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COUNTY COUNCIL OF BERWICK.



ANNUAL REPORT

ON THE

Health and Sanitary Condition
of the County

BY

ANDREW A. MCWHAN,

M.B., B.Sc., D.P.H.,

MEDICAL OFFICER OF HEALTH,

YEAR 1930.

DUNS :

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*To the Department of Health for Scotland and to
the County Council of Berwick.*

My Lords and Gentlemen,

In conformity with the requirements of the Local Government (Scotland) Act, 1889, Section 53, the Public Health (Scotland) Act, 1897, Section 15, and the Regulations of the Scottish Department of Health, I have the honour to submit to you my Report on the Health, Vital Statistics, and General Sanitary Conditions of the County of Berwick for the year 1930.

I am,

My Lords and Gentlemen,

Your obedient servant,

ANDREW A. McWHAN.

County Offices,

Duns,

23rd September, 1931.

Annual Report by Medical Officer of Health.

In the year 1925, I submitted a special report upon the complexities and intricacies of public health administration.

I pointed out that in a period of little over ten years, of which four had to be deducted on account of the war, the Public Health Department had progressed with extreme rapidity from dealing with little more than water supplies, drains and sewers to an organisation embracing functions that ten years before were not even thought of. From a staff consisting of a Medical Officer and a Sanitary Inspector it had evolved into a complicated organisation embracing, in addition, Veterinary Surgeons, Health Visitors, Nurses, and Medical Specialists, whilst its functions had extended from purely environmental sanitation to the provision of medical services, which previously did not exist or for some reason were unavailable to the inhabitants of this County.

For instance, I quote from my school report published in July, 1922 :—

“ For the three years which elapsed between the inception of the scheme and the outbreak of the Great War, this scheme of medical inspection was carried out, and 483 children altogether were intimated to their parents as requiring medical attention for some defect or defects, and out of these 483 children, personal inquiries showed that 209 received some measure of attention, although, in the great majority of cases, it was insufficient to put the child completely right.

“ These 483 cases, moreover, did not constitute the sum total of disease noted. Nine out of every ten children had mouths with teeth more or less badly decayed. The condition was so prevalent that, with the total absence of facilities for treatment, practically no children were intimated to their parents on account of bad teeth, except 18, whose position in life was such that I thought attention would be paid to the notice, but even out of those 18, only six children received any measure of dental treatment. 206 children were intimated for eye-sight during these three years. Of that number, 77 were taken to a doctor or an optician, but only a very few could be said to be satisfactorily dealt with. In the case of discharging ears, a complaint in which the seriousness of the condition is rivalled by its objectionableness in school, 18 children were notified as requiring attention, of whom only nine received attention, and out of the 18, not one child was cured.”

These figures for a period as recent as 1911-14 may be contrasted with the figures given in my last school report when—*inter alia*—I stated that 92 children had been examined and treated by the Oculist; 203 children by the Aural Surgeon, of whom 91 were operated on in the Royal Infirmary, Edinburgh, alone; and 372 children dentally treated by the Dental Surgeon.

The attention to school children is only one of the many ways in which the most highly skilled medical services have been available.

It will do no harm to bring to recollection that before the war there was practically no sanatorium accommodation for cases of tuberculosis. There were no arrangements by which complicated infectious cases could receive any treatment out of the ordinary, and the resources of Edinburgh hospitals, freely at the disposal of those who stayed in or near Edinburgh, were practically out of the question in this county so far as mothers and young children were concerned.

What has been accomplished in the few intervening years for the people of Berwickshire needs now no description. Summaries of the work done will be found in later pages of this book. The cost of these preventive medical schemes has been, in comparison with other costs, insignificant. The estimated expenditure for the current year shows these preventive public health costs to be rather less than 5 per cent. of the Council's total expenditure, but the return it gives in health and happiness to large numbers of the people who benefit cannot be estimated.

Nor are the health activities confined to the provision of medical services alone. Housing and Veterinary services may be instanced.

In housing, up to the present moment 32 houses have been built by Local Authorities in the Landward area of the County; subsidies have been granted in the case of 56 houses built by private enterprise; while under the Scottish Rural Workers Act, subsidies have been granted for the reconstruction of no fewer than 658 houses.

In the case of bone, joint and abdominal tuberculosis it is foolish to build most expensive surgical hospitals for children when the disease could be and should be entirely prevented by a pure milk supply. It is better and a long way cheaper to pay for veterinary and dairy inspections to that end, than to have surgeons to deal with the results of tuberculosis infection by milk.

While health duties laid upon Local Authorities had been increasing day by day, the administrative machinery had been left unchanged. While the educational work of the County was centred under one authority, in the case of public health no fewer than 58 committees in a county of less than 30,000 inhabitants had some say, while the Medical Officer's staff was provided by no fewer than ten different committees and only three were directly responsible to himself.

Under the Local Government (Scotland) Act, 1929, two sweeping reforms have been introduced.

In the first place, all functions relating to health, whether these be sanitary, veterinary, medical, hospital, or nursing, are now concentrated in the hands of the County Council. The only exceptions are that in the case of the smaller burghs; such items as water supplies, drainage and sewerage are still left to them. All major matters are now in the hands of the Council who can deal with them for the entire County, and a small burgh does not now require to concern itself over such matters as the provision of accommodation for venereal disease or maternity cases.

Another sweeping change has been the abolition of divided responsibility.

Under paragraph 11 of the Administrative Scheme—

“The Medical Officer of Health shall be the administrative head of the Public Health Department and Chief Administrative Officer of the Council’s Sanitary, Veterinary, and Medical Departments, under the control and supervision of the Committee and the Council. The Committee shall draw up and submit to the Council for approval, a statement of the duties of the Medical Officer of Health, including his relationship to the other officers in the Public Health Department and of the conditions of his appointment.”

That is to say that the County of Berwick has now one administrative Council dealing with all matters of health, and one person responsible for the effectiveness of all measures undertaken by that Council.

The change over from the old to the new was made on 16th May, 1930, and, since then, the operation of the Act, so far as health functions are concerned, have worked, not without difficulty, but on the whole smoothly.

The difficulties met now are not due to diversities of Committees or to divided official responsibility but to the difficulty in overtaking the amount of new work which has been thrust on a Department originally intended only for certain defined medical services, more particularly when, at the same time, new schemes have to be elaborated and old schemes revised.

Gordon Hospital, housing, veterinary inspections, vaccination, medical relief, lunacy and mental deficiency were previously little or no concern of the former County Public Health Department. Fortunately, during the year, the 32 Inspectors of Poor were continued in office and, as a result, the Department was not entirely overwhelmed, but that new work was only overtaken partly at the expense of the original services.

That is a matter of regret, as these services are the primary services in the county, and whatever new work does come in, they are too important to be permitted to suffer.

It is of interest in this connection to note that, in the year 1914, the Medical Officer was responsible for hardly any expenditure at all; he was solely an inspecting and technical official, whereas now the public health estimate for the current year amounts to £10,850, and with housing and what has been taken over from the Parish Councils, it comes to £24,885, or nearly 11 per cent. of the Council’s expenditure.

To one side of the public health department’s work special attention must be directed. On page 43 of my report for the year 1928, I stated that previous to the year 1920 only a mere handful of patients were treated at the instance of the County Council and these only fever cases;

in 1925 this figure had risen to 524, and in 1928 to 1,137. These figures do not include any of the cases which will be taken over from the late Parish Councils.

For the year in question no fewer than 301 patients were sent to hospital alone, and that figure does not convey any adequate conception of the time involved of the office and nursing staff, either in making the necessary arrangements or in escorting, as in the case of one disease alone, although only 17 patients were treated, no fewer than 136 visits were paid by them to Edinburgh.

The increasing number of hospital cases also raises another point in that practically all those are cases for medical services that could only be rendered by hospitals which only towns or, at any rate, a district with a large population could supply. Edinburgh is, in fact, more than ever the medical centre for a wide surrounding area, and this dependence on Edinburgh will grow with the increasing participation of Local Authorities in medical work, involving costly special hospitals and special services.

With a view to the regional use of such hospitals and such services the Department of Health convened a meeting of representatives of various Local Authorities and their Medical Officers, which proposed that Regional Technical Committees, consisting of the Conveners of Public Health Committees and the Medical Officers of Health, should be set up for the purpose of consultation prior to the preparation and submission of schemes in connection with all matters pertaining to public health services.

The Public Health Committee agreed to the formation of such a Committee, which has now been constituted of representatives from County Councils in the south east of Scotland, from Fife in the north to Roxburgh in the south, and the Town Council of the City of Edinburgh.

That Committee has had several meetings, and it is obvious that, in the future, it will play an important part in connection with the regional provision and use of these special hospitals and services.

ARRANGEMENT OF REPORT.

The Local Government (Scotland) Act did not come into operation until 16th May, 1930, and, consequently, there should have been as usual a series of sectional reports for each of the areas involved up to 15th May, and another report for the whole County from the 16th May, to the end of 1930.

The Department of Health, however, has asked for a report for the entire year on the services transferred from small burghs to County Councils. Consequently, schemes are presented as a whole which were formerly divided up between the various District Committees

and Town Councils. It should, therefore, be a more readable document, and it should have additional interest in that now the County Council is the health authority for the County, reports on all matters relating to health, formerly under District Committees, Town Councils, Parish Councils and Education Authority are now combined in one report.

VITAL STATISTICS.

AREA.—The area of Berwickshire, exclusive of the Burghs, is 291,732 acres. East District, 78,043 acres ; Middle District, 109,108 acres ; West District, 104,581 acres. The acreage of the Burghs is 803 ; so that the total acreage of the County is 292,535 acres, or 457.08 square miles.

POPULATION.—The population of the County, as estimated by the Registrar-General to the middle of 1930, was 26,631. The census taken on 26th April, 1931, showed it then to be 26,601 ; 20,721 for the Landward area, and 5,880 for the Burghs. The average density of population for the entire County is, therefore, .084 persons to the acre, or 58.2 to the square mile.

BIRTHS AND BIRTH RATE.—In the Districts and Burghs, the number of births registered, corrected for transfers, and birth rates corrected for transfers were as follows :—

	Total Births Registered.	Notified under Births Notification Act.	Births corrected for Transfers.	Birth rate corrected for Transfers per 1,000 of estimated population.	Illegitimate Births corrected for Transfers.	Illegitimate Birth rate per 100 total births corrected.
East District ...	105	80	112	13.3	12	10.7
Middle District ...	107	22	112	15.7	10	9.8
West District ...	81	9	83	16.4	8	12.0
Coldstream Burgh	18	6	20	16.6	4	20.0
Duns Burgh ...	30	—	31	18.2	2	6.5
Eyemouth Burgh	36	27	42	17.3	4	9.5
Lauder Burgh ...	2	1	3	4.3	—	0.0
County, Burghal and Landward ...	379	145	403	15.1	40	9.9

These rates show a corrected birth rate for the County of 15.1 per 1,000, as compared with 19.3 for all Scotland ; and an illegitimate percentage of 9.9, as compared with 7.3.

MARRIAGES.—The number of marriages and the marriage rate were as follows :—

	Number.	Rate per 1,000.
East District	47	5.6
Middle District	35	4.9
West District	28	5.5
Coldstream Burgh	7	5.8
Duns Burgh	15	8.8
Eyemouth Burgh	12	4.9
Lauder Burgh	5	7.1
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County, Burghal and Landward ...	149	5.6

The marriage rate for Scotland in 1930 was 6.8 per 1,000.

DEATHS.—

	Deaths Registered.	Deaths corrected for Transfers.	Death rate corrected for Transfers.	Death rates corrected for Transfers and adjusted for age and sex distribution.
East District	101	118	14.1	11.7
Middle District	86	106	14.9	12.3
West District	64	76	15.0	13.1
Coldstream Burgh	23	24	19.9	14.9
Duns Burgh	35	30	17.6	12.5
Eyemouth Burgh	19	26	10.7	10.1
Lauder Burgh	8	9	12.8	9.4
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County, Burghal and Landward	336	389	14.6	12.0

The death rate for Scotland was 13.2 per 1,000.

CAUSES OF DEATH.—The following table is a general summary of deaths registered in the County, corrected for transfers, showing ages at death :—

Causes of Death.	All Ages.			Age Groups.											
	Both Sexes	M.	F.	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	80-
Measles	2	2	—	—	—	1	—	1	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza	5	3	2	—	—	—	—	1	1	1	—	—	2	—	—
Encephalitis Lethargica	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Cerebro Spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Epidemic Diseases	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—
Tuberculosis of Respiratory System	12	7	5	—	1	—	—	4	2	1	1	1	2	—	—
Tuberculous Meningitis	4	1	3	—	1	—	—	3	—	—	—	—	—	—	—
Other Tuberculous Diseases	2	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Malignant Tumours	56	25	31	—	—	—	—	—	—	4	5	12	19	15	1
Rheumatic Fever	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—
Apoplexy	63	25	38	1	—	—	—	1	1	2	2	8	23	20	5
Heart Diseases	59	29	30	—	—	—	—	—	—	1	5	13	23	16	1
Diseases of Arteries	8	5	3	—	—	—	—	—	—	—	—	5	1	2	—
Bronchitis	17	5	12	—	—	—	—	—	—	1	—	1	5	9	1
Pneumonia (all forms)	26	22	4	2	1	—	—	2	2	2	—	3	6	6	2
Other Diseases of Respiratory System	5	2	3	—	—	—	—	—	—	—	1	2	1	1	—
Diarrhoea and Enteritis (under 2 years)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Appendicitis	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—
All Diseases of Liver (not malignant)	3	2	1	—	—	—	—	—	—	—	1	—	1	—	1
Nephritis (Acute and Chronic)	13	8	5	—	—	—	—	—	—	—	1	4	4	2	2
Puerperal Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Dis. and Acc. of Preg. and Parturition	2	—	2	—	—	—	—	—	2	—	—	—	—	—	—
Dis. of Early Infancy and Malformations	17	11	6	16	1	—	—	—	—	—	—	—	—	—	—
Suicide	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—
Other Violent Deaths	7	3	4	—	—	—	2	—	1	1	1	1	1	—	—
Other Defined Diseases	76	33	43	2	1	—	—	1	1	5	6	10	22	22	6
Causes ill-defined or unknown	7	6	1	—	—	—	—	—	—	—	—	1	4	2	—
	389	192	197	21	7	1	2	14	10	18	24	63	115	95	19

This table shows—*inter alia*—that out of every 100 deaths, 5.39 were under one year of age; 1.79 were between one and five years; while 58.86 were over 65 years. The corresponding figures for Scotland were 12.21, 5.32, and 41.67. This county's greater death rate over 65 years of age indicates that there is a much larger proportion of inhabitants over that age in the county than in Scotland generally. Of the 389 deaths, diseases of the heart and blood vessels came first, accounting for 130 deaths; deaths from malignant disease—cancer, etc.,—came second with 56 deaths; while infections came third with 53 deaths.

INFANTILE MORTALITY.—Deaths under one year numbered 21, and are classified according to age-group and cause of death as follows :—

	Under 1 week.	1 week and under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	Total Cases.
Pneumonia, all forms ...	-	-	-	-	1	1
Other respiratory diseases	-	-	-	-	1	1
Debility	-	5	-	-	-	5
Premature birth	8	-	-	-	-	8
Other defined diseases ...	3	-	1	2	-	6
	11	5	1	2	2	21

INFECTIOUS DISEASE.

No special remarks fall to be made.

The following table shows a summary of the cases of infectious diseases notified. The figures refer to the entire County :—

Typhoid or Enteric Fever	3
Typhus Fever	0
Smallpox (suspected)	0
Scarlet Fever	64
Diphtheria	15
Erysipelas	4
Puerperal Fever	4
Puerperal Pyrexia	1
Cholera	0
Relapsing Fever	0
Continued Fever	0
Cerebro Spinal Fever	0
Ophthalmia Neonatorum	3
Tuberculosis	62
Malaria	0
Pneumonia—	
Acute Primary	13
Influenzal	3
Chickenpox	27
Encephalitis Lethargica	3
Anthrax	0
Poliomyelitis	1
Jaundice	0
	203
Cases removed to Hospital	107

Arrangements are in force for the repayment of the cost of diphtheria anti-toxin used by practitioners, but in practice immediate admission to Gordon Hospital is preferable. Diphtheria anti-toxin does not keep well for any length of time and no practitioner could be expected to keep a supply of anti-toxin on the off-chance of being refunded the cost of a single administration.

There are no arrangements for routine Schick or Dick testing or artificial immunisation in the case of scarlet fever or diphtheria.

The cases treated in Gordon Hospital during the year were as follows :—

	In Hospital at midnight on 31st Dec., 1929.	Admitted during year 1930.	Cases treated during 1930.	Bed patient days 1930.
Scarlet Fever	11	48	59	2708
Diphtheria	9	15	24	564
Typhoid	—	3	3	239
Influenzal Pneumonia	—	2	2	23
Whooping Cough	—	1	1	20
Tuberculosis—Pulmonary ...	4	12	16	1556
Non-pulmonary	—	6	6	372
Impetigo	1	4	5	132
	25	91	116	5614

Note.—The day of admission and the day of discharge are counted as one day.

In addition to the bed-patient days for 1930 for Gordon Hospital, 70 bed-patient days were also paid for at the City Fever Hospital, Edinburgh; 75 bed-patient days were put in at Berwick-on-Tweed Infectious Diseases Hospital; 46 bed-patient days at Haddington, and 155 bed-patient days at Pilton Hospital, Leith.

SCHOOL CLOSURE.

The only closure during the year was the closure for a single week of the Infant Department of Gordon School.

LIST OF HOSPITALS AVAILABLE.

The following are the hospitals available for the inhabitants of Berwickshire. They are either provided by the Council or by voluntary effort :—

COUNTY COUNCIL HOSPITALS.

- (a) Gordon Hospital is owned and controlled by the Council directly. It is situated in the western district of the county and has accommodation for 27 beds, of which nine are reserved for tuberculosis cases.
- (b) East Fortune Sanatorium is managed by a Joint Committee, consisting of representatives of the County Councils of West, Mid, and East Lothian, Peebles, Selkirk, Roxburgh, and Berwick. Berwickshire has 16 beds, of which six are allocated for men, five for women, and five for children.
- (c) Melrose Asylum is managed by a Joint Committee of representatives of the County Councils of Berwick, Roxburgh, and Selkirk. It is under obligation to take all mental cases sent to it.
- (d) The Border Smallpox Hospital is owned and managed by a Joint Committee of Berwick and Roxburgh Councils. It is situated in Smailholm parish, Roxburgh, and has accommodation for eight beds.
- (e) Poor Law sick cases have up to now been sent to the Poor-houses at East Linton, Kelso, Galashiels, and Dalkeith.

VOLUNTARY HOSPITALS WITHIN COUNTY.

- (a) Coldstream Hospital is managed by managers elected by subscribers, and may be considered as a general hospital for the treatment of medical and surgical cases in the Coldstream area of the County. It has 15 beds.
- (b) Whitcheater Hospital, Duns, has seven beds, and is owned and managed privately.

VOLUNTARY HOSPITALS OUTWITH THE COUNTY.

The principal voluntary hospitals serving Berwickshire are in Edinburgh, and include :—

- (a) The Royal Infirmary.
- (b) The Royal Hospital for Sick Children.
- (c) The Royal Maternity Hospital.

The County Council has an agreement with the Royal Maternity Hospital whereby flat rates of £4 4s. and £5 5s., are paid per cases admitted under the maternity service scheme. No fees are paid to or charges made by the Royal Infirmary or Sick Children's Hospital, even for cases sent under schemes of the Council.

REVIEW OF HOSPITAL POSITION.

The tendency of medical and surgical treatment to be carried out in hospital and not in the home has been marked throughout the country generally, and particularly so in this County. Now that the Council has a definite responsibility for hospital provision, it is necessary that some idea of the total numbers treated in hospital should be ascertained, but there are no means of doing this except in connection with particular schemes or particular hospitals. For the year in question the number of cases sent to hospital under the Council's schemes alone is as follows :—

MATERNITY SERVICE AND CHILD WELFARE.

Pilton Hospital, Leith	...	...	...	...	...	4
Royal Hospital for Sick Children, Edinburgh	...	...	...	...	...	3
Royal Infirmary, Edinburgh	...	...	...	...	...	3
Royal Maternity Hospital, Edinburgh	...	...	...	...	...	8
City Fever Hospital, Edinburgh	...	...	...	...	...	3
						— 21

TUBERCULOSIS.

Gordon Hospital	...	...	...	...	...	16
Hairmyres Colony	...	...	...	...	...	2
East Fortune Sanatorium	...	...	...	...	...	46
						— 64

INFECTIOUS DISEASE.

Gordon Hospital	...	...	...	...	...	73
Berwick Fever Hospital	...	...	...	...	...	2
Haddington Hospital	...	...	...	...	...	1
City Fever Hospital, Edinburgh	...	...	...	...	...	4
						— 80

EDUCATION.

Royal Infirmary, Edinburgh	...	...	...	...	...	98
Royal Hospital for Sick Children, Edinburgh	...	...	...	...	...	10
Gordon Hospital	...	...	...	...	...	1
						— 109

VENEREAL DISEASE.

136 visits paid by 17 patients to various hospitals in Edinburgh	...	...	...	...	...	17
						— 17

POOR LAW.*

Melrose	...	...	...	...	...	4
Kelso	...	...	...	...	...	6
						— 10

301

* These numbers only refer to cases escorted by Health Department Nurses.

For the previous year 1929, 122 cases were nursed in Gordon Hospital; 48 at East Fortune Sanatorium and other tuberculosis institutions; 81 cases were sent to Edinburgh hospitals under the maternity service, child welfare, and education schemes; while approximately 100 were treated in Melrose Asylum, 166 in Coldstream Cottage Hospital, and 100 in Whitcheater Hospital, Duns; or 617 cases in all. That number does not include sick poor cases or cases sent privately.

Recently a paragraph in a local newspaper stated that for 1930 no fewer than 384 cases were treated in the wards of the Royal Infirmary, Edinburgh. Out of that number, 101 were sent to the Royal Infirmary under County Council schemes, so it is obvious that the actual total must very considerably exceed 617.

Responsibility for hospital provision is a very recent acquisition of the County Council. Responsibility at first limited to provision for scarlet fever, diphtheria, and typhoid, was first extended by the increase in the number of diseases made notifiable; and next by the erection of the tuberculosis block at Gordon Hospital, and by their participation, with six other counties in the south eastern area of Scotland, in East Fortune Sanatorium.

The inception of the maternity service and child welfare committee then brought the Council into touch with the Royal Maternity Hospital of Edinburgh for maternity cases, the City Fever Hospital for puerperal fever cases, Pilton Hospital for ophthalmia neonatorum, the Royal Hospital for Sick Children for children generally, and the Royal Infirmary for both mothers and children; while under the education scheme the majority of children operated on were patients in the Royal Infirmary.

Under the poor law scheme transferred this year to the County Council, the Council now comes into relation with Melrose Asylum and with general and specialized hospitals within and without the County. That is to say, the County Council is now, for the first time, responsible for a hospital policy in its widest sense.

Under Section 27, it is competent for the County Council to submit a scheme for the approval of the Department of Health for the re-organisation of the hospital facilities at the disposal of the County with a view to the provision of treatment for sick persons residing within their area.

While this section is at the present moment permissive, in all probability it will prove but a step towards a definite hospital scheme on the part of the County Council.

Up to 16th May, 1930, hospital treatment was provided only:

- (a) in the case of certain specific diseases, or
- (b) in the case of certain specified age groups.

In the former class, treatment was provided for infectious cases such as tuberculosis but not for a disease such as cancer. Anyone unfortunate enough to contract tuberculosis found himself at no expense for treatment, whereas if he were afflicted with cancer he was left to his own financial resources, scanty though these might be.

Under the latter class (para. *b*), treatment in hospital is provided for expectant or nursing mothers, for children attending school and for children under school age, but the moment a child leaves school he is not entitled to any medical services until he becomes insured.

Under the operation of the Local Government Act, the County Council now finds itself with the responsibility of providing medical and hospital treatment for another class of the community—a social grade this time—viz., those who come under the operation of the Poor Law and under the Council's scheme, relief will not now be given through the medium of the Poor Law when it can be given under the maternity and child welfare, education, and certain other schemes. Medical relief will undoubtedly cover a greater proportion of the population than is at present on the Poor Roll. Numbers who urgently require medical or hospital treatment are not necessarily paupers, and the Council will find itself in a position of increasing difficulty in drawing the line between paupers who are unable to provide anything for themselves and receive medical or surgical treatment as a right; and those, who not being paupers, are almost equally unable to obtain the necessary treatment without assistance.

The hospital provision which exists at present—between hospitals owned by, or partly by, the Council and voluntary hospitals—is, on the whole, adequate, but more isolation accommodation is required at Gordon Hospital. Owing to the out-of-date construction of this hospital, it is quite possible for the hospital to be full with six cases if they are of different infections. The addition of a cubicle block would remedy this.

The new hospital for crippled children presently in course of erection at Edinburgh, will also meet a felt want.

Further accommodation is also required for general medical or surgical cases, whether poor law or otherwise, as the admission of any but the most urgent cases to the Royal Infirmary is a matter of difficulty. Another difficulty lies in the distance of the greater part of Berwickshire from these Edinburgh hospitals, and the absence of good travelling facilities except in the extreme west and extreme east of the County.

As regards the question of payment for these cases, all cases sent to Local Authority owned or managed institutions are paid for by the Council. In the case of the Maternity Hospital, a flat rate is charged for patients sent in under the maternity service scheme, but in the case

of voluntary hospitals, such as the Royal Infirmary or the Royal Hospital for Sick Children of Edinburgh, no payment is asked for.

The same newspaper paragraph that has already been quoted stated that the 384 cases from this County treated in 1930 in the wards of the Royal Infirmary, cost not less than £2,973, while subscriptions from all sources in Berwickshire amounted to £1,717, so that, on the whole, Berwickshire fell short by £1,256 of being entirely self supporting in respect of patients treated. Out of these 384 patients, county schemes apparently account for 101 of them, and for these certainly nothing was paid.

It would only seem reasonable that when Council cases are treated in voluntary hospitals under Council schemes, the cost of treatment at least should be paid.

AMBULANCE FACILITIES.

- (a) A motor ambulance, owned by the Council, is stationed at Gordon Hospital and used primarily for the transport of tuberculosis or infectious cases.
- (b) So far as the transport of the non-infectious and accident cases is concerned, the Council formerly had two ambulances, and these were used indiscriminately for infectious, non-infectious, or accident cases. With the loss of the second ambulance by fire, and the recent rapid increase in the number of cases transported, the one ambulance would not now be sufficient, and accordingly, for non-infectious cases, particularly in cases at some distance from Gordon, private cars are employed, although the ambulance is still sent, if it is considered necessary and if it is available.

OUT-PATIENT DEPARTMENTS.

No Out-patient Departments are provided in any of the Council's schemes. Any case for whom special advice is required is either sent to one of the medical specialists or to the Out-patient Department of an Edinburgh hospital.

ARRANGEMENTS FOR MEDICAL CARE AND NURSING OF THE SICK POOR.

This forms an entirely new section of the annual report.

A statement of the arrangements (institutional and domiciliary) is to be given, including a note of any alterations made in these arrangements since the transfer of functions under the Local Government (Scotland) Act, 1929, or now in contemplation.

Under Parish Council control each parish had either a medical practitioner acting as Parish Medical Officer, or had arrangements for the services of a medical practitioner when necessary. For the transfer to County Council control, however, it was not considered

possible to transfer these services *en bloc* as from 16th May, 1930, and accordingly the arrangements by which medical relief was given by the Parish Medical Officers, at the instance of the Inspectors of Poor, were continued for one year.

In the case of sick cases requiring institutional treatment, no alteration was made either in the former arrangements, by which cases could be sent to the Poorhouses at East Linton, Kelso, Galashiels, and Dalkeith; the particular Poorhouse depending on the parish of residence, but the procedure relative to the admission of patients to those institutions was revised. One Poorhouse superintendent, shortly after the inception of the new Act, stated that he had no authority to admit a sick person unless the official poor law forms were entered up and brought with the patient.

As, under the Council's scheme, medical treatment of the sick poor had been remitted to the Public Health Committee and as all local arrangements for temporary medical relief were terminated on the Parish Council Inspectors of Poor ceasing to hold office, the initial preparation of such forms by the County Council was rendered impossible.

The various Poorhouse authorities were therefore written to asking them to admit sick cases on the authority of the Medical Officer of Health, or, in the event of an emergency, of any medical man in the area, any paper work to be carried through afterwards.

VENEREAL DISEASE.

Facilities for the diagnosis and treatment of cases of venereal¹ disease are provided by arrangement with the Corporation of Edinburgh. Patients, whether men, women, or children, are sent to the appropriate hospital and their travelling expenses are paid if necessary.

During the year 136 visits were paid to Edinburgh by 17 patients, but that number is no indication of the number of cases of venereal disease in the County, as venereal disease is not notifiable. Treatment is on a confidential basis, patients' names not being divulged, and travelling expenses are paid on receipt of an attendance certificate from the clinic concerned, on which a serial letter and number are given instead of the name.

ADMINISTRATIVE CONTROL OF TUBERCULOSIS.—The cases of pulmonary and non-pulmonary forms of tuberculosis notified during the year 1930 are as follows:—

Summary of Notifications of Tuberculosis for 1930.

	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Total Cases.
County of Berwick	23	39	62

The tuberculosis cases known to be resident in the County at the end of 1930 numbered 129, of which 51 were cases of pulmonary and 78 of non-pulmonary tuberculosis.

During the year, 17 deaths from tuberculosis occurred, of which 12 were ascribed to pulmonary tuberculosis, and 5 to non-pulmonary tuberculosis.

Out of the 62 cases of tuberculosis brought to my knowledge during 1930, 58 were notified by practitioners, and the remaining 4 were brought to knowledge after death, through the death registration system. Out of the 17 patients who died during 1930 from some form of tuberculosis, 10 were notified after death or within two months of death, and of that number 7, as has already been said, were notified after death. Of those who received treatment during the year, 8 died; of whom 3 died in institutions.

During the year, 27 patients received domiciliary treatment.

In Gordon Hospital were treated 16 patients; in Hairmyres Colony, 2; and in East Fortune, 46. Of these cases, 11 received both institutional and domiciliary treatment.

The Health Visitors paid 170 domiciliary visits, and they escorted 9 patients to sanatoria.

Altogether during the year 75 tuberculosis patients were treated, of whom 44 were treated on account of pulmonary tuberculosis or consumption; 7 were admitted to East Fortune for short periods for observation; while 31 were treated for non-pulmonary tuberculosis.

REPORT OF THE MATERNITY SERVICE AND CHILD WELFARE SCHEME, YEAR 1930.

The number of visits paid to children under five years of age by the nine District Child Welfare Visitors and the two Health Visitors are as follows:—

Miss Tait (11 months)	...	...	...	...	...	1458
Miss McIntosh (11 months)	...	...	...	...	...	827
Eyemouth (Miss McIntosh) (11 months)	...	...	...	...	...	800
Chirnside Nurse (11 months)	...	...	...	...	...	750
Leitholm Nurse (11 months)	...	...	...	...	...	843
Greenlaw Nurse (11 months)	...	...	...	...	...	642
Coldingham Nurse (11 months)	...	...	...	...	...	609
Cockburnspath Nurse (10 months)	...	...	...	...	...	575
Ayton Nurse (11 months)	....	...	...	...	...	623
Coldstream Nurse (11 months)	...	...	...	...	...	613
Bunkle Nurse (11 months)	...	...	...	...	...	618
Hutton Nurse (7 months)	...	...	...	...	...	264

8,622

COLDSTREAM VOLUNTARY CHILD WELFARE CENTRE.

Ten meetings of this centre were held during the year, at which there were 110 attendances of children and 93 attendances of mothers, an average of 20 attendances per session.

PROVISION OF FOOD AND MILK.

During the year 17 families received food and milk, 12 being resident in Eyemouth; one in Coldstream; one at Gunsgreenhill; and three in the west district.

HOSPITAL TREATMENT AND FACILITIES.

Six children and one woman were examined by Dr. Sym, Oculist, who treated by ordering glasses or otherwise.

Eight children and one woman were examined by Mr. Lithgow, Aural Surgeon. They suffered from enlarged tonsils and adenoids and in five cases Mr. Lithgow advised operation.

Two women were examined by Mr. Mackenzie, Dental Surgeon, who advised extractions in both cases.

21 Cases were sent to hospital in Edinburgh; four cases being sent to Pilton Hospital; three cases to the Royal Hospital for Sick Children; three cases to the Royal Infirmary; eight cases to the Royal Maternity Hospital, one of which was afterwards transferred to the City Fever Hospital; and three cases to the City Fever Hospital.

Of these 21 cases sent to hospital, three were children with ophthalmia neonatorum; one child with probable ophthalmia neonatorum; one child was taken in four times for treatment for poliomyelitis; one child was taken in twice for orthopaedic treatment for club feet; one child was taken in twice, first for examination and then for institutional treatment for discharging ears; three children for operation for tonsils and adenoids; two were mothers for confinement, one being sent in previously for examination; one case for epileptic fits; one case for persistent R.O.P.; one case for eclampsia; one case for pre-natal albuminuria; one case for perineal tear into rectum; one case for placenta praevia (this woman was afterwards transferred to the City Fever Hospital with puerperal fever); and three cases of puerperal fever.

One woman was being taken to the Royal Maternity Hospital for puerperal eclampsia, but she died on the way in.

One case was sent to the Berwickshire Nursing Association Home in Duns for phlebitis. She was pregnant, and had finally to be transferred to the Maternity Hospital in Edinburgh, the baby being born in the car on the way in, while the mother was ultimately transferred from the Maternity Hospital to the City Fever Hospital on account of puerperal fever.

All these cases were taken to hospital by a Health Visitor or Nurse.

SCHOOL HEALTH SCHEME.

This is the first occasion on which information regarding the School Health Scheme has been included in the items to be reported on in the annual report of the Medical Officer of Health.

While that report is for the calendar year, the school health report, however, is for the year ending 31st July. When school medical inspection was first initiated, it was considered necessary to take one uniform year in order to secure effective bases for comparison of the work done in different parts of the country, and the year ending 31st July was selected with a view to securing that the report for each year should deal with the same set of children.

While that consideration was undoubtedly of value in the days when the health scheme was limited to the medical examination of children and intimation of defects found to parents, it no longer has any value in view of the large amount of actual treatment of school children now carried out, as very many of these school children may be examined in one year and not treated or operated on until the following year.

It would be much simpler if, for school purposes, the calendar year were also taken and it would be a still greater administrative improvement if these years were made to coincide with the financial year.

As the school year which would be reported on now would be that ending 31st July, 1930, and a full report of that year has already been given, I only give here the briefest summary of the work done, while the report for the year ending 31st July, 1931, will be given in my next report.

For the year in question, 153 visits were paid to 52 schools, and altogether 1,710 children were examined, of whom 318 were notified to their parents as suffering from some defect. In addition, 398 visits to schools were paid by the Health Visitors, who also paid 409 home visits, and took charge of 93 children to and from the Royal Infirmary, Edinburgh, almost entirely for the removal of tonsils and adenoids. 92 children were examined by the Council's Ophthalmic Surgeon, and spectacles or drug treatment were prescribed as required; while 203 children came under the hands of the Aural Surgeon. The Dental Surgeon, who made his own inspections, also gave dental treatment to 373 children.

DIABETES.

PROVISION OF INSULIN.—The Public Health (Scotland) Amendment Act, 1925, gave power to a Local Authority to make such arrangements as it thought fit and as might be sanctioned by the Department of Health, to provide medicine and treatment to persons suffering from diabetes who required assistance to obtain such medicine and treatment. Under the Berwickshire scheme five persons received free

issues of Insulin during the year. The supplies of Insulin are obtained at cost price from the Department of Health and care is taken that the Insulin is only supplied to those who have been properly trained in its use.

HOUSING.

Exclusive of what are known as Addison houses, there are four Acts of Parliament which provide grants or subsidies for the building of houses.

Under the Addison Scheme all houses built, no matter what the number, only cost Local Authorities from the rates a sum not exceeding the produce of four-fifths of a penny in the pound. While the provisions of this Scheme were very largely taken advantage of by other counties in Scotland, Berwickshire took no advantage at all of what was literally a gift.

Of the four Acts of Parliament provided for the granting of subsidies for the building of houses, the 1923 Act provided subsidies for houses erected by private enterprise.

The 1924 Act or the Wheatley Act provided for subsidies to Local Authorities of £9 in urban areas, and £12 10s. in rural areas for 40 years.

The Housing (Rural Workers) Act, 1926, provided for a subsidy being paid to the owner of a dwelling occupied by an agricultural worker or a person of a similar standing where such a dwelling was reconstructed.

The Housing Act, 1930, differed from the preceding Acts in that it provided a grant per person rehoused instead of per house built or rebuilt.

The Act, *inter alia*, provided for :—

1. Clearance Order for Slum areas.
2. If the area were mixed, *i.e.*, with good and bad parts, it would be classed as an improvement area.
3. The Act also provided for individual houses to replace bad houses, but it was the duty of the Local Authority to close these houses.
4. The Local Authority could repair property and charge to the owner, and the Authority could take over such a condemned house, paying only for the site.
5. For a single woman and such like, Hostels containing one room with proper provision for pantry, w.c., and hot water could be provided.

As I have already said, no houses were built in this County under the Addison Scheme. The number of houses built by private enterprise under the 1923 Act numbered 56; the number of houses built by the

Local Authority under the 1924 Act numbered 32, while the number of houses reconstructed under the Housing (Rural Workers) Act, 1926, up to the present, numbered 658.

Up to the time of writing, under the Housing Acts of 1890 and 1925, 160 houses have been represented as unfit for habitation. Of those 160 houses, 43 are not now available for habitation ; 38 being closed, one demolished and four burned down. Of the others, 34 have been reconstructed.

Of these houses other than farm cottages, 53 have been represented as unfit for human habitation.

MILK AND DAIRIES (SCOTLAND) ACTS.

1. No definite arrangements are made for the bacteriological examination of samples of milk.
2. Practically no milk is consigned from other areas.
3. No outbreak of disease was traced as being spread by milk.
4. Only one dairy in the County provides graded milk—Bogend Farm, Duns, which produces certified milk.

INSPECTION OF FOOD.

The usual inspections of meat and other food have been carried out by the Sanitary Inspector, and he will report on the work done.

VETERINARY INSPECTIONS.

The Department of Health, in virtue of their powers under Section 4 (5) of the Milk and Dairies (Scotland) Act, 1914, call upon every Veterinary Inspector to furnish a report for year ending 31st December, 1930. Where in any area there is a Chief Veterinary Inspector with assistants, each assistant will report to the Chief Veterinary Inspector, who will report to the Department on the whole area.

In this County there are five Veterinary Surgeons acting as local Veterinary Inspectors under the Milk and Dairies Act, and each has reported on the conditions in his own area, which have been duly forwarded to the Department of Health.

In the absence of a Chief Veterinary Inspector it is not practicable to give one report, but in another year I hope such a combined report will be arranged.

At the end of the year there were 109 registered dairies in the County, with from 829 to 861 cows. The unregistered dairies numbered 279 with 726 cows. Nine cows in a tuberculous condition were discovered on these inspections.

REPORT BY SANITARY INSPECTOR FOR THE YEAR 1930.

WATER SUPPLY.—There is no change to report in the conditions at Ayton, Coldingham, St. Abbs, Greenlaw, or Earlston.

The Ayton Special District Committee are considering the possibility of an alternative supply.

A scheme for improving the supplies to Coldingham and St. Abbs has been under consideration but the estimated cost is, in the opinion of the local Committee, prohibitive.

The Earlston Committee have in view the possibility of ensuring a more even supply to the Thornfield area by providing a high level tank at a point 11 feet above the cistern level in the highest house. This might improve conditions somewhat, but the proper solution of the difficulty would, in my opinion, be to increase the carrying capacity of the main direct from the fountainhead.

It has been decided to lay a new main in Greenlaw, conditional, however, that a maximum grant can be obtained through the Unemployment Grants Committee.

An additional spring was piped into the Gavinton village supply with satisfactory results.

The supplies to Leitholm and Swinton Villages are from pump wells and in very few instances is water laid on inside the houses.

It would be possible to lay water on to Swinton Village. A pumping installation at Swinton Quarter Quarry, where there is a plentiful supply, appears to be practicable.

Nothing further has been done to provide a supply to Starchhouses.

Gravitation supplies have been installed in the cottages at Bemersyde East End, and at New Channelkirk.

DRAINAGE.

The outfall pipe at St. Abbs has been satisfactorily renewed.

A Drainage Scheme has now been prepared for Greenlaw and, provided a satisfactory grant is secured, the work will be taken in hand forthwith.

In Earlston nothing further has been done to provide a storm water overflow from the Kidgate sewer. The main sewer along Thorn Street, which is only 6 inches in diameter, is unable to cope with excessive rainfalls, the result being flooding at the lower end of Thornfield.

The draining of Westruther Village has been further considered and prices have been taken for a minor scheme, but so far it has not been possible to make any satisfactory arrangement with the various proprietors.

The drainage arrangements in the village of Leitholm and Swinton are far from being satisfactory.

Several properties in Leitholm have independent systems with outlets to the Lambden Burn. Others have connections to an open jointed pipe drain which passes in front of the houses.

In Swinton much of the drainage is run along the roadside channels.

CLEANSING.

Steps were taken with a view to the formation of Special Cleansing Districts in the villages of Leitholm and Oxtou.

The cleansing in the Special Districts throughout the County has been satisfactory.

NUISANCES AND SANITARY IMPROVEMENTS.

Continued advances are still being made to improve the sanitary arrangements in houses.

Twenty complaints were received and 24 intimations were made under the provisions of the Public Health Acts. In all these instances the nuisances have been abated.

In six instances, choked drains were cleared; two water closets were repaired; one defective vent was repaired; in two instances common stairs were redecorated; in four instances modern W.C.s were substituted for obsolete appliances; in four instances ashpits were cleaned out and repaired; in one instance a house was infested with rats.

Thirty intimations were made under the Housing (Scotland) Act in respect of houses without proper sanitary accommodation and also in a state of general disrepair. Of that number sixteen have been substantially repaired, the remainder being in course of remedying.

HOUSING.

Under the Housing, Etc., Act, 1923, and the Housing (Financial Provisions) Act, 1924, two houses, one of four rooms and one of three rooms were completed and certificate B issued; one being at Upper Burnmouth, Ayton, and the other at Trottingshaw, Longformacus.

Eight houses, each of three rooms, were built under the Local Authority's Scheme. These have all been occupied. Two houses of four apartments were also built at Lauder.

Several applications have been made to the Local Authority for houses in various parts of the County. Because of this demand, the Local Authority have now, for the ensuing year, under consideration the erection of houses in order to alleviate to some extent, the shortage. The Local Authority propose to erect houses of the cottage type at Cockburnspath, Grantshouse, Earlston, Oxton, Greenlaw, and probably other parts of the County, depending on the urgency of the demand.

Under the Housing (Rural Workers) Act, 1926, Certificate A was issued in 94 instances. These covered 288 houses. Certificate B was issued in 73 instances, these covering 219 houses. In respect of the houses completed, 16 had additional bedrooms, 205 had a scullery formed, 148 had a larder formed, 219 sinks, 76 tubs, 179 boilers, 62 baths, and 205 had W.C.s. provided.

In 14 instances it was not practicable to provide W.C. accommodation owing to there being a limited supply of water available.

HOUSING (INSPECTION OF DISTRICT) REGULATIONS.

During the past year 240 houses were inspected under the Housing (Inspection of District) Regulations.

During the same period 219 houses were re-conditioned or substantially repaired; 131 houses are meantime in the hands of the tradesmen; 208 still require to be attended to and in most of these cases I am hopeful that repairs will be carried out without resorting to drastic action.

Many houses have been reported on from time to time as being in a condition dangerous to health, but few Closing Orders have been issued, mainly owing to the difficulty in providing suitable alternative accommodation.

The conditions which should be reviewed are as follows :—

Defective Houses which have been reported on as Unfit for Human Habitation.

CHIRNSIDE.—Fifteen houses, four of which are of one apartment, seven of two apartments, and four of three apartments.

AYTON.—Three houses, one of one apartment which is at present vacant, one of two apartments, and one of three apartments.

COCKBURNSPATH.—Two houses, one of one apartment, and one of three apartments.

GRANTSHOUSE.—Three houses, each of two apartments.

COLDINGHAM.—Five houses, two of two apartments, two of three apartments, and one of five apartments.

OXTON.—Four houses, each of two apartments.

EYECLIFFE.—One house of three rooms.

EARLSTON.—One house of two rooms.

Overcrowded Conditions.

One two-roomed house in Chirnside, with seven adults and three children.

One two-roomed house in Chirnside, with six adults and five children.

One two-roomed house in Oxton, with four adults and two children.

Three two-roomed houses in Grantshouse, two with seven occupants, and one with eight.

One two-roomed house in Cockburnspath, with six occupants.

Other instances of overcrowding, without entering into detail, are :—Burnmouth 20 ; St. Abbs 4 ; Chirnside—with 19 families occupying single apartment houses and 7 families occupying sub-let rooms, and Earlston—four cases of overcrowding.

Twenty three-roomed houses, and two four-roomed houses have been built in Chirnside by the Local Authority, and in addition, one by private enterprise. For the last eight, which have only recently been occupied, there were 16 applications and in only two instances were these from families occupying unfit houses.

In Earlston, 22 houses have been built under the 1923 Act and five others without the aid of subsidy. A petition was presented during the early part of the year from twelve householders who had been informed that their houses were for sale, and as they were unable to purchase and a considerable number of them resided in decontrolled houses, some anxiety was expressed.

Inquiry was made and it was found that there was no immediate cause for alarm. It is evident, however, that additional houses at a low rental are required.

One house only has been the subject of a Closing Order, but as no alternative accommodation appears forthcoming, no further steps can be taken meantime.

INCREASE OF RENT, ETC., ACTS.

One application was received from an occupier of a house for a certificate in terms of the Rent and Mortgage Interest (Restrictions) Acts, 1920-23, that his house was not in all respects in a reasonable state of repair.

In this case the house was such that a certificate could be granted but on the owner being given notice of the improvements required, repairs were effected.

COMMON LODGING HOUSES.

There is only one registered Lodging House.

Periodical inspection was made throughout the year and it was found that the premises were fairly well kept.

SLAUGHTERHOUSES.

There are public slaughterhouses in Eyemouth, Coldstream and Duns.

Private slaughterhouses are licensed at Ayton, Eyecliffe, Greenlaw, Chirnside (2), Cockburnspath, Coldingham, Swinton (2), Lauder (2), Gordon, and Earlston. These premises are in general well attended to and kept in cleanly condition.

There are 22 licensed slaughterers in the County and licences under the Slaughter of Animals Act, 1928, were granted to all.

ACCOMMODATION FOR SEASONAL WORKERS.

There was only one farmer employing seasonal workers last summer and the number of workers was approximately 30. These workers are accommodated in bothies or in barns which, before being used, must comply with the requirements of the Regulations. Visits were regularly made to ascertain if the Regulations were being observed, and any irregularities were brought to the notice of those responsible and immediately rectified.

FACTORIES AND WORKSHOPS.

These premises are generally found in a satisfactorily clean condition. The bakehouses were all lime-washed within the statutory period.

Only in one instance was it found necessary to have sanitary appliances improved.

SCHOOLS.

The general sanitary condition of schools continues to improve.

There are still several schools without proper sanitary conveniences, but it is very hopeful that this number will be reduced throughout the ensuing year.

Conditions at Auchencrow School were again reported on. The latrine accommodation is far from satisfactory and this matter is now under consideration by the Management Committee. It is hoped that flush closets will be provided, and also that water will be laid on to the schoolhouse, and hot water, etc., installed.

FOOD SUPERVISION.

FOOD HANDLING.—Periodical inspection was made to places where food is prepared and sold in order to ascertain if hygienic principles were being observed. This showed that while many of the premises were satisfactorily conducted and every effort is made to protect the food from contamination, considerable negligence obtains at others. The cleanliness, which in places of this kind, ought to be one of the first considerations, is not always maintained at a high standard, and much carelessness prevails in the needless exposure of food to contamination. The space in many of the food shops is much too small for the business done and attempts at securing proper cleanliness are negatived by the presence of large stocks.

No unsound food was discovered.

DAIRIES.

The registered dairies in the County number 109, one of which is in Eyemouth Burgh, and two in Coldstream Burgh. The number of cows therein at last inspection was 751.

Routine inspections were made. In eight instances the cows were not in a clean condition. In twelve instances lime washing had not been carried out during the specified months, and in one instance attention had to be drawn to structural defects.

Two new byres were erected during the year to replace old ones which were very much below the standard.

There are still a number of premises which do not comply in every respect with the Dairy Bye-laws, but every effort is made by the producers to at least maintain a clean milk.

At a considerable number of the premises the number of cows housed does not exceed five and milk therefrom is sold in small quantities to neighbours only.

There is only one registered dairy licensed to produce certified milk. The major portion of this grade of milk is retailed outside the County.

PREVENTION OF FOOD ADULTERATION.

During the year the total number of samples procured for chemical analysis under the Food & Drugs (Adulteration) Act, 1928, was 43.

These consisted of 42 statutory and one informal samples, the former comprising nine different articles of food.

As regards the statutory samples, Dr. A. Scott Dodd, B.Sc., Ph.D., F.R.S.E., the County Analyst, reported that 41 were genuine and only one was not in accordance with the legal requirements.

MILK.

For obvious reasons, milk receives a greater amount of supervision than any other article of food, the number of samples taken being 25.

Of the 25 statutory samples the Analyst reported all as being in conformity with the Sale of Milk Regulations.

The average amount of milk fat in all the statutory samples taken was 3.92 per cent. which is considerably higher than the presumptive standard in the Sale of Milk Regulations, viz., 3 per cent. In several instances the milk fat was as high as 4.41 per cent. and 4.38 per cent.

THE MILK (SPECIAL DESIGNATIONS) ORDER (SCOTLAND) 1930.

Three samples of certified milk made under the above Order were procured and forwarded to the County Analyst. The result of analysis on the first sample procured shewed a deficiency in butter fat. On subsequent samples being taken the percentage of butter fat was as high as 4.09 per cent.

OTHER FOODS.

Other articles of food taken for analysis were as follows :—Mince 3, sausages 4, butter 1, jam 1, beer 1, whisky 3.

In all these cases the analysis proved to be genuine.