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COUNTY OF CLACKMANNAN.



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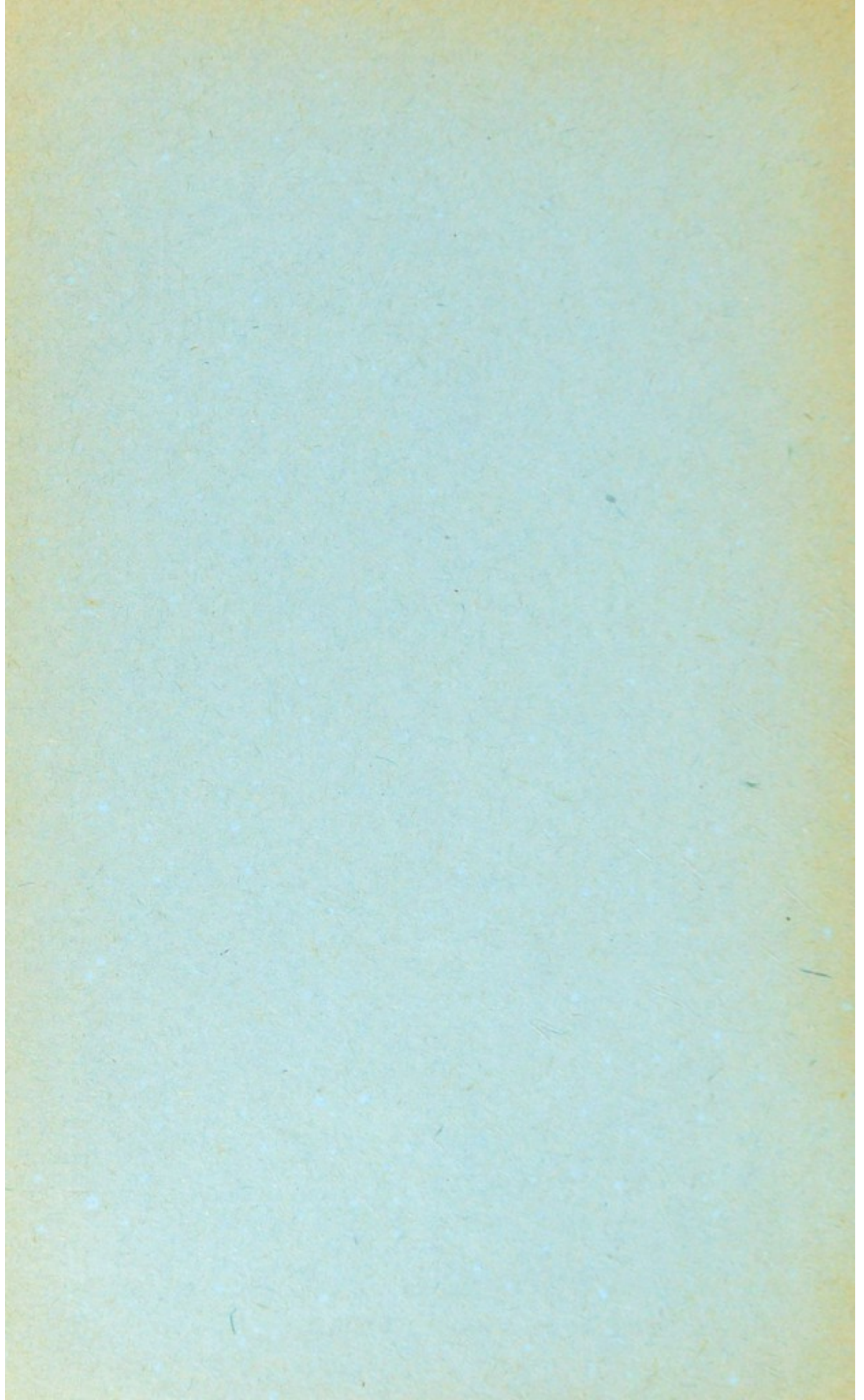
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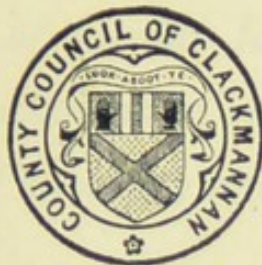
UPON THE
HEALTH AND SANITARY CONDITION
OF THE
COUNTY AND BURGHS.

1930

C. C. FINLATOR, M.D., D.P.H.,
Medical Officer of Health.



COUNTY OF CLACKMANNAN.



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GOVERNMENT OF CANADA



REPORT

ANNUAL REPORT

ALLOA :

Buchan Bros., "Advertiser" Office,

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1931

G. C. BUCHAN, M.D., D.P.L.
Medical Officer of Health.

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To the Department of Health for Scotland, the County Council of Clackmannan, and the Town Councils of Alloa, Alva, Tillicoultry and Dollar.

My Lord and Gentlemen,

I have the honour to submit to you the Annual Report for the year 1930, on the Health and Sanitary Condition of the County of Clackmannan and the Burghs therein.

I have the honour to be,

My Lord and Gentlemen,


Your obedient servant,

C. C. FINLATOR

County Buildings,

Alloa,

June, 1931,



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County of Clackmannan, 1930.

THIS Report has been changed in form from previous annual reports so as to show the new administration and organisation of public health brought about by the Local Government (Scotland) Act, 1929. Although the Act did not come into force until 16th May, 1930, all matters dealt with from the beginning of the year until that date are included as if they had been dealt with under the new administration; otherwise, the separation of the year's work into two distinct periods, under different administrations, would only lead to needless confusion.

Prior to the change over, most of the major health services in this County, including tuberculosis, maternity service and child welfare, infectious diseases hospitals, venereal diseases, and, to some extent, the medical and nursing staff, were combined and administered by Joint Committees of the Local Authorities concerned. One might expect that this fact would make the change over a simple matter, but it tended to make it more difficult. It was not only necessary to set up the new administrative machinery, but the old machinery had to be partly scrapped and partly fitted into the new. The patience and tact of Councillors and officials were sometimes severely strained in the process, but it is now working fairly well. When it is properly "run in" and adjustments and additions are made, it should be definitely superior to the former administrative machine.

So much has already been written and discussed by others about the new Act and its provisions, that those interested have had ample opportunity of gaining acquaintance with it. It is therefore unnecessary to enter into details regarding it. So far as it affects public health in this County the main changes are the transference of the functions relating to the major health services from Town Councils and the District Committee, of those relating to the school medical service from the Education Authority, and of those relating to the Poor Law medical services and lunacy and mental deficiency from the Parish Councils and the District Board of Control, all to the new County Council. The District Committee, the Education Authority, the Parish Councils and the District Board of Control are now defunct, all their functions having

been transferred; but the Town Councils, in addition to many other functions, still retain the functions relating to the minor health services. Schemes relating to Public Health and Lunacy and Mental Deficiency, to Public Assistance and to Education have been made by the County Council and approved by the Secretary of State. These three Schemes have all points of contact with each other as regards the subject of health administration and a great deal of work was thrown upon the public health staff in the preparation of details, before the Schemes took form for submission to the County Council. I should like to take this opportunity of thanking Councillors for their interest and support and the officials in charge of other departments for their co-operation, help and forbearance.

The changes brought about included the appointment of Mr D. Wood as County Sanitary Inspector, in succession to Chief Constable Scott, whose whole time is now devoted to Police duties. Mr Scott's long service as County Sanitary Inspector was invaluable. His experience and knowledge of sanitation, agriculture and milk production, coupled with his ample store of common sense and intimate acquaintance with human nature, made him particularly fitted for the appointment he held so long. Mr Wood has also been appointed Sanitary Inspector of the Burghs of Alva, Tillicoultry, and Dollar.

The transfer of the Poor Law functions to the County Council has resulted in some changes as regards administration of the medical services, but they are not of a sweeping nature so far. A scheme for treatment of the sick poor has been drawn up and has been approved by the Department of Health. It will be found in Appendix II. The County Council now takes the place of the old Parish Councils in the Stirling Combination Poorhouse and Hospital Committee and also in the Joint Committee for the Management of Larbert Mental Hospital, formerly managed by the District Board of Control.

The old Central Committee for Maternal and Child Welfare and the County Joint Venereal Diseases Committee are now defunct, these functions being exercised by the County Council, which has continued the former partnership with Stirling Joint V.D. Committee. The County Council is still a partner in the Stirling, Clackmannan and Dunfermline Joint Sanatorium Board as formerly, although the representation has been altered slightly.

In this report matters which are administered by the County Council, or which are common to all the Local Authorities in the County will be dealt with first and, thereafter, the minor health services administered by the other Local Authorities will be dealt with separately.

POPULATION—AREA—DENSITY OF POPULATION.

	Population.		Area in Acres.	Persons per Acre
	1921 Census	Estimated at Middle of 1930		
Clackmannan County District .	11,331	10,843	33,143	0·33
Alloa Burgh - - - -	12,421	12,847	1,074	11·96
Alva Burgh - - - -	4,107	3,988	270	14·77
Tillicoultry Burgh - - -	3,100	3,029	248	12·21
Dollar Burgh - - - -	1,584	1,481	219	6·76
Total - - - -	32,543	32,188	34,954	0·92

The population shown at the middle of 1930 is the estimate of the Registrar-General.

VITAL STATISTICS.

The birth-rate and the various mortality rates of 1930 are shown in Table I. of Appendix I., together with the means of the rates of the previous five years, which give a better idea of the health conditions prevailing in small communities than the rates of a single year. Table I. shows that the County of Clackmannan during 1930 had a birth-rate of 17.9 compared with one of 19.3 for Scotland, and a death-rate of 13.5 compared with one of 13.2 for Scotland. The infantile mortality rate of 83 deaths per 1000 births in the County was the same as that for all Scotland. The death-rates from tuberculosis were:—pulmonary 0.62, and non-pulmonary 0.25, compared with, pulmonary 0.62, and non-pulmonary 0.26, for Scotland. These are the lowest death-rates from tuberculosis yet recorded for Scotland, although we have had lower rates for the County. The deaths from cancer in the County numbered 46, compared with 44 in 1929, 43 in 1928, and 43 in 1927 so that there has been a slight increase. In Scotland as a whole mortality from cancer still keeps gradually increasing. There were 69 deaths from heart disease in the County compared with 69 in 1929, 58 in 1928, and 58 in 1927. Heart disease accounted for more deaths than any other single defined cause.

POLLUTION OF RIVERS.

As regards the River Devon, the usual complaints continued about coal washings being discharged from Devon Pit, owned by Alloa Coal Company. Early in the year a new coal washer of the Baum type was erected by the same Company at their Bessy Glen Colliery farther up the river. Coal washing had not been carried out previously at this colliery but, soon after it began,

complaints were received regarding pollution of the river from it. Certain precautions were taken by the Company in an attempt to prevent pollution, but these were inadequate. The matter was reported to the Department of Health, who sent their Inspector, Mr Hamilton, on 8th May, to investigate the pollutions from these two collieries and also from other two, Tulligarth and Brucefield, discharging coal washings into the River Black Devon. A copy of Mr Hamilton's report and recommendations to the Department was received by the County Council, and relevant excerpts from it were sent to the Coal Companies concerned. For a time, greater care appeared to be taken with the control of the settling tanks at Devon Pit, while the coal washing at Bessy Glen ceased. Since the end of the year, however, the old complaints have again been received. An elevator to empty the tank and fill waggons at Devon Pit has been brought into use, and it is only a question of careful working of the plant to keep the pollution within reasonable bounds. Our difficulty all along has been to get such careful working carried out. No addition has been made to the settling tanks at Bessy Glen Colliery, although recommended by Mr Hamilton, and the Company will not undertake any further work of improvement there. On the Black Devon, the coal washing at Tulligarth Pit was being carefully conducted at Mr Hamilton's visit and it has continued to receive careful attention. At Brucefield Pit, the tanks were increased in size and otherwise improved, but I regret to report that pollution from this source continues, at times, to be very considerable. Owing to trade depression, the mills in Tillicoultry and district have not been working full-time and there has been little pollution. The effluent from Glenochil Distillery, appears to have been much less troublesome since the plant for the production of yeast from molasses was introduced. The new sewage works for the Burgh of Alva are under construction now and should bring about considerable improvement.

INFECTIOUS DISEASES.

A tabular statement (Table II.) showing the incidence of notifiable infectious diseases in the County is included in Appendix I.

Scarlet Fever was much more prevalent than last year, but on the other hand, there were fewer cases of Diphtheria. Influenzal pneumonia was notified in slightly larger numbers, but acute primary pneumonia showed a decline. The notifications for all forms of pneumonia numbered 66, compared with 64 cases in 1929, 44 in 1928, and 57 in 1927. Thirty-three of these cases were treated in the County Fever Hospital. Two of them were cases following measles. Three cases were notified as suffering from encephalitis lethargica, in two of which the diagnosis was

confirmed. A number of cases of mild jaundice were reported in Menstrie and Alva, but they were not cases of infective jaundice. No cases of infective jaundice or psittacosis were notified. The other infectious diseases occurred in average numbers and there is nothing outstanding to report regarding them.

Arrangements are in force for the free issue of diphtheria anti-toxin, but early admission to Hospital is always recommended, as the tendency in home treatment is towards too small an injection. There are no arrangements for routine Schick or Dick tests or artificial immunisation of scarlet fever or diphtheria.

I am indebted to Dr Fergusson, Medical Superintendent, for the following particulars regarding cases admitted to the County Infectious Diseases Hospital:—Enteric Fever, 2; Scarlet Fever, 212; Diphtheria, 46; Erysipelas, 3; Puerperal Pyrexia, 2; Ophthalmia neonatorum, 3; Acute Primary Pneumonia, 17; Acute Influenzal Pneumonia, 14; Pulmonary Tuberculosis, 23; Non-pulmonary Tuberculosis, 8; Encephalitis Lethargica, 3; Measles (with pneumonia) 2; Observation cases, 4; Total admissions, 339.

The following cases died in Hospital:—Scarlet Fever, 2; Acute Primary Pneumonia, 1; Pulmonary Tuberculosis, 8; Observation cases, 4.

The work of the Hospital was carried out in a most efficient manner. During the outbreak of Scarlet Fever the accommodation was taxed to its utmost and the staff worked very hard.

SCHOOL CLOSURE.

It was not considered necessary to close any schools or classes during the year. The routine exclusion of affected children and contacts is, as a rule, all that is necessary to control the spread of infection, except when serious epidemics threaten.

HOSPITAL SERVICE.

I. **List of Hospitals** (health authority and voluntary) available for the inhabitants of the area:—

1. **Health Authority Hospitals.**

- (a) **Clackmannan County Infectious Diseases Hospital**, near Alloa; managed by Hospitals Sub-Committee of County Council; for treatment infectious diseases; the number of beds is, officially, 42. Ten beds are reserved for the treatment of tuberculosis in a special sectional pavilion of four wards and in four huts. Another sectional pavilion with eight beds in six wards is of great service in separating different diseases occurring in small numbers at a time.

- (b) **County Smallpox Hospital, near Alloa**; managed by Hospitals Sub-Committee of County Council; for treatment of smallpox; the number of beds is, officially, 8. The Hospital is constructed of wood and consists of 2 wards, a kitchen and 3 small rooms for the staff. It is kept in readiness for use at all times, but the staff accommodation is poor and the sanitary arrangements are not convenient or modern.
- (c) **Ochil Hills Sanatorium, near Milnathort, Kinross-shire**; managed by Stirling, Clackmannan and Dunfermline Joint Sanatorium Board; for the treatment of pulmonary tuberculosis; the number of beds is approximately 115. The County Council has a share in this Sanatorium and utilises from 8 to 12 beds according to requirements. (See also note as regards beds for tuberculosis under (a) above.)
- (d) **Stirling Poor Law Hospital (Orchard House), Stirling**; managed by Stirling Combination Poorhouse Committee; for the treatment of the sick poor; the number of hospital beds is 83. The County Council has shares in this Hospital which work out roughly at 20 beds. Owing to the withdrawal of certain local authorities from the Combination a re-allocation of beds is likely to take place among those remaining.
- (e) **Stirling V.D. Centre, Royal Infirmary, Stirling**; managed by Stirling Joint V.D. Committee, of which Clackmannan County Council is a partner; for the in-patient treatment of venereal diseases; there are 8 beds. A similar V.D. Centre will soon be available at Falkirk Infirmary, managed by the same Joint Committee and it will also be available for patients from Clackmannanshire.
- (f) **Maternity Home, Royal Infirmary, Stirling**; managed by Stirling County Maternity and Child Welfare Committee; for the treatment of abnormal confinements, ante-natal cases and normal cases without facilities for confinement; by arrangement with Stirling County Council, cases from Clackmannanshire are admitted, at a fee of 10/6 per day, if beds are available.
- (g) **Friarton Hospital, Perth**; admits cases of puerperal fever which cannot be dealt with at the County Fever Hospital, Alloa.

2. Voluntary Hospitals.

- (a) **Clackmannan County Hospital, Alloa;** managed by Managers elected by subscribers; although primarily for the treatment of accidents it may be considered as a general hospital for the treatment of surgical and medical cases; the demand for surgical beds is such that very few medical cases can be admitted; by arrangement with the County Council, the hospital undertakes the treatment of selected ante-natal cases, abortions and abnormal confinements, when beds are available, and deals with most of the children requiring operation for enlarged tonsils and adenoids, hernia, etc., and with many cases of non-pulmonary tuberculosis requiring operation; there are 28 beds, of which 4 are cots for children and 4 are for private patients; there is a proposal to extend the hospital to provide 12 additional beds.
- (b) **General and Special Hospitals** outwith the County available for inhabitants of the area. The Local Authorities, public works and residents in the County subscribe fairly generously to many such institutions and, as a result, a large number of patients from the County are treated in Stirling Royal Infirmary and in the general and special hospitals in Glasgow and Edinburgh. In certain instances the County Council pays fixed charges for patients sent for treatment while, in others, an annual subscription is given. In this way we can usually secure special treatment for eye, ear, nose and throat cases, for ante-natal and post-natal cases and complicated confinements and for surgical tuberculosis. Orthopaedic treatment is also obtained at the Sick Children's Hospitals, and general surgical and medical treatment at the large City Infirmaries.
- (c) **The Lady Aberdeen Memorial Home of Rest, Alva;** managed by a Committee of the Scottish Girls' Friendly Association; a convalescent home providing a few weeks' holiday for women recovering from illness from all over Scotland; there are 29 beds.

3. Review of Hospital Position.

A study of the provisions made for hospital treatment in the foregoing List of Hospitals will show that, at present, we have arrangements in force of a fairly comprehensive nature for dealing with the institutional treat-

ment of disease. At the same time it will be noted that, to quite a considerable extent, we are dependant upon the services of voluntary hospitals and that, while we pay full fees to some, we only give subscriptions to others. Voluntary hospitals appear to be up against two very acute problems. First, the difficulty in obtaining adequate funds and second, the long waiting lists of patients requiring treatment. As regards the first, I think Local Authorities should pay to voluntary hospitals the actual cost of the treatment of patients for which they are responsible, and that definite arrangements should be made to this end. I do not think that voluntary hospitals should charge Local Authorities fees so as to allow a margin of profit to help to balance any deficit from voluntary subscriptions. In our present arrangements some services are underpaid and some probably overpaid. It is hoped that the Regional Hospital and Liason Committees will be able to adjust these matters and allocate the services of certain voluntary hospitals to certain areas; otherwise, voluntary hospitals may contract with areas giving better terms or making early arrangements, and other areas may be left unprovided for. As regards the second problem of voluntary hospitals, the natural deduction is that more institutional accommodation will require to be provided, and the question arises; Who is to provide it? Under the Local Government Act, 1929, Local Authorities **may** provide treatment for sick persons within their area, and it is generally admitted that this is but a preliminary to an instruction that they **must** provide it where necessary. The successful administration in the past of fever hospitals, sanatoria and other institutions by Local Authorities, either separately or in combination, shows that they can equally successfully manage other hospitals, general or special, and at the same time keep control of the public funds for which they are responsible. In many instances, therefore, it will be advisable for Local Authorities to provide the additional accommodation required. In many others, co-operation between the voluntary hospitals and the Local Authorities, whereby the former continue the management but the latter supply the funds for extensions, might be possible, but in such circumstances the Local Authorities will require adequate representation on the management of the voluntary hospitals.

So far as this County is concerned it is obvious that at

present we depend largely upon institutions outwith the County for the treatment of our patients and it is also obvious that the County is not large enough to embark upon a programme of providing hospitals for its own use at a reasonable cost. We have therefore to make the required provision by combination with other Local Authorities or by contracting with other Local Authorities or voluntary hospitals. Probably both methods will be adopted in completing a scheme. This County is included in the South Eastern Regional Hospital Committee's area and may share in the provisions made for special services in that area but, for practical purposes, it more naturally falls along with Stirling County into the South Western Regional Hospital Committee's area. Stirling Royal Infirmary is more conveniently situated for dealing with cases from Clackmannanshire than any other general hospital and would form a natural central general hospital for this district. General surgical and medical cases which could not be dealt with at the County Hospital, Alloa, because of lack of accommodation or inadequate facilities might be dealt with there. Cases requiring highly specialised treatment would be sent to the special hospitals in Edinburgh or elsewhere arranged for by the Regional Committee. I do not think that it would be necessary in any way to lower the status of Alloa Hospital so long as it has a specialist surgeon who visits to perform the major surgical operations. It would act as a clearing hospital only in so far as it would send special cases to special hospitals or special departments of large hospitals and it would treat its ordinary surgical and medical cases to a conclusion. If such a scheme were developed the Managers and Medical Staff of Alloa Hospital would require to work in close co-operation with those of Stirling Royal Infirmary and the special hospitals concerned, but I see no reason why this should not be possible. Our provisions for dealing with infectious diseases, tuberculosis and venereal diseases are at present satisfactory. We have also sufficient accommodation for institutional treatment of Poor Law cases, but I should like to see some accommodation set aside for the treatment of the after effects of encephalitis lethargica. This might be arranged for at Stirling Poor Law Hospital if extra nursing staff were provided. Until the Regional Hospital Committee formulate some proposals I hesitate to make any further suggestions.

3. Ambulance Facilities.

- (a) A motor ambulance is owned by the County Council for the transport of cases of infectious diseases.
- (b) The Alloa branch of St Andrew's Ambulance Association keep a motor ambulance in Alloa for the transport of non-infectious and accident cases. The County Council give a grant to the Association and get the use of the ambulance waggon when required.

So far these 'two ambulance waggons have been able to cope with any demands made upon them. Doubtless, in any emergency, we could get assistance from Stirling and elsewhere.

4. Out-Patient Departments.

The County Council have maternity and child welfare centres with pre-natal and child consultations at Alloa, Alva and Tillicoultry; School clinics at Alloa, Alva, Tillicoultry, Clackmannan, Menstrie and Dollar; a tuberculosis dispensary at the office of the M.O.H. in Alloa; a venereal diseases centre at Stirling, and a day nursery at Alloa. These are referred to in detail under the headings dealing with the schemes concerned. There is no out-patient department at the County Hospital, Alloa, and many patients attend such departments in Glasgow, Edinburgh and Stirling.

TREATMENT OF THE SICK POOR.

A scheme approved by the Council will be found in Appendix II. The changes made since the transfer of functions under the Local Government (Scotland) Act, 1929, are detailed therein. The work is now made uniform throughout the County and there are facilities provided for treatment at home, in institutions and at clinics which were not hitherto available. Monthly returns are made by the District Medical Officers (Poor Law) to the County Medical Officer for submission to the Health Committee.

TREATMENT OF VENEREAL DISEASES.

The arrangements made by the County Joint V.D. Committee with the Stirlingshire Joint V.D. Committee for a Clinic, adjoining Stirling Royal Infirmary, still continue, the County Council now taking the place of the old Joint V.D. Committee.

During the year ending 15th May, 1930, 56 cases attended the Clinic for the first time from Clackmannan. The total attendances of Clackmannanshire patients numbered 1684. In

addition a number of patients were treated in the Wards, showing an aggregate of 149 "in patients' days."

Patients in poor circumstances had their train fares paid to Stirling to enable them to carry out the treatment. This was arranged for at the office of the M.O.H., County Buildings, Alloa, where information and advice as to treatment can be obtained with due respect to privacy.

The new V.D. Clinic and Wards at Stirling Royal Infirmary are proving a great boon to patients. The V.D. centre at Falkirk Infirmary is nearing completion.

CONTROL OF TUBERCULOSIS.

Full details of the administrative control of Tuberculosis were published in the Annual Reports of 1922 and 1923.

Notifications, Deaths and Cases under Observation.—As regards **Pulmonary Tuberculosis**, 37 cases were notified as compared with a yearly average of 34.2 for the previous five years, while the deaths of cases under observation numbered 20 compared with a yearly average of 17.6 for the previous five years. At the end of the year 108 persons resident in the County were known to be suffering from pulmonary tuberculosis.

As regards **Non-Pulmonary Tuberculosis**, 38 cases were notified, as compared with a yearly average of 21 for the previous five years. Four cases died, as compared with a yearly average of 5.4 for the previous five years. Sixty-seven cases were known in the County to be still suffering from the disease at the end of the year.

Treatment.—The amount and nature of Treatment given for both Pulmonary and Non-Pulmonary cases will be seen on Table IV. (Return II.) of Appendix I.

There were 23 cases receiving domiciliary treatment with extra nourishment continued from last year and 23 similar cases at the end of this year.

In his capacity as Tuberculosis Officer the M.O.H. paid 180 visits to patients, and had 404 attendances of patients at his Office, compared with 168 visits and 457 attendances last year.

The District Nurses and Health Visitors paid 591 visits to cases of Tuberculosis, made up as follows:—County District, 155, Alloa, 260; Alva, 20; Tillicoultry, 58; Dollar, 98.

SCHEME OF MATERNITY SERVICE AND CHILD WELFARE.

A copy of the Scheme brought up to date and approved by the Department of Health for Scotland will be found in Ap-

pendix III. The work has been going on since 1917, during which time it has been gradually expanded. The County Council is now responsible for the Scheme which, prior to 16th May, 1930, was carried out by the Central Committee for Maternal and Child Welfare (embracing the Local Authorities of Clackmannan County District Committee and the Town Councils of Alloa, Alva and Tillicoultry) and by the Town Council of Dollar which had a separate Scheme on similar lines. The County Council has delegated the functions of the Scheme to the Health Committee which has delegated them to the Maternity Service and Child Health Services Sub-Committee. The following details of the work are given as requested by the Department of Health for Scotland:—

1. Births:—

- (a) Number Registered: (1) Legitimate, 521; (2) Illegitimate, 29.
- (b) Number Notified: 532.
- (c) Number attended by Midwives: 173.
- (d) Number of Still-births: 12.

2. Infant Mortality:—

- (a) Number of deaths: 49.
- (b) Rate per 1000 births: 83.
- (c) Number of deaths according to age groups and causes of death: See Table III. of Appendix I.

3. Maternal Mortality:—

- (a) Number of deaths resulting from miscarriage or childbirth: 2.
- (b) Number of deaths resulting from Puerperal Sepsis: 0

4. Report under Midwives (Scotland) Act, 1915:—

Detailed reports have been forwarded to the Central Midwives' Board for Scotland, the Department of Health for Scotland, and the County Council. They may be summarised as follows:—Midwives giving notice of intention to practise: County District, 1; Alloa, 7; Alva, 0; Tillicoultry, 1; Dollar, 0. Births attended by midwives, 173.

Cases of Ophthalmia Neonatorum, 4 (3 in practices of midwives).

Cases of Puerperal Sepsis, 1 (in a midwife's practice)

Cases of Puerperal Pyrexia, 3 (1 in practice of a midwife).

Cases of Still-birth, 12 (none attended by midwives). Cases in which Midwives had to call in the services of a doctor, 26.

No disciplinary action was required and the Act worked smoothly.

The Inspector and Assistant Inspectors made 29 inspections of midwives.

5. Home Visitation:—

The following Table gives particulars of the Health Visitors' visits to children and expectant mothers during 1930:—

	County District	Alloa	Alva	Tilli-coutry	Dol-lar	Total
NUMBER VISITED.						
Infants	207	285	61	43	12	608
Children (1-5 years)	310	617	47	32	4	1010
Expectant Mothers	77	165	14	23	9	288
TOTAL VISITS.						
Infants	1217	1922	487	358	128	4112
Children (1-5 years)	2134	3569	830	47	135	6715
Expectant Mothers	163	322	47	88	46	666

6. Voluntary Health Visitors:—

The last remaining Voluntary Health Visitor, Mrs R. W. Knox, Cambus, resigned during the year. She has given valuable help to the Scheme in her district for many years and continued the work long after other ladies had given it up in other districts. There is no doubt that the work is sometimes of such a nature that voluntary workers are at a disadvantage and, for this reason, I am not in favour of asking ladies to carry out home visitation which may, even occasionally, lead them into unpleasant experiences. The official health visitors are trained to accept such situations as part of their work and the personal or local element can be more easily excluded by them where necessary.

Quite a large number of ladies give voluntary assistance at Welfare Centres, at Alloa Day Nursery, and as members of Committees. Their assistance in these activities is of much value and is greatly appreciated by mothers and children, and by the County Council and the officials connected with the Scheme.

7, 8, 9 and 22. **Welfare Centres** are established at Alloa, Alva and Tillicoultry, at each of which a meeting is held once a week. A doctor attends for 1 to 1½ hours twice each month at the Alloa Centre and once each month at Alva and Tillicoultry Centres, when **ante-natal, post-natal and child welfare consultations** are held. At the other meetings Health Talks and Sewing and Cookery Demonstrations are arranged to form a course in **Mothercraft**. The attendances at the Welfare Centres were as follows:—

- (7) Ante-natal Consultations.—Expectant mothers attending, 6. During the year, new premises were suitably equipped for ante-natal examinations at the Alloa Day Nursery.
- (8) Post-natal Consultations.—26 attendances by mothers.
- (9) Child Welfare Consultations:—

	Alloa.	Alva.	Tillicoultry
No. of Sessions (one hour's duration)	22	11	11
(a) Number of Children attending under 1 year of age	76	19	15
Number of Children attending over 1 year of age	55	24	9
(b) Total number of attendances under 1 year of age	134	48	36
Total number of attendances over 1 year of age	162	30	31
(c) Illnesses Recorded.—Digestive disturbances, bronchial affections, hernia, phimosis, skin affections, tonsils and adenoids, eye and ear diseases, paralysis, deformities and burns. Rickets was not prevalent.			

(22) The educational side of the work is dealt with at the Mothercraft meetings, of which there were 17 in Alloa, 31 in Alva and 30 in Tillicoultry. The attendances of mothers were:—Alloa, 2782; Alva, 1011; Tillicoultry, 1344. The children accompany their mothers at these meetings and are thus regularly under the observation of the Health Visitors and Voluntary Helpers. They are weighed at regular intervals.

10. **Special Treatment Centres:—**

Treatment is given at the doctor's consultations at the Welfare Centres and cases may be referred from there to the School Clinics if necessary.

- (1) Teeth.—One case of a child was referred to a School Dental Clinic.
- (2) Eyes.—Four cases were treated by the Eye Specialist at Alloa School Clinic.
- (3) Minor Ailments.—The Health Visitors attended to 331 minor ailments at Alloa Day Nursery, their office premises or at School Clinics. Medical cards are issued to enable nervous cases to attend a doctor.

- (4) Ultra Violet Ray Clinic.—A mercury vapour lamp was installed at the Day Nursery in September, 1927. Two periods per week are reserved for children attending the Day Nursery whose treatment is given by the Matron. Other two periods are available for out-patients who are treated by a Health Visitor.
- (a) Number of attendances:—
- | | |
|----------------------------|-----|
| Day Nursery Children | 195 |
| Out-Patients | 126 |
- (b) Number of cases:—
- | | |
|----------------------------|----|
| Day Nursery Children | 13 |
| Out-Patients | 11 |
- (c) The conditions treated were rickets, malnutrition, general debility and enlarged glands of neck.

The treatment of out-patients has been extended to include school children and selected cases of adults requiring treatment of ailments for which the Public Health Local Authority is responsible. So far only a limited number of such cases have been treated.

11. Day Nurseries, etc.:—

There is a Day Nursery in Alloa which accommodates up to 30 children (5 under 1 year and 25 over 1 year).

(a) Number of Attendances:—			
(1) Under 1 year of age	...	...	1,043
(2) Over 1 year of age	...	...	3,032
			4,075
(b) Charges made:—			
3299 Attendances at 5d	...	...	£68 14 7
634 Attendances at 4d	...	...	10 11 4
142 Attendances at 3d	...	...	1 15 6
			4075
			£81 1 5
(c) Receipts	...	...	£79 4 11

During the year extensions were completed at the Day Nursery giving the following extra accommodation: A day ward for 6 infants (which frees the old infants' ward for night use), 2 small dormitories for 5 or 6 older children, a room for ultra-violet ray treatment which can also be used for doctor's consultations and ante-natal examinations, a waiting room, and a wash-house

and laundry. These new premises are built and fitted up on modern lines and have the necessary lavatory accommodation attached. They are proving very useful and, already a number of children have been admitted day and night for periods while their mothers were ill at home or in hospital or were otherwise unable to look after them.

12. Food and Milk:—

Owing to the change in administration during the year it is not easy to obtain accurate figures as to the number of mothers and children applying for and receiving milk, without putting other officials to considerable trouble. All applications, after being approved, are now passed to the Public Assistance Department for the issue of orders and the passing of accounts for payment. This arrangement came into force after 15th October, and the details should be readily obtained in future. The number of cases dealt with and the cost are much the same as last year. Dried milk and suitable proprietary foods are sold at the Health Centres at cost price.

13 and 14. Measles and Whooping Cough:—

- (a) These diseases are not notifiable in the County.
- (b) Number of Deaths—Measles, 2; Whooping Cough, 2.
- (c) Number of cases removed to Hospital, 2 measles.
- (d) Domiciliary visits were made by the Health Visitors, as required.
- (e) No special staff was required.

15. **Ophthalmia Neonatorum.**—Four cases were notified, in one of which blindness of one eye resulted.

16. **Maternity Hospitals.**—Nine ante-natal cases, one abortion and twelve abnormal confinements were treated in Maternity Hospitals and the County Hospital, Alloa.

17. **Homes for Unmarried Mothers.**—No cases were sent to such Homes.

18. Hospitals for Sick Children.

Forty-three children were admitted to various Hospitals, including the Hospitals for Sick Children, Glasgow and Edinburgh, Royal Infirmary, Stirling, and the local Hospitals. The conditions treated were hernia, deformities, infantile paralysis, enlarged tonsils and adenoids, pneumonia, mastoid disease, ophthalmia, bone tuberculosis, etc.

19, 20 and 21. **Convalescent Homes, Boarding-out, Home Helps.**—There is nothing to report about these matters.

22. **Educational.**—See under Welfare Centres above.

23. **Agencies Associated with Scheme.**

The Sub-Committee keeps in touch with other Committees of the County Council and public voluntary agencies which deal with welfare work.

24. **Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations (Scotland), 1929.**

- (1) Total number of cases of (a) puerperal fever, 1;
(b) puerperal pyrexia, 3;
- (2) Total number of cases removed to Infectious Diseases Hospital:—
 - (a) puerperal fever, 1;
 - (b) puerperal pyrexia, 2;
- (3) Total number of deaths, 0;
- (4) Number of cases following instrumental delivery:—
 - (a) puerperal fever, 0;
 - (b) puerperal pyrexia, 0;
- (5) Number of deaths included under (4), 0;
- (6) Number of cases where the Local Authority provided assistance on the request of medical practitioners for:—
 - (i) Consultant Service, 0;
 - (ii) Bacteriological Examination, 0;
 - (iii) Skilled Nursing at home, 0;
 - (iv) Hospital Treatment, 3;
- (7) Observations on the working of the Regulations:—

Arrangements have been made for a complete scheme embracing all the provisions outlined in (6). Practitioners appear to be pleased with the special facilities provided and these will be granted in all cases where the circumstances appear to justify the expenditure.

25. **Other Provisions.**—

Cases of pneumonia are admitted to the County Fever Hospital. Arrangements are in force for the provision of Insulin. None was required during the year under the Scheme. Several cases of anterior poliomyelitis were dealt with as regards after-care by the

Health Visitors. They were sent to Hospital for treatment when necessary.

Midwives and Maternity Homes (Scotland) Act, 1927.

No maternity homes have been registered under Part II. of the Act within the County. The local supervising authority has exempted the County Hospital, Alloa, from registration under the powers conferred by Section 15 in respect that it is a hospital not carried on for profit and not used mainly as a maternity home.

The Milk and Dairies (Scotland) Acts.

No changes have occurred in the methods of supervision and inspection of the dairies and milk supply in general.

(1) The bacteriological examination of milk samples taken by the Veterinary Inspector in terms of Section 21 is reported upon by him and calls for no special comment. No samples were taken by me in terms of Section 20 or 21, as nothing occurred requiring any such steps.

(2) No action was required in connection with milk consigned from other areas.

(3) No outbreak of disease was traced as being spread by milk or milk products.

(4) There is only one dairy in the County producing graded milk and it produces certified milk.

Inspection of Food.

The usual inspections of meat and other food were carried out by me and by the Sanitary Inspectors and the Veterinary Inspector in terms of Section 43 of the Public Health (Scotland) Act, 1897. Slaughter houses, butchers' shops and food shops and stores were inspected periodically and, from these inspections and from the reports of the other officials concerned, I consider that the food supply within the County is very well conducted according to standards prevailing in this country. This standard has improved during the past 10 years, but there is room for further improvement.

LABORATORY.

Most of the work is now sent to the University Laboratories in Edinburgh, but urgent specimens are examined by me in Alloa, in order to save time, e.g., at week-ends when delay in transmission by post is unavoidable.

OTHER MATTERS.

The usual inspections were made under the Rag Flock Act. All persons found using rag flock were in possession of a certificate from the makers as to its cleanliness.

Arrangements are in force for the supply of anti-tetanic serum free to necessitous cases.

A scheme is in force for the provision of Insulin free, at cost price or less than cost price to persons suffering from Diabetes, who are not eligible to be provided with it under National Health Insurance or otherwise. It is only issued to patients who satisfy the Medical Officer that they know how to use it and what to do in case of an overdose. The Department of Health for Scotland supplies the Insulin to Local Authorities at cost price.

Clackmannan County (Landward Area).

Water Supply.—Special Water Supply Districts. (1) County Water District.—The water comes from Lossburn Reservoir and Inchna Burn No. 2 on the Ochil Hills and is an upland surface supply of good quality. There are no sources of pollution on the gathering ground, but the water becomes discoloured during spates. During the year a new main was laid from the filters to the top of Banchory Brae. By means of suitable connections at each end, water can be led through it to the Eastern part of the County from the Reservoir or Inchna Burn direct without filtration, to get the advantage of additional head, or from the clear water tank after filtration. Up to the present it has been found that all the high points on the Eastern section as well as the Western section can be supplied with filtered water since the installation of the new main. The question of obtaining rapid pressure filters for the Eastern section, mentioned in last year's report, can therefore be dropped meantime. (2) Hallpark and Keilarsbrae Water District.—The water is supplied from Alloa Water Works and is filtered, of good quality and ample for the needs of the district. (3) Coalsnaughton and Devonside Water District.—The water is from the Kirk Burn and surface springs on the Ochils. It is of good quality and there are no sources of pollution on the gathering ground. The leaks in the storage tanks mentioned in last year's report have been repaired and the supply has since been satisfactory. (4) Clackmannan Water District.—The water is supplied unfiltered from Alloa Water Works but is filtered and stored at Clack-

mannan Water Works. The construction of the new filter and storage tank, mentioned in last year's report as required to meet the increasing demands on the supply, was proceeded with during the year and has been completed since the end of the year.

The water supplies to the village of Menstrie, to Lower Mains, Dollar, and to Helensfield, Clackmannan, which are not within Special Water Districts have been satisfactory throughout the year. During the year negotiations proceeded regarding a supply for the village of Forestmill from the excess water of the private supply to Aberdona and Aitkenhead Farm, belonging to Mr Kerr of Harviestoun. Mr Kerr has generously given this water free, with certain reservations to safeguard his own properties. Since the end of the year, with the help of a grant from the Unemployment Grants Committee, the supply has been led to Forestmill and is a great boon to the inhabitants.

Drainage and General Sanitary Matters.—The Special Drainage Districts at (1) Sauchie, (2) Clackmannan, (3) Menstrie, (4) Tullibody and (5) Coalsnaughton and Devonside, all received adequate supervision and attention. There was occasional flooding at Sauchie, after heavy rains, and this system may require expert investigation to find a remedy. The effluents from the sewage works of the other districts were generally fairly satisfactory. The formation of a Special Drainage District for Fishcross is still under consideration.

The scavenging in the landward area of the County has been carried out on the usual lines by contractors in a fairly satisfactory manner. The question of motor transport for removal of refuse to coups is under consideration.

Factory and Workshops Act, 1901.—13 inspections of factories, 22 of workshops and 45 of work-places were made. Only 2 defects were found, being nuisances under the Public Health Acts, namely, want of cleanliness. The defects were remedied. A tabular statement has been forwarded to the Home Office, the Department of Health for Scotland and the District Committee.

Housing.—(1) **Sufficiency of Working Class Dwellings.**—Under the Housing Act of 1919 the Local Authority erected 76 houses several years ago. Under the 1923 Act, the Local Authority has given assistance in the form of grants for the erection of 16 houses by private enterprise. Under the 1924 Act, up to the end of 1930 approval for erection of 212 houses by the local Authority has been obtained from the Department of Health. Of these, 10 were completed in 1926, 58 in 1927, 44 in 1928, 48 in 1929 and 4 in 1930. During 1930, approval for the erection of 52 houses was obtained, but only 4 of them were completed by

the end of the year. They included three blocks of 12 houses in each block, as an experiment, with a view to economy in building. It has been found that any economy effected over the blocks of 4 houses (flatted type) is trifling, and there are drawbacks which nullify it. Under the Housing (Scotland) Act, 1930, the following return as to the number of houses required and the number proposed to be built in the next three years was submitted to the Department:—

	Houses required	Houses proposed to be built
(a) To meet the needs of families displaced consequent on the demolition or closing of houses	22	22
(b) To abate overcrowding	2	2
(c) To meet the normal growth of the population	8	8

(2) Habitability of Existing Houses.—Under the Housing (Inspection of District) Regulations (Scotland) 1928, 176 houses were inspected, of which 59 were considered to be unfit for human habitation. Under the Act of 1925, representations were made under Section 8 in respect of 12 houses and closing orders were made in each case. In 17 instances the defects were remedied without the making of closing orders or the service of notices under Section 3 (1). Notices were served under Section 3 (1) in respect of 3 houses and a closing order was deemed to have become operative in respect of one house. Intimation was given as to insufficient water closet accommodation in 4 cases, in 2 of which the requirements were complied with. The Local Authority gave consent, in terms of Section III., to the erection of 16 houses of 2 apartments. No action was taken under Section 40 (1) of the Act of 1919 to provide dwelling houses with water supply. Under the Act of 1930, notices were served in terms of Section 16 (1) in respect of 9 houses. The cases were pending at the end of the year. **(3)** There were no schemes under consideration for dealing with clearance or improvement areas under Part I. of the Act of 1930. **(4)** No cases of serious overcrowding had to be dealt with.

Housing (Rural Workers) Act, 1926.—15 applications for financial assistance relating to 27 dwellings were dealt with during the year. All were granted. During the year 33 houses, covered by 13 applications, were completed under the provisions of the Act.

Infectious Diseases.—The number of cases notified was 189 compared with 170 last year, 80 in 1928 and 99 in 1927. The following are the details of the cases notified:—Scarlet Fever 90;

Diphtheria, 12; Erysipelas, 9; Chickenpox, 58; Encephalitis Lethargica, 1; Acute Primary Pneumonia, 13; Acute Influenzal Pneumonia, 4; Puerperal Pyrexia, 2. Scarlet Fever was much more prevalent than usual. Otherwise, the number of notifications was normal.

Vital Statistics.—The birth-rate was 17.0 per 1000 population compared with 19.3 for Scotland. The illegitimate birth-rate per 100 total births was 5.4 compared with 7.3 for Scotland. The death-rate was 11.8 compared with 13.2 for Scotland. The infantile death-rate was 87 compared with 83 for Scotland. The death-rates from tuberculosis and the principal epidemic diseases are much lower than the same rates for Scotland. Details of the various rates will be found in Table I. of Appendix I. Of the 184 children whose births were registered, 10 were illegitimate, 91 were males and 93 were females. There were 128 deaths, 63 of males and 65 of females. Of these 19 were of children under 5 years of age (16 of them under 1 year) and 54 were of persons over 65 years of age, leaving 55 (or 43.0 per cent. of the total deaths) who died between the ages of 5 and 65 years. The principal causes of death were:—Heart Disease, 19; Apoplexy, 15; Malignant Tumours, 15; Tuberculosis, 7; Violent Deaths, 7; Bronchitis, 3; Pneumonia, 1; Diseases of early infancy, 12; Influenza, 4. There was one death connected with child-birth.

Burgh of Alloa.

Water Supply.—The supply has proved sufficient for the needs of the town and has been of good quality. The large storage capacity of Gartmorn reservoir and the subsequent efficient filtration render it safe and pure notwithstanding possible pollutions in the gathering ground. The pollution by coal washings from Steelend Colliery was troublesome at times, but latterly effective means have been taken by the Company to prevent this.

Drainage and General Sanitation.—These matters have been dealt with by Mr Cairns, Sanitary Inspector, in his annual report. They received adequate attention under his capable management.

Factory and Workshops Act, 1901.—92 inspections of factories, workshops, and work-places were made by the Medical Officer and the Sanitary Inspector and his staff. Sixteen defects were found, all being nuisances under the Public Health

Acts, and all of them were remedied. A tabular statement has been forwarded to the Home Office, the Department of Health and the Town Council.

Housing. (1) Sufficiency of Working Class Dwellings.—The 106 houses at No. 3 Scheme at Tullibody Road were completed during the year, as were also 32 of the 36 houses authorised in 1929. As a result of systematic inspection of poor class properties the Sanitary Inspector and I advised the Town Council to proceed with the erection of 152 houses under the 1930 Act and this was agreed to. This should be a good beginning to the work under the new Act, and provision is made in the lay-out of this Scheme for future extensions. The details as to which of the defective houses will be demolished will be decided when the new houses are nearing completion. **(2) Habitability of Existing Dwellings.**—Under the Housing (Inspection of District) Regulations (Scotland) 1928, 363 houses were inspected, of which 275 were considered to be unfit for human habitation. Under Section 8 of the Act of 1925, 6 closing orders were passed and the remainder will be dealt with under Section 16 of the Act of 1930 when the new houses are nearing completion. In 1929 intimations under Section 246 of the Burgh Police (Scotland) Act, 1892, were given as to insufficient water closet accommodation at 79 properties comprising 300 dwellings. The requirements were complied with at 22 properties in 1929 and at 48 properties in 1930, leaving 9 still pending. Under the same Act, 65 intimations were issued regarding the provision of water supply inside houses. These are being dealt with. The Town Council gave consent for the erection of 24 two-roomed houses during the year. **(3) Improvement of Insanitary Areas.**—The Broad Street Improvement Scheme under Part II. of the Act of 1925, made progress during the year and the houses, 63 in number, should be completed during 1931. **(4)** A few cases of overcrowding were dealt with.

Infectious Diseases.—The number of cases notified was 248 compared with 163 in 1929, 123 in 1928, and 163 in 1927. The diseases notified were:—Scarlet Fever, 86; Diphtheria, 31; Erysipelas, 5; Puerperal Fever, 2; Ophthalmia, 1; Chickenpox, 88; Encephalitis Lethargica, 1; Primary Pneumonia, 24; Influenzal Pneumonia, 12; Puerperal Pyrexia, 1. The incidence of Scarlet Fever was high.

Vital Statistics.—Details of the principal rates will be found in Table I. of Appendix I. The birth-rate was 21.1 compared with 19.3 for Scotland. The illegitimate birth-rate per 100 total births was 7.4 compared with 7.3 for Scotland. The death-rate was 12.5 compared with 13.2 for Scotland. The infantile death-

rate was 77 compared with 83 for Scotland. The death-rate from pulmonary tuberculosis was 0.70 compared with 0.62 for Scotland, while the corresponding rates from non-pulmonary tuberculosis were 0.31 and 0.26. The death-rate from the principal epidemic diseases was 0.70 compared with 0.54 for Scotland. Of the 271 children whose births were registered 20 were illegitimate, while 138 were males and 133 were females. There were 161 deaths, 83 of males and 78 of females. Of these 29 were of children under 5 years of age (21 of them under 1 year) and 56 were of persons over 65 years of age, leaving 76 (or 47.2 per cent. of the total deaths) of persons who died between the ages of 5 and 65 years. The principal causes of death were:—Heart Disease, 23; Apoplexy, 16; Malignant Tumours, 19; Tuberculosis, 13; Violent Deaths, 8; Bronchitis, 10; Pneumonia, 11; Influenza, 7; Diseases of early infancy, 8. There were no deaths connected with child-birth.

Burgh of Alva.

Water Supply.—The water supply is obtained from hill burns in Alva Glen and the Silver Glen and also from springs and surface drainage on the lower slopes of the Ochil Hills. The supply is of good quality, is carefully protected from pollution, and is sufficient for the present needs of the Burgh.

Drainage.—This has been satisfactory and is carefully supervised by the Burgh Surveyor. Chaining of certain sections of sewer is periodically required where the fall is low. The construction of the new sewage purification works was commenced during the year. Bad weather conditions interfered with its progress for a time but it is expected that it will be completed in the near future.

Factory and Workshops Act.—Twenty-three inspections of factories, 24 of workshops, and 5 of workplaces were made. No written notices or prosecutions were required. One defect, namely, want of cleanliness was found and remedied. No lists of outworkers were received.

Housing.—(1) Sufficiency of Working Class Dwellings.—In last year's report I estimated that about 24 houses, to be let at low rentals, were required to meet the needs of the town. There has been no material change since then and the Town Council has agreed to proceed with a programme to erect 24 houses in the next three years under the Act of 1930. They were prepared

to begin the erection of 8 houses towards the end of the year but, unfortunately, difficulties were encountered as regards a site. These have since been overcome. In common with many others, the Town Council have discovered that the administration of the new Act is not so simple as it appears at first sight. The smaller Local Authorities cannot afford to go straight ahead with building programmes without adequate guarantees, and the clearing up of doubtful points has occupied time. There are several provisions of the Act of 1930 which might be amended with advantage to Local Authorities as regards simplification of administration.

- (2) The Habitability of Existing Houses.**—Under the Housing (Inspection of District) Regulations (Scotland) 1928, the number of houses inspected was 32, of which 17 were considered to be unfit for human habitation. Under the Housing (Scotland) Act, 1925, 16 representations were made to the Local Authority with a view to the making of closing orders. Of these, 2 were closed voluntarily, and one by a closing order. The defects were remedied in 2 houses without the making of closing orders and in one house after a closing order had been made. The remainder of the houses represented as unfit for habitation were being dealt with under the provisions of the Act of 1930 towards the close of the year. Under the Burgh Police (Scotland) Act, 1892, 5 notices were issued as to insufficient water closet accommodation and 2 were issued to provide dwelling-houses with water supply. The requirements were complied with in all cases. The usual defects found during inspections were dampness and disrepair, insufficient lighting and ventilation, and unsatisfactory sanitary conveniences.
- (3)** There were no schemes under consideration for dealing with clearance or improvement areas under Part I. of the Act of 1930.
- (4)** One case of overcrowding was brought to my notice and improvement was obtained, without prosecution.

Infectious Diseases.—The total number of cases notified was 46 compared with 94 last year, 66 in 1928, and 61 in 1927. The diseases notified were:—Scarlet Fever, 8; Diphtheria, 4; Erysipelas, 2; Chickenpox, 31; Pneumonia, 1. It will be noted that, except in the case of Chickenpox which is a non-fatal disease, the incidence of infectious disease was very low, although it was unusually high in the surrounding districts.

Vital Statistics.—The various rates are detailed in Table I. of Appendix I. The birth-rate was 13.3 compared with 19.3 for Scotland. The illegitimate birth-rate per 100 total births was 11.3 compared with 7.3 for Scotland. The death-rate was 13.5 compared with 13.2 for Scotland. The infantile death-rate was 75 compared with 83 for Scotland. The death-rate from pulmonary tuberculosis was 0.75 compared with 0.62 for Scotland,

while the corresponding rates from non-pulmonary tuberculosis were nil and 0.26. The epidemic disease death-rate was nil compared with 0.54 for Scotland. Of the 53 children whose births were registered, 6 were illegitimate, while 30 were males and 23 were females. There were 54 deaths, 29 of males and 25 of females. Of these 5 were of children under 5 years of age (4 of them under 1 year) and 26 were of persons over 65 years of age, leaving 31 (or 57.4 per cent. of the total births) of persons who died between 5 and 65 years of age. The principal causes of death were:—Heart Disease, 14; Apoplexy, 13; Malignant Tumours, 2; Bronchitis, 3; Tuberculosis, 3; Pneumonia, 1; Diseases of early infancy, 4. There were no deaths connected with child-birth.

Burgh of Tillicoultry.

Water Supply.—The main supply is drawn from the Tillicoultry Glen burn which is impounded in a dam well above the Town. The water is of good quality and there are no sources of pollution in the gathering ground on the Ochil Hills. A subsidiary supply is obtained from springs and surface drainage of the lower slopes of the Ochils at Hamilton Park above the Town. It is also a good potable water. The supply is sufficient for the present needs of the community.

Drainage.—The drainage is in good order and no complaints regarding it have been received during the year. The sewage works have been carefully attended to by the Burgh Surveyor and are reported to be working satisfactorily. The removal of sludge from the septic tanks is rather a difficult job owing to the lack of adequate slope of the bottoms of the tanks towards the outlets. The question of improving this might be looked into, but it is not an urgent matter.

Factory and Workshops Act.—Thirteen inspections of factories, 25 of workshops, and 6 of workplaces were made, but no written notices or prosecutions were required. One defect was found and remedied, namely, want of cleanliness. No out-workers were employed during the year.

Housing.—(1) **The Sufficiency of Working Class Dwellings.**
—In last year's report I estimated that, at the end of 1929, about 20 new houses were required to meet the needs of the town. The whole question of housing and the provisions of the Housing Act of 1930 were discussed with the Housing Committee on 28th

October, as a result of which a return was made to the Department estimating the number of houses likely to be provided by the Local Authority during the next three years as 16, namely:—(a) To replace houses unfit for human habitation, 10; (b) To abate overcrowding, 2; (c) To meet the normal growth of the population, 4. Since then the Town Council have decided to proceed with a scheme for the erection of 16 houses at a site adjoining Jamieson Gardens. The scheme includes one block of 4 houses of 2 rooms in flats, one block of 8 houses of 3 rooms, in flats, and 2 blocks each containing 2 houses of 4 rooms, cottage type. This scheme should meet the immediate needs of the town. **(2) The Habitability of Existing Dwellings.**—Under the Housing (Inspection of District) Regulations (Scotland) 1928, 45 houses were inspected, of which 8 were considered unfit for human habitation and 11 others were not in all respects reasonably fit for habitation. No representations were made to the Local Authority with a view to the making of closing orders under the Act of 1925, but 2 dwellings were closed voluntarily. The Medical Officer of Health and the Sanitary Inspector were officially appointed Designated Officers under the Regulations on 12th November, after which procedure under the Act of 1930 was adopted. No official notices were issued before the end of the year, and it would appear that these are better to be withheld until such time as the new houses are nearing completion. Eight dwellings received some attention to repairs called for under Section 3 (1) of the Act of 1925, but the repairs were not quite satisfactory. Under the Burgh Police (Scotland) Act, 1892, 12 notices were issued as to insufficient water closet accommodation. The requirements were complied with in 8 cases and 4 are still pending. **(3)** No schemes were under consideration for dealing with clearance or improvement areas under Part I. of the Act of 1930, but the Town Council contemplate consideration of such a scheme at some future date. **(4)** No cases of serious overcrowding were brought to my notice.

Infectious Diseases.—The total number of cases notified was 122 compared with 41 last year, 17 in 1928 and 53 in 1927. The diseases notified were:—Scarlet Fever, 37; Diphtheria, 1; Enteric Fever, 1; Erysipelas, 3; Ophthalmia, 1; Encephalitis Lethargica, 1; Pneumonia, 8; and Chickenpox, 70. It is this large number of cases of Chickenpox which makes the total notifications so high, although there was also an undue prevalence of Scarlet Fever.

Vital Statistics.—The birth-rate was 17.2 compared with that of 19.3 for Scotland and the illegitimate birth-rate per 100 total births was 3.8 compared with 7.3 for Scotland. The death-

rate was 19.1 compared with 13.2 for Scotland, but when corrected for transfers and adjusted for age and sex distribution it was only 16.3. The infantile death-rate was 96 compared with 83 for Scotland. The death-rate from pulmonary tuberculosis was 0.66 compared with 0.62 for Scotland, while the corresponding rates for non-pulmonary tuberculosis were 0.99 and 0.26. The death-rate from the principal epidemic diseases was nil compared with 0.54 for Scotland. Of the 52 children whose births were registered, 2 were illegitimate, 26 were males and 26 were females. There were 58 deaths, 30 of males and 28 of females. Of these 8 were of children under 5 years of age (5 of them under 1 year), and 26 of persons over 65 years of age, leaving 24 (or 41.3 per cent. of the total deaths) of persons who died between the ages of 5 and 65 years. The principal causes of death were:—Heart Disease, 6; Apoplexy, 8; Malignant Tumours, 9; Tuberculosis, 5; Pneumonia, 2; Diseases of early infancy, 2. There was one death connected with child-birth.

Burgh of Dollar.

Water Supply.—The water supply is obtained from Dollar Burn which drains upland surfaces of the Ochil Hills. The gathering ground is free from pollution and the water is of good quality, although liable to discoloration during spates. It is efficiently filtered by slow sand filtration, which gets over this drawback successfully. Water is pumped to a high service tank for the upper part of the Town.

Drainage.—In my reports for 1926 and 1927 reference was made to trouble experienced with the drainage from Prospect Place. A new sewer was laid but, owing to the lack of sufficient fall, occasional difficulty is still experienced with the drainage from that district. To overcome this and to more effectively purify the sewage from the Western section of the Burgh, the Town Council decided to embark on a scheme to lay a new sewer to carry the sewage from Prospect Place westwards instead of eastwards as at present, and to couple this sewer with the main west sewer and pass all the sewage through a new purification plant consisting of modern septic tanks. The work on this scheme has been commenced since the end of the year. It should be a definite improvement over existing conditions. The main drainage system flows eastwards and is treated by land irrigation in a satisfactory manner.

Factory and Workshops Act.—Twenty-eight inspections of workshops and workplaces were made. No defect was found.

Housing.—(1) **The Sufficiency of Working Class Dwellings.**—At the end of 1929 I estimated that 12 houses were required to meet the needs of the Burgh. During 1930, the working class dwellings were again surveyed and the Town Council had before them a scheme for the erection of 22 houses, some of 2 rooms, some of 4 and some of 5 rooms. Difficulties were encountered as regards the size of the rooms in the five-room houses and in the adjustment of sites, and the Council decided to await the passing of the Act of 1930 before doing anything. Under that Act they have decided to build 12 houses, 10 to replace unfit houses and 2 to meet the normal growth of the population, within the next three years. This should enable them to proceed with the demolition of the houses requiring immediate attention. (2) **Habitability of Existing Dwellings.**—Under the Housing (Inspection of District) Regulations (Scotland) 1928, 60 houses were inspected, of which 10 were considered unfit for habitation. A closing order was passed in the case of one house under the Act of 1925. The other 9 houses are ear-marked for closure. Three of those previously ear-marked for closure are now unoccupied. A survey of houses as regards insufficiency of water closets and the need of providing houses with water supply was made by the Sanitary Inspector and me, and a report was submitted to the Town Council, who were in communication with owners of property at the end of the year regarding certain improvements. (3) There were no schemes under consideration for dealing with clearance or improvement areas under Part I. of the Act of 1930. (4) No action was required as regards overcrowding.

Infectious Diseases.—The total number of cases notified was 6 compared with 16 last year, 16 in 1928 and 6 in 1927. The diseases notified were:—Scarlet Fever, 1; Chickenpox, 1; Pneumonia, 4. The low incidence of infectious diseases is particularly satisfactory in view of the fact that there is such a large proportion of the population of school age and therefore more susceptible to infectious disease. In addition to boarders and children of residents, a great many children from neighbouring towns attend the Academy daily, thus increasing the risk of importing disease.

Vital Statistics.—The birth-rate was 10.1 compared with 19.3 for Scotland and the illegitimate birth rate per 100 total births was 20.0 compared with 7.3 for Scotland. The death-rate was 21.6 compared with 13.2 for Scotland, but when corrected for transfers and adjusted for age and sex distribution it was only 16.8. The infantile death-rate was 133 compared with 83 for

Scotland. Of the 15 children whose births were registered, 3 were illegitimate, 9 were males and 6 were females. Of the 32 persons who died, 16 were males and 16 females. Two were under 5 years of age, and 22 were over 65 years of age, leaving 8 (or 25.0 per cent.) between the ages of 5 and 65. The principal causes of death were:—Heart Disease, 7; Apoplexy, 5; Malignant Tumours, 1; Bronchitis, 2; Pneumonia, 2; Diseases of early infancy, 1. There were no deaths connected with child-birth.

APPENDIX I.

*Vital Statistics,
Returns of Infectious Disease, Infantile
Mortality and Tuberculosis for 1930.*

TABLE I.

	Births per 1000 population.		Deaths per 1000 population.		Deaths under 1 year per 1000 Births.		Deaths from Tuberculosis per 1000 population.				Deaths from Epidemic Disease per 1000 population.	
	1930.	Mean of Preceding 5 years.	1930.	Mean of Preceding 5 years.	1930.	Mean of Preceding 5 years.	Pulmonary Tuberculosis (Phthisis).		Non-Pulmonary Tuberculosis.		1930.	Mean of Preceding 5 years.
							1930.	Mean of Preceding 5 years.	1930.	Mean of Preceding 5 years.		
Clackman'n County Dis.	17.0	18.9	11.8	11.9	87	75	0.55	0.49	0.10	0.24	0.18	0.28
Alloa Burgh -	21.1	20.3	12.5	13.2	77	82	0.70	0.63	0.31	0.27	0.70	0.64
Alva Burgh -	13.3	17.6	13.5	14.8	75	61	0.75	0.56	0.00	0.10	0.00	0.61
Tillicoultry Burgh	17.2	17.2	19.1	16.0	96	89	0.66	0.66	0.99	0.27	0.00	0.27
Dollar Burgh -	10.1	10.4	21.6	15.2	133	35	0.00	0.13	0.00	0.13	0.68	0.25
Clackmannanshire -	17.9	21.5	13.5	13.1	83	76	0.62	0.55	0.25	0.22	0.37	0.46
Scotland -	19.3	20.2	13.2	13.5	83	87	0.62	0.70	0.26	0.30	0.54	0.65

NOTE.—All the above rates are corrected for transfers.

TABLE II.—RETURN OF CASES OF INFECTIOUS DISEASE NOTIFIED, &c., DURING THE YEAR ENDING 31st DECEMBER, 1930.

COUNTY OF CLACKMANNAN.

DISEASE	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.										Cases notified in a previous year and removed to Hospital for the first time during 1930.
	At all Ages		At Age—Years.					Cases re-moved to Hos-pital	Cases not re-moved to Hos-pital		
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.				
A.—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889, OR NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897.											
Typhoid or Enteric Fever, ...	2	...	...	1	...	1	...	2	...	...	...
Typhus Fever, ...	...	...	...	...	...	...	...	...	...	...	...
Smallpox, ...	222	5	44	149	17	7	...	214	...	8	...
Scarlet Fever or Scarlatina, ...	48	2	5	26	9	5	1	47	...	1	...
Diphtheria and Membranous Croup, ...	19	...	1	1	1	6	10	3	...	16	...
Erysipelas, ...	1	...	...	...	...	...	...	1	...	...	...
Puerperal Fever, ...	...	...	...	...	...	...	...	...	...	...	...
Cholera, ...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever, ...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever, ...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum, ...	4	4	...	...	...	...	...	3	...	1	...
Chickenpox, ...	243	14	70	158	...	...	1	...	...	243	...
Infective Jaundice, ...	...	...	...	...	...	...	...	...	...	...	...
Malaria, ...	...	...	...	...	...	...	...	...	...	...	...
Dysentery, ...	...	...	...	...	...	...	...	...	...	...	...
Infantile Paralysis, ...	...	...	...	...	...	...	...	...	...	...	...
Polio-Encephalitis, ...	3	...	...	...	...	...	...	2	...	1	...
Encephalitis Lethargica, ...	46	2	11	11	8	8	4	20	2	26	...
Acute Primary Pneumonia, ...	20	1	4	4	5	3	2	12	1	8	...
Acute Influenzal Pneumonia, ...	37	...	...	2	10	21	4	23	...	14	3
Pulmonary Tuberculosis, ...	38	...	5	8	12	10	3	18	...	20	1
Non-Pulmonary Tuberculosis, ...	3	...	...	...	1	2	...	3	...	...	...
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...
Total	686	28	140	359	66	63	27	348	3	338	4
B.—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY.											
Cerebro Spinal Fever, ...	2	...	1	1	...	...	...	1	...	1	...
C.—NOTIFIED UNDER LOCAL PROVISIONS, NOT UNDER THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.											
STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED											
County Infectious Diseases Hospital, Alloa.											
T. B. Pavilion at County Infectious Diseases Hospital, Alloa.											
Ochil Hills Sanatorium, Milnathort.											
County Hospital, Alloa.											
Stirling Royal Infirmary.											
Edinburgh Sick Children's Hospital.											
Edinburgh City Hospital.											
Grampian Sanatorium, Kingussie.											

1930

TABLE I

GENERAL INFORMATION		RESULTS	
No.	Name	Age	Sex
1	John Doe	25	M
2	Jane Smith	22	F
3	Robert Brown	30	M
4	Elizabeth White	28	F
5	William Black	35	M
6	Mary Green	24	F
7	James Grey	32	M
8	Sarah Pink	27	F
9	Richard Blue	31	M
10	Anna Yellow	26	F

REPORT OF THE BOARD OF HEALTH

REPORTING PERIOD: JANUARY 1930

REPORTING OFFICE: HEALTH DEPARTMENT, CITY OF BOSTON

REPORTING DATE: FEBRUARY 15, 1930

REPORTING OFFICER: [Signature]

Table III.—Infantile Mortality, 1930.

COUNTY OF CLACKMANNAN.

	Under 1 Week	1 Week and under 4 Weeks	4 Weeks and under 3 Mths.	3 Mths. and under 6 Mths.	5 Mths. and under 12 Mths.	Total.
Chickenpox,	—	—	—	—	—	—
Measles,	—	—	—	—	1	1
Scarlet Fever	—	—	—	—	1	1
Whooping Cough,	—	—	—	—	2	2
Diphtheria and Croup,	—	—	—	—	—	—
Erysipelas,	—	—	—	—	—	—
Tuberculous Diseases,	—	—	—	—	1	1
Meningitis (not Tuberculous),	—	—	—	—	2	2
Hydrocephalus,	—	—	—	—	1	1
Convulsions,	—	—	—	—	—	—
Pneumonia (all forms),	—	—	—	—	1	1
Bronchitis,	—	—	—	1	3	4
Diarrhoea and Enteritis,	—	—	1	—	4	5
Other Digestive Diseases,	1	—	1	—	—	2
Congenital Malformations,	—	—	—	—	—	—
Congenital Heart,	—	—	—	—	—	—
Premature Birth,	12	1	—	—	—	13
Atrophy, Debility & Marasmus,	—	7	3	2	—	12
Atelectasis,	—	—	—	—	—	—
Injury at Birth,	1	—	—	—	—	1
Suffocation, overlaying,	—	—	—	—	—	—
Syphilis,	—	—	—	—	—	—
All other causes,	—	—	1	1	1	3
Total	14	8	6	4	17	49

TABLE IV—TUBERCULOSIS—STATISTICAL RETURNS, 1930.
COUNTY OF CLACKMANNAN
I.—RETURN OF CASES OF TUBERCULOSIS NOTIFIED DURING THE YEAR ENDED
31st DECEMBER, 1930.

	NUMBER OF CASES NOTIFIED AS SUFFERING FROM TUBERCULOSIS*										Number of cases in year in which they were notified		
	Under 15 years (under 15 years)					15 and over (15 years and over)					Total	Under 15	15 and over
	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49				50-54	55-59
Pulmonary*	0	0	0	4	3	6	6	1	17	0	15		
Non-Pulmonary	0	0	2	5	2	1	1	1	17	6	8		
	4	0	2	7	0	2	2	2	21	5	13		

* Where a case is notified as suffering from both pulmonary and non-pulmonary tuberculosis it should be included under "Pulmonary" only.

II.—RETURN SHOWING THE NUMBER OF CASES WHICH RECEIVED TREATMENT UNDER THE TUBERCULOSIS SCHEME IN SANATORIA, OR OTHER INSTITUTIONS DURING THE YEAR ENDED 31st DECEMBER, 1930.

	NUMBER OF PATIENTS					
	In institution during the year, 1	Admitted during the year, 2	Discharged during the year, 3	Booked in the institution on 31st December, 4	Booked in the institution on 1st January, 5	In institution on 31st December, 6
Pulmonary	7	14	7	5	2	7
Non-Pulmonary	1	16	11	2	...	5

Total	13	59	41	9	3	19

III.—RETURN OF NUMBER OF PERSONS RESIDENT IN THE AREA AT 31st DECEMBER, 1930, WHO WERE KNOWN TO BE SUFFERING FROM TUBERCULOSIS.

	NUMBER OF CASES											
	Under 15	15 and over	Total	Under 15	15 and over	Total	Under 15	15 and over	Total	Under 15	15 and over	Total
Pulmonary*	3	3	6	7	10	17	3	3	6	7	10	17
Non-Pulmonary	1	1	2	1	4	5	1	1	2	1	4	5
Total	4	4	8	8	14	22	4	4	8	8	14	22

IV.—RETURN OF NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS IN THE AREA DURING THE YEAR ENDED 31st DECEMBER, 1930, WITH PARTICULARS AS TO PERIOD ELAPSED BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

	PULMONARY		NON-PULMONARY	
	Males	Females	Males	Females
Number of persons who died from Tuberculosis	15	5	3	1
Of whom:—				
Not notified or notified only at or after death	3	1	1	1
Notified less than 3 months before death	4	1	1	1
Notified from 3 to 6 months before death	2	2	1	1
Notified from 6 to 12 months before death	2	1	1	1
Notified from 1 to 2 years before death	4	1	1	1
Notified over 2 years before death	1	1	1	1
Number who died within 28 days after discharge from an Institution	...	...	...	...
Number who died more than 28 days after discharge from an Institution	9	2	2	1

* Persons suffering from both pulmonary and non-pulmonary tuberculosis should be included under "pulmonary" only. No case should be included more than once in the return.

† Persons suffering from multiple lesions should be classified according to the site of the principle lesion.

‡ Persons notified in Sanatoria, etc., should be included in the figures for the Area in which they had their home residence.

APPENDIX II.

CLACKMANNAN COUNTY COUNCIL.

Arrangements for Treatment of the Sick Poor.

(1) Any person who by reason of necessitous circumstances cannot obtain medical or surgical treatment in the usual way should apply in the first instance to the District Public Assistance Officer who, if he approves of the application, will issue a voucher for medical attention by the District Medical Officer.

(2) The District Medical Officer will deal with the case under the Poor Law but, if he considers that it is one which should be dealt with under any of the Council's schemes for school medical treatment, maternity service and child welfare, tuberculosis, blind persons or venereal disease, he should direct the patient to apply for treatment under the appropriate scheme. His responsibility for the patient will continue until the arrangements for treatment under another scheme are completed.

(3) The District Medical Officer may deal with a case referred to him in different ways in the patient's interest, e.g.

A. **Home Treatment.**—This should be given when practicable and suitable.

- (a) Special prescription books will be provided so that prescriptions issued may be taken direct to any Chemist without first being stamped by the Public Assistance Officer.
- (b) District Nurses are available to assist with home treatment, as the Council subscribes to all local Nursing Associations for this service.
- (c) Where extra nourishment is required for treatment, a note should be sent to the Public Assistance Officer stating exactly what is required. This will be attached by him to the form of application unless where the recommendation is written on that form by the Medical Officer.

B. **Institutional Treatment.**

- (a) Stirling Combination Hospital should be used meantime for ordinary medical and surgical cases as formerly. Where a case requires hospital treatment and belongs to a household which subscribes or has regularly subscribed to voluntary hospitals, an endeavour should be made to have it admitted to a voluntary hospital.

- (b) Urgent surgical cases requiring operation should be sent direct to the County Hospital, Alloa, or in the event of accommodation not being available there, to Stirling Royal Infirmary.
- (c) Infectious diseases (including Pneumonia) are dealt with at the County Fever Hospital, Alloa.
- (d) Travelling expenses to hospitals for diagnosis or treatment may be obtained for cases. Applications should be made through the Public Assistance Officer to the Medical Officer of Health on the usual form.

C. Clinics.

- (a) School children may be referred to the following School Clinics:—

Alloa (Ludgate Centre).—A nurse attends on Mondays, Wednesdays and Fridays from 2 to 4 p.m. A doctor attends on Wednesdays, from 3 to 4 p.m. The School Medical Officer attends on Mondays from 11 a.m. to 12.30 p.m.

Alva Academy (Park Place).—A nurse attends on Mondays, Wednesdays and Fridays from 2 to 3 p.m.

Tillicoultry School.—A nurse attends on Tuesdays and Fridays from 9.30 to 11 a.m.

Clackmannan School.—A nurse attends on Tuesdays at 2 p.m.

N.B. These Clinics are closed during school holidays.

- (b) Expectant or nursing mothers and children under five years may be referred to the following **Welfare Centres** for advice and assistance:—

Alloa (Y.M.C.A. Hut).—Thursdays at 3 p.m. A nurse is always in attendance and a doctor attends on the first and third Thursday of each month.

Alva (Johnston Memorial Hall).—Tuesdays at 3 p.m. A nurse is always in attendance and a doctor attends on the second Tuesday of each month.

Tillicoultry (Hamilton Street Hall).—Thursdays at 3 p.m. A nurse is always in attendance and a doctor attends on the fourth Thursday of each month.

N.B.—These Centres are closed during school holidays.

- (c) Cases of **Tuberculosis** are seen by the Medical Officer of Health at his office on Wednesdays, from 3 to 5

p.m. Arrangements are made by him for institutional or other treatment.

- (d) Applications under the Blind Persons Act should be made to the Public Assistance Officer.
- (e) **V.D. Clinic** at Stirling Royal Infirmary :—
Males on Mondays and Wednesdays, 5.30 to 7 p.m.
Females on Thursdays, 5.30 to 7 p.m.

Cases may be sent direct to the clinic but, if travelling expenses are required, they should be referred to the Medical Officer of Health at his office between 4.30 and 5 p.m.

C. C. FINLATOR,
County Medical Officer of Health.

County Buildings,
Alloa, February, 1931.

APPENDIX III.

CLACKMANNAN COUNTY COUNCIL.

MATERNITY SERVICE AND CHILD WELFARE SCHEME.

Arrangements for attending to the health of expectant and nursing mothers and of children under five years of age within the meaning of Section 7 of the Education (Scotland) Act, 1908, are carried out by the County Council as follows:—

1. ADMINISTRATIVE AND EXECUTIVE STAFF.

1. **Medical Officers.**—Administrative and Executive Officer; The County Medical Officer. Medical Officers of Centres; Local practitioners in rotation who act as part time Medical Officers.
 2. **Health Visitors.**—There are three whole time Health Visitors whose work is so arranged that approximately one half of it is devoted to this Scheme. District Nurses are employed in the work at Mentieth and at Dollar, and others may be employed elsewhere as the Scheme is developed.
 3. **Inspectors of Midwives.**—Inspector of Midwives; the County Medical Officer. Assistant Inspectors of Midwives; the whole time Health Visitors (all are suitably qualified).
2. **HOME VISITATION.**—Expectant and nursing mothers and children up to five years of age are visited systematically by the Health Visitors under the supervision of the County Medical Officer.
 3. **CENTRES.**—Centres are established at Alloa, Alva and Tillicoultry where mothers receive instruction in simple hygiene, cooking, clothing, and simple sick nursing. The Medical Officers attend and make routine examinations of the children and also give medical advice and treatment regarding sick children and to expectant and nursing mothers.

A Clinic has been equipped at Alloa for **ante-natal** and **post-natal** examinations.

It is proposed that children requiring treatment for minor ailments should be passed on to School Clinics for attention and, if necessary, separate hours of attendance will be arranged.

4. HOME TREATMENT.

1. **Provision of Assistance in Confinement Cases.**—In cases of emergency as defined in the Rules of the Central Midwives Board for Scotland, the services of a doctor are provided by the County Council.

In normal cases of confinement, where skilled assistance is not available, the County Council provide the services of a competent midwife or, where a competent midwife is not available, of a doctor.

Arrangements are made for the provision of sterile accouchement outfits.

Home Helps for domestic duties during the period of confinement or when the mother is removed to hospital are provided by the Council in special circumstances.

In necessitous cases the Council bear the cost of these services wholly or partly according to the means of the patient.

2. **Children.**—In necessitous cases and in cases of acute illness where the child cannot be admitted into a hospital, and no medical attendance can otherwise be obtained, the County Council provide the services of a doctor.

5. INSTITUTIONAL TREATMENT.

1. **Mothers.**—Suitable ante-natal cases and complicated cases of confinement are dealt with at the County Hospital, Alloa, but most of such cases are now sent to the Maternity Home at Stirling Royal Infirmary or to the Maternity Hospitals at Glasgow or Edinburgh.

Cases of **Puerperal Fever** and **Puerperal Pyrexia** are admitted to the County Infectious Diseases Hospital, Alloa, and arrangements are in operation whereby the services of a specialist in gynecology and obstetrics are available when required. There is also an arrangement with Friarton Hospital, Perth, for the admission of cases which cannot be dealt with at Alloa.

2. **Children.**—Children requiring hospital treatment are admitted to the County Hospital, Alloa, if accommodation and facilities for treatment are available, but many are sent to the Children's Hospitals in

Glasgow and Edinburgh or to other suitable institutions.

Special arrangements have been made for the treatment of **measles, whooping cough, pneumonia,** and **ophthalmia neonatorum** at the County Infectious Diseases Hospital, and of **hernia** and **enlarged tonsils and adenoids** at the County Hospital, Alloa. Children with **squint** are referred to the Royal Ophthalmic Institute, Glasgow, through the School Clinic for Defective Vision. Cases of **ricketts** and **malnutrition** are dealt with at Alloa Day Nursery, where they receive ultra-violet radiation.

Where serious **ear disease** follows infectious disease under treatment in the County Fever Hospital, the services of an otologist are available.

6. PROVISION OF FOOD.

The County Council supply food, including milk, to necessitous cases of expectant and of nursing mothers and of children up to five years of age under the certificate of the County Medical Officer or the Medical Officers of Centres. The provision of food depends upon the state of health, age, family circumstances and means of the recipient.

7. DAY NURSERY.

A Day Nursery and Home is established at Alloa where some 30 children can be accommodated daily. Provision has also been made for residence night and day of a number of children (6 to 8 according to age) who cannot be suitably cared for at home, e.g. mother in hospital, or serious illness in home, or until arrangements for boarding out can be made.

8. OTHER PROVISIONS.

1. **Dental Treatment.**—Assistance will be given to necessitous expectant and nursing mothers to obtain dental treatment for oral sepsis. Children under five years who urgently require dental treatment may obtain it through the School Dental Service.
2. **Provision of Insulin.**—Insulin will be provided for the treatment of persons within the scope of the scheme when it cannot be obtained otherwise.

9. RECORDS.

Suitable records are kept of the work done under the Scheme.

