday at 9.30 a.m.
Urological Clinic	...	Tuesday, at 9.30 a.m.

‡ Patients requiring X-Ray examination must in the first instance be referred to a Physician or Surgeon.



## HOURS FOR ADVICE AT DISPENSARIES

### WESTERN INFIRMARY, GLASGOW

#### Medical, 2 p.m.

DR. LIVINGSTON	...	...	Monday and Thursday
DR. ALSTEAD	...	...	do. do.
DR. SCOTT	...	...	Tuesday
DR. FORSYTH	...	...	Tuesday and Friday
DR. RIDDELL CAMPBELL	...	...	Wednesday
DR. LENDRUM	...	...	do.
DR. GAYLOR	...	...	Friday

#### Surgical, 2 p.m.

MR MACKEY	...	...	Monday and Thursday
MR MAITLAND	...	...	do. do.
MR FERGUSON	...	...	Tuesday and Friday
MR A. B. KERR	...	...	do. do.
MR MACLENNAN	...	...	Wednesday
MR LAIRD	...	...	do.

#### Ear, Nose and Throat, 4 p.m.

DR. GAVIN YOUNG	...	Tuesday & Friday (new patients only). Thursday (return patients)
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#### Skin, 2 p.m.

DR. McLACHLAN	...	...	Monday and Wednesday
DR. SOMMERVILLE	...	...	Tuesday and Thursday

#### Gynaecological, 4 p.m.

DR. HART	...	...	Monday and Friday
DR. BARR	...	...	Tuesday and Thursday

#### Venereal Diseases

	MALES	FEMALES
DR. MCGREGOR ROBERTSON	Tuesday 5.30 p.m. Thursday 5.50 p.m. Wednesday 11 a.m. Friday 11 a.m.	
DR. MCCLUSKIE		
DR. LENDRUM		

#### Vaccination, 12 noon

DR. CARSTAIRS	...	Monday and Thursday
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#### Psychiatric Clinic, 2 p.m.

DR. McNIVEN	...	Wednesday
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#### Neurological Clinic, 2 p.m.

DR. GAYLOR	...	Wednesday
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#### Diabetic Clinic, 2 p.m.

DR. SCOTT	...	Friday
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#### Diseases of the Eye, 2 p.m.

PROFESSOR BALLANTYNE	...	Monday and Friday
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**BELLAHOUSTON DISPENSARY**

40 Morrison Street, C.5.

Physicians	... ..	Monday, Tuesday, Thursday and Friday at 2 p.m.
Surgeons	... ..	Monday, Tuesday, Thursday and Friday at 2 p.m.
Diseases of the Skin		Tuesday and Friday at 9 a.m.
Diseases of the Eye	...	Wednesday at 12.30 p.m.
Diseases of the Ear, Nose and Throat	...	Monday and Friday at 2 p.m.
Gynaecological Cases		Monday and Thursday at 9 a.m.
Neurological Cases	...	Wednesday at 10 a.m.
Children's Clinic	...	Wednesday and Friday at 1 p.m.

**AMBULANCES.**

During the year the question of providing a motor ambulance for the conveyance of cases of infectious disease to hospital in the Island of Islay was under discussion. The conversion of a Morris 10-cwt. van for use as an ambulance was suggested and agreed to. This has since been carried out and a very satisfactory vehicle has been evolved which has proved itself what it was intended to be—a very useful light ambulance at a reasonable price. Photographs of the ambulance appear in the report and it will be seen that the conversion of the van has been very well carried out by Messrs A. & D. Fraser, Ltd., Glasgow, the whole vehicle completely equipped costing approximately £200.

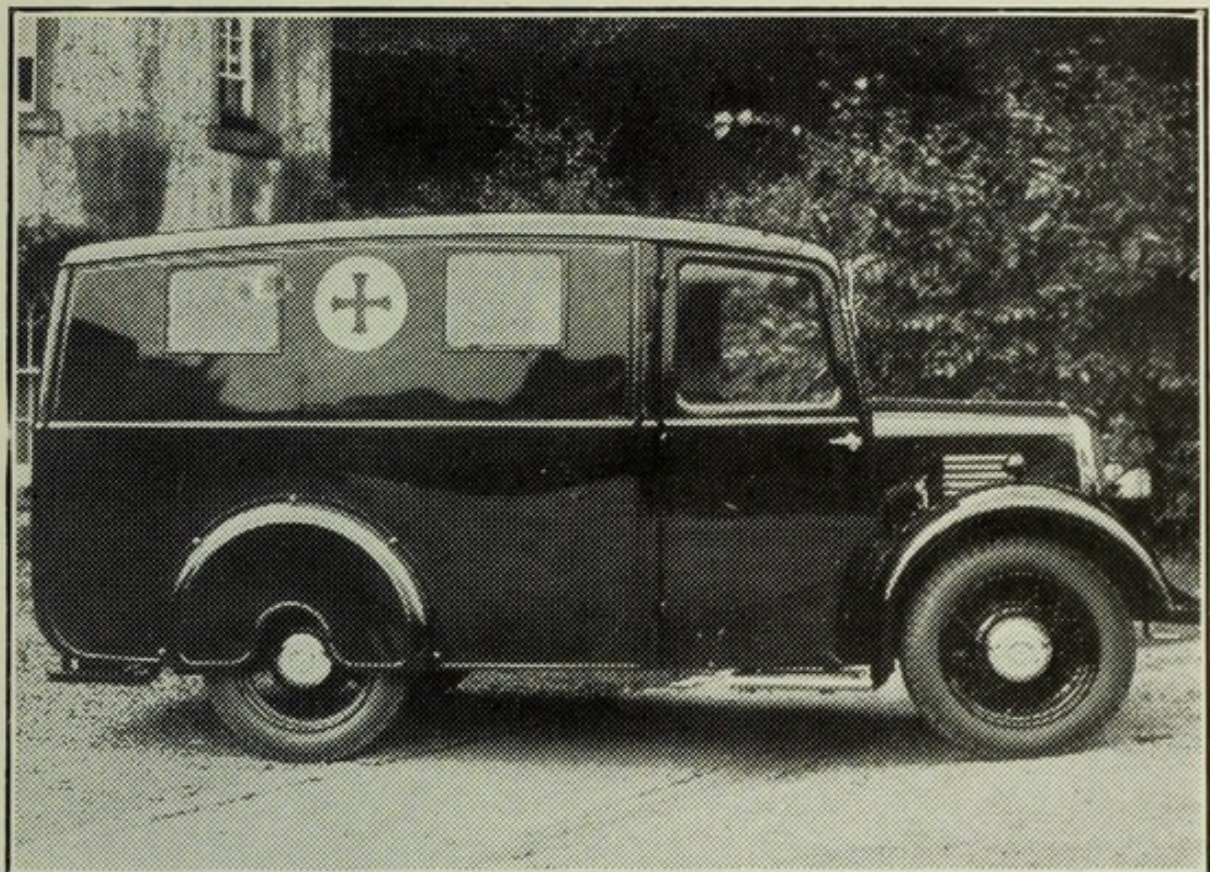
The conversion having proved a thoroughly practical proposition a similar ambulance has been ordered for use in Mid Argyll and should prove very useful for the work in this area. The short wheelbase and good lock make it very suitable for traversing the many small roads and farm tracks.

Another similar ambulance is to be obtained to replace the older vehicle now stationed in Ballachulish and should prove quite satisfactory for this area. The establishment of small inexpensive ambulances in the various districts for local work is very desirable, the larger County ambulance carrying out the long distance removals.

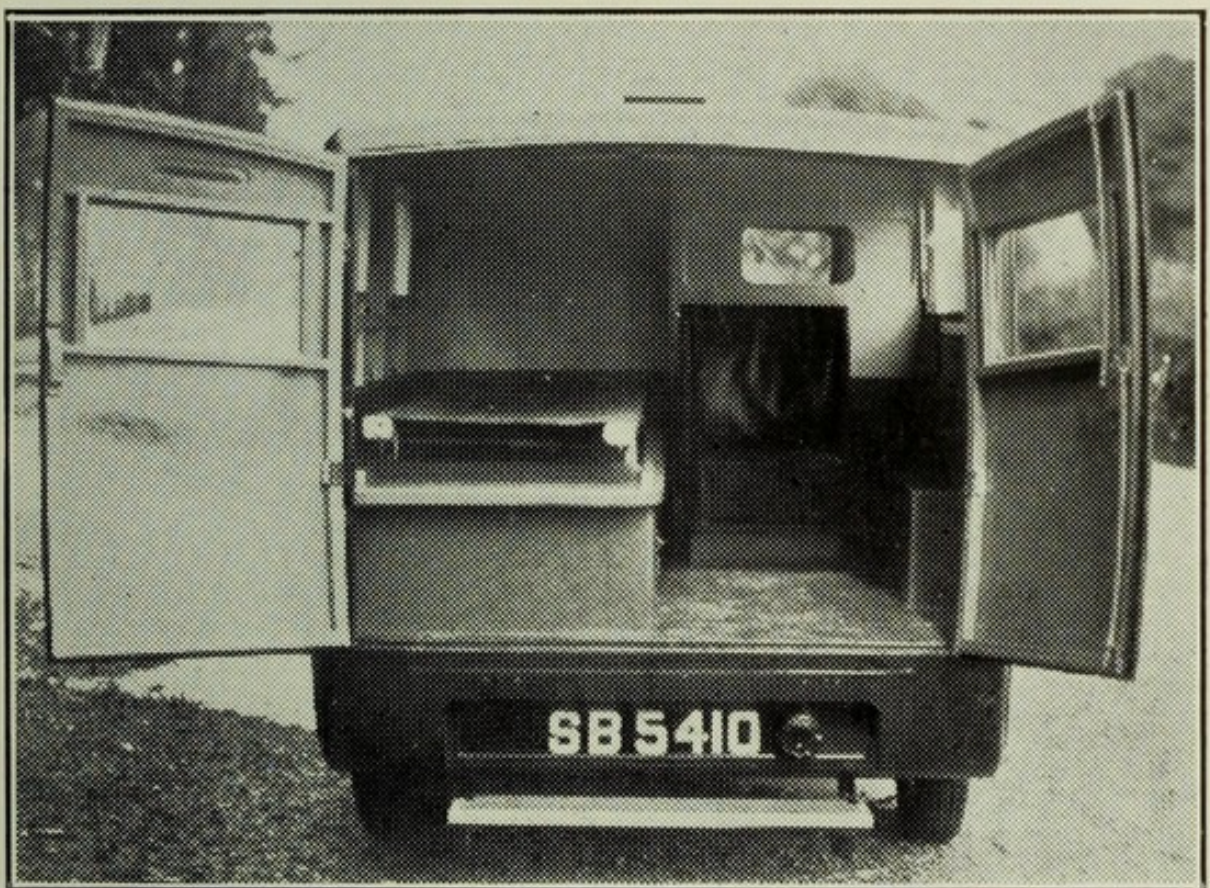
It will probably be necessary to make similar provision for Ardnamurchan in the near future and when this is given



## AMBULANCES

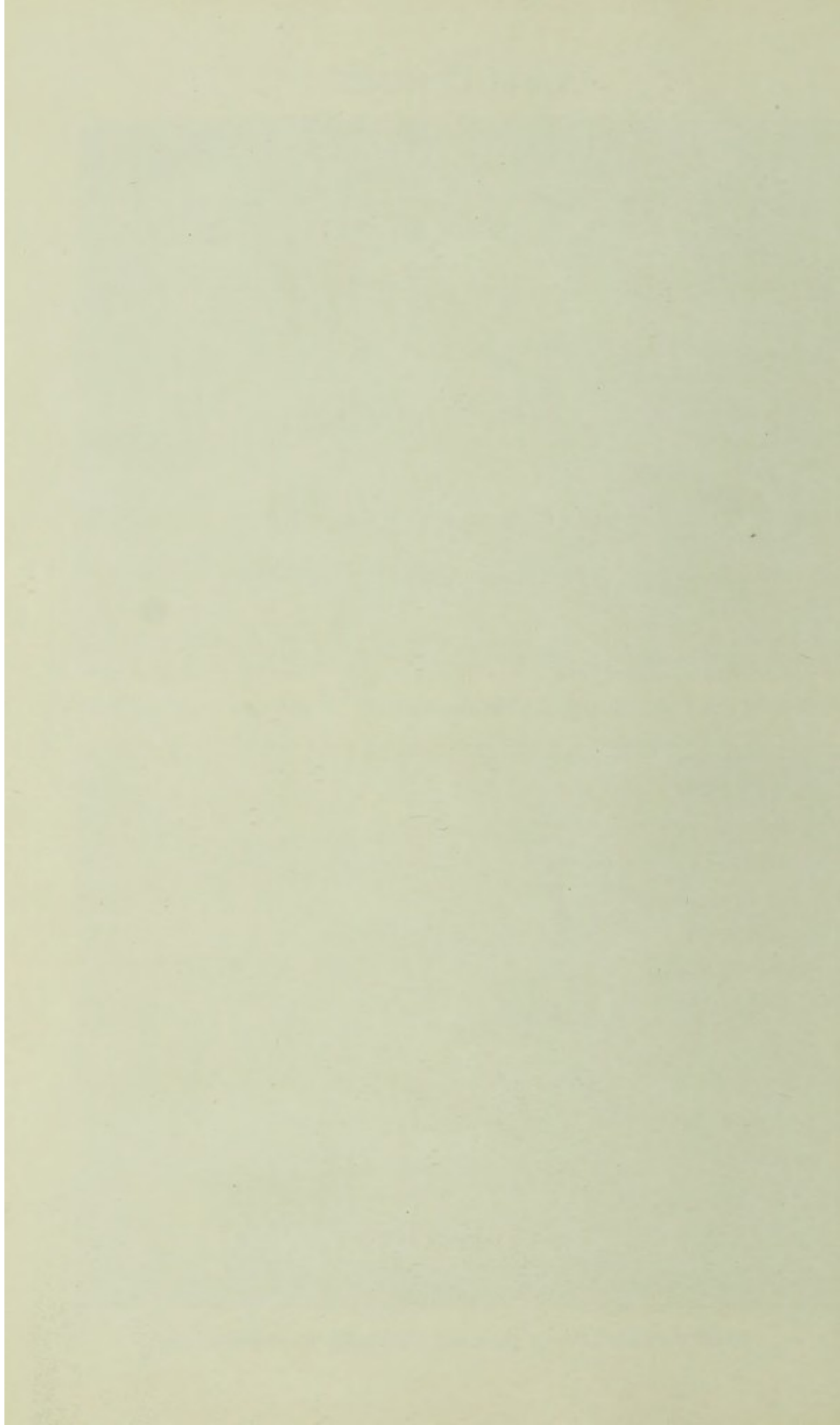


Morris 10 cwt. van converted to ambulance for use in the Island of Islay



Interior of ambulance showing simplicity of construction







effect to and when a small ambulance is stationed in Mull to augment the trailer type which is in use at present the ambulance services of the County will be very complete and very satisfactory.

### **Air Ambulance Service.**

Northern Airways Ltd. continue to give very valuable service with their air ambulance and have earned the gratitude and thanks of the patients and relatives for the skilful piloting and the unfailing rapidity of service which they have always given.

### **SOCIAL HYGIENE.**

As in previous years, patients receiving treatment under the scheme for the diagnosis, prevention and treatment of venereal disease, were attended locally by private medical practitioners or travelled to Glasgow centres for treatment. Acute cases requiring hospital care were also admitted to institutions in Glasgow through the courtesy of the Public Health Department.

Drugs approved by the Department of Health were issued free to practitioners on request.

During 1937, 32 specimens were examined bacteriologically, and 23 outfits for the collection of blood samples were supplied to practitioners.

The total cost incurred for the diagnosis and treatment of venereal disease during 1937 was £131 14s 3d.

### **Arrangements for Treatment at Centres.**

For the information of medical officers, a timetable giving the names of the centres and the hours of attendance is appended.

## CORPORATION OF GLASGOW

TIME-TABLE OF  
VENEREAL DISEASES TREATMENT CENTRES

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>MALES—</b>						
67 Black Street, off Parliamentary Road .. ..	2 p.m. 5.30 p.m.	2 p.m. 5.30 p.m.	... 5.30 p.m.	2 p.m. 5.30 p.m.	2 p.m. 5.30 p.m.	...
186 Broomielaw, .. ..	5.30 p.m.	5.30 p.m.	5.30 p.m.	2 p.m.	5.30 p.m.	9.30 a.m.
87 Paisley Road, corner of Laidlaw Street, .. ..	5.30 p.m.	5.30 p.m.	3.30 p.m.	2 p.m. 5.30 p.m.	... 5.30 p.m.	...
Western Infirmary, .. ..	...	5.30 p.m.	11 a.m.	...	...	...
Victoria Infirmary, .. ..	...	...	...	...	...	11 a.m.
<b>FEMALES—</b>						
Western Infirmary, .. ..	...	...	...	5.30 p.m.	11 a.m.	...
Victoria Infirmary, .. ..	...	11 a.m.	...	...	...	...
63 Black Street .. ..	5.30 p.m.	1.30 p.m.	1.30 p.m.	5.30 p.m.	9.30 a.m.	...
401 Govan Road, .. ..	...	1.30 p.m.	...	5.30 p.m.	...	...
Central Dispensary, 15 North Portland Street .. ..	9 a.m. 12.30 p.m. —4 p.m. 5-7 p.m.	.. 12.30 p.m. —4 p.m. 5-7 p.m.	9 a.m. 12.30 p.m. —4 p.m. 5-7 p.m.	9 a.m. 12.30 p.m. —4 p.m. 5-7 p.m.	9 a.m. 12.30 p.m. —4 p.m. 5-7 p.m.	...
<b>CHILDREN—</b>						
63 Black Street, .. ..	5.30 p.m.	...	1.30 p.m.	..	9.30 a.m.	...
Central Dispensary, 15 North Portland Street, ..	...	9 a.m.	...	...	...	9 a.m.
Royal Sick Children's Hos- pital Dispensary, .. ..	2 p.m.	...	...	2 p.m.	..	..
<b>EYE CASES ONLY (both Sexes)—</b>						
Eye Infirmary Dispensary Charlotte Street, .. ..	5.30 p.m.	...	5.30 p.m.	5.30 p.m.	...	...

For other particulars apply to:-

THE MEDICAL OFFICER OF HEALTH, 23 MONTROSE STREET GLASGOW, C.1.



## TUBERCULOSIS.

During the year 1937, forty-seven cases of pulmonary tuberculosis were notified, twenty-five males and twenty-two females. All cases were over fifteen years of age, a fact which demonstrates the "latent period" between five and fifteen years which has been frequently remarked on by various observers. During this period, the child seems to have established an immunity which explains the comparatively infrequent incidence of the pulmonary type of the disease among school children.

The marked increase in notification of non-pulmonary tuberculosis—22 cases during 1937,—does not altogether indicate increased incidence of the disease, but is partly attributable to more frequent notification on the part of practitioners of tuberculosis of the cervical glands particularly in children. There is, however, a tendency to increased surgical tuberculosis within the County during the last year which cannot be attributed to any specific cause. With improved supervision of dairy herds and dairy premises it is however likely that a fall in the number of cases can be anticipated.

The spread of infection by the tubercle bacillus in Highland districts where no contact with towns can be established, is often difficult to explain particularly in view of the recognised fact that tuberculosis is transmitted only after fairly prolonged contact with an infected individual. There is, of course, the lack of immunity in more isolated areas, and until recently the poorer type of housing and probably dietetic deficiencies. It is interesting, however, to consider how far the old Highland custom of "Ceilidh" or gathering in houses during winter months is responsible for the incidence in Spring of several cases from one isolated village, as has occurred on one or two occasions in Argyll.

The death-rate from tuberculosis in the County fortunately continues to fall, and the return for Argyll for 1937, 61 per 100,000 of the population, compares favourably with the figure of 74 for all Scotland. There is no doubt that tuberculosis is becoming a disease which can be conquered by treatment and care, and taken early enough, need not necessarily impair the future working capacity or expectation of life of the unfortunate sufferer.



## REPORT OF MEDICAL SUPERINTENDENT OF ARGYLL SANATORIUM

DUNNYVEG,

GANAVAN ROAD, OBAN.

31st December, 1937.

TO THE MEMBERS OF THE ARGYLL  
PUBLIC HEALTH COMMITTEE.

GENTLEMEN,

The following is my twenty-eighth Annual Report for the period from 1st January to 31st December 1937.

At the date of my last annual report there were 34 patients under treatment—17 males and 17 females—from the following districts:—

Lorn	-	-	-	4	Kintyre	-	-	-	4
Cowal	-	-	-	2	Islay	-	-	-	7
Mid-Argyll	-	-	-	1	Campbeltown	-	-	-	6
Mull	-	-	-	1	Dunoon	-	-	-	1
Ardnamurchan	-	-	-	6	Tobermory	-	-	-	2

Since that date 25 patients were admitted—15 males and 10 females—from the undernoted districts:—

Lorn	-	-	-	4	Kintyre	-	-	-	1
Cowal	-	-	-	1	Islay	-	-	-	4
Mid-Argyll	-	-	-	2	Campbeltown	-	-	-	3
Mull	-	-	-	1	Oban	-	-	-	3
Ardnamurchan	-	-	-	2	Dunoon	-	-	-	4

During the year 30 patients were discharged—12 males and 18 females. The disease was arrested in 12, much improved in 6, improved in 1, no improvement in 2, and 9 died

There remain under treatment 29 patients—20 males and 9 females—from the districts mentioned below:—

Lorn	-	-	-	4	Campbeltown	-	-	-	4
Cowal	-	-	-	2	Oban	-	-	-	2
Mid-Argyll	-	-	-	1	Dunoon	-	-	-	1
Ardnamurchan	-	-	-	6	Tobermory	-	-	-	1
Kintyre	-	-	-	2	Islay	-	-	-	5
Mull	-	-	-	1					



For the sake of uniformity the same classification has been adopted as in former years namely, Dr. Turban's classification.

STAGE I.—Disease of slight severity affecting at most one lobe or two half lobes of the lungs.

STAGE II.—Disease of slight severity, more extensive than Stage I. but affecting at most two lobes, or severely affecting at most one lobe.

STAGE III.—Disease of greater extent and severity than Stage II.

STAGE I.—Four cases remained under treatment and four new cases were admitted. Six were discharged with disease arrested and two remain under treatment.

STAGE II.—Nineteen cases remained under treatment and 12 new cases were admitted. Six were discharged with disease arrested, four much improved, no improvement in 1, 1 died and nineteen remain under treatment.

STAGE III.—Eleven cases remained under treatment and nine new cases were admitted. The disease was much improved in two, improved in one, no improvement in one, eight died and eight remain under treatment.

TABLE SHOWING AGES OF PATIENTS ADMITTED:—

Under 15,	-	-	1	36—45,	-	-	3
15—25,	-	-	11	Over 45,	-	-	2
26—35,	-	-	8				

The sputum of 23 patients was positive to tubercle bacilli. Four were re-admission cases.

#### OCCUPATION.

MALES.—Assistant Chemist, 1; Hotel Boots, 1; Railway Clerk, 1; Labourers, 4; Gardener, 1; Fisherman, 2; Soldier, 1; Fish Merchant, 1; Forester, 1; Public Assistant Officer, 1; Gamekeeper, 1.

FEMALES.—Housewife, 1; Domestic Servants, 5; At home, 3; Shop Assistant, 1.

TABLE SHOWING NUMBER OF CASES ADMITTED IN THE THREE STAGES.

Year	Number of Cases	Stage I.	Stage II.	Stage III.	Non-Pulmonary
1928	45	8	12	20	5
1929	41	6	17	16	2
1930	35	9	13	12	1
1931	19	2	5	12	0
1932	35	3	15	14	3
1933	35	4	12	18	1
1934	30	8	9	13	0
1935	27	4	13	10	0
1936	37	6	15	16	0
1937	25	4	12	9	0

TABLE SHOWING DISTRICTS AND BURGHS FROM WHICH CASES WERE ADMITTED.

DISTRICTS	Year 1929	Year 1930	Year 1931	Year 1932	Year 1933	Year 1934	Year 1935	Year 1936	Year 1937
Lorn, ... ..	6	8	4	5	5	4	1	7	4
Kintyre, ... ..	5	3	1	0	3	1	3	1	1
Ardnamurchan,	3	1	2	2	4	4	5	3	2
Islay, ... ..	2	4	2	3	5	2	5	8	4
Cowal, ... ..	5	1	2	4	3	2	1	1	1
Mull, ... ..	2	3	0	2	1	1	0	1	1
Mid-Argyll, ...	4	5	5	4	3	5	1	2	2
BURGHS.									
Campbeltown,	4	4	1	7	3	3	3	7	3
Oban, ... ..	4	1	0	4	5	2	3	2	3
Lochgilphead,	4	3	1	1	1	2	0	0	0
Dunoon, ... ..	2	2	1	1	2	3	4	2	4
Inveraray, ...	1	0	0	0	0	0	0	1	0
Tobermory, ...	0	0	0	0	0	1	1	2	0
Inverness (pte.)	1	0	0	0	0	0	0	0	0

The number of cases admitted in 1937 (25) is the lowest since 1931, the average admission being 33 per annum for the last 10 years. It will be noted that all the fatal cases were admitted in an advanced state of the disease. Dr. Guy



in his comprehensive and masterly Annual Report on the Health and Sanitary Administration of the County for 1936 remarks "The fall in the percentage of deaths from all forms of tuberculosis is encouraging, being lower than that returned for 1933, 1934 and 1935".

A recent leading article in the "British Medical Journal" draws attention to the swing of the pendulum in the history of the development of tuberculosis control and says: "The Sanatorium movement is a good example. The long delay in recognising the value of this institution was followed by an over enthusiasm which has given way to a more reasonable appreciation of its true function. But the pendulum still moves, and there is a danger of fresh air and good food being too thoroughly ousted in favour of major surgical procedures". We know that some very good results have been obtained by the conservative treatment of cavitation. One writer, Dr. S. Cold, states that of 48 cases thus treated 28 remained well seven years after treatment. He does not present his study of cavitation as an argument in favour of conservative treatment in preference to operative treatment but as a corrective to the opinion of those who may be tempted to give the credit for every recovery to the special treatment they have employed. Within recent years we have had quite a number of patients who had undergone these surgical procedures at different Sanatoria without any lasting benefit. One comes across instances of great longevity in tubercular patients. To cite only one instance, we had a female patient in the Sanatorium this year, age 65, who first contracted the disease as a child of ten years. She had many short periods of sanatorium treatment and has been able to maintain herself and her daughter in quite comfortable circumstances. Her treatment has always been general sanatorium regime. She has had repeated attacks of pulmonary hæmorrhage at different times during that long period, and was admitted here following an attack. She was discharged much improved after 84 days treatment and gained six pounds in weight.



The incidence of tuberculosis in nursing staffs is lower in Sanatoria and Tuberculosis Hospitals than in general hospitals. We have never had any of our staff infected at the Sanatorium, although we have had a considerable number of nurses as patients who contracted the disease in general hospitals and asylums.

Dr. Edwards, Medical Superintendent of the Cheshire Joint Sanatorium, writes "The time is ripe for Local Authorities to realise that many openings could be found for the tuberculosis ex-patient on the staff of a Sanatorium. The fact of having tuberculosis with general fitness for work and progress towards arrest is no ground for refusing employment in a Sanatorium". I have always advocated employing patients when they are fit to assist in the work of the institution and to remunerate them for their services. This has been done with very gratifying results.

From Norway and Sweden come reports of two epidemics of pulmonary tuberculosis among school children at different schools, their infection being traced to tuberculous school teachers. The reports advocate the medical examination of school teachers before appointments and at any time they are ailing, and one of the authors, Dr. Sasse, Sweden, pertinently remarks "If the State compels parents to send their children to school, the parents are entitled to expect the State to take the necessary medical precautions". The Norwegian law of 1935 makes the examination of school teachers compulsory.

The new recreation room for the male patients is now completed and has been in use since before Christmas. It is a great and necessary acquisition to the Sanatorium. As the building is divided into two parts normally by a sliding partition, I think that one half of it could be utilised for the female patients who have no recreation room.

The ministers of the town have, as in past years, been most attentive in holding services at the Sanatorium, and at



other times have been most attentive in their ministrations to the patients.

I take this opportunity of thanking Dr. Guy, the Consulting Medical Officer, and his staff, Miss Macdonald the Matron, and all the other members of the Sanatorium staff for their help and co-operation during the year.

I am, Gentlemen,

Your obedient servant,

(Signed) DUNCAN MACDONALD.

A synopsis of the cases and results for the year is appended

SYNOPSIS OF CASES AND RESULTS FOR THE PERIOD FROM  
1ST JANUARY TO 31ST DECEMBER, 1937.

I. Cases in Sanatorium at date of last Annual Report.

No. on Register	DISTRICT	Age	Sex	No. of days treatment	Weight gained in lbs.	Stage of disease (Turban)	Result
*854	Dunoon	19	M	1365	18	2	Disease arrested (Orderly)
862	Kintyre	46	F	1281	—	2	Died
*868	Campbeltown	39	M	—	—	2	In sanatorium
886	Kintyre	17	M	998	43	1	Disease arrested
892	Tobermory	33	M	—	—	3	In sanatorium
*900	Ardnamurchan	53	M	—	—	2	In sanatorium
*903	Ardnamurchan	30	M	—	—	2	In sanatorium
911	Kintyre	27	M	—	—	2	In sanatorium
915	Cowal	39	M	—	—	2	In sanatorium
919	Islay	28	F	618	30½	2	Disease arrested
920	Ardnamurchan	23	M	—	—	2	In sanatorium
923	Ardnamurchan	71	M	—	—	1	In sanatorium
926	Islay	21	F	—	—	2	In sanatorium
929	Islay	24	F	591	25	2	Much improved
936	Lorn	18	M	—	—	3	In sanatorium
*937	Islay	56	M	—	—	2	In sanatorium
938	Campbeltown	27	F	385	16	3	Much improved
941	Islay	35	M	487	29	2	Disease arrested
*942	Campbeltown	23	F	238	—	3	Died
*943	Cowal	38	F	288	14	1	Disease arrested
944	Tobermory	27	F	484	21	2	Much improved
*945	Campbeltown	34	M	334	—	3	No improvement
946	Lorn	21	F	246	—	3	Died
*951	Lorn	34	M	289	7	2	Much improved
952	Campbeltown	32	F	168	3	3	Improved
953	Kintyre	39	F	278	35	1	Disease arrested
954	Lorn	29	F	—	—	2	In sanatorium
955	Islay	35	M	386	—	3	Died
958	Ardnamurchan	25	F	244	—	3	Died
959	Mid Argyll	41	M	74	—	3	Died
960	Mull	22	F	248	—	2	No improvement
961	Ardnamurchan	35	F	—	—	2	In sanatorium
962	Campbeltown	33	F	—	—	3	In sanatorium
963	Islay	41	F	161	—	2	Disease arrested

II. Cases admitted since 1st January, 1937.

*964	Campbeltown	38	M	—	—	3	In sanatorium
965	Dunoon	64	F	84	6	3	Much improved
966	Islay	19	F	256	15	2	Disease arrested
967	Mull	21	M	—	—	3	In sanatorium
968	Mid-Argyll	20	M	219	12½	1	Disease arrested
969	Dunoon	47	F	195	10	2	Disease arrested
970	Kintyre	22	M	—	—	2	In sanatorium
*971	Dunoon	34	M	34	—	3	Died
972	Lorn	26	F	—	—	2	In sanatorium
973	Mid Argyll	27	M	—	—	2	In sanatorium
974	Oban	27	F	85	6	2	Much improved
975	Lorn	14	M	231	42	1	Disease arrested
976	Oban	29	F	—	—	2	In sanatorium
977	Campbeltown	25	M	134	—	3	Died
978	Islay	30	M	—	—	3	In sanatorium
979	Ardnamurchan	23	F	162	11	1	Disease arrested
*980	Lorn	34	M	102	—	3	Died
981	Islay	19	F	—	—	3	In sanatorium
982	Oban	24	M	—	—	2	In sanatorium
983	Lorn	36	M	—	—	2	In sanatorium
984	Cowal	37	M	—	—	3	In sanatorium
985	Campbeltown	21	M	—	—	3	In sanatorium
986	Islay	19	F	—	—	1	In Sanatorium
987	Ardnamurchan	16	M	—	—	2	In Sanatorium
*988	Dunoon	28	F	—	—	2	In Sanatorium

N.B. Those marked with an asterisk are re-admission cases



# TUBERCULOSIS—STATISTICAL RETURNS, 1937.

## I.—Return of cases of Tuberculosis notified during the year.

			Number of Cases notified as suffering from Tuberculosis									No. of cases notified during year in which diagnosis of Tuberculosis has been confirmed	
			Age Groups										
			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 upwards	Total		
Pulmonary	...	M.	..	..	2	10	7	3	2	1	25	..	23
		F.	..	..	..	8	9	..	3	..	22	..	18
Non-Pulmonary	..	M.	3	2	5	2	1	..	..	1	14	5	9
		F.	1	..	..	2	4	..	..	1	8	1	7

## II.—Return showing the number of cases which received treatment under the Tuberculosis Scheme in Sanatoria or other Institutions during the year.

			No. of Patients					
			In Institutions on 1st Jan.	Admitted during the year	Discharged dur- ing the year	Died in the Institutions *		In Institutions on 31st Dec.
Pulmonary	}	Adults M.	38	15	4	a	b	43
		F.	42	11	14	6	...	35
		Children M.	...	1	...	4	...	1
		F.	...	...	...	...	...	...
Non- Pulmonary	}	Adults M.	5	3	1	...	...	7
		F.	2	1	1	...	...	2
		Children M.	4	4	2	...	...	6
		F.	3	...	1	...	..	2
Total			94	35	23	10	...	96

\* In column (a) show those who were in final residence 28 days or over.

In column (b) show those who were in final residence under 28 days.

III.—Return of number of persons resident in the area at 31st December 1937, who were known to be suffering from Tuberculosis.

		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 upwards	Total
<b>PULMONARY</b>										
1. Sputum not present	M.	...	...	1	...	1	2	...	...	4
	F.	...	...	...	1	...	1	1	...	3
2. Sputum present	M.	...	...	2	6	3	7	2	...	20
but not examined	F.	...	...	...	3	5	5	2	...	15
3. Sputum examined and	M.	...	...	...	11	10	7	11	2	41
Tubercle Bacilli found	F.	...	...	1	6	18	12	2	...	39
4. Sputum examined and	M.	...	...	...	...	5	2	7	1	15
Tubercle Bacilli never										
found	F.	...	...	...	1	2	4	4	1	12
<b>Total</b>		...	...	4	28	44	40	29	4	149
<b>NON-PULMONARY</b>										
1. Abdominal	M.	...	...	1	1	...	...	...	...	2
	F.	...	...	...	...	1	...	...	...	1
2. Spine	M.	...	...	1	1	1	1	1	...	5
	F.	...	...	1	...	...	...	1	...	2
3. Bones and joints (exclusive										
of Spine)	M.	...	1	2	2	1	...	1	2	9
	F.	...	4	1	3	3	3	1	...	15
4. Superficial Glands	M.	2	3	2	4	...	...	...	...	11
	F.	1	...	...	1	3	...	1	...	6
5. Lupus	M.	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...
6. Other Parts or Organs	M.	2	...	...	...	1	1	...	...	4
	F.	...	...	...	...	...	...	...	...	...
<b>Total</b>		5	8	8	12	10	5	5	2	55
<b>Pulmonary and Non-Pulmonary</b>										
<b>Total</b>		5	8	12	40	54	45	34	6	204



IV.—Return of number of persons who died from Tuberculosis in the area during the year, with particulars as to period elapsing between notification and death and between discharge from an institution and death.

	Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females
Number of persons who died from Tuberculosis of whom—				
Not notified or notified only at or after death	1	—	—	—
Notified less than 1 month before death	1	2	—	1
"    from 1 to 3 months "    "	2	1	—	—
"    "    3 to 6 "    "    "	1	1	—	—
"    "    6 to 12 "    "    "	3	2	—	—
"    "    1 to 2 years "    "    "	2	4	—	—
"    "    over 2 years "    "    "	3	7	1	—
Number who died within 28 days after discharge from an Institution.	—	1	—	—
Number who died more than 28 days after discharge from an Institution	3	4	1	—

## BACTERIOLOGY.

### Laboratory Report, 1937.

We are pleased to report that during the year the facilities offered by the laboratory were extensively utilised by the practitioners in the area served.

The customary variety of specimens were received.

Following examination, reports were issued by telephone in cases of urgency and in other cases by post.

The following is the classified account of the investigations pursued:—

#### Throat Swab Examinations.

Number examined.	Positive for B. Diphtheriae.	Negative.
168	3	165

Each swab was examined immediately upon receipt by direct smear in order to expedite diagnosis.

We would again reiterate the importance of immediate exhibition of anti-diphtheritic serum in cases suspected clinically. Valuable time may be lost in awaiting the laboratory confirmation.

In specimens negative for B. Diphtheriae any other

organisms present were reported. Several swabs showed hæmolytic streptococci which indicated to the clinicians concerned the possibility of treatment by the sulphonamide P. group.

### **Sputum Examinations.**

Number examined.	Positive for B. Tuberculosis.	Negative.
135	15	120

In the course of examination for the Tubercle Bacillus other organisms such as pneumococci, pneumobacilli and streptococci were at times prominently noted in several cases and their presence reported.

### **Urine Examinations.**

Number examined.	Positive for Tubercle Bacilli	Positive for B. Coli Communis.	Negative.
17	Nil	5	12

In addition to the bacteriological examination of urine many specimens were investigated by the physical and chemical methods for the presence of sugar, acetone, diacetic acid, albumin blood, pus, bile and casts.

### **Faeces Examination.**

Number examined.	Positive for Bacillary Dysentery.	Negative.
4	1	3

The negative specimens were examined for the typhoid group (including B. Abortus) and one for B. Tuberculosis.

### **Venereal Disease Examinations.**

Number examined.	Positive for Gonococcus.	Negative.
9	2	7

These specimens consisted of urethral and cervical smears, direct cultural inoculations and centrifuged urinary specimens.

**Blood Examinations.**—Sixteen blood films were received, examined and reported upon. Several blood counts were executed during the year.

**Other Specimens.**—Specimens from suspected puerperal cases and suspect nasal and aural discharges were examined. Pus from various lesions, including pleural effusions was also examined.



In order to facilitate the efficient working of the laboratory the attention of practitioners is drawn to the necessity for careful collection of the specimens in the appropriate receptacles. In addition a short clinical history of the patient's illness should accompany all specimens. Thus an opinion on the significance of the examination would be more easily rendered.

**Sputum.**—The patient should be instructed to wash out the mouth with warm water immediately on waking. Then he should cough and expectorate direct into the container provided which should be sent to the Laboratory without delay.

**Swabs.**—Before use these should be moistened gently under running water from the cold water tap. The pledget should be applied only to the affected part e.g. in taking a throat swab, only the tonsils should be rubbed, the base of the tongue being avoided.

**Urine.**—If a bacteriological examination of urine is required, a specimen collected by a sterile catheter into a sterile receptacle should be sent.

For chemical or microscopical examination a specimen passed in the usual way can be sent. Eight ounces is a sufficient quantity.

**Fluids.**—Specimens obtained by aspiration from the body cavities should always be collected in a sterile bottle with sterile cork.

**Blood.**—Quantities for Widal's reaction may be sent either in a capillary tube or tubes containing a larger quantity—preferably the latter.

**Films (Blood).**—Films of blood can be made thus:—

Touch a spot of blood from a needle prick lightly with a slide. The edge of another slide is held lightly in contact with the drop at an angle of  $30^\circ$  and drawn lightly across the first slide. A uniform thin film is thus obtained. It should then be allowed to dry in the air.

The same method can be used for pus or other fluids or



the film can be spread gently with a sterilised platinum needle. This latter method is suggested for preparation from the male urethra.

**Faeces.**—About two ounces should be sent in any clean container tightly corked.

**Vaginal Discharges.**—For detailed bacteriological examination of these discharges culture tubes inoculated direct from the urethra or cervix are advisable.

Films or discharges from urethra and cervix are only useful if vaginal contamination has been absolutely avoided.

Drs. Cecil Norrie and Kenneth MacColl gave valuable assistance in the various Laboratory examinations.

(Sgd.) LACHLAN GRANT.

### **MATERNITY AND CHILD WELFARE SCHEME.**

The Maternity and Child Welfare Scheme during 1937 has worked satisfactorily and only 2 maternal deaths are recorded, giving a mortality rate of 2.5 per 1000 live births compared with the Scottish rate of 4.8 per 1000 live births.

This low maternal death rate was experienced also in 1934 but in between (1935) occurred the peak year for Argyll of 8.1 so that satisfaction must be tempered by the knowledge that with a comparatively low birth rate fairly large fluctuations of the mortality rate are liable to occur. Accordingly in our endeavour to improve the Scheme where possible there can be as yet no relaxation. The passing of the Maternity Services (Scotland) Act 1937 provides an opportune time for taking stock of the situation and considering future advances.

Primarily the Act is intended to improve domiciliary midwifery by the provision of a doctor and nurse at each confinement, an arrangement already in being in most parts of Argyll. In addition, however, specialist services are to be made available in the patient's home in emergency, a provision fairly easy to achieve in the industrial areas but more difficult to carry out in a rural county such as this.

Each year finds an increasing number of cases requiring



admission to the Royal Maternity Hospital, Glasgow, with which institution our arrangements continue to be harmonious, contributed to by the fact that our promise to send only absolute necessities has been kept to as high a degree as is practicable in a County of this size. We are indebted to the Governors of that Hospital for the ease of access with which we have been favoured.

We must however look to the future for just as our own requirements are increasing so also are those of the City of Glasgow and while we cannot hope to be entirely independent for many years to come of the facilities offered by the city, something will require to be done to ease the burden in the very near future.

There is great need of four small maternity centres within the County situated in the more populous areas to which may be admitted expectant mothers requiring ante-natal treatment or in the event of certain emergencies. They should also accommodate those whose extreme isolation from a doctor requires this safeguard or where home conditions are unsatisfactory.

It is interesting to note that the National Exchequer would be willing to defray a large portion of the heavy expense of sending a specialist to the most out of the way spot among the hills, causing inconvenience in the time of the specialist and delay in reaching the patient, but if the patient is previously brought to the centre for convenience and the specialist called there, then such a consultation would not qualify for grant.

Every Act brings with it its anomalies and the eventual amending Act, and it is hoped that in connection with the Maternity Services Act there will soon be passed another which will be suitable for the peculiar needs of rural districts.

It is hoped further to provide domestic helps, maternity bundles and a blood transfusion corps.

If the nation's greatest asset is a healthy mother, surely the mother's greatest joy is a live child. An improved maternity service can reasonably be expected to reduce the

number of still births which this year amounted to 37 and also the infantile mortality rate especially within the first month when there were 17 deaths.

In Argyll the infantile mortality rate continues to compare very favourably with the maternal rate and indeed has shown little change for the last five years. At present it stands 53 per 1000 births as against 93 per 1000 births for Scotland.

The concord which has existed between the Nursing Associations both county and burgh has continued and will, we feel confident, be maintained in the future.

**Health Visitors.**—A list is appended of the nurses engaged in public health work in the county, with the names and addresses of local secretaries.



**ARDNAMURCHAN**

<i>District.</i>	<i>Hon. Secretary.</i>	<i>Nurse.</i>
Kilchoan.	Mrs. A. M. Fletcher, Glenborrodale,	Nurse Ross, Queen's Cottage, Kilchoan.
Shielbridge.	Mrs. T. C. Ormiston, School House, Acharacle.	Nurse MacMillan, Nurse's Cottage, Acharacle.
Ardgour.	The Hon. Mrs Maclean of Ardgour.	Nurse MacDiarmid, Burnbank, Ardgour.
Conaglen.	Miss MacMillan, School House, Trislaig,	Mrs. I. MacDonald, Stronchreggan, by Fort William.
Ardtornish.	Mrs Cameron, The Gardens, Ardtornish.	Nurse MacAskill, Nurse's Cottage, Morvern.
Strontian.	Mrs. J. A. Fletcher, Laudale, Strontian.	Nurse Morrison, Crossfield, Strontian.

**COWAL**

Dunoon.	Mrs. Wilson, Abbey Hill, Kirn,	Nurse Young, } Brum Nurse MacKay, } Villa, Dunoon.
Sandbank.	Mrs MacBeath, Ballochyle House, Sandbank.	Nurse Ferguson, Glenmay, Sandbank.
Kilmun.	Miss M. L. Gray, Elmbank, Strone.	Nurse Morgan, Tigh-na-mara, Blairmore.
Tighnabruaich.	Miss E. Urie, Dunsyre, Tighnabruaich.	Nurse Inglis, Tigheaglais, Tighnabruaich.
Kilmodan and Colintraive.	Walter Buchanan, Esq., Ardachuple, Colintraive.	Nurse MacKinnon, Cala-Beag, Colintraive.
Strachur and Strathlachlan.	Miss McCallum, Craigantinver, Strachur.	Nurse Michie, Tombuie, Strachur.
Innellan, Toward, and Lochstriven.	Rev. Gordon MacLean, M.A. Matheson Manse, Innellan.	Nurse Wylie, The Bungalow, Innellan.
Arrochar and Tarbert.	Mrs. Coombes, Admiralty Cottages, Arrochar.	Nurse Gillespie, Arrochar House, Arrochar.

**ISLAY AND JURA**

Kildalton and Oa.	William Aitken, Esq., Bank House, Port Ellen.	Nurse Mackie, Frederick Crescent, Port Ellen.
Kilarrow and Kilmeny.	A. A. MacDougall, Esq., Divisional Inspector, Bowmore.	Nurse Scott, Nurse's Cottage, Bridgend.
Kilchoman and Portnahaven.	Mrs. A. MacTaggart, The Hotel, Port Charlotte.	Nurse McIsaac, Port Charlotte.
Jura.	Miss Campbell of Jura.	Nurse McKechnie, The Hotel, Craighouse.

**KINTYRE**

Gigha.	Mrs. MacGeachy, Gigha.	Nurse Wilkieson, Gigha.
Killean and Kilchenzie.	Mrs. MacDonald, Largie Castle.	Nurse Allison, Nurse's Cottage, Tayinloan.
Tarbert.	Lady Ileene Campbell, of Stonefield, Tarbert.	Nurse Campbell, Wyndham, Tarbert.
Machrihanish and Southend.	Mrs Kerr, Parkfoot, Campbeltown.	Nurse Hendry, 103 Longrow, Campbeltown.
Campbeltown Burgh.	Miss MacKersie, Craigard, Campbeltown.	Nurses Stewart and McEwan, Dell Road, Campbeltown.



**LORN**

<i>District.</i>	<i>Hon. Secretary.</i>	<i>Nurse.</i>
Kinlochleven.	Mrs. Stott, Argus, Kinlochleven.	Nurse Shaw, The Hospital, Kinlochleven.
Glencoe and District.	D. Stark, Esq., Invercoe, Glencoe.	Nurse Mathieson, Nurse's Cottage, Glencoe.
Appin.	Mrs MacClintock, of Appin.	Nurse MacDonald, Nurse's Cottage, Appin.
Benderloch.	Miss Crerar, Beechwood, Ledaig.	Nurse MacKinnon, Beechwood, Ledaig.
Connel and Glenlonan.	Miss McDonald, Springbank, Connel.	Nurse MacLean, Falls Cottage, Connel.
Luing and Kilbrandon.	Miss Campbell, Schoolhouse, Luing.	Nurse Thomson, Memorial Cottage, Luing
Craignish and Kilmelford.	Mrs Bruce Campbell of Arduaine.	Nurse Brown, Ardfern, Craignish.
Kilchrenan and Dalavich.	Miss Mary MacVean, Cuil-na-sithe, Kilchrenan.	Nurse Lowe, Dalronach, Kilchrenan.
Taynuilt and Ardchattan.	Mrs MacArthur, Dunfraoch, Taynuilt.	Nurse Eddie, Bonawe Quarries.
Glenorchy and Cladich.	Miss Crerar, Dalmally.	Nurse McAlister, Craiglora, Dalmally.
Lismore.	Miss McCormack, Daisy Bank, Lismore.	Nurse Riddler, Baligrundle, Lismore.
Oban and Kilmore.	Mrs. Milne, Ben-y-gloe, Oban.	Nurse Sneddon, Nurse Stewart, Park House, Oban.

**MID-ARGYLL**

Lochgilphead.	Mrs Moodie, Clydesdale Bank House, Lochgilphead.	Nurse MacDonald, Union Terrace, Lochgilphead.
Ardrishaig.	Miss E. P. Strang, Elmwood, Ardrishaig.	Nurse Thomson, Cliff House, Ardrishaig.
Cumlodden.	Capt. Campbell, Yr. of Succoth, Crarae Lodge, Minard.	Nurse MacGregor, Cumlodden, Furnace.
Kilmartin.	Mrs Matheson, Ri-cruin, Kilmartin (for Lady Malcolm).	Nurse McNiven, Luib, Kilmartin.
Inveraray.	G. M. Sime, Esq., National Bank, Inveraray.	Nurse MacLean, The Lodge, Inveraray.
North Knapdale.	Mrs. Pease, Taynish, Tayvallich.	Nurse Matheson, Thormore, Tayvallich.

**MULL, ETC.**

Tobermory.	Col. Bryce Allan of Aros, Tobermory.	Nurse MacMillan, Penmore Cottage, Tobermory.
Salen.	Mrs Greenhill Gardyne of Glenforsa, Aros.	Nurse MacPhee, Struan, Salen, Aros.
Torosay.	Mrs Murray-Guthrie, of Torosay, Craignure.	Nurse MacLean, Torosay Lodge, Craignure.
Kilfinichen and Iona.	Mrs. Cameron, Gowan Brae, Bunessan.	Nurse McNaughton, Ardtun House, Bunessan.
Coll.	Mrs. Thomson, The Lodge, Arinagour,	Nurse Lamont, Arinagour, Coll.
Tiree.	Mrs. MacFarlane, The Manse,, Gott Bay, Tiree.	Nurse Ramsay, Hylipol, Tiree.



**Arrangements with Hospitals.**—The arrangements in force in previous years remain unchanged. The under-noted institutions are available for treatment of mothers and children, arrangements for admission being made by the County Medical Officer, or in emergency, by the local medical officer in charge of the case, under which circumstances notification is later sent to the County Medical Officer.

(1) Glasgow Royal Maternity Hospital—ante-natal treatment and conduction of difficult labour.

(2) Glasgow Royal Samaritan Hospital—gynæcological treatment of diseases connected with pregnancy.

(3) Glasgow Infectious Diseases Hospital — cases of puerperal fever.

(4) Western Infirmary, Glasgow—treatment of medical and surgical conditions (including Orthopædic) affecting children under five years of age, also gynæcological treatment.

(5) Royal Hospital for Sick Children, Glasgow—treatment of children under five years of age.

(6) Isolation Hospitals—treatment of cases of puerperal fever and ophthalmia neonatorum.

**Treatment in Maternity Hospitals.**—During 1937 29 cases were sent to the Royal Maternity Hospital, Glasgow, for treatment, and information regarding these cases is included in the table of statistics appended.

Applications for treatment in hospital become more numerous each year, and the extra cost incurred seems fully justified when the striking fall in maternal mortality, particularly where puerperal sepsis is concerned, is taken into consideration.

**Food, Milk and Other Supplies.**—Food, milk and other supplies were issued to 21 mothers and 71 children, all being certified on medical grounds to require extra nourishment. The policy in recent years has been to extend the granting of these extra supplies, particularly in more populous areas



where the basic food stuffs are in some instances insufficient or omitted from the diet.

**Provision for Patients in Inaccessible Districts.**—Accommodation for confinement was obtained for 3 mothers from inaccessible districts of the county where, on account of remoteness, nursing and medical services could not be adequately procured.

**Ophthalmia Neonatorum.**—One case was notified during the year under review and received hospital treatment.

**Emergency Cases.**—Forty-seven cases of emergency were notified during 1937, and £67 5s was paid to practitioners for services under this Scheme. The amount recovered from patients was £2 5s 6d.

**Maternal Mortality.**—Reference to maternal mortality in the County during the year is made in the chapter dealing with Vital Statistics. Two deaths occurred in the County in 1937 and in each case the requisite form was filled up and returned to the Department of Health.

**Puerperal Fever and Puerperal Pyrexia.**—Three cases of puerperal sepsis and two cases of puerperal pyrexia were notified during the year 1937. Of these three patients received treatment in hospital. No deaths from puerperal infection occurred.

### NOTIFICATION OF BIRTHS.

The following table shows the percentage of births notified to the births registered.

Districts.	Number of Births notified.	Number of Still-births.	Number of Births attended by Mid-wives.	Number of Births registered as occurring in district.	Total Number of Births in districts corrected for transfers.	Percentage of Births notified to Births registered.
Campbeltown	140	10	103	140	141	100.0
Dunoon	17	1	—	86	92	19.8
Inveraray	1	—	—	1	4	100.0
Lochgilphead	11	—	1	11	13	100.0
Oban	85	4	6	104	93	81.8
Tobermory	10	—	—	10	10	100.0
Remainder of County	363	22	48	406	482	75.3
Total Argyll County	627	37	158	785	835	82.4



## Statistics to be furnished to the Department of Health for Scotland.

### 1. DEATHS OF INFANTS.

DISEASES.	Under 1 week	1 week & under 4 weeks	4 weeks & under 3 months	3 months & under 6 months	6 months & under 1 year	Total Cases
Convulsions ... ..	3	—	1	—	—	4
Prematurity ... ..	7	—	—	—	—	7
Congenital Debility ...	6	—	1	—	—	7
Disease of Heart ...	—	1	—	—	—	1
Marasmus ... ..	—	1	2	—	—	3
Cardiac Failure ...	—	—	—	—	1	1
Congenital Encephaloma ...	1	—	—	—	—	1
Broncho-Pneumonia ...	—	—	3	2	3	8
Acute-Pneumonia ...	—	—	—	—	1	1
Enteritis ... ..	—	1	—	1	—	2
Spina Bifida ... ..	—	—	1	—	—	1
TB. Meningitis ... ..	—	—	—	1	—	1
Accidental Drowning ...	—	—	—	—	1	1
Infective Granuloma ...	—	—	1	—	—	1
Total ... ..	17	3	9	4	6	39

### 2. BIRTHS.

(a) Number registered ... ..	758
(1) Legitimate ... ..	692
(2) Illegitimate ... ..	66
(b) Number notified ... ..	627
(c) Number classified according to nature of attendance:—	
(1) Doctor ... ..	600
(2) Midwife ... ..	158
(3) Attended by neither doctor nor midwife ... ..	0
(d) Number of still-births ... ..	37

### 3. MATERNAL MORTALITY.

(a) Number of deaths arising from miscarriage or childbirth ... ..	2
(b) Number of deaths from puerperal sepsis ... ..	0

### HOME VISITATION.

	No. Visited	Total Visits
Infants ... ..	1146	8086
Children (1-5 years) ... ..	2063	6639
Expectant Mothers ... ..	722	2870
Total ... ..	3931	17595

### 12. FOOD AND MILK.

(a) Number of applications for food or milk.	
(1) Mothers ... ..	21
(2) Children ... ..	17

(b)	Number of cases certified on medical ground as requiring food or milk.					
(1)	Mothers	...	...	...	...	21
(2)	Children	...	...	...	...	71
(c)	Number of cases under (b) certified as necessitous.					
(1)	Mothers	...	...	...	...	21
(2)	Children	...	...	...	...	71

#### 15. OPHTHALMIA NEONATORUM.

(a)	Number of cases notified by (1) Doctor		...	...	1
	(2) Midwife		...	...	0
(b)	Number of cases in which infection is gonococcal				0



## 16. MATERNITY HOSPITALS OR HOMES

The following table gives the number of cases treated in Maternity Hospitals and other details.

Cases	Condition Found	Mother	Results	
			Morbidity	Child
1	Excessive Toxaemia Spontaneous Delivery	Well	—	Alive
2	Excessive Toxaemia. Surgical Induction. Spontaneous Delivery	Well	—	Alive
3	Normal Case (Inaccessible District)	Well	—	Alive
4	Heart Disease. Nutral Incompetence. Undelivered	Well	—	—
5	External Accidental Haemorrhage. Spontaneous Delivery	Well	—	Alive
6	Utrine Prolapse. Spontaneous Delivery	Well	—	Alive
7	Delayed Labour. Forceps Delivery	Well	—	Alive
8	Placenta Praevia. Caeserean Section. (not sterilised)	Well	—	Died
9	Ante-Partum Eclampsia. Spontaneous Delivery	Well	—	Died
10	Spontaneous Delivery	Well	—	Alive
11	Normal Delivery	Well	—	Alive
12	Excessive Toxaemia. Forceps Delivery. Post Partum Haemorrhage. Mannual Removal of Placenta	Well	—	Alive
13	Hvdramnois. Artificial rupture of membranes. Anencephalic Monster	Well	—	—
14	Excessive Toxaemia. Spontaneous Delivery	Well	—	—
15	Excessive Toxaemia. Spontaneous Delivery	Well	—	Still-born
16	Myocarcitis. Forceps Delivery	Well	—	Alive
17	Contracted Pelvis Caesarean Section. (not sterilised)	Alive	—	Alive
18	Normal. (unsuitable home)	Well	—	Alive
19	Normal. (inaccessible district)	Well	—	Alive
20	False Labour. Delayed Labour. Forceps Delivery	Well	—	Alive
21	Contracted Pelvis. Occipito- posterior. Forceps Delivery	Well	—	Alive
22	Twin Pregnancy. Spontaneous Delivery	Well	—	Alive
23	Prolonged Labour. Forceps Delivery	Well	—	Alive
24	Disproportion. High Forceps Delivery	Well	—	Alive
25	Normal. (unsuitable home)	Well	—	Alive
26	Delayed Chloroform Poisoning	Well	Puerperal Pyrexia	Alive
27	Excessive Toxaemia. Spontaneous Delivery	Well	—	Alive
28	Fibrositis. Undelivered	Well	—	—
29	Early Pregnancy. Normal. Undelivered	Well	—	—



## THE MIDWIVES' ACTS.

**Register of Midwives.**—The following is a detailed list of the midwives in the county who have intimated that they intend to practise during 1937.

No.	NAME.	ADDRESS.	REMARKS.
6139	Bell, Elizabeth	Dell Rd., Campbeltown	District Nurse
2561	Brown, Elizabeth King	Craigview, Castle St. Dunoon	
3879	Clulow, Mrs Mary	Hermion Terrace, Ardrishaig	
6039	Eddie, Rose Mary Scott	Bonawe Quarries, Connel	District Nurse
6763	Ferguson, Christine M.	Glenmay, Sandbank.	District Nurse
9972	Gillespie, Jessie	Arrochar House, Arrochar	District Nurse
6927	Graham, Agnes	Witchburn House, Campbeltown	
11263	Hendry, Alice	103 Longrow, Campbeltown	District Nurse
11903	Lowe, Annie	Dalronach, Kilchrenan	District Nurse
4372	MacDiarmid, Catherine	Burnbank, Ardgour	District Nurse
2301	MacDonald, Isabella	Stronechreggan, By Fort William	District Nurse
3611	McEwan, Helen	Dell Rd., Campbeltown	District Nurse
3815	MacGregor, Katherine	Cumlodden, Furnace	District Nurse
7282	MacGregor, Martha B.	Ardfield, Ardrishaig	
4407	MacGhie, Margaret	1 Victoria Terrace Dunoon	
10587	McGuffog, Jessie M.	Glen Lodge, Dunoon	
2564	MacInnes, Sarah	1 Loanfern, Ballachulish	
5179	MacKinnon, Catherine	Beechwood, Benderloch	District Nurse
7599	MacLean, Jean M.	The Lodge, Inveraray	District Nurse
5364	MacLeod, Janet	Castleton House, Innellan	
1905	Macmillan, Margaret	Penmore Cottage, Tobermory	District Nurse
7056	Macnaughton, Elizabeth	Ardtun House, Bunessan, Mull	District Nurse
8522	Matheson, Margaret	Nurse's Cottage, Glencoe	District Nurse
8530	Reid, Catherine G.	Hospital, Kinlochleven	District Nurse
11851	Riddler, Helen N.	Baligrundle, Lismore	District Nurse
10057	Shaw, Elizabeth	Hospital, Kinlochleven	District Nurse
9593	Sneddon, Margaret	Park House, Oban	District Nurse
5356	Steele, Jessie	Cumlodden, Furnace	District Nurse
5613	Stewart, Elizabeth W.	Dell Rd., Campbeltown	District Nurse
12168	Stewart, Margaret	Park House, Oban	District Nurse
9929	Thomson, Janet C.	Memorial Cottage, Luing	District Nurse
952	Wilkieson, Catherine	Drumyeonbeg, Gigha	District Nurse



## Births in Area or District

Total number of Births during 1937	Total number of Deaths of new-born children (within ten days) during 1937	Actual No. of Births attended by Midwives during 1937	Actual No. of Deaths of new-born children (within ten days) occurring in the practice of Midwives during 1937	Actual number of Cases not attended by a Doctor or Midwife during 1937	
				Births	Deaths
825	20	158	5	—	—

## Cases of Ophthalmia Neonatorum

Total Number of Cases during 1937	Actual Number of Cases occurring in the practice of Midwives during 1937	Actual Number of Cases occurring where confinement not attended by a Doctor or Midwife during 1937
—	—	—

## Cases of Puerperal Sepsis

Total number of Cases during 1937	Total number of Deaths during 1937	Actual No. of Cases occurring in the practice of Midwives during 1937	Actual No. of Deaths occurring in the practice of Midwives during 1937	Actual number of Cases occurring where confinement not attended by a Doctor or Midwife during 1937	
				Cases	Deaths
3	—	—	—	—	—

## Cases of Puerperal Pyrexia

Puerperal Pyrexia is defined in the Regulations of the Department of Health for Scotland as any febrile condition (other than a condition which is required to be notified as puerperal fever under the Infectious Disease (Notification) Act, 1889) occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100.4° Fahrenheit (38° Centigrade) or more has been sustained during a period of 24 hours or has recurred during that period.

Total Number of Cases during 1937	Total Number of Deaths during 1937	Actual No. of Cases occurring in the practice of Midwives during 1937	Actual No. of Deaths occurring in the practice of Midwives during 1937	Actual Number of Cases occurring where confinement not attended by a Doctor or Midwife during 1937	
				Cases	Deaths
2	—	—	—	—	—

## Cases of Still-birth (Dead born)

Total Number of Cases during 1936	Actual Number of Cases occurring in the practice of Midwives dur- ing 1936
18	2

## Cases of Emergency

The total number of Cases of Emergency in which Medical Practitioners have been called in as is provided under Section 22 of the Midwives (Scotland) Act, 1915, for the year 1937 is detailed as follows:—

Delayed second stage ... ..	11
Torn Perineum ... ..	10
Breech Presentation ... ..	4
Still Birth ... ..	4
Ante-Partum Haemorrhage ... ..	2
Prematurity and Feebleness ... ..	2
Prematurity and Still Birth ... ..	1
Prematurity ... ..	1
Feebleness and Deformity ... ..	1
Abnormal Presentation ... ..	1
Abnormal colour of child ... ..	1
Incomplete abortion ... ..	1
Hydramnios ... ..	1
Haemorrhage ... ..	1
Threatened miscarriage ... ..	1
Oedema (back) ... ..	1
Twins. Prolapse of cord ... ..	1
Accident to Mother ... ..	1
Albuminuria ... ..	1
Eclampsia ... ..	1



## TUBERCULOSIS ORDER OF 1925

Return of animals slaughtered during the year  
ended 31st December 1937.

District	Tuberculosis of Udder	Tuberculous Emaciation	Chronic Cough	Total
Ardnamurchan, ... ..	—	—	—	—
Cowal ... ..	—	1	—	1
Islay, . . . . .	—	—	2	2
Kintyre, ... ..	3	5	16	24
Lorn, ... ..	7	2	18	27
Mid Argyll, ... ..	—	1	14	15
Mull, .. .. .	3	3	6	12
Total	13	12	56	81

**Port Sanitary Regulations (1933).**—During 1937 it was not found necessary to take any action under these Regulations.

### VITAL STATISTICS.

**Population:**—The population of the County of Argyll as estimated by the Registrar General for the year 1937 is 61,800, the distribution being 39,819 in the landward part of the County and 21,981 in the burghs. The figure for the whole County shows a decrease of 882 from that returned for 1936, but a slight increase from the figure of 61,786 returned for 1935.

With the exception of the Burghs of Dunoon and Tobermory, all districts of the County show a fall in population. In Dunoon the increase, which has remained fairly constant for some years, is explained by an influx of people from Glasgow and the surrounding area, who on retirement seek a home in the Burgh, and also of families of persons from abroad who have returned home for the education of children. The custom of letting larger houses to several families has also attracted persons from the cities, where accommodation at a moderate rate is difficult to obtain.

The following table gives the population of the burghs

and of the landward area and shows the variation which has occurred during the years 1936-1937.

District.	Estd. Pop. 1937.	Estd. Pop. 1936.	Increase or Decrease.
Campbeltown, ... ..	6442	6475	— 33
Dunoon, ... ..	8091	8072	+ 19
Inveraray, ... ..	463	476	— 13
Lochgilphead, ... ..	1089	1142	— 53
Oban, ... ..	5774	5801	— 27
Tobermory, ... ..	752	745	+ 7
Landward area ... ..	39,189	39,971	— 782
<hr/>			
Total Argyll County	61,800	62,682	— 882

**Births.**—The following table gives the number of births registered and the number corrected for transfer in the burghs and landward area of the County for the year 1937.

District	No. of Births registered	No. of Births corrected for transfer
Campbeltown, ... ..	140	141
Dunoon, ... ..	86	92
Inveraray, ... ..	1	4
Lochgilphead, ... ..	11	13
Oban, ... ..	101	93
Tobermory, ... ..	10	10
Landward area ... ..	410	482
<hr/>		<hr/>
Total Argyll County,	759	835

The number of births registered for the year 1937 shows a decided fall from the previous year when the corrected figure given was 894. Compared with 1935, the figure is still low, the birth rate for the years 1935, 1936 and 1937 being respectively 13.9, 14.3 and 13.5.

Taking the birth rate of 17.6 for all Scotland for the year 1937, we find it lower than the preceding year and with one exception, 1933, the lowest yet recorded in Scotland.

**Deaths.**—The total number of deaths in the County during the year under review is 1,041 when corrected for transfer, a figure which shows an increase of .102 from that recorded for 1936, and gives a death rate of 16.8 per thousand of the population. This figure is higher than has obtained



for some years, and gives the third year in succession with a rise in the death rate.

The following table records the deaths in the various districts:—

District.					No. of Deaths Registered.	No. of Deaths corrected for Transfer.
Campbeltown,	...	...	...	...	112	115
Dunoon,	...	...	...	...	167	178
Inveraray,	...	...	...	...	5	9
Lochgilphead,	...	...	...	...	15	15
Oban,	...	...	...	...	115	69
Tobermory,	...	..	...	...	9	9
Landward Area	...	..	...	...	572	646
Total Argyll County,					995	1041

The death rate for all Scotland for the year 1937 is 13.9 per thousand and shows a rise of 0.5 from that of the previous year. The lowest death rate on record is that of 12.9 for the year 1934, but the increase for 1937 is mainly attributable to the epidemic of influenza, which was a feature of the early part of the year.

**Causes of Death.**—The following table shows the percentages of deaths occurring from the various diseases and it is interesting to note that old age accounts for almost as high a percentage of all deaths as cerebral haemorrhage. Heart disease still accounts for the highest percentage of deaths, while deaths from malignant disease are relatively less than for the years 1935 and 1936. Influenza, which was epidemic during 1937, accounted for 5.3 per cent. of all deaths, as did violence other than suicide.

An interesting fact which emerges from the study of the statistics is that while the percentage death figure for influenza is so high, the figure for pneumonia shows little variation during the last three years; indicating that the incidence of the pneumonic type of the infection was comparatively low during the 1937 epidemic.

Deaths from all forms of tuberculosis show a slight increase from the previous year.

The following table shows the percentages of deaths



occurring from various diseases during the years 1936 and 1937 :—

1937		1936	
Heart Disease ... ..	23.3%	Heart Disease ... ..	25%
Malignant Disease ... ..	12.4%	Malignant Disease ... ..	14%
Cerebral Hæmorrhage ...	9.6%	Cerebral Hæmorrhage ...	10%
Old Age ... ..	7.4%	Old Age ... ..	7%
Influenza ... ..	5.3%	Influenza ... ..	—
Other Violence ... ..	5.3%	Other Violence ... ..	—
Nephritis ... ..	4.4%	Nephritis .. ...	3%
Tuberculosis (all forms)	3.6%	Tuberculosis ... ..	3.4%
Pneumonia ... ..	3.5%	Pneumonia ... ..	4%

**Infantile Mortality.**—The infantile mortality rate for the whole County for the year 1937 is 53 per thousand births, a figure which unfortunately shows an increase from that returned for the years 1935 and 1936. The infantile mortality rate for all Scotland shows a corresponding increase and has reached in 1937 the high rate of 93 per 1,000 births, a much higher mortality rate being evident among illegitimate children.

Of the 44 deaths under one year in Argyll, 25 or 57 per cent. were attributable to prematurity or congenital debility, and with improved maternity services and aftercare, the infantile mortality rate should show a decided fall. There is, however, scope for development of convalescent homes and accommodation for the sickly child who, because of lack of accommodation in existing hospitals, is left in unsuitable home surroundings under inefficient care.

**Maternal Mortality.**—For the second year in succession no death from puerperal causes has been due to puerperal sepsis. This is a most gratifying finding when the difficulties under which confinement occurs in many areas of the County is taken into consideration. The number of maternal deaths in Argyll during 1937 was 2, both of which occurred in women between 25 and 35 years of age. The maternal mortality rate for the County for the year is consequently 2.5 per 1000 live births, a figure which compares most favourably with any other area in Scotland and is particularly a credit when the distance from hospital in emergency is considered. It



also reflects highly on the skill of the practitioners and on the health of the mothers in Argyll.

The striking reduction in the number of deaths from puerperal sepsis is a feature of the statistics for all Scotland for the year 1937. In all, 423 deaths from accidents of pregnancy and childbirth occurred, of which 144 were certified due to puerperal sepsis. This is the lowest figure for puerperal sepsis recorded since 1918, and may in part be attributed to increased maternal welfare services and partly to the striking success of certain recently discovered drugs, which have proved specific in this particular form of infection.

The maternal mortality rate for all Scotland for 1937 is equal to 4.8 per thousand living children born, being 0.8 below that for the previous year and 1.3 below the five years average.

Further statistics are appended in tabular form.

CAUSES OF DEATH	Campbeltown Burgh	Dunoon Burgh	Inveraray Burgh	Lochgilphhead Burgh	Oban Burgh	Tobermory Burgh	Landward
Population (Estimated) .. .. .	6442	8091	463	1089	5774	752	39189
Total Births registered .. .. .	140	86	1	11	101	10	410
including Illegitimate) .. .. .	141	92	4	13	93	10	482
Total Births Corrected (includ- ing Illegitimate) .. .. .	74	44	4	7	49	4	233
Total Births, Corrected, Male .. ..	67	48	—	6	44	6	249
Total Births, Cor. Illegitimate .. ..	19	6	—	1	3	—	46
Marriages Registered .. .. .	50	63	1	6	54	1	134
Deaths Registered .. .. .	112	167	5	15	115	9	572
Deaths Corrected .. .. .	115	178	9	15	69	9	646
Deaths Corrected, Male .. .. .	63	84	6	5	38	5	329
Deaths Corrected, Female .. .. .	52	94	3	10	31	4	317
Typhoid Fever (including Paratyphoid)	—	1	—	—	—	—	—
Measles .. .. .	—	—	—	—	—	—	—
Scarlet Fever .. .. .	—	—	—	—	—	—	1
Whooping Cough .. .. .	—	—	—	—	—	—	—
Diphtheria .. .. .	—	1	—	—	—	—	—
Influenza .. .. .	6	11	—	1	4	—	33
Cerebro-spinal fever .. .. .	—	1	—	—	—	—	—
Other epidemic diseases × .. .. .	—	—	—	—	1	—	—
Tuberculosis (Respiratory System)	6	4	1	—	3	—	15
Other tuberculous diseases .. .. .	—	—	—	—	2	—	7
Other infectious and parasitic diseases	—	1	—	—	—	—	1
Cancer, malignant disease .. .. .	18	19	1	2	10	2	77
Diabetes Mellitus .. .. .	2	4	—	—	—	—	11
Other general diseases, chronic poisonings .. .. .	2	2	—	—	2	—	20
Cerebral Hæmorrhage etc. .. .. .	11	9	1	3	5	2	69
Other diseases of Nervous system and sense organs .. .. .	3	2	—	—	3	—	14
Heart disease .. .. .	30	60	3	3	11	3	133
Other circulatory diseases .. .. .	—	3	—	—	—	—	22
Bronchitis .. .. .	4	3	—	—	1	—	21
Pneumonia (all forms) .. .. .	7	9	—	1	5	—	15
Other respiratory diseases .. .. .	1	4	—	2	2	—	9
Gastric and duodenal ulcer .. .. .	—	2	—	—	—	—	10
Diarrhoea etc., (all ages) .. .. .	1	—	—	—	—	—	5
Appendicitis .. .. .	—	—	—	—	3	—	5
Cirrhosis of liver .. .. .	—	—	—	—	—	—	—
Other diseases of liver etc. .. .. .	1	1	—	—	—	—	1
Other digestive diseases .. .. .	1	—	—	—	1	—	7
Acute and chronic nephritis .. .. .	1	11	—	2	4	—	28
Other diseases of genito — urinary system .. .. .	2	1	—	—	2	—	11
Puerperal sepsis .. .. .	—	—	—	—	—	—	—
Other puerperal causes .. .. .	1	—	—	—	—	—	1
Diseases of skin and locomotor system .. .. .	1	—	—	—	1	—	5
Congen. debility, prem. birth, malformations etc. .. .. .	9	4	—	—	2	—	10
Old age .. .. .	3	15	1	—	3	2	53
Suicide .. .. .	1	1	—	—	1	—	4
Other violence .. .. .	1	4	2	1	3	—	44
Causes ill-defined or unknown .. ..	3	5	—	—	—	—	14
All causes	115	178	9	15	69	9	646

× Including typhus fever, smallpox, dysentery, erysipelas, acute poliomyelitis, and lethargic encephalitis



AGES AT DEATH						Campbeltown Burgh	Dunoon Burgh	Inveraray Burgh	Lochgilphead Burgh	Oban Burgh	Tobermory Burgh	Landward
Under 1.	...	...	...	...	...	16	6	—	—	4	—	18
1—4	...	...	...	...	...	2	2	—	—	1	—	3
5—9	...	...	...	...	...	—	2	—	—	1	—	1
10—14	...	...	...	...	...	—	—	—	—	—	—	1
15—24	...	...	...	...	...	3	3	1	1	1	—	19
25—34	...	...	...	...	...	4	5	—	—	1	—	26
35—44	...	...	...	...	...	7	5	—	1	7	—	21
45—54	...	...	...	...	...	6	10	—	1	8	—	46
55—64	...	...	...	...	...	11	31	4	1	13	1	100
65—74	...	...	...	...	...	24	53	3	2	18	2	151
75—84	...	...	...	...	...	33	49	1	7	11	5	185
85 and over	...	...	...	...	...	9	12	—	2	4	1	75
All ages						115	178	9	15	69	9	646

### BLIND PERSONS IN ARGYLL

During the year 1937, seven persons were examined under the Act and were certified blind. Four of these travelled to the Central Clinic in Glasgow for examination and three were examined at home by a member of the staff of the Public Health Department, as they were unable to undertake the journey south.

One application for training was received during the year.

The excellent work of the Outdoor Mission to the Blind continues to be appreciated by blind persons throughout the County, and many are indebted to the Society for additional comfort and recreation. The Mission, through its travelling agent, is also of great value in bringing to the notice of the Public Health Department the names of persons with failing sight, and in this way many blind persons in poor circumstances have been assisted.

### MENTAL DEFECTIVES.

On 31st December 1937, there were on the register of mentally defective persons under 16 years of age 32 educable mentally defective children and 18 ineducable. Of these 11 were in institutions, 8 were receiving education in the special class at Campbeltown, 21 remained in attendance at

ordinary schools, while 10 were in the charge of relatives at home and received no education.

The Education (Scotland) Act 1936, calls upon Local Authorities to make adequate provision for the education and institutional treatment of mental defectives and gives added power to deal with cases receiving no form of education or treatment.

In the County of Argyll, provision, as far as educable mental defectives are concerned, could readily be made adequate, the difficulty existing in the scattered distribution of cases, so that, even in the larger burghs, with the exception of Campbeltown where a special class was instituted some years ago, the numbers in any particular centre do not justify the formation of a special class.

It has always been found difficult to persuade parents to allow the high grade defective to enter an institution for training, but the low grade child is parted from more willingly. Unfortunately institutions have few vacancies for this particular type of case, and further accommodation for imbeciles and idiots is required in most central institutions. Institutions are now, however, contemplating increased building and within the next few years the difficulty should be surmounted.

There is still scope for after-care of mental defectives in the County and the Scottish Association for Mental Welfare is at present contemplating future development in this direction.

In addition to 50 mentally defective children under 16, there are 97 defectives over 16 years of age in Argyll.



ANNUAL REPORT  
on  
THE BURGHS OF DUNOON, INVERARAY  
AND TOBERMORY.

The annual report on the major health services in these Burghs and also for the Burgh of Campbeltown, Lochgilphead and Oban is included elsewhere in this report.

**BURGH OF DUNOON**

**Population.**—An increase in population, while not so marked as in the previous year, continues to appear. The figure now stands at 8091 instead of 8072 in the previous year. This number does not give a fair impression of the work involved in dealing with this population for, as the Burgh Sanitary Inspector points out in his report, during the summer season the number resident in Dunoon varies between about 25,000 and 40,000.

The increasing popularity of Dunoon as a health resort will continue both in our own country and beyond the border, for the Council realise the importance of making the resort attractive and have done much in recent years to improve what might be called the frontispiece by a pleasing lay-out of garden and rockery, a practice which it is hoped will continue wherever ground lends itself to such treatment. Improvement in amenity in this way is money well invested.

**Water Supply.**—With such a large population to cater for in the summer months it is obvious that a water supply far beyond the needs of a burgh of its statistical size is required and especially so in the summer months, when a drought is most likely to be experienced. Accordingly the necessity for an increase has been visualised and schemes for a new and abundant source are being considered at present.

**Drainage.**—Apart from minor repairs and a few extensions of pipe line no marked change has taken place. There has,



however, been one important matter requiring attention on which a report was submitted. The effluent from the gas works is at present allowed into the ordinary drains and from time to time gives offence. In whatever method is adopted no effluent treated or untreated should be allowed into these drains. Various methods have been considered in detail and possibly an independent steel main discharging on a falling tide is the most convenient and economic.

**Housing.**—Housing inspections were carried out during the year but no notices have been issued yet. 46 houses are undergoing construction. It is hoped to submit a programme next year.

**Factories and Workshops.**—There are 47 factories and 67 workshops within the Burgh and these were regularly inspected, no faults being found.

**Slaughter-houses.**—The only slaughter-house is the public abattoir which is of a good standard. No new licences were issued. The record of killings is as follows:—Cattle 174, sheep 1369, pigs 19, calves 2.

## BURGH OF INVERARAY

**Population.**—This year the Registrar General's figures show a decrease of population of 13, the figure now being 463.

**Water Supply.**—As indicated in last year's report the occurrence of a shortage of water caused consideration of the possibility of leaks in some of the mains.

This year a scheme of renewal of main pipes was carried out and in course of lifting certain old mains it was found that several were burst and that the water was escaping under ground. Now there is a good uninterrupted supply as should be the case with such a fine natural source.

**Drainage.**—There are no alterations or complaints to report.

**Scavenging.**—The system of refuse removal is working satisfactorily.



**Housing.**—Twelve new houses are in course of construction to re-house tenants in overcrowded houses and in unfit houses.

**Slaughter-house.**—Beef and pork continue to be imported to the burgh. The sheep slaughtered, including lambs, number 110.

**Factories and Workshops.**—There is one bakehouse and four workshops within the burgh and to these visits were paid from time to time. No prosecutions were found necessary.

### BURGH OF TOBERMORY.

**Population.**—The gradual decrease in population was interrupted this year by a slight increase of seven. The population now stands 752. With its obvious attractiveness as a health resort one hopes that the tendency will be upward in the future.

**Water Supply.**—No complaints have been received and the supply continues satisfactory.

**Drainage.**—No alteration in the drainage system has occurred.

**Housing.**—Despite the rising building costs a scheme of six 3-aprt. houses in three blocks is in course of erection.

**Slaughter-house.**—The number of killings in 1937 were as follows:—Cattle 10, sheep 570, pigs 5.

**Factories and Workshops.**—The usual visits were paid but it was not found necessary to issue any notices.

TO THE DEPARTMENT OF HEALTH FOR SCOTLAND  
AND THE  
COUNTY COUNCIL OF THE COUNTY OF ARGYLL

*Ladies and Gentlemen*

*I have to submit in accordance with the provisions of the Public Health (Scotland) Act 1897 my third Annual Report which deals with the year 1937.*

*I am, Ladies and Gentlemen,*

*Your obedient servant,*

J. LAWSON MOWAT,

*County Sanitary Inspector*



ANNUAL REPORT  
OF THE  
COUNTY SANITARY INSPECTOR.

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**WATER SUPPLIES.**

**Special Water Supply Districts.**—The position in relation to water supplies within the Special Water Supply District has been dealt with by the County Medical Officer.

**Ardnamurchan.**

There are no special water supply districts in this Division which is principally a crofting area.

The introduction of water supplies to their houses by private parties continues and this has enabled owners to provide modern sanitary conveniences which are dependent upon a proper and adequate supply.

Much difficulty has been experienced in obtaining satisfactory supplies in many cases and it is pleasing to record that if it is at all reasonably practicable to provide a water supply the crofters in the area are in general exceedingly anxious to secure conveniences such as sculleries, water closets, and baths, even if the water requires to be pumped. Every assistance possible is given by the Department and although much time is devoted to this work there is ample evidence that it is appreciated by owners and particularly crofters who are not in a position to engage architects or other technical advisers.

**Cowal.**

The existing private water supplies in this Division were reported upon as being generally satisfactory with the exception of that at Glenlean where there are thirty houses into which water has not been introduced. As the houses have all been scheduled with a view to demolition within the next two years the Local Authority would not be justified in requiring action to be taken by the proprietor. The majority of the houses are occupied only during the summer months.



### **Islay.**

Apart from the introduction of private water supplies to dwelling houses under reconstruction schemes and to dairy farms there has been no change in the position in the areas situated outwith the five special water supply districts in this Division.

On account of the inadequacy of water supply and drainage facilities in Portnahaven the Local Authority could not in several cases insist upon the introduction of water supplies and the provision of sanitary conveniences as a condition of grants being made available under the Housing (Rural Workers) Act of 1926.

### **Jura and Colonsay.**

Water supplies and modern conveniences were provided by private owners to several houses on the Islands of Jura and Colonsay and the supplies which have been introduced in previous years were reported to be functioning satisfactorily.

Preparations were at the end of the year being made to provide water supplies to ten additional dwellings on the Island of Colonsay.

### **Kintyre.**

The steady progress in the direction of the introduction of proper water supplies to individual houses, groups of these and dairy farms, during recent years has been maintained in this Division.

Proprietors of estates are still responsible for the water supplies to the villages of Southend, Skipness, Carradale and Machrihanish, but there is the possibility of the Local Authority acquiring and augmenting the supplies to the two last mentioned in consequence of additional houses being erected by the Council.

### **South Lorn.**

The position at Easdale and Ellenabeich remained as stated in the last report.

At the end of the year the supply at Balvicar proved



unsatisfactory and the conditions were referred to the South Lorn Divisional Committee for consideration with a view to improvement being effected.

The Local Authority decided to commence a scheme to replace the houses at Cullipool on the Island of Luing and a proper water supply will become available for the new village as the scheme develops.

#### **North Lorn.**

No complaints were received in relation to private water supplies at premises situated outwith the four special water supply districts in this Division.

Supplies were introduced to twelve houses in the area.

**Kinlochleven.**—The British Aluminium Company Ltd., continued to maintain an efficient water supply service to the premises within the village of Kinlochleven and the Local Authority was therefore not called upon to take any action in connection with this supply.

**Ballachulish.**—The completion of the scheme for the improving of the supply to Ballachulish village referred to in the report for 1936 affected the anticipated improvement in the pressure which was previously insufficient at many houses.

#### **Mid-Argyll.**

Where such are reasonably practicable water supplies continue to be introduced to houses in this area, but in a few cases where houses have been reconstructed the impossibility of obtaining satisfactory supplies has unfortunately prevented owners from providing modern conveniences.

A report in the following terms was submitted to the Local Authority in connection with the water supply at the village of Furnace:—

“ Acting on a remit from the Public Health Committee we visited the area on 27th October 1937 and carried out an investigation of the water supply. There had been a scarcity of water evident during the summer months and since then some leakages in the pipes have been discovered and repaired.

“ The source is a flow of spring water of good quantity and



quality estimated on the 6th May 1937 at 900 gallons per hour and on 21st June 1937 at 600 gallons per hour. After preliminary sedimentation and filtration it is stored in a tank of 3125 gallon capacity. An additional spring stated on 6th May 1937 to have a flow of 554 gallons per hour has been piped direct to the main and by means of a ball valve only passes water when the tank water level is low. Thus it does not assist in maintaining the level of the present tank.

" The population of the district is at least 400 in the summer, but the quantity of water required for the quarries must be considered. One of these concerns is only of a temporary nature however.

" Assuming a requirement of 30 gallons per head per day, then 12,000 gallons per day will be necessary. We have added to this 3000 gallons per day for the quarry, giving a total requirement of 15,000 gallons per day.

" To supply this we consider that a yield of 600 gallons per hour is insufficient and we recommend that the present auxiliary supply should be led directly to the impounding reservoir, a distance of 137 yards, thus giving a flow of about 1,100 gallons per hour. On its way this pipe will pass five other small springs and it would be a further augmentation of the supply if these could be conducted into the pipe.

" The need for increased storage was also considered.

" Assuming the daily requirement as high as 15,000 gallons per day and the flow as low as 24,000 gallons per day, a Time-Mass diagram plotting probable peak periods during the day was drawn.

" As a result we are of the opinion that a 3125 gallon tank should be sufficient storage throughout the day and accordingly do not recommend any increase of storage at this time. The position can be reviewed if necessary next year and the desirability of a larger tank considered then. In any case the increased source of supply is necessary.

" Before even considering the building of a new tank on the hill the advisability of having a tank placed at the quarry for its own use and filled by a small regulated flow during the night would first be recommended.

" In addition we feel that the present filtering arrangement is unnecessary and should be removed, being replaced by a fine gauze copper screen, easily removed for periodic cleaning.

" It will be observed from this report that a large quantity of water is used daily by the quarry companies within the district and the question is again raised as to the advisability of the Local



Authority levying a special charge on parties using water for other than domestic purposes in this and other special districts as authorised by the Public Health (Scotland) Act 1897, section 126 (2).

ARCHIBALD S. HUTCHESON,  
Assistant Medical Officer.

J. LAWSON MOWAT,  
County Sanitary Inspector."

### **Mull.**

The village of Salen is the only Special Water Supply District in this Division which includes the Islands of Coll, Tiree and Iona.

**Dervaig.**—The position in relation to this village is still as stated in previous reports.

**Bunessan.**—The formation of a special water supply district for this village is not meantime a practical proposition by reason of the low valuation of the properties in the area and the County Council when securing supplies for the school and a new police station provided for storage facilities and utilised pipes of sufficient diameter for distribution purposes to enable owners of properties in the vicinity to obtain branch connections to the mains.

Three owners have applied for permission to make the necessary connections and it is expected that other applications will be received.

### **Tiree and Coll.**

Difficulties continue to be experienced in having water supplies introduced to houses on the Island of Tiree where it is impossible to secure gravitation supplies and small pumps require to be installed, the water being obtained from springs and wells.

### **Iona.**

The only change to record in the position in regard to water supplies on the Island of Iona is that the Local Authority engaged Messrs. Crouch and Hogg, Consulting Engineers, Glasgow, to investigate and report upon several schemes which were under consideration during the year.



## **WATER SUPPLIES TO SMALL VILLAGES.**

It must be again emphasised that until water supplies to small villages and clachans are dealt with on a regional basis the inhabitants of these small communities cannot be provided with proper water supplies by the Local Authority and therefore the aim of the Government and Local Authorities to have all houses modernised is impossible of attainment under present circumstances.

It is considered that the adoption of regional water schemes is the only solution of an extremely difficult problem which is not confined to Highland areas and it is earnestly hoped that the Government will assist Local Authorities by legislation in the early future.

## **DRAINAGE FACILITIES.**

**Special Drainage Districts.**—The County Medical Officer has dealt with the position in the Special Drainage Districts of the County.

### **Ardnamurchan.**

There are no Special Drainage Districts in this Division and drainage from premises is disposed of by discharge direct into the sea or sea lochs.

In all drainage schemes where this method of disposal is not practicable the provision of septic tanks is insisted upon and no complaints were received nor were any nuisances observed in this connection during the year.

### **Cowal.**

New drainage systems and septic tanks were provided at a number of houses and other premises situated outwith the two special drainage districts in this Division, Innellan and Sandbank. A mutual sewer at Strachur was repaired.

**Lochgoilhead.**—The formation of a Special Drainage District for this village was still under consideration.

### **Islay.**

The sewers in Portnahaven have not yet been extended and therefore the position as reported last year is unaltered in respect that proprietors cannot take full advantage of the



facilities offered by the County Scheme of Assistance under the Housing (Rural Workers) Acts to modernise their properties. In consequence of this in several instances grants have been made available for reconstruction works which did not include the provision of modern sanitary conveniences as such were not reasonably practicable propositions.

New water closets and drainage systems were during the year provided at the houses occupied by the employees at Bonahaven Distillery.

### **Kintyre.**

The village of Tarbert is still the only Special Drainage District in this Division.

The disposal of drainage at the less populous villages in the Division was reported upon as being generally satisfactory and in cases where intimations were served under section 19 of the Public Health (Scotland) Act 1897 prompt action was taken for the abatement of nuisances by the parties concerned.

### **North and South Lorn.**

With the exception of a detailed examination of various proposals for the laying of sewerage systems in connection with prospective re-housing schemes at Ballachulish there is no major development to record within the above areas.

The drainage systems of twelve houses were wholly or partially condemned, and the necessary action was at the instance of the Department taken by the proprietors concerned.

### **Mid-Argyll.**

The drainage systems at approximately twelve houses within the Division were improved by the provision of septic tanks and the renewal of drains, traps etc.

At Furnace a modern drainage system was provided to receive and convey the soil and waste water from a new housing scheme to a septic tank from which the effluent is discharged into a river.



Main drains on the foreshore at Ardrishaig were examined on various occasions at low tides to ascertain if nuisances were being created.

### **Mull.**

Apart from the renewal of old drainage systems and repairs to remove nuisances there is no development to report in this Division in which Salen is the only Special Drainage District.

## **SEWAGE PURIFICATION AND DISPOSAL.**

In the County there are no large purification works for the ultimate disposal of drainage from small villages, clachans, etc., as the sewage can in the majority of cases be discharged into the sea, sea lochs, rivers, streams or ditches either directly or after being treated in septic tanks.

Many difficulties are experienced in disposing of drainage in isolated areas where sewers are not provided, as the utmost safeguards are necessary to ensure that the water supplies of premises, particularly dwellings and farms at lower levels, are not contaminated. The possibility of polluting streams and ditches used by cattle must also receive careful consideration.

Drainage systems discharging untreated sewage into rivers, streams etc. are continually being discovered through inspection and in all these cases proprietors are being called upon to install septic tanks to the approval of the Department. It is considered that good progress is being made in the direction of eliminating the causes of pollution of rivers, streams, and other water courses.

No complaints have been received in relation to the working efficiency of the septic tank which was in 1935 designed in this Department for use in the County.

The design was adopted with a view to economical construction for installation at small houses and crofts where in reconstruction schemes the curtailment of expenditure to the minimum is essential if owners are to be encouraged to consider reconstructing and modernising their dwellings.



Approximately 200 septic tanks have been installed during the past three years.

Many complaints were received of old tanks creating trouble and it was generally found on examination that they were not air-tight, the covers having been taken off for the purpose of cleansing the tanks and they were replaced without being properly sealed.

### **SCAVENGING.**

#### **Ardnamurchan.**

There is no area in this Division sufficiently populous to warrant the formation of a Special Scavenging District and refuse from houses and other premises is disposed of satisfactorily, generally by householders but in several instances action required to be taken by the Department for the removal of nuisances caused through the depositing of refuse on unsuitable sites.

#### **Cowal.**

**Innellan Special Scavenging District.**—The scavenging services in this District where there is a daily collection of refuse during June, July, August and September and the refuse is removed bi-weekly throughout the remainder of the year continued to be satisfactory and no complaints were received.

New ashbins were at the instance of the Department provided at several tenement properties.

**Sandbank Special Scavenging District.**—The refuse in this district is collected once per week from 80 properties where ashbins are in use and at 120 premises the refuse in ashpits is removed at regular intervals. Action is contemplated to secure the replacement of existing ashpits by portable ashbins.

The coup is situated on the foreshore and since the attention of the contractor was directed to the unsatisfactory manner in which it was conducted in 1935 no further complaints have reached this Department.



**Kames and Tighnabruaich Special Scavenging Districts.—**

The existing scavenging services continue to meet the requirements of this district.

The use of ashpits was discontinued at several properties and this has effected an improvement in the District where the refuse is removed bi-weekly by contract.

**Lochgoilhead Special Scavenging District.**—It was recorded in the report for the year 1936 that the scavenging contractor who commenced operations after the formation of this District had requested to be relieved of his obligation and that at the end of that year arrangements were being made for another contractor to operate the service.

The service was not greatly disorganised through the action of the first contractor and a contract was entered into with a local party who has carried on the services in a highly satisfactory manner.

Refuse is removed twice weekly from all premises in the district.

It is gratifying to be in a position to record that although this public service has been in existence for a period of less than two years proprietors of properties where ashpits previously existed have replaced these by ashbins and there are now no ashpits in use in this Special District.

**Proposed Special Scavenging Districts.**

**Strone.**—The formation of a Special Scavenging District for the village of Strone was under consideration at the end of the year.

**Islay.**

**Port Ellen-Bowmore Special Scavenging Districts.**—Refuse is removed weekly from all premises situated within these Districts.

No complaints were received nor were nuisances discovered in connection with the disposal of refuse from premises outwith these two villages which are the only Special Scavenging Districts on the Island of Islay.



### Kintyre.

**Tarbert Special Scavenging District.**—The scheme for land reclamation situated about  $1\frac{1}{2}$  miles from Tarbert was continued, refuse being removed from all premises in the village daily by a contractor.

### South Lorn.

**Balvicar Special Scavenging District.**—The refuse from the District which comprises the villages of Balvicar, Ellenabeich, Easdale and Cullipool, is deposited in old dis-used slate quarries. The attention of several occupiers required to be directed to nuisances being created by accumulations of refuse and the methods adopted for the disposal of refuse and improvements were subsequently observed.

**Connel Special Scavenging District.**—The scavenging services in Connel village continued to be carried out in an efficient manner by the contractor who commenced the service on the 3rd March 1936.

Refuse from all premises is removed twice weekly.

Complaints on two minor matters were received and the necessary action was taken.

Householders generally are assisting the Department and the contractor by burning where possible all combustible material, by discontinuing the use of ashpits, providing portable ashbins, and placing them in positions convenient for removal by the contractor.

### North Lorn.

**Ballachulish Special Scavenging District.**—The refuse from this, the only Special Scavenging District in the Division is collected bi-weekly and conveyed to waste bround on the foreshore. The improvement in the service which was reported last year was maintained.

**Kinlochleven.**—The operations in connection with the removal of household refuse, cleansing of streets, roads and gullies thereon in the village and the management of the coup at Caolas-na-con are carried out by the British



Aluminium Company Ltd., and constitute a most efficient service to the community.

In consequence of this it is unnecessary meantime for the Local Authority to consider any alteration in the existing arrangements.

### **Mid-Argyll.**

**Ardrishaig Special Scavenging District.**—The refuse from all premises within this Special Scavenging District is removed daily under contract.

The coup which is situated on the hill behind the village is as stated in the last annual report, not altogether satisfactory in respect that it is situated in the proximity of dwelling houses.

With the exception of complaints regarding the presence of rats at the coup no others were received. Action was immediately taken for the destruction of the vermin.

As a coup situated in the landward area adjacent to the boundary of the Burgh of Lochgilphead and used for the disposal of refuse from this Burgh is also proving unsatisfactory for a similar reason to that of the coup at Ardrishaig, the question of suggesting to the Local Authorities concerned that a joint scavenging service should be instituted is under the consideration of this Department.

### **Mull.**

There are meantime no special scavenging districts in this Division, which comprises the Islands of Mull, Coll, Tiree and Iona.

Householders generally dispose of refuse by burning, burying it, or depositing it into the sea and it is seldom that any cause for complaint or objection is raised to this means of disposal on these islands although the practice of depositing refuse on the foreshore of sea lochs in other parts of the County is still giving concern to the Department.

## **SANITARY CONVENIENCES.**

The position in relation to the distribution of sanitary conveniences in the various populous districts of the County



is indicated in the following statement, which is specially requested by the Department of Health for Scotland.

### **Cowal.**

	Serving	WATER CLOSETS			
		2,	3,	4,	5 or more tenants
Innellan, ... ..		8	9	-	-
Sandbank, ... ..		17	4	4	-
Kirn, ... ..		1	1	2	-
Strone, ... ..		4	2	-	-
Blairmore, ... ..		3	1	-	-
Lochgoilhead, ... ..		-	5	1	1
Tighnabruaich, ...		18	8	2	2
Kames, ... ..		20	2	5	-

Many of the houses in these villages are occupied only during the summer months.

### **Islay.**

The number of houses on the Island of Islay without water supplies and modern sanitary conveniences is gradually being reduced through the reconstruction of properties under the County Scheme of Assistance.

### **Kintyre.**

There are no ashpits or privy middens in Tarbert, the most populous village in this Division.

The distribution of common water-closets is as under-noted:—

Serving	WATER CLOSETS			
	2	3	4	5 or more tenants
	72	9	5	-

### **South Lorn.**

Three public conveniences continue to serve the populations of Balvicar, Easdale and Ellenabeich.

The issuing of notices for the provision of water supplies and water closets could not be justified as the majority of the dwellings are unsatisfactory and will be demolished when alternative accommodation, the provision of which is under the consideration of the Local Authority, is available for the rehousing of the tenants.

### North Lorn.

**Ballachulish.**—Six public conveniences and standpipes on the roadway serve the occupiers of 108 houses in Ballachulish and the conditions generally in this village are such that the only satisfactory action which can be taken is that which has been decided upon by the Local Authority—the replacing of the village and the demolition of the existing houses.

The public conveniences have been repaired and overhauled to serve the community until the new houses are available.

### Mid-Argyll.

Owners of properties in this Division continue to introduce water supplies and provide modern conveniences with and without the assistance of grants from the Local Authority.

### Mull.

**Bunessan.**—Twenty-six occupiers of dwellings in this village obtain water supplies from six standpipes.

The provision of water closets and other modern conveniences is not reasonably practicable under present conditions.

The conveniences used in common in the village of Bunessan are as follows:—

	Serving	CONVENIENCES				
		2	3	4	5	or more tenants
Dry closets, ... ..		2	-	2	-	
Ashpits,... ..		1	-	1	-	

### HOUSING (SCOTLAND) ACT 1925.

### HOUSING AND TOWN PLANNING Etc. (SCOTLAND) ACT 1919.

### HOUSING (SCOTLAND) ACT 1930.

### HOUSING (RURAL WORKERS) ACT 1926.

The following report for the year ending 31st December 1937 on proceedings taken with regard to the Inspection, Improvement, Demolition and Closure of dwelling-houses



was on 14th February 1938 submitted to the Department of Health for Scotland.

**Housing (Inspection of District) Regulations (Scotland) 1928.**

1. Number of dwelling-houses inspected :—
  - (a) during year, ... .. 2267
  - (b) since 1st January 1931, ... .. —
2. Number of dwelling-houses which on inspection were considered to be in any respect unfit for human habitation :—
  - (a) during year, ... .. 441
  - (b) since 1st January 1931, ... .. —

**Housing (Scotland) Act 1925.**

3. Number of houses in respect of which intimations were given during year under Section 20 (1) requiring provision of a sufficient water closet, ... .. Nil.
4. Number of houses where requirements were complied with by owners during year—
  - (i) with assistance under the Housing (Rural Workers) Acts 1926 and 1931, ... .. Nil.
  - (ii) Without such assistance, ... .. Nil.
5. Number of houses where works were carried out by County Council during year after failure of owners to do so, ... .. Nil.
6. Number of houses for which water closets were provided during year at instance of County Council without formal intimation under Section 20 (1)—
  - (i) with assistance under Housing (Rural Workers) Acts, 1926 and 1931, ... .. 82
  - (ii) without such assistance, ... .. 10
7. Number of houses of (a) one apartment and (b) two apartments for the erection of which the consent of the County Council was given during the year in terms of section III. ... .. (a) Nil.  
 ... .. (b) Nil.

**Housing, Town Planning &c. (Scotland) Act 1919.**

8. Number of houses in respect of which notice was given during the year under Section 40 (1) requiring provision of a water supply (a) inside the house and (b) outside the house, ... .. (a) Nil.  
 ... .. (b) Nil.
9. Number of houses where requirements were complied with by owners during year—
  - (i) with assistance under Housing (Rural Workers) Acts 1926 and 1931, ... .. Nil.



(ii) without such assistance, ... ..	Nil.
10. Number of houses where works were carried out by County Council during year after failure of owners to do so, ... ..	Nil.
11. Number of houses where water supply was provided during year at the instance of the County Council without formal notice under section 40 (1)—	
(i) with assistance under Housing (Rural Workers) Acts 1926 and 1931, ... ..	82
(ii) without assistance, ... ..	10

### Housing (Scotland) Act 1930.

12. Number of dwelling houses in respect of which notices were served during year under section 14 (1), ... ..	Nil.
13. Number of dwelling houses rendered fit for human habitation during year following on notices under Section 14 (1)—	
(a) with assistance under Housing (Rural Workers) Acts 1926 and 1931, ... ..	Nil.
(b) without such assistance, ... ..	Nil.
14. Number of dwelling houses in respect of which work has been done during year by County Council under Section 15 (1), ... ..	Nil.
15. Number of dwelling houses in respect of which in terms of Section 17 a demolition order or closing order under Section 16 (3) has been substituted during year for a notice under Section 14 (1), ... ..	Nil.
16. Number of dwelling houses in respect of which notices were served during year in terms of Section 16 (1), ...	54
17. Number of dwelling houses in respect of which, following on notice under Section 16 (1):—	
(a) undertaking has been given during year that house will not be used f r human habitation until it has been rendered so fit, ... ..	Nil.
(b) undertaking has been given during year that house will be rendered fit, ... ..	Nil.
(c) demolition orders have been made during year under Section 16 (3), ... ..	Nil.
(d) closing orders have been made during year under Section 16 (3) and (4), ... ..	Nil.
18. Number of dwelling houses rendered fit during year following on undertakings under Section 16 (2):—	
(i) with assistance under Housing (Rural Workers) Acts 1926 and 1931, ... ..	Nil.
(ii) without such assistance, ... ..	Nil.
19. Number of dwelling houses rendered fit for human habitation during year at instance of County Council	



without formal notice under Housing (Scotland) Act 1930—

(i) with assistance under Housing (Rural Workers) Acts 1926 and 1931, ... ..		99
(ii) without such assistance, ... ..		Unknown
20. Number of dwelling houses in respect of which closing orders have in terms of Section 16 (3) been determined by County Council during year following upon houses having been rendered fit for human habitation, ... ..		Nil.
21. Number of houses in respect of which advances have been made during year in terms of Section 34 towards cost of repairs and amount so advanced, ... ..		Nil.

### HOUSING (RURAL WORKERS) ACT 1926.

Applications for assistance towards the expenditure to be involved in the reconstruction, improvement and conversion of 117 houses or premises used for human habitation were received, 99 of which were accepted and grants totalling £9,446 were approved of by the Local Authority during the year.

The total cost of the works accepted was £23,763, the average expenditure on each dwelling being £240. The following table indicates the extent of the works which were carried out under the County Scheme of Assistance during the three years ending 31st December 1937.

Year.	No. of houses reconstructed.	Total expenditure involved.	Total grants paid.	Average cost per house.
1935	101	£20,487	£9923	£202
1936	131	£29,752	£12,661	£227
1937	99	£23,763	£9446	£240
	331	£74,002	£32,030	£223

It will be observed from the foregoing that during the three years ending 31st December 1937 works to the value of £74,002 were carried out to 331 dwelling houses or premises used for human habitation, at an average expenditure of £223 per habitation and that the grants involved totalled £32,030, which was met in equal proportions by the Department of Health for Scotland and the County Council.



The work in connection with applications under the County Scheme of Assistance continued to involve a great deal of time and travelling but when it is appreciated that the standard of the houses and other premises after the completion of the improvements is a high one, and what the additional comfort and convenience means to the occupiers of the dwelling houses by such improvements as the provision of additional rooms to prevent overcrowding, the provision of bathrooms, sculleries, larders, porches, inside water closets, sinks, water supplies, drainage systems, wash-houses, coal cellars, facilities for cooking food, facilities for washing and drying clothes, together with the general repair and overhaul of the properties in order that they will conform to modern standards, it must be admitted that the time and expense involved, including the grants paid, are fully justified.

In view of the criticisms which are sometimes heard in relation to the question of the improvement of old and existing houses and the fact that the provisions of the Housing (Rural Workers) Act of 1926, have been extended by recent legislation until 30th September 1942, only, it might be useful to consider the position in the County of Argyll as it has existed since the Local Authority adopted a Scheme of Assistance under the original Act, and for convenience to take for illustration purposes the figures for the three years 1935, 1936 and 1937.

It can safely be stated that if the improvements effected at the 331 houses referred to previously had not been carried out by the proprietors concerned with the assistance of the Scheme of the Local Authority 250 of these dwellings would already have been, or would be, condemned as uninhabitable within the next five or six years and the County Council would be called upon to provide alternative accommodation to the extent of 250 new houses at an expenditure of anything from £550 to £850 per house, the higher figure being taken for the replacement of houses which are situated in isolated areas. If an average of £600 per house is considered



as necessary to replace the 250 houses the total cost to the Local Authority and the Government would be £150,000.

The average cost of improving the 250 houses can, on the basis of the above table, be taken as £223, of which the Local Authority and the Government contributed £100 in equal proportions and therefore the cost to the Local Authority and the Government in connection with the 250 houses was £25,000 or £12,500 each by the Government and the Local Authority.

Recent legislation has reduced the contribution of the Local Authority to 25% of the grant which might be made available, and therefore it must be anticipated that a further saving to the Local Authority will be effected by the rendering of every assistance possible to persons who are willing to improve existing houses.

In other words it may be stated therefore that in the case of 75% of the houses for which applications were accepted in the three years under review the Local Authority by paying 50% of the maximum grant (i.e. £50) saved by not requiring to provide alternative accommodation, anything from £600 to £850 in each case.

As previously stated, if the scheme had not been in existence the cost to the Local Authority and the Government over the replacement of the 250 houses referred to would have been in the region of £150,000, as against £25,000, of which the Local Authority paid £12,500, and it will be appreciated without going into the question of the grants which would be available from Government sources towards the cost of building new houses as alternative accommodation, that the operation of the Housing (Rural Workers) Acts is an important one in a County such as Argyll, and constitutes a huge saving to both tax and rate payers and that every effort should be made to encourage owners to take advantage of the Schemes of Assistance and also to ensure that timeous action is taken as opportunities present themselves to urge on the responsible authorities that the



provisions of the Housing (Rural Workers) Acts of 1926, 1938, should not expire in 1942, unless legislation on similar or better lines is proposed to replace them, so far at least as the Highland Counties are concerned.

### **RIVERS POLLUTION.**

It is considered that by routine inspections and by investigating carefully the disposal of drainage from houses where drains are being renewed and where drainage from new houses is being installed the pollution of rivers is kept at a minimum.

### **OFFENSIVE TRADES.**

With the exception of the public and private slaughter-houses within the County there are no premises used for any purpose which is designated under the Public Health (Scotland) Act 1897, section 32, as an "offensive trade".

### **SANITATION OF SCHOOLS.**

The policy of improving schools and schoolhouses was further developed by the Local Authority and in addition to works of ordinary maintenance and repair, water closets, water supplies, and drainage systems were provided at several schools where adequate water supplies were available and several schoolhouses were provided with bathrooms, sculleries, water closets and other modern sanitary conveniences.

Progress in the improvement of schools and school buildings is being maintained and the Local Authority is continually approving of schemes in this connection.

### **WORKSHOPS AND FACTORIES.**

The various workshops and factories were inspected throughout the year and all occupiers complied with any suggestions which were made by the Department where improvements were necessary.

### **LODGING-HOUSES.**

There are no common lodging houses situated within the area under the jurisdiction of the Local Authority.



## BURIAL GROUNDS.

During inspections of burial grounds and from local investigations it was ascertained that the provisions of the Acts and requirements of the County Council were being observed and no complaints were received by this Department.

Attention was directed to the necessity of extending burial grounds in Ardnamurchan and Cowal and action in this respect was taken by the Local Authority.

## BUILDINGS.

The numbers of plans approved of by the Local Authority in connection with operations to be carried out by private parties and the Housing Committee were as follows:—

	New Houses	Alterations to existing houses	Other buildings	Alterations to buildings other than dwellings
No. of plans,				
Private Enterprise	51	*114	5	2
No. of plans,				
Local Authority	36	—	—	—

\**Note.*—Figure includes 99 plans submitted under the Housing (Rural Workers) Acts 1926.

Five cases of contraventions of the Building Byelaws of the County, in respect that two single houses were altered to form four houses, a potting shed was converted into a house and a dwelling house, a coach-house and stable were altered to form two houses, were reported to the Local Authority when it was decided to institute legal proceedings as plans in accordance with the Byelaws had not been submitted to and approved of by the Authority.

## CAMPING.

There is abundant evidence that certain areas of the County are becoming increasingly popular for camping and many inspections were made to ensure that nuisances were not created, that safe water supplies were being used, that supplies to private premises were not being polluted and that



the requirements of the byelaws relating to huts, tents, sheds and vans were generally being observed.

### **HOSTELS.**

The high standard of the hostels of the Scottish Youth Hostels Association was maintained and the Department was consulted in connection with works for the further improvement of the hostel and camping grounds at Ardgartan.

Plans for the erection of a new hostel at Whistlefield, Loch Eck, were submitted to and approved of by the Local Authority and it was in course of construction at the end of the year.

### **PUBLIC CONVENIENCES.**

It was decided during the year that public conveniences would be provided at additional centres in the County on account of the increase of traffic.

### **FOOD SUPPLIES.**

#### **MILK AND DAIRIES (SCOTLAND) ACT 1914.**

##### **Ardnamurchan.**

The Ardnamurchan Division, which includes Morvern, is a crofting area, in consequence of which there are only two dairy farms from which milk is produced and sold to the public, one at Lochaline with 8 cows, and one at Acharacle with 6 cows. The latter was during the year reconstructed in order that the premises would conform in all respects to the requirements of the Dairy Byelaws. Persons who do not obtain their milk from the two farms mentioned either keep cows themselves or secure supplies from neighbouring crofters and other owners of cattle in the district.

##### **Cowal.**

There are 72 registered premises and 12 exempted premises with 876 and 28 cows respectively in this Division where several farms were improved during the year.

Licences under the Milk (Special Designations) Order (Scotland) 1936 for the premises of the under-mentioned



who produce and sell Tuberculin Tested Milk were renewed:—

	Average No. of Cows	Average No. of gallons per annum per herd
Messrs R. & J. Lamont, Kilellan, Toward, ...	44	34,936
R. P. Yellowlees, Strachurmore, Strachur, ...	17	11,900
TOTALS, ... ..	61	46,836

### Islay.

In this Division there are 39 registered premises with approximately 488 cows, and the exempted premises number 23 with 43 cows. Practically all the registered premises are used for the manufacture of cheese and butter. Improvements were during the year effected at several farms.

There are no registered dairy premises on the Islands of Jura or Colonsay, which are situated within this Division.

### Kintyre.

The position in relation to dairy premises in Kintyre area during the year was as follows:—

Premises used for production only, ... .. 230

Premises used for production and retail trade, ... 31

Premises used for retail trade only, ... .. 9

In consequence of action by this Department improvements continued to be carried out to dairy premises within the Kintyre division, which may be said to be the only dairy-ing area in the County.

Licences for the production and sale of Tuberculin Tested milk from the premises of the undermentioned were renewed:—

	Average No. of cows	Average No. of gallons per annum per herd
Mrs. Parsons of Carskiey,	12	8,200

### Lorn.

In the divisions of North and South Lorn the number of dairy premises in use during the year was 147, the number

of cows accommodated therein being in the region of 1260. In addition to these there were 28 exempted farms, with approximately 490 cows. Improvements continued to be effected at small farms where the financial position of the persons concerned did not permit of their undertaking extensive operations.

### **Mid-Argyll.**

The 37 farms with 400 cows in this division were reported upon as being generally satisfactory. Action was taken to have improvements carried out where these were considered necessary.

### **Mull.**

In the Mull division, which includes the Islands of Iona, Coll and Tiree, there were 28 dairy premises in use during the year, the number of cows being 600. In addition to the aforementioned it was reported that there were 20 exempted premises with 40 cows.

### **Burghs.**

The conditions existing at several dairy premises within the burghs of Campbeltown, Dunoon, Oban, Tobermory, Lochgilphead and Inveraray were improved at the instigation of this Department and at the end of the year all dairy businesses within these Burghs were reported upon as being generally satisfactorily conducted.

Designated milks under licence in accordance with the Milk (Special Designations) Order (Scotland) 1936 were being sold by Messrs. Ross's Dairies Ltd., Glasgow, from three premises within the Burgh of Dunoon and by Mrs. Maclachlan, Airds Place, Oban, within the Burgh of Oban. All the milk was obtained from producers outwith the County of Argyll.

### **Methods Employed in the Production and Sale of Milk.**

In a County such as Argyll it is impossible with the staff at the disposal of the Department to carry on sufficient supervisory work to ensure that at all times and at all dairy



premises the provisions of the dairy byelaws are being observed, but ample evidence during inspections is obtained that in many cases the byelaws are not being strictly adhered to, particularly in the following respects:—

- (1) Milking takes place within one hour of feeding.
- (2) Fodder and bedding is stored in byres.
- (3) Cows are not groomed daily while lying in and instances have been found of the objectionable practice of grooming being carried out immediately before milking.
- (4) The hairs on the tails of cows are not cut to such a length that the brush does not reach the ground and long hairs on the udders are not clipped.
- (5) Sufficient care is not taken to ensure that before milking the udders and teats of the cows are thoroughly cleansed.
- (6) Milkers are negligent about the using of clean overalls and the maintaining of their hands and forearms in clean condition during milking operations.
- (7) Milk is not, as each cow is milked, removed immediately from the byre.
- (8) Milking stools are often found in an unclean condition.
- (9) The first streams of milk from each teat are passed into the milking pail.

It is seldom that any complaint can be made regarding the cleanliness of milk stores, milk vessels, bottles and utensils in dairy premises, but there have been instances where attention required to be directed to these matters.

It has been found that where a dairyman takes a direct interest in the production of clean milk instead of leaving it to his employees to produce from his cows so many gallons of milk per day, no matter whether it is clean or otherwise, that the employees are anxious to carry out the byelaws in detail and it is unfortunate that all dairymen do not give more attention to ensuring that their employees are



thoroughly conversant with the byelaws and that they are strictly observed at all times.

### **Dairy Premises.**

In connection with the construction, alteration and modernisation of dairy farms in the County, although progress is being made it is not considered to be satisfactory.

The staff of the Department is insufficient to permit of more inspections of dairy farms for the purpose of ascertaining the works necessary and for meeting owners, factors, farmers, tradesmen and others to arrange for the work being completed to the satisfaction of the Local Authority.

It is impossible in many cases for work in byres or cow-sheds to be carried out when the herds are lying in and operations must be confined to about four months in the year.

It is therefore inadvisable to serve intimations on farmers to such a number that the present staff would be unable to visit the farms during the progress of operations.

It may be thought that works could be arranged to commence immediately on the termination of the "lying-in" period, but it has been found in practice that when questions arise during operations or when, as often happens, deviations from the original proposals are suggested by the owner, tradesmen or other parties, farmers are reluctant to proceed without the sanction of an official of the Local Authority.

Intimations which were, under the Dairy Byelaws, served on dairymen during the year required that attention should be given to the following works in order that their premises would conform to the Byelaws of the Local Authority:—

#### **Byres—**

- (1) The rendering of the interior surfaces of the walls to a height of 4 feet from the floor level and the repointing of other parts of the walls.
- (2) The partial or complete renewal or repair of floors and grips.



- (3) The building-in of troughs.
- (4) Beam-filling of wallheads.
- (5) The provision of adequate means of lighting and ventilation.
- (6) The renewal and repair of trevisses, doors, windows, roofs, and other woodwork.
- (7) The provision of proper drainage of the byres.
- (8) The provision of proper milk stores or the separation of suitable existing stores from byres, sculleries, dwelling-houses or other premises.
- (9) The repair and alteration of existing milk stores.
- (10) The provision of proper means of lighting and ventilating existing milk stores.

#### Dairy Sculleries—

- (11) The provision of proper sculleries to be used for dairy purposes only.
- (12) The separation of existing dairy sculleries from all other premises.
- (13) The alteration and repair of existing dairy sculleries.

#### General—

- (14) The provision of adequate water supplies, boilers, sinks, tubs and other conveniences.
- (15) The provision of new drainage systems and the improvement and alteration of existing systems.
- (16) The construction of proper dungsteads.
- (17) The improvement of courtyards and entrances to premises.

### SLAUGHTER-HOUSES AND MEAT INSPECTION.

During the year there were 66 private slaughter-houses licensed in the County.

The appended table indicates the distribution of such premises in the various districts:—

Division	No. of Slaughterhouses	Division	No. of Slaughterhouses
Ardnamurchan ..	9	Lorn ..	11
Cowal .. ..	11	Mid-Argyll ..	5
Islay .. ..	11	Mull .. ..	12
Kintyre .. ..	7		
Total Number of Slaughterhouses ... .. 66			

Applications for the renewal of existing licences were not received in connection with ten slaughter-houses and these were cancelled.

Licences for two new private slaughter-houses and the renewal of three previously cancelled were granted.

Public abattoirs continued in use in Port Ellen, Islay, and at Ballachulish.

The animals slaughtered at the County and Burgh public abattoirs were as follows:—

ABATTOIRS	Cattle	Sheep	Pigs	Calves	Lambs	Totals
<b>BURGHES.</b>						
Oban ... ..	666	3811	334	237	1189	6237
Campbeltown ... ..	757	1622	407	1068	809	4663
Dunoon ... ..	1 6	660	15	2	593	1456
Gobermory ... ..	5	570	5	5	585	1170
<b>COUNTY.</b>						
Port Ellen ... ..	44	390	6	—	—	440
Ballachulish ... ..	7	140	8	3	—	158
<b>TOTALS</b> ... ..	<b>1665</b>	<b>7193</b>	<b>775</b>	<b>1315</b>	<b>3176</b>	<b>14,124</b>

The number of carcasses wholly or partially condemned in public abattoirs was as indicated hereunder:—

Class of Animals	Animals Slaughtered	NUMBER OF ANIMALS		Weight (in lbs.) of condemned meat and offals
		Wholly condemned	Partially condemned	
OBAN				
Cattle ... ..	666	1	2	1160 lbs.
Sheep ... ..	3881	1	—	80 „
CAMPBELTOWN				
Cattle ... ..	757	10	18	5723 „
Sheep ... ..	1622	1	2	48 „
Pigs ... ..	407	2	1	239 „
Calves ... ..	1068	3	—	213 „

An inspection of the private slaughter-houses in the districts of Lorn, Cowal, Mid-Argyll and Kintyre revealed that thirty premises were not being maintained in satisfactory condition, and in addition to the evidence obtained which indicated negligence by parties in taking such action



as was necessary to ensure thorough cleanliness in the method of carrying on the business of slaughterer of cattle, it was found that many of the premises were in a state of disrepair, and the equipment—knives, hooks, chains, sheep stools, etc. apparently received little attention.

All the parties received written intimation of the requirements of the Local Authority if the licensing of their premises was to continue and subsequent examinations of the premises indicated that the desired improvements had been effected.

### FOOD AND DRUGS (ADULTERATION) ACT 1928.

#### Public Health (Preservatives etc. in Food) Regulations (Scotland) 1925.

The following statement indicates the nature and number of samples submitted for analysis to the Public Analysts from the County areas and Burghs during the year 1937.

Division or Burgh	Nature of Sample	Number of Samples	Results of Analysis			
			Formal		Tests	
			Genuine	Not Genuine	Genuine	Not Genuine
Cowal ... ..	Sweet Milk	13	—	—	12	1
	Mince	4	—	—	4	—
Kintyre... ..	Sweet Milk	12	—	—	12	—
Lorn ... ..	Sweet Milk	10	1	—	9	—
	Butter	8	—	—	8	—
Mid-Argyll	Sweet Milk	11	—	—	11	—
Mull ... ..	Sweet Milk	2	—	—	2	—
	Butter	4	—	—	4	—
Campbeltown	Sweet Milk	17	—	—	17	—
	Butter	2	—	—	2	—
	Whisky	2	—	—	2	—
	Cream	1	—	—	1	—
Dunoon ... ..	Mince	4	—	—	4	—
Oban ... ..	Sweet Milk	22	—	—	22	—
	Totals	193	1	—	110	1

The practice adopted in this County of warning in the first instance persons who have been discovered contravening the Acts and Regulations, that in the event of samples obtained from them in the future being declared by the County Analysts to be under the standard or adulterated, the matter would be reported to the Local Authority with a view to legal proceedings, is proving successful, as in no case has it been necessary to recommend legal proceedings during the past three years.

### **Sanitary Condition of Premises.**

The condition of premises where foods are manufactured, stored or exposed for sale were reported upon as being generally satisfactory, but in several cases parties were warned as to objectionable features of their premises and methods of dealing with foods for sale to the public and advised of the action which should be taken, after which the necessary improvements were observed.

### **Infectious Disease.**

During 1937 the Divisional and Local Sanitary Inspectors visited 220 dwelling houses and other premises in connection with cases of Infectious Disease and 198 apartments were disinfected.



FOR THE YEAR ENDING 31<sup>st</sup> JULY, 1937

# ANNUAL REPORT

## THE MEDICAL INSPECTION

## AND TREATMENT

## OF SCHOOL CHILDREN

FOR THE YEAR ENDING 31<sup>st</sup> JULY 1932



## MEDICAL INSPECTION OF SCHOOL CHILDREN.

During 1937 334 visits were paid to schools within the County for purposes of school medical inspection. In all 4,304 children were examined, including 169 special cases and 1,568 re-examinations for defect found in previous years. In the routine examination groups 482 children were found to suffer from defect, giving a percentage of 18.7 of the number examined. During the year treatment was carried out in the case of 216 children whose parents were judged to be in necessitous circumstances, and many more had remedial measures carried out privately.

Viewing the County as a whole, the health of the school population is good, although the year under review has been one marked by epidemics of measles, whooping cough, mumps and chicken-pox in almost every area of Argyll. Sequelæ, in so far as has been ascertained, have been comparatively infrequent and the general health of the children has apparently been practically unaffected by epidemic disease.

With the increased emphasis laid upon physical training, special attention has been paid to the fitness of children for increased physical exertion and the school population is being placed in categories according to medical investigation, physical exercises being modified or ruled out entirely according to the defect found. Consideration has been given not only to pupils suffering from cardiac lesions, pulmonary involvement and physical disability, but also to the overweight and underweight child, who though actually not demonstrating disease, is unfit to cope with exercises within the scope of the normally healthy child. The emotional make-up of the child also receives consideration, but as far as Argyll is concerned a very small proportion of children come into this category, and as a whole the school children in the County are immensely interested in physical culture and are happy and contented in the gymnastic class.

Facilities for physical exercises are still inadequate in



several of the schools in the County, but this lack will eventually be made good.

Treatment of school children during 1937 has been satisfactory, though dental treatment, despite all facilities offered, still lags, and it would seem that the only solution lies in a full time dental service with treatment carried out at individual schools.

The tendency to large window space in classrooms, now almost universally decorated in light colours, tends in certain areas to excessive glare, which becomes as dangerous to vision as defective lighting. In school planning, window space should be judged according to surroundings, and factors such as reflection, absence of obstructing objects such as trees, hills, etc., taken into consideration.

The temperature in many of the schools in the County is far from satisfactory, particularly in late spring and early summer, when heating often ceases automatically with the Easter vacation. Fuel supplies should be allotted so that on the particularly cold days which almost invariably occur in May and early June, fires are available as occasion demands.

The supervision and "following up" of defective cases has been carried out efficiently by the District Nurses during the year, and the Inspectors of the Royal Society for the Prevention of Cruelty to Children have been invaluable in dealing with difficult cases of neglect.



## STAFF AND ADMINISTRATION

### 1.—List of Staff.

#### A.—Medical Officers.

##### CHIEF SCHOOL MEDICAL OFFICER—

JOHN A. C. GUY, M.B., Ch.B., D.P.H., Edin.

##### ASSISTANT SCHOOL MEDICAL OFFICER—

CATHERINE A. BROWN, M.B., Ch.B., D.P.H. Glas.

##### LOCAL SCHOOL MEDICAL OFFICERS—

##### Parish of—

Ardgour, ... ..	Dr. I. H. Maciver, Fort William.
Morvern, ... ..	Dr. N. MacKinven, Lochaline.
Ardnamurchan, ... ..	Dr. D. Fergusson, Salen, Lochsunart.
Tiree, ... ..	Dr. D. G. Hunter, Baugh, Tiree.
Coll, ... ..	Dr. D. Mackie, Arinagour.
Kilninian & Kilmore, ...	Dr. T. G. Macintyre, Tobermory, Mull.
Torosay & Pennygowan, ...	Dr. R. Macdonald, Salen, Aros, Mull.
Kilfinichen & Kilvickeon, ...	Dr. Leslie Lyall, Bunessan, Mull.
Colonsay, ... ..	Dr. Harriet McCloghry, Colonsay.
Jura, ... ..	Dr. Sandeman, Craighouse, Jura.
Killarow & Kilmeny, ...	Dr. C. Macintyre, Bridgend, Islay.
Kilchoman, ... ..	Dr. D. N. Stuart, Bruichladdich, Islay.
Kildalton and Oa, ... ..	Dr. A. Campbell, Port Ellen, Islay.

#### B.—School Nurses.

County School Nurse—ELIZABETH R. SIMPSON, C.M.B.

A detailed list of districts and schools supplied by the various Nursing Associations is given in the previous Reports.

The number of Local School Nurses (District Nurses) employed in districts including burghs is 49.

#### C.—Clerical Staff.

Under the scheme of unification, this now consists of:—

Chief Clerk—ANN L. MACLEAN.

Clerkess and Typist—GRETA R. STEWART.

Junior Clerkess—CATHERINE E. GALLOWAY.

**2.—(a) Number of Schools.—**

Primary Schools, ... ..	148
Secondary and Sub-Secondary Schools, ...	8
Side Schools, ... ..	15

**(b) Number of Children on Register and in Average Attendance.—**

(1) On Register, ... ..	8491
(2) In average Attendance, ... ..	7625

**3.—Number of Visits to Schools for Systematic Inspection.**

(a) By County School Medical Officers, ...	282
(b) By Local School Medical Officers, ...	52

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 334
**4.—Number of Special Visits by Medical Officers other than those of Systematic Inspection—9.****5.—Sanitary Conditions of Schools.**

The improvement in sanitation in schools still continues and the other actual work carried out is noted elsewhere in the report.

**6.—Organisation and Administration.****A.—System of Medical Inspection.**

The methods adopted are fully described in the Report for the year ending 31st July, 1913, pp. 10 and 11, and other reports. Development and Progress and proposals for Dental Inspection and Treatment are fully dealt with in the Annual Report for the year 1925-26, page 8.

**B.—Arrangements for “Following-up”.**

See copy of Memorandum, pp. 39 and 40 of Report for the year ending 31st July 1922. 1097 visits were paid by nurses to school cases during the year.

**C.—Supervision of Infectious Diseases, including School Closure.**

See Report for year ending 31st July, 1914, p. 15.

Arrangements have now been made with the Local Authorities of the County for a uniform procedure with



regard to the closing of schools for infectious disease. The procedure to be adopted is as follows:—

(1) The local medical officer of health is empowered to close a school immediately such a proceeding becomes necessary in his opinion to prevent the spread of infectious disease. The certificate will be in the form prescribed and will show the cause and period for which closure is recommended.

(2) He will send the certificate to the County Medical Officer, Public Health Offices, Columba Buildings, Oban.

(3) The county medical officer will obtain the signatures of two members of the Local Authority and transmit the certificate to the Clerk of the County Council, Education Offices, Dunoon.

To act as a check upon procedure the clerk of the authority on his part informs the county medical officer forthwith of any closure on account of infectious disease intimated by the teacher.

Further the head teachers have been informed that they should immediately report to the local medical officer of health (generally the parish medical officer) any cases of infectious disease coming to their notice.

#### **D.—Co-ordination with Public Health Services.**

The Scheme for the Unification of Public Health and School Medical Services (see Report for year 1923-24, Appendix A) has been in force since 15th May, 1924.

#### **E.—Presence of Parents at Inspection.**

There has been a marked increase in the number of parents attending school medical inspection in the burghs. In the rural districts few parents attend unless particular attention is to be drawn to any defect in the children.

# PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

## TABLES A and B.

A. TOTAL NUMBER OF CHILDREN EXAMINED.				B. INTIMATION OF DEFECTS.						
	Boys.	Girls.	Tl.	Number of Children notified as suffering from Defects.				Action Taken.		
				Boys.	Girls.	Tl.	p.c.	Reported R.S.P.C.C.	Excluded.	Follow up.
Routine Cases—										
Entrants, ..	398	379	777							
Intermediates,	430	432	862							
Leavers ..	466	462	928							
Total, .. ..	1294	1273	2567	218	264	482	18.77	5	8	155
Special Cases, ..	102	67	169	37	26	63	..	2	7	32
Re-examined, ..	711	857	1568	110	104	214	..	7	...	104
Grand Total, ..	2107	2197	4304	..	..	759	..	14	15	291



TABLE C

## TABULAR STATEMENT OF RE-EXAMINATIONS.

	No. Examined.	Treated.	Not Improved.	Improved.	Recovered.	Not Treated.	Not Improved	Improved.	Recovered.	Follow up.	2nd Notice.	R.S.P.C.C.	Excluded.
Defective Cleanliness, ..	12	10	..	2	8	2	2	..	..	1	1	1	..
Nits in Hair ..	84	70	..	36	34	14	14	..	..	25	22	6	..
Verminous Clothing ... ..	3	3	..	...	3	...	..	..	..	..	..	..	..
Teeth, .. ..	128	69	..	33	36	59	59	..	..	3	20	..	..
Tonsils and Adenoids	307	151	..	44	107	156	127	26	3	25	64	..	..
Speech, .. ..	7	7	2	5	..	..	..	..	..	..	..	..	..
Nasal Obstruction,	10	8	..	1	7	2	2	..	..	..	..	..	..
Hearing, ..	33	25	3	7	15	8	8	..	..	7	9	..	..
Otorrhœa, ..	9	9	1	2	6	..	..	..	..	..	..	..	..
Vision, .. ..	457	249	30	108	111	208	127	49	32	25	73	..	..
Blepharitis, ..	16	15	..	4	11	1	1	..	..	4	2	..	..
Conjunctivitis,	4	4	..	1	3	..	..	..	..	..	..	..	..
Heart, .. ..	134	95	10	26	59	39	36	2	1	..	..	..	..
Anaemia, ..	30	30	3	19	18	..	..	..	..	..	..	..	..
Defective Nutrition, ..	138	137	6	76	55	1	1	..	..	8	15	..	..
Enlarged Glands,	16	14	..	7	7	2	2	..	..	..	1	..	..
Bronchitis ...	25	25	..	9	16	..	..	..	..	1	1	..	..
Skin, .. ..	59	59	4	8	47	..	..	..	..	2	2	..	..
Other Diseases,	96	78	12	28	38	18	16	2	..	3	4	..	..
Total, .. ..	1568	1058	71	416	571	510	397	79	36	104	214	7	..
Percentage, ..	..	67.47	6.71	39.32	53.97	32.53	77.45	15.49	7.06	..	..	..	..

TABLE D—CLOTHING.

TABLE D.				Insufficient.		In need of repair.		Dirty.	
Number examined :—				No.	p.c.	No.	p.c.	No.	p.c.
Boys,	..	..	1294	29	2·24	77	5·95	101	7·80
Girls,	..	..	1273	26	2·04	65	5·10	84	6·59
Total,	..		2567	55	2·14	142	5·53	185	7·20
Special Cases,	..	..		..	..	..	..	3	..

TABLE E—FOOTGEAR.

TABLE E.									Unsatisfactory.	
Number examined :—									No.	p.c.
Boys,	..	..	..	..	..	..	..	1294	64	4·94
Girls,	..	..	..	..	..	..	..	1273	45	3·53
Total,	..	..						2567	109	4·24



## F.—AVERAGE HEIGHTS AND WEIGHTS.

TABLE F.—AVERAGE HEIGHT (IN INCHES) OF BOYS AND GIRLS.

BOYS,	Average Age, ..	4 <sup>8</sup>	5 <sup>5</sup>	6 <sup>4</sup>	7 <sup>4</sup>	8 <sup>6</sup>	9 <sup>7</sup>	10 <sup>3</sup>	11 <sup>5</sup>	12 <sup>7</sup>	13 <sup>8</sup>	14 <sup>3</sup>	15 <sup>4</sup>	16 <sup>6</sup>	17 <sup>4</sup>
		21	218	119	40	14	208	197	11	182	226	16	4	26	12
GIRLS,	Average Height,	41.80	44	45.60	47.5	50.28	52.33	53.80	53	58.10	59.20	60.84	65.5	67.15	66
		4 <sup>8</sup>	5 <sup>6</sup>	6 <sup>4</sup>	7 <sup>5</sup>	8 <sup>1</sup>	9 <sup>7</sup>	10 <sup>3</sup>	11 <sup>4</sup>	12 <sup>7</sup>	13 <sup>4</sup>	14 <sup>6</sup>	15	16 <sup>6</sup>	17 <sup>2</sup>
GIRLS,	No. Examined,	24	212	112	31	19	198	198	17	192	219	4	—	28	19
		Average Height,	41.87	43.46	45.39	48.23	49.18	53.47	54.90	58.80	59.93	62.5	—	64.32	63.42

AVERAGE WEIGHT (IN POUNDS) OF BOYS AND GIRLS.

BOYS,	Average Age, ..	4 <sup>8</sup>	5 <sup>5</sup>	6 <sup>4</sup>	7 <sup>4</sup>	8 <sup>6</sup>	9 <sup>7</sup>	10 <sup>3</sup>	11 <sup>5</sup>	12 <sup>7</sup>	13 <sup>3</sup>	14 <sup>3</sup>	15 <sup>4</sup>	16 <sup>6</sup>	17 <sup>4</sup>
		21	218	119	40	14	208	197	11	182	226	16	4	26	12
GIRLS,	Average Weight,	40.70	44.14	47.47	53.22	57.0	64.91	69.06	74.81	85.8	89.65	99.84	125.75	130.73	132.66
		4 <sup>8</sup>	5 <sup>6</sup>	6 <sup>4</sup>	7 <sup>5</sup>	8 <sup>1</sup>	9 <sup>7</sup>	10 <sup>3</sup>	11 <sup>4</sup>	12 <sup>7</sup>	13 <sup>4</sup>	14 <sup>6</sup>	15	16 <sup>6</sup>	17 <sup>2</sup>
GIRLS,	No. Examined,	24	212	112	31	19	198	198	17	192	219	4	—	28	9
		Average Weight,	41.46	45.15	55.23	54.93	62.88	67.10	66.53	87.27	91.47	102.75	—	118.21	118.52

AVERAGE HEIGHT AND WEIGHT (Anthropometrical Committee).

HEIGHT,	Age last Birthday	4	5	6	7	8	9	10	11	12	13	14	15	16
		Boys, ..	38	41	44	46	47	49.7	51.8	53.5	57	59.3	62.2	64.3
WEIGHT,	..	Girls, ..	38	40.5	42.8	44.5	46.6	48.7	51	53.1	57.7	58.8	60.9	61.7
		Boys, ..	39	41.2	44.4	49.7	54.9	60.4	67.5	72	82.6	92	102.7	119
WEIGHT,	..	Girls, ..	38	39.2	41.7	52.1	52.1	55.5	62	68	87.2	96.7	106	113

TABLE G—CLEANLINESS OF HEAD AND BODY.

TABLE G.	HEAD				BODY			
	Dirty.		Vermineous		Dirty.		Vermineous.	
	No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.
Number examined:—								
Boys, .. .. 1294	...	...	7	·54	...	...	2	·15
Girls, .. .. 1273	...	...	76	5·97	...	...	...	...
Total, .. .. 2567	...	...	83	3·23	...	...	2	·077
Special Cases, .. ..							2	

TABLE H—CONDITION OF SKIN.

TABLE H (HEAD).	Impetigo.		Seborrhœa.		Alopecia		Ringworm.		Other Diseases.	
	No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.
Number examined:—										
Boys, .. .. 1294	5	·38	2	·15	...	...	1	·007	2	·15
Girls, .. .. 1273	2	·15	3	·23	3	·23	...	...	...	...
Total, .. .. 2567	7	·27	5	·19	3	·116	1	·038	2	·077
Special Cases, ..	4		3							

TABLE H (BODY).	Impetigo.		Scabies		Eczema		Psoriasis		Other Diseases.	
	No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.
Number examined:—										
Boys, ... .. 1294	1	·077	3	·23	2	·15	1	·077	5	·38
Girls, ... .. 1273	...	...	3	·23	2	·15	1	·078	4	·31
Total, ... .. 2567	1	·038	6	·23	4	·15	2	·077	9	·35
Special Cases.	2		2						9	



TABLE I—NUTRITION.

TABLE I.			Above Average.		Average.		Below Average.		Very Bad.	
			No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.
Number examined :—										
Boys,	..	1294	530	40·96	553	42·73	211	16·30	...	...
Girls,	..	1273	472	37·08	538	42·26	263	20·65	...	...
Total,	..	2567	1002	39·03	1091	42·50	474	18·46	...	...
Special Cases, ..			1				10			

TABLE J—TEETH.

TABLE J.					Sound Sets.		1—4 Decayed.		More than 4 Decayed		Oral Sepsis.	
					No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.
Number examined : -												
Boys,	..	..	..	1294	388	29·98	595	45·98	311	24·03	30	2·31
Girls,	..	..	..	1273	401	31·50	637	50·03	235	18·46	34	2·66
Total,	.	..	..	2567	789	30·73	1232	47·99	546	21·26	64	2·49
Special Cases, .. .. .							10		8			

Oral Sepsis = Cases of pyorrhoea, etc., urgently in need of dental treatment

TABLE K—DISEASES OF NOSE, THROAT, AND LYMPHATIC GLANDS.

TABLE K (a)—DISEASE OF NOSE.					Obstruction.		Other Diseases.	
					No.	p.c.	No.	p.c.
Number examined :—								
Boys,	..	..	..	1294	2	·15	...	...
Girls,	..	..	..	1273	2	·15	...	...
Total,	..	..	..	2567	4	·15	...	...
Special Cases, .. .. .					3		...	

TABLE K (b) DISEASE OF THROAT.					Tonsils.				Adenoids			
					2		3		2		3	
					No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.
Number examined:—												
Boys, .. .. .	1294				215	16·61	42	3·24	34	2·62	...	...
Girls, .. .. .	1273				192	15·08	35	2·74	29	2·27	4	·31
Total, .. .. .	2567				407	15·85	77	2·99	63	2·45	4	·155
Special Cases, .. .. .					11		13					

Tonsils—2=Slightly Enlarged.      3=Requires Surgical Treatment  
 Adenoids—2=Probably Present.      3=Present.

TABLE K (c) DISEASES OF LYMPHATIC GLANDS.				Cervical Glands.								Submaxillary Glands.					
				2		3		4		5		2		3		4 & 5	
				No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.
Number examined:—																	
Boys, .. .. .	1294			212	16·38	2	·15	—	—	9	·69	33	2·55	1	·077	1	·077
Girls, .. .. .	1273			195	15·31	1	·078	—	—	11	·86	25	1·96	—	—	—	—
Total, .. .. .	2567			407	15·85	3	·116	—	—	20	·779	58	2·26	1	·038	1	·038
Special Cases, ..						2											

2=Probably Enlarged.      3=Markedly Enlarged.  
 4=Suppurating.      5=Cicatrices.

TABLE L—EXTERNAL EYE DISEASE.

TABLE L.		Blepharitis.		Conjunctivitis.		Squint.		Corneal Opacity		Other Diseases.	
		No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.
Number examined:—											
Boys, ..	1294	7	·54	2	·15	19	1·46	3	·23	5	·38
Girls, ..	1273	8	·62	1	·078	15	1·17	4	·31	1	·078
Total,	2567	15	·58	3	·116	34	1·32	7	·27	6	·23
Special Cases,		5		2		1		1		1	



TABLE M—VISUAL ACUITY (Snellen's Type at 6 Metres).

TABLE M.	Good Vision. $\frac{6}{6}$ V.A. of better eye.		Fair Vision. $\frac{6}{9}$ or $\frac{6}{12}$ of better eye		Bad Vision. $\frac{6}{18}$ or worse of better eye.	
	No.	p. c.	No.	p. c.	No.	p. c.
Number examined :—						
Boys, .. .. 962	881	91·58	47	4·88	34	3·53
Girls, .. .. 946	884	93·65	45	4·75	17	1·79
Total .. 1908	1765	92·50	92	4·82	51	2·67
Special Cases, .. ..	20		17		8	

Number of routine cases with one eye only defective ... 170

TABLE N—EARS.

TABLE N.	Otorrhœa.		Wax.		Other Diseases	
	No.	p. c.	No.	p. c.	No.	p. c.
Number examined :—						
Boys, .. .. 1294	8	·61	2	·15		
Girls, .. .. 1273	5	·39	6	·47		
Total, .. 2567	13	·50	8	·31		
Special Cases	1					

TABLE O—HEARING.

TABLE O.		Slightly Deaf.		Markedly Deaf.	
		No.	p. c.	No.	p. c.
Number examined :—					
Boys, .. .. 962		1	·10	4	·41
Girls, .. .. 946		13	1·37	10	1·05
Total, .. .. 1908		14	·73	14	·73
Special Cases, .. ..		2		2	

Number of routine cases with one ear only defective ... 14

As tested by forced whisper—

6 metres distance—Normal hearing.

Between 2 and 6 metres—Slightly deaf.

Under 2 metres—Markedly deaf.

TABLE P.—SPEECH.

TABLE P.						Defective Articulation.		Stammering.	
Number examined:—						No.	p. c.	No.	p. c.
Boys,	..	..	..	..	1294	2	·15	4	·30
Girls,	..	..	..	..	1273	1	·078	4	·31
Total,	..	..	..	..	2567	3	·116	8	·31
Special Cases	..	..	..	..		1			

TABLE Q.—MENTAL CONDITION.

TABLE Q.						Dull or Backward.		Mentally Defective.	
Number examined:—						No.	p. c.	No.	p. c.
Boys,	..	..	..	..	1294	89	6·87	—	—
Girls,	..	..	..	..	1273	61	4·79	—	—
Total,	..	..	..	..	2567	150	5·85	—	—
Special Cases,	..	..	..	..		5			

TABLE R.—HEART AND CIRCULATION.

TABLE R.					Organic Diseases.				Functional Diseases.		Anaemia.	
					Congenital.		Acquired.					
Number examined:—					No.	p. c.	No.	p. c.	No.	p. c.	No.	p. c.
Boys,	..	..	..	1294	1	·077	3	·23	33	2·55	8	·61
Girls,	..	..	..	1273	2	·15	8	·62	53	4·16	12	·94
Total,	..	..	..	2567	3	·116	11	·42	86	3·34	20	·77
Special Cases,	..	..	..						1		7	



TABLE S — LUNGS.

TABLE S.				Bronchial Catarrh.		Bronchitis.		Tuber- culosis Suspected.		Other Diseases.	
				No.	p.c.	No.	p.c.	No.	p.c.	No.	p.c.
Number examined:—											
Boys .. ..	1294			16	1·23	6	·46	4	·30	6	·46
Girls, .. ..	1273			11	·86	6	·47	6	·47	1	·078
Total, .. ..	2567			27	1·05	12	·46	10	·38	7	·27
Special Cases,								2			

TABLE T.—NERVOUS SYSTEM.

TABLE T.				Epilepsy.		Infantile Paralysis		Other Diseases	
				No.	p.c.	No.	p.c.	No.	p.c.
Number examined:—									
Boys, .. ..	1294			—	—	1	·077	—	—
Girls, .. ..	1273			—	—	2	·15	—	—
Total, .. ..	2567			—	—	3	·116	—	—
Special Cases, .. ..						1		1	

TABLE U.—TUBERCULOSIS (Non Pulmonary).

TABLE U.							Bones and Joints.		Glands.	
							No.	p.c.	No.	p.c.
Number examined:—										
Boys, .. ..	1294						1	·077	—	—
Girls, .. ..	1273						1	·078	—	—
Total, .. ..	2567						2	·077	—	—
Special Cases .. ..							2			

TABLE V.—RICKETS.

TABLE V.						Slight.		Marked.	
Number examined :—						No.	p.c.	No.	p.c.
Boys,	..	..	..	..	1294	12	·92	—	—
Girls,	..	..	..	..	1273	5	·39	—	—
Total,	..	..	..	..	2567	17	·66	—	—
Special Cases,	..	..	..	..					

TABLE W.—DEFORMITIES.

TABLE W.						Acquired.		Congenital.	
Number examined :—						No.	p.c.	No.	p.c.
Boys,	..	..	..	..	1294	7	·54	7	·54
Girls,	..	..	..	..	1273	5	·39	6	·47
Total,	..	..	..	..	2567	12	·46	13	·50
Special Cases,	..	..	..	..		1		5	

TABLE Y.—OTHER DISEASES OR DEFECTS.

Boys, ... .. 7      Girls, ... .. 6

In Tables W and Y are included :—

Torte-collis ... .. 6	Goitre ... .. 1
Cleft palate ... .. 3	Hernia ... .. 2
Talipes ... .. 1	Mumps ... .. 1
Flat foot ... .. 1	German measles ... .. 2
Defective posture ... .. 6	Incontinence ... .. 2
Deformed hand ... .. 1	Mole on face ... .. 1
Amputation of right leg ... .. 1	Undescended testicles... .. 6
Congenital dislocation of hip ... 1	Phimosis ... .. 3
Tip of finger removed ... .. 1	Rheumatism ... .. 1
Ganglion ... .. 1	Rhinitis ... .. 1
Osteomyelitis, ... .. 1	Myxoedema ... .. 1



## Arrangements for Medical Treatment

(1) Applications to Committees, ... ..	243
Approved as necessitous, ... ..	231
Refused by Committees, ... ..	12
Pending treatment, ... ..	15
No. treated, ... ..	216
(2) Defective vision, ... ..	67
Defective nutrition, ... ..	53
Defective teeth, ... ..	41
Enlarged tonsils and adenoids, ... ..	48
Eczema, ... ..	2
Ear defect, ... ..	1
Circumcision, ... ..	1
Undescended testicle, ... ..	1
Repair of artificial leg, ... ..	1
Ear defect, ... ..	1
	—
	216
	==

# Arrangements for Medical Treatment

212	(1) Applications to Committee, ...
203	Approved as necessary, ...
19	Refused by Committee, ...
10	Refusing treatment, ...
237	70% treated, ...
219	
87	(2) Preventive action, ...
53	Preventive action, ...
41	Preventive action, ...
48	Taken for tonsils and adenoids, ...
2	Examination, ...
1	For defect, ...
1	Transmission, ...
1	Undersampled results, ...
1	Repair of artificial leg, ...
1	For defect, ...
218	
==	



