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**Contributors**

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COUNTY OF ARGYLL

ANNUAL REPORTS

for the Year 1952

on

HEALTH ADMINISTRATION

by

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

County Medical Officer of Health

and

ALEX. W. WATERS

County Sanitary Inspector.



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

My Lord, Ladies and Gentlemen,

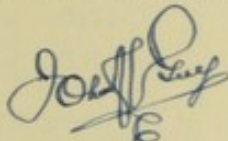
I have the honour to submit the following Report on the Health  
of the County during the year 1952.

The Annual Report of the County Sanitary Inspector is included.

I am,

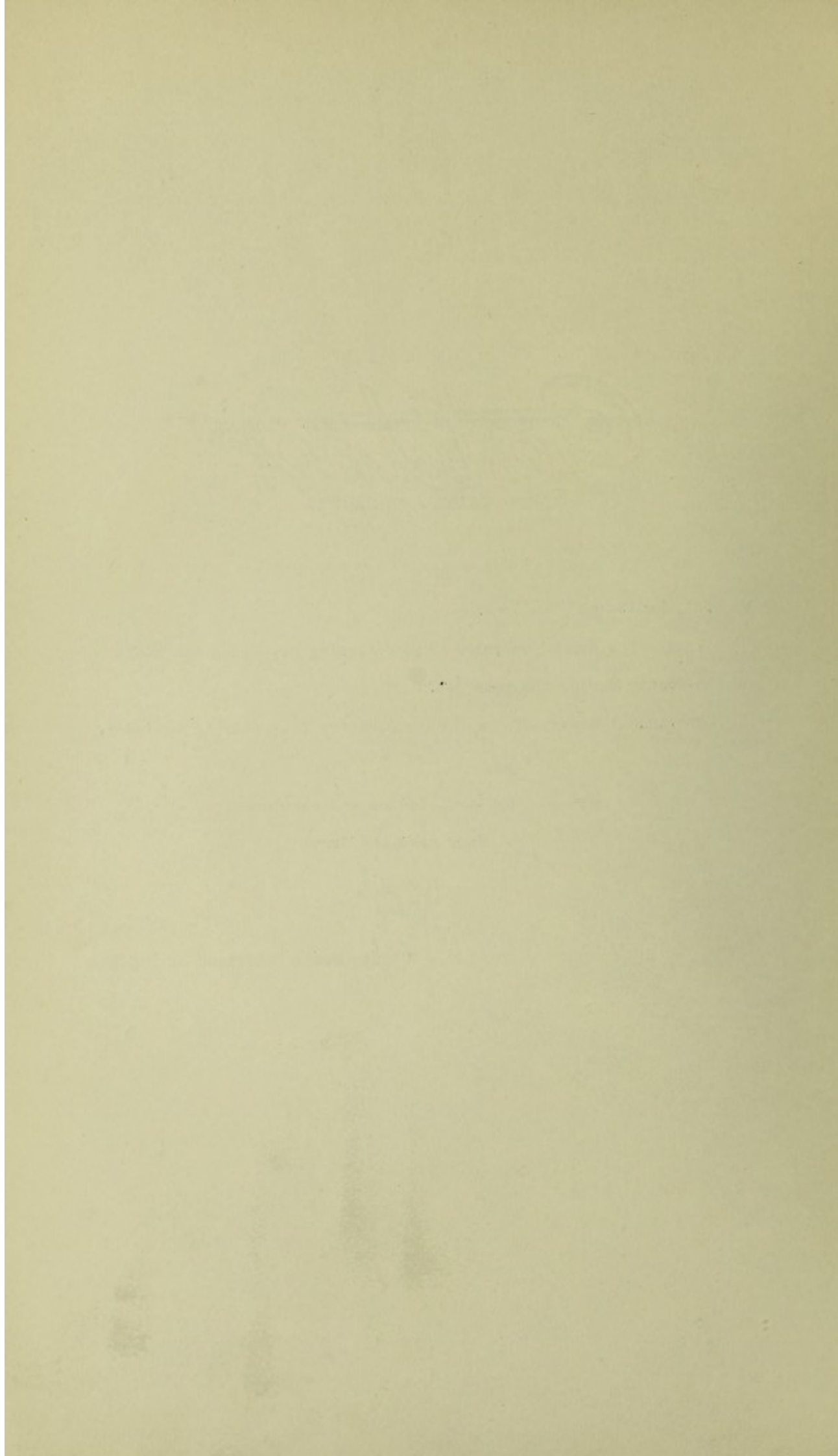
My Lord, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in blue ink, appearing to read 'John Duff', with a stylized flourish at the end.

County Medical Officer of Health.





ARGYLL COUNTY HEALTH AND WELFARE DEPARTMENT

Office - County Buildings, Oban

Postal Address - County Medical Officer, Oban.

Telephone No. Oban 2489.

LIST OF STAFF

County Medical Officer of Health

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

Assistant Medical Officers of Health

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

Robert S. Hardie, B.A. (Oxon.), M.B., Ch.B., D.P.H. (Ed.)

County Sanitary Inspector

Alexander W. Watters

Divisional Sanitary Inspectors

John S. Bryce	- Kintyre Area
Wm. S. Porteous	- Mid-Argyll Area
Neil G. Weir	- Islay, Jura and Colonsay Area
Robert Easton	- Cowal Area
James Stewart	- Ardnamurchan and Lorn Area

Local Sanitary Inspectors  
(Unqualified)

Hugh MacKinnon	- Tiree
E.A. Mather	- Mull
F. Bremner	- Coll
M. MacIntyre	- Colonsay

Milk Officers

Miss C.M. MacIntyre	- Kintyre and Islay
Miss E.M.M. Adam	- Ardnamurchan, Cowal, Lorn, Mid-Argyll, Mull, Coll and Tiree.
Chief Health Visitor	- Jessie Morrison, R.G.N., S.C.M., H.V.

Clerical Staff - Headquarters

Chief Clerk	- Ann L. Maclean
Clerkesses and Typists	- Nicholas M. Gray Elma C. Munro Catherine McCulloch
Junior Clerkess	- Lena Lockhart

Divisional Sanitary Inspector's Office  
Kintyre

Junior Clerkess - Patricia D. Morris

Divisional Sanitary Inspector's Office  
Cowal

Junior Clerkess - Moira L. Whyte

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## PREFACE

It will be seen from the Annual Report of the health administration of the County of Argyll that the health of the population as a whole is quite satisfactory.

The birth rate remains more or less steady at 15.5 per thousand of the estimated population, a figure which is slightly higher than that of 1951. The infantile mortality rate was 46 per thousand live births and is slightly lower than that of the years prior to the War when the figure varied from 63 to 48, the average being in the vicinity of 54. The death rate is 15.7 per thousand of the estimated population and is much the same as previous years.

The population of the County is estimated by the Registrar-General as 64,095. The figure shown by the 1951 census is 63,270 which is very similar to that of the 1931 census, where the figure was 63,050. It shows a slight increase but is much less than the estimated populations given by the Registrar-General during the intervening years which reached a figure in the neighbourhood of 67,000.

When the population figures are examined a slight difference in the distribution of the population is apparent when comparing the figures of the 1951 census with that of 1931.

The landward population has dropped by some 2,500 and the Burghs have increased by a slightly larger figure. This is probably due to the increased employment within the Burghs from various causes.

In submitting the annual report for 1952 the Department of Health have asked for a special review of the health services with observations on the co-ordination and co-operation with other parts of the service. This has already been forwarded to the Department at their request and is now included in this report.



CHAPTER

It will be seen from the above that the work of the committee is not confined to the study of the subject of the committee but extends to the study of the subject of the committee.

The committee has also been asked to consider the question of the establishment of a committee to study the subject of the committee. The committee has also been asked to consider the question of the establishment of a committee to study the subject of the committee.

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# COUNTY OF ARGYLL

## Annual Report of Medical Officer of Health for Year ending 31st December 1952.

### Vital Statistics

The mid-year population of Argyll in 1952, according to the Registrar-General's estimate, was 61,487. The estimate for mid-year 1951 was 64,095. The census of 1951 (midnight April 8th) gave a figure of 63,270. The 1931 census gave a figure of 63,050.

The distribution of the population in 1952, between the Burghs and the landward areas is shown in the table below -

Burgh	Population
Campbeltown	7,244
Dunoon	9,667
Inveraray	507
Lochgilphead	1,228
Oban	6,065
Tobermory	718
Landward areas	36,058
Total	61,487

Births. The registered births in Argyll County in 1952, corrected for mothers' residence, numbered 951 - 485 males, 466 females.

There were 55 illegitimate births. The number of stillbirths, corrected for mothers' residence, was 30. The table below gives the number of births in 1952 by Burghs and Landward areas.

Burgh	Births		
	Male	Female	Total
Campbeltown	73	85	158
Dunoon	67	67	134
Inveraray	4	8	12
Lochgilphead	8	11	19
Oban	43	46	89
Tobermory	8	5	13
Landward	282	244	526
Total	485	466	951

The birth rate at 15.5 per 1,000 shows a slight increase over that for 1951 (15.3).

Deaths./

# REPORT ON THE

Annual Report of the Board of Directors

For the Year Ending December 31, 1911

Presented at the Annual Meeting of the Board

## FINANCIAL STATEMENTS

The following statement of assets and liabilities, as at December 31, 1911, is submitted to the Board. The statement is prepared on the basis of the books and records of the Corporation, and is subject to audit by the Board. The statement is prepared on the basis of the books and records of the Corporation, and is subject to audit by the Board.

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Assets	Liabilities
Cash	Accounts Payable
Accounts Receivable	Notes Payable
Inventory	Capital Stock
Fixed Assets	Reserve Fund
	Surplus
	Unappropriated Profits
	Unappropriated Losses
	Unappropriated Dividends
	Unappropriated Interest

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Deaths. The number of deaths registered in the County in 1952 was 906; the total, corrected for residence, was 963. The death rate per 1,000 of estimated population, is 15.7, compared with 16.0 in 1951. The rate, adjusted for age and sex distribution, is 11.6 (11.8 in 1951).

478 deaths were of males, 485 of females.

Of the 963 deaths, 118 (12.3%) were of persons 85 years of age or older: 408 (42.4%) were over 75 years; and 675 (70%) over 65. The average age at death was slightly under 67 years.

There were 44 deaths of infants under 1 year, giving an infant mortality rate of 46 per 1,000 live births.

Deaths by burghs and landward areas are shown below:-

Burgh	Deaths		
	Male	Female	Total
Campbeltown	42	38	80
Dunoon	80	115	195
Inveraray	2	4	6
Lochgilphead	14	16	30
Oban	40	36	76
Tobermory	5	2	7
Landward	295	274	569
Total	478	485	963

#### Causes of death -

- (i) Infant Mortality. The chief causes of death in infants under 1 year were -

Pneumonia	6
Whooping Cough	2
Congenital malformations	6
Birth injuries, Atelectasis etc.	11
Diseases peculiar to early infancy	13
Violence, accident	3

- (ii) Deaths from infectious disease from -

Tuberculosis	12 (all over 25)
Syphilis	2
Whooping cough	2
Meningococcal infection	1
Measles	1 (over 75 years)
Influenza	3

There were no deaths from Scarlet Fever or from Diphtheria.

- (iii) 145 deaths (63 males, 82 females) were due to cancer.

#### Co-ordination and co-operation with other parts of the National Health Service.

It is now  $4\frac{1}{2}$  years since the National Health Service came into operation and in the light of experience we are now in a position to review the Service in all its aspects.

The/





The introduction of such a comprehensive service was a bold and courageous step to take and no matter how much thought was given to the framing of the Service difficulties and problems were bound to arise in the initial stages.

Actually in Argyll the principles of a National Health Service had to some extent been in operation for many years. The existence of the Highlands and Islands Medical Services Fund, the appointment of medical practitioners by the County Council to many of the single practice areas in the County, the ambulance services provided by the Local Authority and the arrangements made for the air ambulance service and the use of lifeboats of the R.N.L.I. by the Department of Health and the County Council can be regarded to some extent as the forerunner of the National Service now in being.

The arrangements made by the Education Authority for the examination and treatment of school children and those made by the Local Authority for the treatment and admission of cases to voluntary hospitals and the clinics and hospitals of the Glasgow Corporation were to a great extent similar to the comprehensive service now established but they differed in one respect because in these days the Medical Officer of Health was responsible for and administered these services as a whole and was kept aware of everything that was happening and could rectify any faults or amplify any service as it became necessary.

In these days the Medical Officer of Health was in constant and direct contact with medical practitioners and could bring any problems which they had before the Local Authority and make representations on behalf of the practitioners should this be necessary.

This link with the medical practitioners has to a great extent been lost and many of them have expressed their regret that this should be so. In a Highland County such as Argyll it is necessary on many occasions for the Medical Officer of Health to give some assistance to his colleagues and this is still very willingly given and appreciated. Much assistance is also given in return by the practitioners but the system whereby they received some remuneration from the Local Authority for acting in the capacity of Local Medical Officer for the Medical Officer of Health has been lost and a return to this method of administering Public Health would be welcomed.

Generally speaking the National Health Service is working in a satisfactory manner but where separate bodies are responsible for different parts of a health service there is a tendency for some difficulty in administration to arise as the outlook of the different bodies may vary. For example the views of the Local Authority and the Medical Officer of Health regarding the isolation of cases of infectious disease may conflict with those of a Regional Hospital Board or Board of Management who are inclined to view an empty bed in an Isolation Hospital as uneconomic and so tend to admit other types of cases which leaves an insufficient number of beds available for the isolation and treatment of infectious disease when it breaks out.

Co-ordinating Committees may in theory appear to be a means of solving these difficulties but in practice they generally achieve little or nothing. Co-ordination between the officials responsible for the Services can achieve a great deal but so much depends on personalities breakdowns can take place and at times problems may arise which can only be solved by arbitration at a point where the various branches of the Service have a common level.

The co-ordination with other parts of the Health Service where this is necessary is to all intents and purposes satisfactory but the Medical Officer of Health is not so aware of what is happening as he was prior to July 1948.

The fight against Tuberculosis is to some extent split into two camps and the curative side tends to receive more attention than that of prevention and there is room for improvement in the liaison between the Regional/





Regional Hospital Board on the one hand and the Health Authority on the other. For example some consultation on the use of beds for T.B. cases in Isolation Hospitals should take place so that the Health Authority can be satisfied that the spread of infection can be prevented or controlled if the necessity arises. The Local Authority should be advised of the admission and discharge of patients from a Sanatorium so that they can advise their district nurses or health visitors and keep their records in order.

The Medical Officer of Health is interested in the tuberculosis service and in the problems which face the tuberculosis officers. There should be regular consultation on these matters and full co-operation on both sides.

The medical practitioners and district nurses work well together and the Medical Officer of Health and his staff are working in complete harmony with this service. The only improvement in such a service is to bring back as far as possible the contact between the practitioner and the Health Department which was for so many years an excellent feature of the medical services in Highland Counties. It may well be that the solution lies in the Medical Officer of Health acting in some capacity for the Regional Hospital Board and becoming the focal point round which all the services in an area would hinge. The Medical Officer of Health would then in his administrative capacity in his area be the responsible person for co-ordinating and administering the services on behalf of the Regional Hospital Board.

With regard to the steps taken to inform general practitioners and the public about the services available this is done by direct contact, by letter and by circulars. In rural areas the practitioner is in touch with most members of the community and they seek his advice. Where the practitioner is in doubt about any matter he communicates with the Medical Officer of Health who can advise and assist him in any matter. There is no indication that the knowledge of the services available is lacking or that they are not being utilised.

The work of the Children's Officer should not be a separate service in itself but should be allied to the Health and Welfare Services of which it, in reality, forms a part.

#### Joint use of Staff.

The only work done for the Local Authority on a part-time basis is where one of the medical practitioners in the Burghs of Dunoon and Campbeltown acts as deputy in the Burgh concerned.

General practitioners may carry out such duties as giving re-inforcing doses in connection with the immunisation of school children against Diphtheria or in vaccinating members of the public against Smallpox during epidemics. They may also carry out such investigations in connection with infectious disease as may be necessary. For their duties they receive payment either by fee or on a sessional basis.

The Local Authority have arrangements made with the Regional Hospital Board in respect of the examination by specialists of Blind Persons and co-operate with specialists in connection with the examination of school and pre-school children in respect of Ear, Nose and Throat conditions and defective vision.

In this connection it would be preferable if the arrangements for attendance at clinics or hospitals of school children were made by the Health Department of the Local Authority in consultation with the Regional Hospital Boards and Boards of Management as the difficulties of transport and the necessary arrangements are understood and can best be adjusted by those who have a knowledge of the whole area and can co-ordinate the transport to the best advantage with a minimum cost to the Authority and a minimum amount of inconvenience to the parents and children.

The/





The Local Authority came to an arrangement with the Argyll Branch of the Scottish Branch of the British Red Cross Society for the supply from their Loan Depots of such appliances and equipment for which the Health Authority are responsible. This service was established by the British Red Cross Society prior to July 1948 and it was felt that in such a County as Argyll the help of such an organisation would be most acceptable. The service has been running very smoothly and much credit is due to the voluntary workers organising it.

In Argyll the Medical Officer of Health is a member of the Local Medical Committee and also a member of the Argyll and Bute Executive Council and this has given him the necessary background and knowledge of the work which is being done. It also establishes an excellent liaison between the Health Authority, the Executive Council and the medical practitioners. In view of this one wonders whether the Medical Officer of Health should not be an ex officio member of the Executive Council.

Being a member of the Oban Hospitals Board of Management has also greatly helped to co-ordinate this part with other parts of the Health Service.

In conclusion I would say that with some minor adjustments and with some goodwill on all sides the Health Services can be made to function in a very satisfactory manner. Some investigation should however be made to see that there is no overlapping and that the services of one section of the Health Service are not operating to the detriment of the other and that each is doing its fair share and not doing what should be done by the other.

#### Care of Expectant and Nursing Mothers and children under school age.

##### (a) Expectant and Nursing Mothers.

In a scattered County area it is not practicable to institute clinics. Even in the burghs there is no great scope, without obvious conflict with the local practitioners, whose supervision of maternity cases we have no reason to think is inadequate. A considerable proportion of visits by district nurses are to expectant mothers.

##### (b) Child Welfare.

The weekly clinic at Campbeltown and the fortnightly one at Dunoon have been maintained. (The attendance figures have been given on Health Services Form 15).

Periodic visits are paid by specialists to certain burghs in the County as part of the Regional Board Specialist Services, and arrangements are made particularly, though not exclusively, in connection with the School Medical Service for children requiring special examinations to be seen by these Specialists. As arrangements are also made direct between general practitioners and the Hospital Service for special examinations of this kind the information I have is somewhat incomplete. In a predominantly rural "Highland and Island" area such as this it is necessary to leave in the hands of general practitioners a number of functions which in a large town may without objection be organised by the Local Health Authority.

##### (c) Premature Infants.

This is another sphere which the nature of a County area makes it necessary to leave to be dealt with by the general practitioner, the district nurse, and the Local Hospitals.

##### (d) Supplies of Welfare Foods are held by the District Nurses. Their proper distribution rests with the District Nurse, with whom of course the local general practitioner or practitioners co-operate.

##### (e)/





- (e) Dental Care is in the County at present provided entirely by private practitioners. I am at present engaged, in consultation with the Director of Education and certain dental surgeons in the County, in considering a scheme for part-time school dental work for the County to be done by private practitioners. It must be borne in mind that most dentists in country areas, e.g. Islay, Mull, would not without reason complain that the possibility of their making a decent livelihood in their area would be taken away if the County supplied dental services through its own visiting County dental surgeons. It is no exaggeration to say that such encroachment on these practices (which are not to any extent expansible) might result in the Dental Surgeon giving up practice and so in large areas becoming deprived of the general dental services which they now enjoy.

#### Domiciliary Midwifery.

Domiciliary midwifery is carried out by the District Nurses (who are also Midwives, Health Visitors and School Nurses). All their domiciliary work is carried out in conjunction with the local general practitioners, and the returns show that in the great majority of cases the practitioner is present at births at home. Maternity outfits are supplied by the County as required. "Antenatal supervision" is primarily a matter - in domiciliary cases - for the general practitioner. There are virtually no cases in Argyll now-a-days where a mother arranges to have her baby at home without the care of the general practitioner.

The 1952 Annual Report form gives the number of cases in which analgesics were administered. In this connection I would point out that even minor alterations in Form H.S. 15 such as those under (e) and (f) in the Domiciliary midwifery section, (Administration of Analgesics) should if possible be announced beforehand in order that nurses, who, with their multiplicity of functions in rural areas, have already sufficient difficulty in sorting out their activities for record purposes, may at the beginning of the year know what questions they are going to be asked at the end. In the present instance, the revised form of (e) and (f) in this section was first known when your H.S. 15 for 1952 arrived here, by which time the circulars to nurses had already been prepared: in any case during 1952 nurses had not been aware, so far as I know, that this particular differentiation of their cases was to be asked for. As I assume the questions will remain in the same form next year, I have issued a note to the nurses to let them know for 1953 records.

The number of midwives in private practice in the County is small. While no arrangements exist for active supervision of these, my acquaintance with the doctors working in the County would bring to my notice at once any need for more active intervention.

There is no special selection of women for confinement in hospital on social grounds, except by the general practitioners (who can in my opinion be relied on to keep the requirements of common sense in mind in this connection).

I do not consider that in the circumstances outlined above Refresher Courses for midwives can be said to be urgently desirable. The maximum number of cases attended by any one of the County midwives in the last year - with the exception of Oban, where there is no maternity hospital near at hand and there are two District Nurse Midwives, who attended 43 cases - was 19 (Bowmore, Islay). Both these figures are much above the average for the County Nurses as a whole.

There are naturally no arrangements for training pupil midwives.

#### Health Visiting.

The District Nurses are notified in the usual way of new arrivals in the County reported from other Health Authorities - infants, expectant mothers, contacts of tuberculosis, T.B. cases and contacts of other infectious disease elsewhere./



The first part of the report is devoted to a general survey of the work of the Commission during the year 1933. It begins with a statement of the Commission's objectives and a description of the methods employed in the collection of data. The report then proceeds to a detailed account of the work done in each of the various fields of investigation. The second part of the report is devoted to a summary of the results of the work done during the year. It begins with a statement of the Commission's findings and a description of the methods employed in the analysis of the data. The report then proceeds to a detailed account of the work done in each of the various fields of investigation.

Summary of Results

The Commission's findings are summarized in the following table:

Field of Investigation	Summary of Results
General Survey	The Commission's findings are summarized in the following table:
Field of Investigation	Summary of Results

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elsewhere. Where appropriate the local practitioner is also informed. In particular cases, a household may be visited by one of my staff, either medical or sanitary. Much of the health visiting is arranged by the District Nurse herself, on the basis of her own knowledge of the district (usually very thorough) or on information supplied by the local doctor, or others.

One or two District Nurses who did not possess the Health Visitor's Certificate have applied for leave to take this training. This winter one nurse is taking the course. Unfortunately the County Council have not felt able to do more in these cases than give the nurses leave without pay for this purpose. A relief nurse has of course to be employed in their absence.

#### Home Nursing.

In Argyll, all home nursing is naturally and inevitably carried out in close co-operation with general practitioners, and it would be unwise for the County Medical staff to endeavour to make contact with hospitals direct, i.e. to the exclusion of the general practitioner. A great deal of the home nursing, particularly in the more rural areas, is of elderly people, but the records available to me at present do not enable me to give specific figures for the proportion which these constitute.

Most nurses find that a good many patients come to their house (or lodgings) for minor attention, advice etc. Those nurses who, owing to the absence of, or delay in building of, a nurse's house, live in lodgings (which incidentally are hard to get where one of the chief summer industries is in taking "Boarders") find this kind of demand very awkward to meet satisfactorily. The County has of course a building programme which provides for nurses' houses, but in a number of cases, for one reason or another, there has been delay in getting the nurse's house completed.

#### Domestic Help.

In this County, the Clerks to the District Councils arrange for domestic help in suitable cases brought to their notice by practitioners, nurses, the general public, or the Medical Officer of Health. Local knowledge of suitable persons to employ for part-time or whole-time work, as Home Helps, and of conditions in the home to be served, is possessed by or available to District Clerks, which the Medical Officer of Health would find it difficult to come by. The administration of the service is however under the general supervision of the Medical Officer of Health.

Of the cases helped 38% were "aged and infirm": 9% were helped on account of confinement.

#### Vaccination and Immunisation.

It is part of the routine duties of all district nurses to promote 100% vaccination and immunisation in their districts, in co-operation with the general practitioner or practitioners in their areas. In rural districts where practitioners and nurses know every family, something approaching 100% protection is achieved. It is in the Burghs that for obvious reasons the personal contact and pressure is less effective. Inquiries which I made in 1952 suggest that a special check of children etc. by my staff from birth cards etc. over the last few years might, with the help of general practitioners have good results, and I have this in hand at the moment.

The chief influence in the more rural counties in securing a high level of protection is undoubtedly the general practitioner. I am very doubtful if any specific publicity campaign, in Argyll, by the local Health Authority, would be of much value. It would be difficult to carry out without appearing to cast quite unjustified reflections on a good number of doctors who have in fact achieved practically 100% immunisation against smallpox and diphtheria among their pre-school children.

Whooping/





Whooping cough immunisation is likely to be difficult to make widespread. It has not of recent years been a serious disease in the County though two deaths of young children from it are recorded this year, and attempts to represent it as a serious danger, on a par with smallpox and diphtheria, would I am afraid be viewed with some scepticism generally.

#### Prevention, Care and After Care.

I do not quite know what the right solution is though I am inclined to think that the administration of the Tuberculosis Service should be in the hands of the medical officer of health even although the Sanatoria remain with the Regional Hospital Boards. This would help to unify the service and prevent it falling into separate sections with little or no co-ordination between them. It would once again bring the medical officer of health directly into contact with the general practitioner who would be in communication with him in connection with the admission of cases for sanatorium treatment, with the domiciliary treatment and after care of patients and with the preventive side of the work which is so apt to be forgotten and which is by far the most important aspect in the fight against this disease.

The District Nurses concern themselves with cases in their homes, working under the general supervision of the general practitioners.

The County Council "Tuberculosis Scheme", under which certain items of extra nourishment are provided by the County on the recommendation of the general practitioner is in existence but is not therapeutically of great effectiveness. It serves to improve the diet of known cases or in cases whose financial position is unsatisfactory. I have no doubt that such extra nourishment would be as valuable in numerous other non-tuberculous cases, particularly of elderly poorly off and infirm persons. Domestic help is difficult to obtain for tuberculous households.

#### Control of Infectious Disease.

There have been no serious epidemics in 1952. Notification has on the whole been satisfactory. Treatment and isolation raises a question which in this area will require some serious consideration. Since the infectious diseases hospitals were taken out of the hands of the Local Authorities, it has become much more difficult to find accommodation for hospital isolation of infectious cases in epidemics. The scarlet fever going on at present (February-March 1953) is a case in point. While I recognise that to the Regional Boards, the spectacle, or even the thought, of beds standing empty must be painful, it can never be possible to deal with a sudden epidemic if the majority of the beds in infectious diseases hospitals are kept occupied. The policy has been introduced in recent years of filling up vacant I.D. hospital beds with tuberculous patients. The result is that when a disease like scarlet fever or measles breaks out, neither the staffing, nor the number of beds, of the I.D. Hospitals are sufficiently expansible to meet the event. Scarlet fever is not, it is true, now a serious disease except in a very small percentage of cases but it is still viewed in the Highlands with deeply rooted fear. It has, too, certain potential dangers - in mild cases as much as in severe cases - and if an epidemic cannot be controlled by isolation, it is inevitable that there will be cases of complications, and widespread and prolonged school absence follows, together with some public dissatisfaction with the inability of the 'Authorities' to secure adequate isolation. This public apprehension - or misapprehension - may be to some extent unjustified or at least misdirected, but it exists, and it is difficult for a health authority to keep the confidence of the local population if it pays no attention to alarm that certainly exists. I could not feel satisfied with my ability to deal with the epidemiological side of infectious disease without more say in the availability of hospital accommodation. At present, as often as not, I should like to put certain children in hospital but am completely prevented because the Hospital tell me that they simply "have no beds". To be told, as I sometimes am in these circumstances, that I can send an Oban child to Lochgilphead or to Glasgow is not/



It is not the purpose of this report to discuss the various methods of determining the relative values of the different types of land, but to show that the results of the different methods are in general in good agreement.

#### THE RESULTS OF THE DIFFERENT METHODS

The results of the different methods are shown in the following table. The first column gives the name of the method, the second column gives the number of samples, the third column gives the average value, and the fourth column gives the standard deviation. The results show that the different methods are in good agreement, and that the standard deviation is small.

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#### CONCLUSIONS

The results of the different methods are shown in the following table. The first column gives the name of the method, the second column gives the number of samples, the third column gives the average value, and the fourth column gives the standard deviation. The results show that the different methods are in good agreement, and that the standard deviation is small.

not particularly consoling. To the persons concerned, an inconvenience of this magnitude is as intolerable as the inability to deal with the matter locally.

#### Tuberculosis.

Notifications in 1952 were:-

Respiratory tuberculosis      85 (38 males, 47 females)  
Non-respiratory tuberculosis   15 (11 males, 4 females)

The age distribution of these notifications was as follows:-

Age group	Pulmonary	Non-Pulmonary
Under 5	1	3
Between 5 & 15	14	5
Between 15 & 45	51	6
Between 45 & 65	16	-
Over 65	3	1
Total	85	15

The age distribution of the known cases of Tuberculosis in the County was as follows:-

Age group	Pulmonary	Non-Pulmonary
Under 5	1	2
Between 5 & 15	27	18
Between 15 & 45	274	43
Between 45 & 65	81	10
Over 65	11	6
Total	394	79

There were 16 deaths from tuberculosis, 11 males and 5 females, a rate of 0.23 per 1,000. Last year's rate was 0.44 per 1,000. The previous lowest annual rate was 0.31 in 1944. When numbers are so small altogether, such a lowering in the rate must be regarded with reserve until it has been shown, over a period of years, to be really significant. It is however an encouraging sign.

Of the 16 deaths, 5 were only notified as tuberculous cases within three months of death.

#### Mental Health.

The arrangements in force are working in a satisfactory manner and the help given by the Medical Superintendent and the staff of the Argyll & Bute Mental Hospital at their clinics and at other times is much appreciated.

#### Nurseries and Child Minders Regulation Act.

There are no nurseries and no recognised child minders in Argyll.

#### School/





### School Health Service.

A separate report on this Service is prepared and submitted annually. My last report for the year up to 31/7/52 was sent to the Department of Health in December 1952. I have nothing which I need to add to this now, save that arrangements for a possible school dental service are under discussion, as indicated in that part of the report dealing with dental care.

### Port Health Administration.

Items of work under this heading are few and far between. Occasionally medical attention for crews, or skeleton crews of ships laid up off the Argyll (Clydeside) coast, has to be arranged for. Sanitary inspectors occasionally undertake rat control enquiries on ships in one or other of the small ports. I am not altogether satisfied that the permanent berthing of occupied houseboats etc. in the Crinan Canal and elsewhere may not one day call for review.

### Food Supply.

The County Sanitary Inspector's report covers the chief items of day to day work importance in this field.

1. Milk Officers. The County Council employ two milk officers, one of whom resigned last year but has agreed to carry on pending a decision by the County Council regarding a successor. I consider the work done by these two officers as valuable and indeed essential. I need only compare the number of milk producers and dealers in Argyll, and the area over which they are spread, with the numbers and areas in other counties of which I have information, to indicate that the Argyll milk officers work exceedingly hard. The standard of milk production has risen of late years in a most creditable way, and it will be exceedingly disappointing if financial considerations lead to the curtailing - indeed to the failure to expand - of this supervisory service.

2. Milk production. A recent eviction order, due to be enforced in May 1954, against a milk producer who supplies milk over a large area in Mull, and in favour of a proprietor who proposes to use the farm as a "Beef-ranch", has drawn public attention to a possible future development in farming in this area which might lead to a serious restriction of milk supplies in some localities. As I see it the ever rising standards of hygienic practice demanded in milk production, while praiseworthy themselves, tend to discourage farmers in the less highly developed areas from bringing their premises up to the necessary standard to qualify for special designation licences. If, as appears to be happening now, an adequate, alternative, inducement to produce beef cattle is offered to them, they will tend to abandon milk production on an adequate scale, and a district may find itself faced with the possibility of losing its supply.

In this general connection I might perhaps draw your attention to a development in the retail distribution of milk which has been brought to my notice in the past year. With the rising cost of bottles, of motors, petrol, and of wages, milk dealers are becoming more unwilling to burden themselves with the labour of distribution of milk to individuals, and the time may come before long when householders generally will have to collect their milk themselves, even in a fairly populous village, from a central point. This is of course not a development which affects milk alone but in a community where in a number of households all responsible members of the household may be out at work during the day, the absence of a daily milk delivery may become a serious inconvenience. Where most other foodstuffs are concerned, the fact that they may be delivered once weekly, in a larger quantity, makes the delivery much less uneconomic, but by its very nature milk must in almost all cases be delivered in a small quantity, and daily, and it is not difficult to see the distributors' point of view.

3. Meat. A special covered lorry has been brought into use in Oban for the distribution of meat. Elsewhere the meat distribution is reasonably satisfactory.

4./

A summary report on the work of the Committee on the Administration of the Government of the District of Columbia for the year 1940-1941. The report is divided into two parts: the first part contains a general statement of the work of the Committee, and the second part contains a detailed statement of the work of the various subcommittees.

Part I: General Statement of Work

The Committee on the Administration of the Government of the District of Columbia was organized in 1939. Its purpose was to study the various agencies of the District Government and to recommend such changes as might be necessary to improve their efficiency. During the year 1940-1941, the Committee has held numerous public hearings and has received many suggestions from the public. It has also conducted extensive research into the various agencies of the District Government.

Part II: Detailed Statement of Work

The Committee has held numerous public hearings and has received many suggestions from the public. It has also conducted extensive research into the various agencies of the District Government.

1. Police Department. The Police Department is the largest agency of the District Government. It is responsible for the maintenance of law and order and for the protection of the lives and property of the citizens of the District. The Committee has held numerous public hearings on the work of the Police Department and has received many suggestions for improvement. It has also conducted extensive research into the various agencies of the District Government.

2. Fire Department. The Fire Department is responsible for the prevention and extinguishing of fires. The Committee has held numerous public hearings on the work of the Fire Department and has received many suggestions for improvement. It has also conducted extensive research into the various agencies of the District Government.

3. Public Works Department. The Public Works Department is responsible for the maintenance of the streets and public buildings of the District. The Committee has held numerous public hearings on the work of the Public Works Department and has received many suggestions for improvement. It has also conducted extensive research into the various agencies of the District Government.

4. Health Department. The Health Department is responsible for the promotion of the health of the citizens of the District. The Committee has held numerous public hearings on the work of the Health Department and has received many suggestions for improvement. It has also conducted extensive research into the various agencies of the District Government.



4. Foodshops, Restaurants, Cafes. In a County like Argyll where the summer tourist traffic is important, constant watch on premises where food is sold or prepared is necessary. In general the standards in Argyll are satisfactory, though there is certainly room for improvement here and there.

5. Food poisoning. There were no outbreaks of food poisoning of any importance in 1952.

#### National Assistance Act 1948.

Part III accommodation is available to the County at (1) Dalintart Hospital, Oban; (2) Gortanvoggie House, Islay and (3) Witchburn House, Campbeltown. These institutions being under the control of the Regional Hospital Board, it is not always easy to obtain accommodation when it is wanted, since the need arises only occasionally, though when it does it is usually sudden and urgent. I know the difficulties such sudden demands may cause to an institution which will usually be used for its other purposes at all times to its full capacity, and I appreciate the invariable courtesy and helpfulness of the staffs of these institutions even when faced with the most unwelcome prospects of extreme and unsuitable overcrowding.

In a County such as this it is hardly possible to have any standing organisation for the welfare of disabled persons apart from the usual social services which are available. Private practitioners and hospital specialists do much, in an inconspicuous way, to find suitable jobs for persons incapacitated by injury or by, for instance, a tuberculous history.

The County Council contributes to, but does not itself run, two old peoples homes in Argyll - in Campbeltown and Dunoon. An eventide home is to be opened in Oban before long, by the North Argyll Eventide Home Association. My staff see these premises from time to time and I am consulted on points of design, safety measures, administration, etc. where necessary.

There were no compulsory removals under Section 47 in 1952.

#### Nursing Homes Registration.

There are none in Argyll. One or two boarding houses, which specialise in boarding old people, have occasionally aspired to the title, and have been inspected, but though the accommodation has usually been satisfactory for boarding, it has not merited the technical designation of nursing home, and the owners have been notified accordingly.

#### Health Education.

No organised campaign has been undertaken in 1952. The Council recently considered the matter and decided (and I am in agreement with them) that in Argyll campaigns of this nature would not be justified.

#### General Sanitation.

Housing. Continued progress has been made in the erection of houses in the Landward area of the County. Difficulties in obtaining suitable sites continue to occur and ground suitable for building on is difficult to find near villages where many of the houses are required.

The problem of obtaining water supplies in places where houses are required but where no rural water supply scheme is in being or may not be undertaken for some years to come, is presenting a problem.

There are many places where houses are required in which there will never be a rural water scheme and small water supplies must of necessity be introduced. These need not be costly and could if necessary supply other houses in the proximity. These supplies should qualify for grant in the usual way and it is to be hoped that progress along these lines may take place.

The high cost of building creates a problem in rural areas as the rentals of/



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of the houses are now greatly increased and there are many families living in uninhabitable houses who are not applying for a new house because they feel that the rental and the rates are beyond them.

Some progress is being made in the village of Tarbert in respect of the Redevelopment Scheme and this will do much to tidy up the village and remove the unsightly buildings which exist in the back streets.

Water Supplies. Work continues on Rural Water schemes. While everyone must desire to see good water supplies as widely distributed as possible, the cost of laying extensive pipe systems in thinly populated areas, in which the population has, as often as not, been sinking steadily for 50 years, makes it necessary to be cautious in planning new or improved water supplies. The repercussions on the County rates as a whole, of each expensive undertaking in a small area, are bound to cause serious concern, and the cost to the National exchequer in grants is likewise heavy. This is not a problem peculiar to Argyll, and an approach to the whole problem, against the widest possible background, is desirable.

Sewerage. Sewers, like water supplies, are no serious problem in areas sufficiently thickly populated, and sufficiently highly rated, to carry an economic special district rate, but the introduction of water to houses, as a result of schemes formulated under the Water (Scotland) Act, necessitates also the removal of this water from the houses, by drains and sewers. It is therefore unfortunate that the legislation concerning the control and financing of sewerage systems has not advanced *pari passu* with that relating to water supplies, particularly since the areas which are now coming up for consideration are necessarily areas where, as in the case of water, a drainage rate sufficient to support the scheme is out of the question.

In rural areas septic tanks are much used. There is in my opinion scope for the development of cheap and efficient tank and soakaway units.





COUNTY OF ARGYLL

ANNUAL REPORT

for the Year 1952

by

ALEX. W. WATERS

County Sanitary Inspector.

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### Water Supplies.

The Rural Water Supply Schemes at Portnahaven, Cairndow, Kilmichael-Glassary, Tayvallich, Connel-Benderloch (part scheme), Craignure (Temporary) and Peninver were completed during the year, and at the end of the year the schemes at Carradale and Dervaig were well advanced and nearing completion and pipe laying was in progress at the Furnace-Crarae Scheme.

The water supplies at three housing schemes - Appin, Kilmelford and Kilmore - were also completed and the water supply for the Cullipool houses is nearing the completion stage.

Works of improvement were carried out at existing supplies as follows:-

Ardrishaig. Modernisation and repair of pressure filters and treatment plant.

Bowmore. General repairs, new ring mains, scraping of main from intake to village and the supply augmented by taking in additional springs.

Balvicar. New intake provided to augment the existing supply and scraping of main in progress.

Dalmally. Two additional storage tanks installed.

Innellan. Slow sand filters repaired and cleaned out, new ring main and some scraping of main pipe carried out.

Kilman. Scraping of main.

Port Charlotte. Springs cleaned out and supply temporarily augmented by water pumped from adjacent burn.

Sandbank. Modernisation and repair of pressure filters and extension to filter house in progress.

Taymuilt. New ring main.

Tighnabruaich and Kames. Slow sand filters cleaned out and defective fittings replaced, new ring main and extension laid to Wharf Cottage and Pier.

Tarbert. Slow sand filters cleaned out and walls and floors of filters waterproofed and main scraped from filter to pier.

### Water Sampling.

Twenty-five chemical and 24 bacteriological samples of water were taken in connection with new Rural Water Supply Schemes and existing public supplies and 16 chemical and 9 bacteriological samples were taken in connection with proposed new supplies and existing private supplies where the quality of the water was in doubt.

In addition to the above 31 chemical and 21 bacteriological samples were taken at farms where new water supplies were introduced under the Agricultural (Miscellaneous Provisions) Act.

The number of houses provided with inside water supplies and sanitary facilities has been very substantially increased during the year as a result of the completion of the new Rural Water Schemes and by the advantage taken of the improvement grants available under the Housing (Scotland) Act, 1950 and the various schemes of assistance operated by the Department of Agriculture.

### Drainage.

Three new Special Drainage Districts were formed during the year at Carradale, Carnoch, Glencoe and Dervaig, Mull, and the Ardrishaig Special Drainage District was extended to include the new County Council houses at Glenfyne Distillery. There are now 14 Special Drainage Districts in the County/





County but sewerage schemes have still to be provided for the new districts. Sewerage facilities are much needed at Carnoch where many of the houses have been equipped with sanitary facilities and others are in the course of being so equipped and it is becoming impracticable in view of the close proximity of the houses to instal individual septic tanks and soakaways. The same applies to other compact villages in the County where there are public water supplies but no sewerage facilities. The cost of providing sewerage schemes for these small communities is prohibitive even with the aid of a grant, and there is little prospect of providing schemes for these small places unless grants are substantially increased and a flat rate for drainage adopted.

#### Scavenging.

The number of Special Scavenging Districts in the County has been increased to 20 during the year by the formation of three new districts at Cullipool, Appin and North Connell-Benderloch. A contractor has still to be obtained for the collection of refuse in Cullipool and it has not been possible to make a collection in Appin owing to the difficulty of obtaining a site for a refuse dump. Scavenging in the North Connell district is carried out by a local contractor who has also provided a dump on his own ground.

Proposals for the formation of a Special Scavenging District for Taymuilt are also being considered but there has been some delay in finalising the scheme because of the difficulty of obtaining a site for a refuse dump.

The scheme proposed for the collection of refuse in the Mull of Kintyre and of which mention was made in my Annual Report for 1951 has advanced a stage further. An offer has now been received from the Burgh of Campbeltown for the collection of refuse from all the existing Special Districts in the area and also from the small communities lying in between which are not at present serviced. The cost of the extended scheme under the new offer will be approximately the same as the present combined costs of the existing Special Districts and it is to be hoped that the Burgh's offer will be accepted and the scheme put into operation at an early date.

The refuse collected at Innellan, Sandbank and Kilman is now removed to the refuse destructor in the Burgh of Dunoon.

#### Food Supply.

Inspections were made to all Butchers' and Fishmongers' shops in the Burghs and Landward area of the County at the request of the Health and Welfare Committee and a detailed report was made out for each shop. Altogether 68 Butchers' and 18 Fishmongers' shops were visited and the following is a brief report on the general conditions found as regards construction of premises, cleanliness, protection of foodstuffs from contamination etc.

Construction and Cleanliness. The majority of the shops in the Burghs, particularly the front shops, have been modernised and in some shops a very high standard of hygienic construction has been obtained with the provision of tiled walls, terrazzo floors and marble and terrazzo topped counters and display windows. In the Landward area the shops generally were not up to the standard obtained in the Burghs but some of the shops in the more populous villages compare with the best of the Burgh shops. In the poorer type of shop the walls were woodlined, floors and counters etc. were of wood and the only signs of modernisation were marble tops to the windows and counters. The construction in 6 shops in the Burghs and 11 shops in the Landward area was of a very poor standard.

The back shops were generally not up to the standard of the front shops and in many cases were congested and untidy due to the rather limited accommodation. The ventilation and natural lighting in some of the back premises were also not all that could be desired, but owing to site congestion it would be impossible in many cases to carry out improvements or extensions to the back shops.

The front shops both in the Burghs and Landward area were on the whole maintained in a clean condition and only in one shop were conditions really/



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really bad. The same could not be said for the back premises which were inclined to be untidy due mainly to inadequate storage space. The personal cleanliness of the shopkeepers and staff was good and all, with one exception were clean overalls.

Protection of Meat from Contamination. Fourteen shops were without cold stores or refrigerators and in five fishmongers' shops ice boxes only were in use. Where cold stores or refrigerators were installed the meat was usually placed in the cold stores overnight and only the meat required for the day's needs was brought out for hanging and display in the shops. Only one shop had a cold store large enough to hang whole beef carcasses. In the other shops the carcasses were usually hung and stored in the front shops where they were exposed to dust and to the touch and breath of customers. It was noted, however, that there is now less use made of the wall rails on the customers' side of the counter for hanging carcasses and joints but this may be due to rationing.

Fish was displayed in open windows and on tables in the shops where it was exposed to contamination from dust, flies and the breath of customers. In one shop, however, where fruit and vegetables were also sold, the fish was displayed in glass covered dishes.

Dual businesses were carried on in 19 shops - 12 grocer-butchers; 4 fruiterer-butchers; 1 butcher-fishmonger; 1 fruiterer-fishmonger and in one butcher's shop electrical equipment was sold and displayed in the window. The dual businesses were confined to separate sides of the shop, but in some instances, where conditions were cramped, articles connected with one side of the business overflowed into the other.

On the whole the fly nuisance was not serious and it was the common practice with the shopkeepers to spray their premises with an insecticide after the meat had been stored away for the night. The importance of keeping their premises as fly-free as possible was stressed with the shopkeepers.

Facilities for Washing and Sterilising Equipment. Twelve shops had no sinks installed and no water supply laid on to the premises. All the other shops had a sink and cold water tap at least, and 71 had also facilities for hot water but only in 45 shops were the hot water supplies adequate.

Sanitary accommodation. Forty-four shops with their own W.Cs., 29 sharing W.Cs. with other shops and houses and 13 with no sanitary conveniences. In 2 shops separate accommodation was provided for male and female employees.

Ablution facilities for Staff. Only 8 shops had separate wash-hand basins for the use of the staff. In the other shops the sinks used for shop purposes were also used by the staff for personal washing and 9 shops had no facilities.

Cloakroom Accommodation. No special provision was made for coats and hats and with few exceptions these articles were hung on hooks fitted up in the back shops.

Rat Proofing of Premises. No serious infestations were discovered but in some of the older type of shops there was evidence that rats had at some time or other invaded the premises. Complete reconstruction of these premises would be necessary to make them rat proof. The more new and modernised shops were adequately protected against the entry of rats.

The general impression gained was that most shopkeepers were desirous of having up-to-date premises and would take the opportunity to improve their shops whenever circumstances permitted.

The condition of other foodshops were noted during the course of sampling under the Food and Drugs (Adulteration) Act and on other official business. Visits were also made to various foodshops, hotel and restaurant kitchens during an official visit by Mr. A. Ritchie, Chief Food Hygiene Officer, Department of Health for Scotland.





Meat Inspection.

There are 4 public slaughterhouses in the County and 14 licensees of private slaughterhouses - 7 in Islay, 4 in Tiree and 1 each in Coll, Lismore and Lochaline, hold permits from the Ministry of Food to slaughter sheep. Detention work at the public slaughterhouses is carried out by the slaughterhouse managers and the Divisional Sanitary Inspectors attend at the private slaughterhouses, and as in previous years Local Veterinary Surgeons are appointed to act as Meat Inspectors.

One Certificate of Approval was issued in respect of premises used for the storage of meat in terms of the Public Health (Meat) Regulations (Scotland) 1932.

The following tabular statement shows the number of animals slaughtered and the weight of meat condemned at the public slaughterhouses:-

Campbeltown Public Slaughterhouse.

Class of Animal	Number of Animals			Weight (in lbs.) of condemned Meat and Offals
	Slaughtered	Wholly Condemned	Partially Condemned	
Cattle	759	19	No figures available	13472
Sheep	2951	22		1458
Calves	2693	5		270
Pigs	43	2		266
Totals	6446	48		15466

Dunoon Public Slaughterhouse.

Class of Animal	Number of Animals			Weight (in lbs.) of condemned Meat and Offals
	Slaughtered	Wholly Condemned	Partially Condemned	
Cattle	834	-	6	7062
Sheep	3217	6	-	690
Calves	80	-	-	-
Pigs	25	-	1	9
Totals	4156	6	7	7761

Oban Public Slaughterhouse

Class of Animal	Number of Animals			Weight (in lbs.) of condemned Meat and Offals
	Slaughtered	Wholly Condemned	Partially Condemned	
Cattle	978	15	20	15048
Sheep	5443	24	6	1874
Calves	493	5	1	351
Pigs	116	1	-	286
Totals	7030	45	27	17559

Slaughter/



# Table 1

This table shows the results of the experiment conducted on the 15th of March 1915. The data was collected from the following sources: the laboratory records, the field observations, and the data provided by the local residents. The results are presented in the following tables.

The first table shows the results of the laboratory experiments. The data was collected from the following sources: the laboratory records, the field observations, and the data provided by the local residents. The results are presented in the following tables.

The second table shows the results of the field observations. The data was collected from the following sources: the laboratory records, the field observations, and the data provided by the local residents. The results are presented in the following tables.

The third table shows the results of the data provided by the local residents. The data was collected from the following sources: the laboratory records, the field observations, and the data provided by the local residents. The results are presented in the following tables.

Time (hr.)	Temperature (°C)	Humidity (%)	Wind Speed (km/h)	Wind Direction
08:00	15.0	65.0	10.0	SE
09:00	16.0	68.0	12.0	SE
10:00	17.0	70.0	15.0	SE
11:00	18.0	72.0	18.0	SE
12:00	19.0	75.0	20.0	SE
13:00	20.0	78.0	22.0	SE
14:00	21.0	80.0	25.0	SE
15:00	22.0	82.0	28.0	SE
16:00	23.0	85.0	30.0	SE
17:00	24.0	88.0	32.0	SE
18:00	25.0	90.0	35.0	SE
19:00	26.0	92.0	38.0	SE
20:00	27.0	95.0	40.0	SE
21:00	28.0	98.0	42.0	SE
22:00	29.0	100.0	45.0	SE
23:00	30.0	100.0	48.0	SE
24:00	31.0	100.0	50.0	SE

Time (hr.)	Temperature (°C)	Humidity (%)	Wind Speed (km/h)	Wind Direction
08:00	15.0	65.0	10.0	SE
09:00	16.0	68.0	12.0	SE
10:00	17.0	70.0	15.0	SE
11:00	18.0	72.0	18.0	SE
12:00	19.0	75.0	20.0	SE
13:00	20.0	78.0	22.0	SE
14:00	21.0	80.0	25.0	SE
15:00	22.0	82.0	28.0	SE
16:00	23.0	85.0	30.0	SE
17:00	24.0	88.0	32.0	SE
18:00	25.0	90.0	35.0	SE
19:00	26.0	92.0	38.0	SE
20:00	27.0	95.0	40.0	SE
21:00	28.0	98.0	42.0	SE
22:00	29.0	100.0	45.0	SE
23:00	30.0	100.0	48.0	SE
24:00	31.0	100.0	50.0	SE

Time (hr.)	Temperature (°C)	Humidity (%)	Wind Speed (km/h)	Wind Direction
08:00	15.0	65.0	10.0	SE
09:00	16.0	68.0	12.0	SE
10:00	17.0	70.0	15.0	SE
11:00	18.0	72.0	18.0	SE
12:00	19.0	75.0	20.0	SE
13:00	20.0	78.0	22.0	SE
14:00	21.0	80.0	25.0	SE
15:00	22.0	82.0	28.0	SE
16:00	23.0	85.0	30.0	SE
17:00	24.0	88.0	32.0	SE
18:00	25.0	90.0	35.0	SE
19:00	26.0	92.0	38.0	SE
20:00	27.0	95.0	40.0	SE
21:00	28.0	98.0	42.0	SE
22:00	29.0	100.0	45.0	SE
23:00	30.0	100.0	48.0	SE
24:00	31.0	100.0	50.0	SE

Slaughter of Animals (Scotland) Act, 1928.

Twenty-one applications for renewal of slaughterers' licences were received during the year and all were granted.

Unsound Food.

The following table shows the type and weights of foodstuffs condemned during the course of inspections to food shops and on examination at the request of shopkeepers:-

Article	Weight				
	Tons	Cwts	Qrs.	lbs.	ozs.
Pieces of Ham			3	26	8
Tinned Ham		2	-	22	3
Tinned Meat	1	3	1	6	15
Fresh Meat		4	2	11	-
Tinned Sausage				3	10
Tinned Milk		3	2	26	8
Tinned Vegetables		4	1	8	9
Tinned Soups		2	1	5	-
Tinned Fish			3	15	8
Smoked Fish			2	21	8
Tomato Concentrate			1	4	-
Tinned Jam		1	-	5	4
Tinned Fruit		11	-	23	4
Tinned Fruit Juices		1	1	9	9
Cereals		1	-	21	-
Tea			1	21	-
Cheese		2	2	8	8
Sugar		5	2	-	-
Tinned Treacle				2	-
Tinned Syrup				1	-
Jar Honey				1	-
Jars Salad Cream				1	9
Jars Lemon Curd				10	4
Sandwich Spread				1	1
Bottles Sauce				4	-
Pkts. Mixed Nuts			3	-	-
Cake				1	-
Eggs (5 dozen)				7	8
Total	3	7	2	17	4





Food and Drugs (Adulteration) Act.

Fifteen formal and 89 informal samples were taken during the year and submitted to the County Analysts for examination and the following table shows the nature of the articles procured and the results of analyses:-

Articles Sampled	Informal		Formal		Totals
	Genuine	Not Genuine	Genuine	Not Genuine	
Blancmange	1	-	-	-	1
Coffee	2	-	-	-	2
Cornflour	2	-	-	-	2
Custard Powder	1	-	-	-	1
Cooking Fat	2	-	-	-	2
Dripping	1	-	-	-	1
Drinking Chocolate	1	-	-	-	1
Tinned Fruit	1	-	-	-	1
Fish Paste	1	-	-	-	1
Fruit Pudding	1	-	-	-	1
Boiled Gammon	1	-	-	-	1
Grapefruit Juice	3	-	-	-	3
Honey	2	-	-	-	2
Ice Cream	13	4	-	-	17
Icing Sugar	1	-	-	-	1
Jam	1	-	-	-	1
Marzipan	1	-	-	-	1
Milk	28	2	8	1	39
Mince	1	-	-	-	1
Meat Paste	1	-	-	-	1
Mincemeat	1	-	-	-	1
Oatmeal	1	-	-	-	1
Rum	1	-	-	-	1
Sausage	6	1	1	-	8
Sponge	1	-	-	-	1
Table Jelly	2	-	-	-	2
Tea	2	-	-	-	2
Tapioca	1	-	-	-	1
Vegetable Soup	1	-	-	-	1
Whisky	1	-	5	-	6
Totals	82	7	14	1	104

In addition to the samples of milk procured under the Food and Drugs Act, 626 samples of milk submitted for bacteriological examination were also examined for butter fat content and 9 or 1.4% were found to contain less than 3% butter fat. The lowest butter fat content was 2.81%.

The non-genuine formal sample of milk, taken in the course of delivery, was procured at the end of the year and was reported to the Procurator Fiscal. The vendors of the non-genuine informal samples were warned and further samples obtained from them were found satisfactory.

Public Health (Preservatives etc. in Food) Regulations.

Particulars of the samples taken under the above Regulations are included under "Food and Drugs". Inspections were also carried out in regard to the labelling of foodstuffs containing preservatives.

Milk and Dairies.

The number of registered dairy premises at the end of the year was as follows:-

Registered and Provisionally Registered Producers	-	429
Registered Milkshops and Retailers only	-	28





Forty-three registered producers were removed from the register and 9 new registrations were granted. The majority of the producers removed from the register were only retailing a few pints of milk occasionally to neighbours and to visitors during the summer months and the remainder had given up milk production. The new registrations were granted in respect of premises in Cowal - 1; Islay - 4; Kintyre - 1; South Lorn - 2 and North Lorn - 1. The estimated number of milk cows in registered and provisionally registered dairy byres was 8,500 and more than 90% of the dairy herds are Attested.

Three new dairies (dry) were registered during the year and one existing dairy was removed from the register on the dairyman giving up business. One of the new dairymen is installing a pasteurising plant with a view to obtaining a Pasteuriser's Licence. Three applications for the registration of milk vans and five applications for the sale of bottled milk only were granted.

The number of exempted premises was reduced to 65 as a result of a survey which disclosed that many of the exempted dairymen were only producing milk for their own use and calf rearing. The premises left on the list consist of hotels where milk is produced solely for hotel purposes, premises on the islands and in remote areas where milk is sold in small quantities to a few neighbours and employees and occasionally to visitors during the summer months.

The number of existing premises extensively reconstructed and brought up to modern standards during the year was 12 and the number of premises reconstructed in connection with new registrations was 11 including 3 milkshops. Minor structural improvements were also carried out at many other dairy farms.

The number of routine inspections of registered and exempted dairy farms and milkshops etc. carried out by the Divisional Sanitary Inspectors and Milk Officers, exclusive of visits in connection with sampling, was 915. This is a considerable reduction on the previous year's visits due mainly to the absence from duty of the Kintyre Milk Officer for fully five months of the year through ill-health.

The Kintyre Milk Officer tendered her resignation towards the end of the year but agreed to continue her services until a new appointment was made. It is essential that a Milk Officer should be re-appointed for Kintyre if adequate supervision of the dairy farms is to be maintained. There are 148 producers of Tuberculin Tested Milk and 81 non designated milk producers in the district and it would be utterly impossible for the Divisional Sanitary Inspector to cope with the work carried out by the Milk Officer in addition to his many other statutory duties, and his duties as Sanitary Inspector for the Burgh of Campbeltown.

#### School Milk.

Seventy samples of school milk were obtained by the Milk Officers during the year and submitted for bacteriological examination. The results were as follows:-

Type of Milk	No. Samples	No. Satisfactory	No. Unsatisfactory
Tuberculin Tested	47	38	9
Pasteurised	23	18	5
Totals	70	56	14

The milk fat content in all but one of the samples was above 3%. It is impossible to take samples of the milk supplied to the more remote schools for bacteriological examination because of the delay in getting the samples to the laboratory in Glasgow and in some instances the samples referred to above arrived/





arrived at the laboratory over 24 hours after the time of production. In Kintyre where there is an air service, the time table does not suit school milk sampling and the sampling of milk retailers' supplies. The samples have to be delivered at the Parcels Office in Campbeltown before 11 a.m. otherwise they miss the plane for that day and it is impossible to get samples from the landward schools to the Parcels Office by that time as the milk is not delivered to the schools until 10 a.m. or after.

Milk (Special Designations)(Scotland) Order, 1951.

Fourteen new Tuberculin Tested Milk Licences and one Certified Milk Licence were issued during the year and the number of licences in force at the end of the year was as follows:-

Designation	No. of Licences							Total Producers
	Dealers' Licences	Producers' Licences						
		Cowal	Islay	Kintyre	Mid-Argyll	North & South Lorn	Mull & Coll	
Certified	5	1	-	-	-	-	-	1
Tuberculin Tested	9	16	19	148	9	16	3	211
Standard	-	-	1	1	-	-	-	2
Pasteurised	5	-	-	1	-	1	-	2
Tuberculin Tested (Pasteurised)	7	-	-	-	-	-	-	-
Totals	26	17	20	150	9	17	3	216

The number of milk samples obtained from producers in the County and submitted for bacteriological examination was 373. This is a considerable drop in numbers compared with the previous year and was mainly due to the absence from duty of the Kintyre Milk Officer for nearly six months of the year due to ill-health. The results of the examination of the samples are given in the following table:-

Designation	No. Samples examined	Satisfactory	Unsatisfactory
Certified	2	2	-
Tuberculin Tested	327	241	86
Standard	1	1	-
Pasteurised	25	25	-
Tuberculin Tested (Pasteurised)	18	18	-
Totals	373	287	86

There was no case in which a producer's milk failed to pass the test on three consecutive occasions.

Samples of designated milks were also obtained from retailers' premises and submitted for bacteriological examination. Of the 42 samples taken 34 were Pasteurised milks and 8 were Tuberculin Tested milks. Eight of the Pasteurised milks and 2 of the Tuberculin Tested milks failed to comply with the required bacteriological standard.

One hundred and ten non-designated milk samples were examined bacteriologically/



The following table shows the results of the survey conducted in the year 1900. The results are given in the following table:

**TABLE I. - Results of the Survey.**

The following table shows the results of the survey conducted in the year 1900. The results are given in the following table:

Year	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	Total
Population	100	100	100	100	100	100	100	100	100	100	100	1200
Male	50	50	50	50	50	50	50	50	50	50	50	600
Female	50	50	50	50	50	50	50	50	50	50	50	600
Male	50	50	50	50	50	50	50	50	50	50	50	600
Female	50	50	50	50	50	50	50	50	50	50	50	600
Male	50	50	50	50	50	50	50	50	50	50	50	600
Female	50	50	50	50	50	50	50	50	50	50	50	600
Male	50	50	50	50	50	50	50	50	50	50	50	600
Female	50	50	50	50	50	50	50	50	50	50	50	600
Male	50	50	50	50	50	50	50	50	50	50	50	600
Female	50	50	50	50	50	50	50	50	50	50	50	600

The following table shows the results of the survey conducted in the year 1900. The results are given in the following table:

Year	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	Total
Population	100	100	100	100	100	100	100	100	100	100	100	1200
Male	50	50	50	50	50	50	50	50	50	50	50	600
Female	50	50	50	50	50	50	50	50	50	50	50	600
Male	50	50	50	50	50	50	50	50	50	50	50	600
Female	50	50	50	50	50	50	50	50	50	50	50	600
Male	50	50	50	50	50	50	50	50	50	50	50	600
Female	50	50	50	50	50	50	50	50	50	50	50	600
Male	50	50	50	50	50	50	50	50	50	50	50	600
Female	50	50	50	50	50	50	50	50	50	50	50	600
Male	50	50	50	50	50	50	50	50	50	50	50	600
Female	50	50	50	50	50	50	50	50	50	50	50	600

The following table shows the results of the survey conducted in the year 1900. The results are given in the following table:

The following table shows the results of the survey conducted in the year 1900. The results are given in the following table:

The following table shows the results of the survey conducted in the year 1900. The results are given in the following table:

bacteriologically and 76 or 69% complied with the standard for Tuberculin Tested Milk.

#### Ice Cream (Scotland) Regulations, 1948.

The position regarding premises and vehicles at the end of the year was as follows:-

	<u>Premises</u>	<u>Vehicles</u>
No. of Registrations granted in 1952	8	-
No. of Registrations cancelled in 1952	-	-
No. of Registrations in force at the end of 1952	29	2

Visits of inspection to the number of 79 were made to premises where ice cream is manufactured and/or sold and it was found necessary in five instances to bring to the notice of dealers certain irregularities which have since been rectified.

Samples of ice cream taken for chemical analysis are included under Food and Drugs. In addition 32 samples were procured for bacteriological examination and 11 were found to be unsatisfactory, 2 by reason of a high bacterial count, 5 by reason of B. Coli and 4 by reason of a high bacterial count and B. Coli. The unsatisfactory samples were obtained from 7 dealers who were notified of the results. Repeat samples were taken and in four cases it was necessary to take a second repeat sample before the desired improvement was obtained.

#### Factories Act.

There are 101 non-mechanical and 138 mechanical factories on the register and the number of visits of inspection carried out during the year under this heading was 37. Five written notices were sent to owners or occupiers in respect of the following unsatisfactory conditions - want of cleanliness - 2; unsuitable or defective sanitary conveniences - 2; and insufficient sanitary accommodation - 1.

#### Offensive Trades.

There are no offensive trades in the County other than the public slaughterhouses in Campbeltown, Dunoon, Islay and Oban and the private slaughterhouses and these are conducted in a satisfactory manner.

#### Housing.

The number of new houses erected by the Local Authority for general needs and occupied during the year was 92 comprising 42 of three apartments and 50 of four apartments (including 12 Agricultural Workers' houses) and the following table shows the number and types of Local Authority houses erected and occupied since 1939 to the end of 1952:-

Size of House	Type of Houses							
	Temporary	Traditional	Cruden	Orlit	Swedish	Miller	Blackburn	Totals
3 Apartments	299	46	-	-	-	20	20	385
4 Apartments	-	42	122	18	56	14	24	276
5 Apartments	-	-	-	8	-	-	-	8
Totals	299	88	122	26	56	34	44	669

The number of new houses erected and completed during the year by private persons was 9 comprising 5 of three apartments, 3 of four apartments and 1 of five/





five apartments. In addition 106 houses of four apartments and 2 houses of five apartments were completed by the Forestry Commission and 1 house of four apartments was completed by the North of Scotland Hydro-Electric Board.

The number of visits of inspection carried out in connection with the allocation of tenants for County Council houses was 554. The inspections were made to ascertain the housing conditions of the applicants and to allocate points to each applicant under the County Council's Points Scheme. Lists showing the applicants in order of priority in accordance with the Points Scheme were prepared and submitted to the District Committees for their information.

Numerous complaints received from persons regarding their housing conditions were also investigated. The houses concerned were mainly in the unfit category, lacking sanitary conveniences and in a general state of dilapidation, and nothing short of complete reconstruction at great expense would be required to make them fit for habitation. The rents of these old houses range from £2 to £10 per annum and many of the occupants cannot afford the rentals of new houses which are high in comparison, and they therefore do not apply for new houses when they are advertised. It would appear that these old unfit houses must remain until something can be done to provide the occupiers with other accommodation at a rent they can afford.

#### Housing (Scotland) Act, 1950 - Unfit Houses.

During the year 32 houses were represented to the County Council for Demolition or Closing Orders. Twenty-nine of the houses concerned were vacated by successful applicants for Council houses and the remaining three houses were vacant. After consideration it was agreed to serve Demolition Orders on 17 houses and Closing Orders on 11 houses, and to defer consideration on the remaining 4 houses in order to allow the owners time to submit proposals for the future use of the houses.

#### Housing (Scotland) Act, 1950 - Improvement Grants.

Thirty-five applications for "improvement" grants were received during the year and of these, 25 were approved, 5 were refused, 3 were withdrawn and consideration was continued in 2 cases to allow the applicants to submit amended proposals. Works were completed on 21 houses during the year and the total amount of grant money paid to the applicants was £5062.

The total number of applications received for grants since the commencement of the Act is 98, of which 71 have been approved, 16 refused, 9 withdrawn and 2 are still under consideration. Improvements have been completed at 26 houses and the amount of grant money paid relative to these is £6038. 3. 3d.

#### Housing (Agricultural Population)(Scotland) Act, 1938.

The two houses referred to in my Annual Report for 1951 were completed and occupied during the year. No new applications were received during the year.

#### Building Byelaws.

Applications received under the County Building Byelaws numbered 188 and the total number of visits of inspection carried out under the Byelaws including the smoke testing of drains was 286.

The following statement shows the number of new houses approved (excluding County Council houses), the nature of the works proposed to be carried out in respect of existing houses and buildings, and the number of houses involved.  
(Houses/



1. The number of votes of the members entitled to be considered with the  
allocation of seats for each district was 7. The number of  
votes for each district was 7. The number of votes for each district was 7.

The number of votes of the members entitled to be considered with the  
allocation of seats for each district was 7. The number of votes for each district was 7. The number of votes for each district was 7.

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allocation of seats for each district was 7. The number of votes for each district was 7. The number of votes for each district was 7.

#### House of Representatives, 1911-1912

During the year 1911 the House of Representatives was organized as the House of Representatives for the year 1911. The House of Representatives was organized as the House of Representatives for the year 1911.

#### House of Representatives, 1912-1913

During the year 1912 the House of Representatives was organized as the House of Representatives for the year 1912. The House of Representatives was organized as the House of Representatives for the year 1912.

The House of Representatives was organized as the House of Representatives for the year 1913. The House of Representatives was organized as the House of Representatives for the year 1913.

#### House of Representatives, 1913-1914

The House of Representatives was organized as the House of Representatives for the year 1914. The House of Representatives was organized as the House of Representatives for the year 1914.

#### House of Representatives, 1914-1915

The House of Representatives was organized as the House of Representatives for the year 1915. The House of Representatives was organized as the House of Representatives for the year 1915.

The House of Representatives was organized as the House of Representatives for the year 1916. The House of Representatives was organized as the House of Representatives for the year 1916.

(Continued)

(Houses improved with the aid of a grant under the Housing (Scotland) Act, 1950 included):-

Nature of Building	Number of Houses				Totals
	3 Apts.	4 Apts.	5 Apts.	Over 5 Apts.	
<u>New Houses -</u>					
Private Persons ... ..	6	20	3	2	31
Forestry Commission ...	-	2	-	-	2
Department of Agriculture	-	1	1	-	2
Hydro-Electric Board ...	-	1	1	-	2
Conversion of house to 2 houses	1	1	-	-	2
Conversion of house to 6 houses	4	2	-	-	6
Conversion of building to house	-	-	1	-	1
Conversion of shop to house	-	1	-	-	1
Provision of sanitary improvements (Dwelling houses) ... ..	-	-	-	-	51
Provision of sanitary improvements and additions to Dwelling houses..	-	-	-	-	50
Provision of additions only (bedrooms, kitchens etc.)	-	-	-	-	9
Other works to dwelling houses	-	-	-	-	3
New Hostel for Workmen ...	-	-	-	-	1
New Public Halls ... ..	-	-	-	-	2
Alterations including sanitary improvements to public buildings and business premises ... ..	-	-	-	-	22

#### Tents, Vans and Sheds etc.

Visits of inspection were made to the various workmen's camps, Forestry Commission Hostels and Timber Workers' huts throughout the County. Altogether 51 visits of inspection were made and conditions generally were found to be reasonably good both in regard to the accommodation provided and the standard of cleanliness maintained. Suitable sanitary accommodation was provided at three timber workers' camps where the facilities were found to be inadequate.

The only large camping site in the County where tents and caravans are permitted has W.C. accommodation provided for males and females, a water supply laid on to stand-pipes and arrangements made for the disposal of refuse.

#### Prevention of Damage by Pests Act, 1949.

At the end of 1951 the remaining Rodent Operator employed by the County Council resigned and it was decided not to make any new appointments. Throughout the year the work was carried on by the Sanitary Inspectors but their duties were mainly confined to investigating complaints of infestations and the survey of food shops.

Direct action however was taken by the Sanitary Inspectors at two refuse dumps controlled by the Local Authority. The dump at Innellan, which was discontinued when the refuse was removed to Dunoon, was treated with Sorex 5 bait containing 5% Warfarin. Excellent results were obtained and it was estimated that several hundreds of rats were destroyed. Gassing was carried out at the Kinlochleven dump and although only 4 rats were seen there would be many more destroyed in their burrows. Similar treatment was carried out at the Inveraray Burgh refuse dump and while few rats were seen it is possible that the number of rats gassed in their burrows would be considerable.

Fourteen complaints of infestation were received and these were investigated and/





and the occupiers advised regarding treatment. The total number of visits of inspection carried out was 122 and the premises concerned were - 16 dwelling-houses, 98 business premises, 3 agricultural subjects and 5 refuse dumps. Excluding the refuse dumps the number of premises found to be infested was 8 dwellinghouses, 4 business premises and 3 agricultural properties. Successful clearances were obtained at 11 of the infested premises and the total estimated kill at all premises excluding the refuse dumps was 420 rats.

Six inspections were carried out under the Prevention of Damage by Pests (Application to Shipping) Order, 1951 and in each case treatment was found unnecessary.

#### Fertilisers and Feeding Stuffs Act, 1926.

No samples were procured during the year and there were no requests from purchasers to take samples of fertilisers or feeding stuffs for analysis.

#### Infectious Diseases.

Visits of enquiry and for the disinfection of houses were carried out in connection with 163 cases of infectious disease as follows - Scarlet Fever - 93; Tuberculosis - 68; Erysipelas - 4; Cerebro Spinal Fever - 1; Typhoid Fever - 1 and Para-Typhoid B - 1.

#### Nuisances.

Thirty-seven intimations of nuisance were served during the year and the total number of inspections carried out was 124. Many of the nuisances were discovered during the course of routine district inspections.

#### Burial Grounds.

Extensions were approved for the burial grounds at Kilnaughton, Islay; Southend and Puthan, Kintyre; and Kilchattan, Jura and requests for extensions at Southhall, Colintrave; and Kirkapol, Tiree, are under consideration. A new burial ground was recommended for Keills, Jura and the provision of a site for a new burial ground at Fionnphort, Mull is being investigated. The closure of the old burial ground at Kilmalieu, Inveraray was recommended and it was agreed that the necessary steps should be taken to have the old part of the ground closed for further interments.

The cemetery at Killevin, Crarae was taken over by the County Council by request and there are now few burial grounds in the County which are not under the care of the Local Authority.

One burial was undertaken at the cost of the Local Authority in terms of Section 69 of the Public Health (Scotland) Act, 1897.





