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CITY OF DUNDEE

REPORT

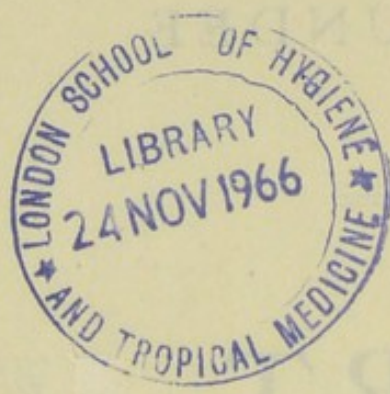
OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDING DECEMBER, 1949

DUNDEE :

PRINTED BY WILLIAM H. COX, 21 NORTH TAY STREET



CITY OF DUNDEE
REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR ENDING DECEMBER 1949

PRINTED BY WILLIAM R. GUNN, 22 NORTH FAY STREET

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SUMMARY OF VITAL STATISTICS FOR 1949

Population,	180,786
Number of Deaths (corrected),	2,442
Death-rate per 1,000 population,	13.5
Deaths of Infants under 1 year,	148
Infantile Death-rate per 1,000 births,	44
Marriage-rate per 1,000 population,	8.7
Number of Births Registered (corrected),	3,385
Birth-rate per 1,000 population,	18.7
Illegitimate Birth-rate per 100 births,	6.9
Still-births per 1,000 births (including still-births),	28
Number of Deaths from Pulmonary Tuberculosis,	136
Number of Deaths from all forms of Tuberculosis,	151
Death-rate per 1,000 pop. from Pulmonary Tuberculosis, ... ..	.75
Death-rate from all forms of Tuberculosis, ... ..	.84
Death-rate from Principal Epidemic Diseases, ... ..	.11
Deaths from Diphtheria,	—
Maternal Mortality per 1,000 births,	2.3
Neo-Natal Mortality,	28
Number of Deaths from Malignant Diseases,	384
Death-rate from Malignant Diseases,	2.12

Annual Report—1949

The Lord Provost, Magistrates and
Town Councillors of the City of Dundee.

LADIES AND GENTLEMEN,

At the time of writing some two years have passed since the National Health Service (Scotland) Act, 1947, came into operation in July, 1948. These two years provide sufficient time to form first impressions of the success or otherwise of the new scheme. One has to be restrained in expressing opinions because conditions, financial and otherwise, have made it impossible to develop the service to the extent contemplated. This would have happened no matter what form the service had taken, and indeed would have stifled the growth of the pre-1948 organisation if a Health Service Act had not been placed on the Statute Book. Any comments made here must of course relate only to the new service as it affects the health service of the local health authority in this area.

Mainly by reason of the loss of the right to control the use of hospital beds, the Public Health Department is no longer in a position to give the same degree of assistance to individual families. So long as a variety of hospitals remained under the direct control of the department, a great deal could be done to assist families by arranging for the removal to hospital of many patients suffering from various sorts of illness, but especially of patients suffering from chronic sickness, and even of old people who were feeble enough to require treatment as patients. Prompt action in this direction is of very great importance not only to the patients concerned but to the family generally, and very often has a direct bearing on the health and well-being especially of the younger members. The number of available beds was never sufficient to meet the demands, and admission to, for example, Maryfield Hospital was arranged after consideration not only of the medical evidence but also of the social conditions. The family doctor is of course

best qualified to determine whether or not hospital treatment is required for the ailment from which a particular patient is suffering and his view must be accepted, but so long as the bed accommodation is insufficient and a procedure of selection has to be followed, social conditions ought to be taken into account, and a decision on this point can only be made by one authority, who, having an over-all picture, can assess the comparative urgency of the applicants for admission. It is not suggested that the hospitals should not have been transferred and that they should be returned to the local health authority. It is not necessary that the actual management of the hospitals should be in the hands of the local health department, but it would be of great help to the department and to the people if it had control of the use of at least a certain number of beds, and was thereby able promptly to admit a patient after consideration of the medical certificate and of the social conditions of that patient in relation to those of others recommended for admission. There has been no difficulty in finding beds for patients suffering from acute epidemic infections, because up to now the accommodation has been sufficient. In any case, the understanding between the Superintendent of the Fever Hospital and the Medical Officer of Health is of such a nature as to ensure that recommendations from the Public Health Department will be accepted without question. In effect, the admission of patients suffering from acute infections to the Fever Hospital is in the hands of the preventive authority. This holds good also in the field of certifiable mental diseases, the preliminary procedure for admission to a mental hospital being by statute a function of the Health Department. We have had many expressions of regret from members of the public and also from general medical practitioners that we can no longer give the help we used to give, and we are very conscious of the loss of an important contact with the homes of the people.

In regard to the acute epidemic infections and their control, there have been no serious difficulties. The time may come, however, when the clinical experience and particularly the diagnostic skill of members of the medical staff of the Health Department will be limited to that which they may have acquired during a short spell as a resident medical officer in a fever hospital or to the short course of instruction forming part of the curriculum for the diploma in public health. They will lack the constant stimulus provided by the day to day contact with patients while under treatment in hospital. This has an important bearing on the preventive

side of the work. Already there is a feeling that something is lacking. The medical officer of health in this area was the medical superintendent of the Infectious Diseases Hospital and visited that institution at least once a week. The senior assistant medical officer of health was in clinical charge of the patients and visited the wards practically every day. Neither of these officials has now any status. The hospital is a place in which, and from which, a great deal of preventive work can be carried out in relation, for example, to the observation of contacts and to immunisation. The health organisation would be improved if arrangements could be made whereby the medical officers working in the field had official contact with patients in the hospital. It must be made clear that, as mentioned in connection with the admission of patients, the present physician superintendent is helping in every way he can.

The control of tuberculosis is a responsibility shared by so many authorities and individuals that it is impossible to construct a complete single organisation capable of dealing effectively with that disease. The sanatorium and other beds formerly available to Dundee patients have quite rightly been absorbed in the hospital pool. The tuberculosis dispensary in the Public Health Institute has also been transferred, but I cannot say "quite rightly" to that. The local health authority is responsible for important preventive measures and for after care, but they have been deprived of the institution in which and from which these activities can most effectively be carried out. Child welfare centres in which various types of clinics are held have been left with local health authorities, specialists being provided by the regional hospital boards as required. The tuberculosis dispensary should have been dealt with in the same way. Mass radiography is an important preventive measure, and the organisation of this activity should surely be a function of the local health department, the purely clinical work being performed by specialists. That department is supposed to be responsible for the prevention of disease and for immunisation and vaccination, yet the experimental use of B.C.G. as a prophylactic seems to have been made a responsibility of regional hospital boards. Another section of this report records a rise in the death-rate from tuberculosis, and while that has nothing to do with the lay-out of the health services, it does emphasise the need for strengthening the preventive organisation and for making sure that every authority and every individual concerned understand the parts they have to play.

The position in regard to the welfare of children is still rather confusing and must remain so for some little time. A child requiring advice or treatment may consult the family doctor, or visit a child welfare clinic, or even a hospital. The position will be improved as the family doctor gradually takes charge of all the medical treatment of all the children on his list, and as hospital out-patient departments cease to be out-patient departments and become consultation centres. The trouble is that many doctors have so many names on their lists that it would be impossible for them to give all the attention which children, especially very young children, require. The family doctor, if he has the skill and time, is the best person to give advice to mothers on the feeding and hygiene of infancy. The more preventive advice of this sort given by general medical practitioners the less need there will be for infant and child welfare centres. I can imagine that if the family doctor is to undertake the giving of advice to all his patients, the total names on his list would have to be limited to about 1,000. It will be some time before that can be possible, and meantime the family doctor will have to alter his outlook and develop his skill in preventive medicine. Too many authorities are concerned with the health and welfare of children. The passing of the Children Act and the establishment of children's committees advised by children's officers has introduced another authority and official in charge of part of the field. The designation of the committee and of the official is inclined to give the impression that they are responsible for the welfare of all children and not only of deprived children. While it is necessary that the activities and responsibilities of the various departments, organisations and officials in relation to children should be co-ordinated, it would be a blessing if the numbers could be reduced.

Death Rates

The general death-rate rose from the record figure of 12.6 per 1,000 population in 1948 to 13.5 per 1,000. There were 2,442 deaths in the latter year compared with 2,292. One cannot attribute the rise to any particular disease or group of diseases as several shared in swelling the rate. Conditions of the heart and circulation topped the list with 893 deaths (782 in 1948), followed by cancer with 384 (376 in 1948). Diseases of the nervous system and also tuberculosis produced more casualties. The rise in the general death-rate was due almost entirely to an increase in the number of deaths at ages over 55 years.

The infant mortality rate fell to 44 per 1,000 births, mainly due to a sharp decline in infant deaths at ages between one and twelve months, which more than balanced an increase in the number of deaths under one month. The maternal mortality rate also rose slightly.

There were 3,385 Dundee births last year (1949) compared with 3,598 in 1948, and 4,169 in 1947. The birth-rate in 1949 was 18.7 per 1,000 population, a further decline on the post-war peak year 1947 (23.1).

Births
and their
Management

For detailed information as to where and by whom the 1949 births were conducted, reference should be made to the section of this report submitted by Dr Fulton, the maternity and infant welfare medical officer. The distribution of births between institution and domicile shows a continuing and even increasing preference for the institution. There were but 582 domiciliary confinements (680 in 1948), of which 329 were district cases of the Royal Infirmary. The training of pupil midwives for the second part of the Certificate of the Central Midwives Board is likely to become difficult owing to the small number of domiciliary cases.

Apart from the Royal Infirmary district, the midwife service for domiciliary cases is provided by private midwives engaged by the Public Health Department on a fee per case basis. The Eastern Regional Hospital Board is not yet able to provide a service for the whole City in accordance with the approved proposals.

Of the 112 stillbirths, 96 were Dundee cases, giving a rate of 28 per 1,000 registered births compared with 29 in 1948 (lowest figure 25 in 1947). As usual diseases in and accidents to the mother along with difficulties in labour were the certified causes of about two-thirds of these pre-natal deaths. While knowledge as to the precise causes of stillbirth is by no means complete, there seems to be no doubt that improvement in the standard of general health of the expectant mother and in the standard of care during child-bearing and childbirth will reduce the incidence. These should be the guiding factors in prevention until more exact knowledge of ultimate causes becomes available. A superficial reading of the 1949 figures suggests that stillbirths are more likely to occur in domiciliary midwifery than in hospital practice, but larger figures and very careful analysis would be necessary before accepting such a conclusion. The stillbirth rate in women looked after in private

nursing homes is usually well below that for the City generally. It may be that nursing home patients have better general health and are better looked after than the others. If so, we must aim at nursing home standards for all. The causes of many of the deaths which occur before birth may be found by studying the causes of prematurity. Over 40% of the stillbirths last year were premature.

Infant
Mortality

There were 148 infant deaths in 1949, with a rate of 44 per 1,000 live births. This is the lowest ever recorded for the City, the nearest figure (47) occurring in both 1946 and 1948. Prematurity with 39 deaths heads the list of certified causes, followed by pneumonia (24), congenital malformation (19), injury at birth (16), and diarrhoea and enteritis (14). These are the usual causes of infant deaths, and most of them could be prevented by the strict application of existing knowledge by all concerned. Congenital malformation presents an unsolved problem, but there is evidence that certain forms of ill-health in the mother may have a bearing on the incidence of these conditions.

In considering the deaths of infants under one year, it is usual to compare the trends at ages under one month (neo-natal death-rate) with the trend at ages from one to twelve months. In general the tendency is downwards in both cases, but setting the figures for 1949 against those for 1948 the neo-natal rates rose by approximately 50% while the one to twelve rate declined by nearly 50%. There were 95 neo-natal deaths, of which 39 were certified as due to prematurity. Injury at birth (14) and congenital malformation (11) accounted for another 25. These three conditions caused 64 deaths last year, but only 39 in 1948, although the latter year, having a higher birth-rate, had more lives at risk. One cannot explain the increase. It should be kept in mind that most of the neo-natal deaths take place immediately after birth. In 1949, 81 of the 95 neo-natal deaths took place during the first week of life. Further, the conditions which are believed to cause the majority of pre-natal deaths or stillbirths are substantially the same as those which cause most of the neo-natal deaths. Very little will determine whether a death will occur before, during or immediately after birth. While the trend of the combined stillbirths rate and neo-natal rate has been downwards during recent years, there was a definite rise in 1949 (55) over 1948 (48). Owing to the marked reduction in the number of one to twelve months deaths, the combined infant mortality and stillbirth rate fell from 75 in 1948 to 70 in 1949.

Stillbirths and neo-natal deaths are closely related to the maternity services. Efficiency in every branch of that service will undoubtedly reduce the numbers. Prematurity is the outstanding certified cause in both groups. It is essential that everything possible should be done (a) to prevent premature births, and (b) to have available the special facilities necessary to protect the prematurely born live infant. Owing to incomplete knowledge it is possible to go so far only in regard to prevention. With the staff of specialist obstetricians now available in the City there is no reason why every woman should not have during child-bearing and childbirth all the skill and advice she requires, but the number of hospital maternity beds is not sufficient adequately to meet the demands. The tendency is to overcrowd the wards and send the patients home too early. The care of premature babies in a city like Dundee is a hospital problem, but the facilities so far made available are not sufficient to meet the needs.

There were 53 deaths at ages 1-12 months. The 1948 number was swollen to 101 by 49 deaths from gastro-enteritis. In 1947 there were 155 post neo-natal deaths, of which 70 were certified as due to gastro-enteritis. The decline in enteritis deaths along with a welcome fall in pneumonia deaths explains the improved one to twelve months death-rates.

Eight deaths were accepted by the Registrar-General as being due to child-bearing or childbirth, three more than in 1948, and four more than in 1947. The maternal mortality rate was 2.3 per 1,000 registered births.

Maternal
Mortality

The report by Dr Dora W. Gerrard, Chief Executive School Medical Officer, on the School Health Service, which appears later in this volume, is so comprehensive and detailed as to call for little by way of comment. During the session 1948-49 the same age groups were prescribed by the Department of Health for inspection, and there was no change in the routine work.

School Health
Service

The average height and weight of the pupils inspected is recorded for the first time for many years. These compare favourably with the figures given in the report for 1936 of the average height and weight for the periods 1910-26 and 1926-37. There is a definite increase both in height and weight of boys and girls, the

most striking difference showing in the 13-year-old boys whose increase is 1.17 inches in average height and 7.45 lbs. in average weight.

The School Medical Officers find some evidence, although admittedly on an arbitrary standard, of defective nutrition in 1.55% of the children inspected, almost twice as many as in the previous year. It is a matter of speculation whether this is due to the soaring cost of living or whether it links up with the finding of an increase in the incidence of dirty or verminous conditions of the heads, suggesting a degree of parental carelessness if not neglect about which more vigorous remedial measures may be required.

Consultation and treatment clinic work is still handicapped through lack of premises to serve the western section schools, and there is no prospect yet of obtaining or building suitable premises. The school building programme is now developing in the suburban housing schemes, and the question of spreading the facilities will require careful consideration. The school dental service suffers in the same way because lack of premises more than any other factor prevents fuller development of a more adequate service.

The indications that the National Health Service would reduce the number of children attending the school clinics have been borne out by the experience of the past year, and there is no doubt that many more children are receiving the necessary care and attention as, of course, they should, from their family doctor. The numbers of both school and pre-school age children attending for consultations are reduced by approximately one-third. The attendances for treatment also show a striking reduction.

The arrangements with the Eastern Regional Hospital Board for the services of specialists have worked very smoothly. The Orthopaedic Service has been taken over by the Royal Infirmary, but remains so far a service almost entirely for children and maintains a close liaison with the School Health Service. Considerable development of this branch must be expected as the number of cases under supervision and treatment continues steadily to increase.

The ophthalmic service too is expected to change considerably if and when the Supplementary Ophthalmic Service under the Executive Council comes to an end, and it is hoped that adequate

arrangements will be evolved to deal with the large number of children due for re-examination at prescribed intervals who cannot meantime be fitted in at the ophthalmic specialists' sessions.

Details of the work done are contained in the report of the Senior Dental Officer, which as the bulk of the dental inspections and treatments affect school children, covers the school year ending 31st July, 1950. Dental Services

The service has not developed as contemplated in the Proposals of the Local Health Authority under the National Health Service (Scotland) Act, 1947. Premises and dental staff are the difficulties. The number of dental officers cannot be added to until we secure additional child welfare centres. As has been stated elsewhere in this report, these are very slow in coming along.

At the time of writing there are four full-time dental surgeons on the staff, one senior dental officer and three assistants. Prior to the appointed day we had five dental surgeons, but as the equivalent in time of one dentist was engaged in hospital work, now no longer our responsibility, the number of surgeons available at the moment for local health authority work remains the same. Two points must be noted however. First, the dental responsibilities of the Department have increased considerably, new schools, nursery schools, day nurseries, etc. Second, there have been several changes in the personnel of the dental staff with lengthy gaps during which the establishment of four was not complete. Under existing conditions dentists are not inclined to enter or remain in local government appointments. For these reasons it was not possible to develop the service or indeed to cover the ordinary programme.

Important figures contained in Mr Finlayson's report are:— School children inspected, 11,660 (10,308 systematic, 1,352 emergency); number requiring treatment 8,175; number accepting treatment 4,911; number actually treated, 4,311. Acceptances rose to 52% from 50% in the year 1947-48, 44% in the year 1946-47, and 38% in 1945-46. This increase is satisfactory, but it must be noted that only 10,308 were examined out of a school population of about 27,000, and that many children have been without routine examination for two years. It must also be noted that the orthodontic service had to be curtailed.

The position is not satisfactory and calls for special attention if the Department is to carry out the duties imposed on it.

A dental X-ray unit is now under purchase and should be available for use at an early date.

Child Welfare Centres

The number and distribution of the child welfare centres are the same as reported on last year. The only change is that the infant clinic formerly held in the Caldrum Street Baths building was transferred in January, 1950, to the nearby Butterburn Church Hall, where it is held once weekly. The west central district is still without a child welfare centre for school health clinics. It is a long time since the principle of a new centre for the Mid Craigie and Linlathen district was accepted by the Council, but no progress has been made. Even in the principal child welfare centre the waiting-room has presented for years a yawning gap where a ceiling once was.

It is agreed that there are difficulties in getting things done these days, but one cannot help feeling that there has been too much delay. The child welfare centres are doing and have been doing important and difficult work for nearly 40 years, and every encouragement should be given to the people and to the staff by making the amenities in these institutions as attractive as possible.

Clinics

The various clinics open to infants, pre-school and school children, expectant and nursing mothers for which the Local Health Authority is responsible are held in the various child welfare centres. The present arrangements are pretty much as described in the last annual report. In October, the orthopaedic clinic for children was transferred from the Maryfield Child Welfare Centre to the Royal Infirmary. From the beginning of the 1950-51 school year, two clinic sessions for minor ailments in school children will be held twice weekly in the King's Cross (West) Centre. These clinics will serve Blackshade and Gillburn Infant Schools, both of which are expected to open at the beginning of the 1950-51 school year.

Some of the infant welfare clinics are exceedingly busy, and the need for duplicating certain of them must be considered in the near future. But for staff difficulties an infant clinic would be held at least twice weekly at each of the eight child welfare centres. To

avoid overcrowding and to reduce the waiting time efforts will be made to hold additional infant welfare clinics at the Hawkhill (3,447 attendances last year), Central (3,255 attendances), Lochee (3,066 attendances) and Maryfield (3,023 attendances) centres.

The various clinics held by specialists are adequate to meet the demands. Details of the work done at these special clinics are given by Dr Fulton in her report.

The demand for places in the day nurseries continues, and the waiting list for the eleven nurseries maintained by the Council contained 1,729 names at the end of the year.

Day
Nurseries

There are now two factory day nurseries. One having 65 places was opened in September, 1948, and another with 50 places was opened in October, 1949. A third factory nursery is to be opened in the autumn of 1950, and two more are likely to be opened in the near future.

The Town Council are agreed on the policy of increasing the number of nurseries under their control and are ready to establish a nursery in the west central district where it is badly needed. So far no progress has been made in the way of securing either suitable premises or a suitable building site. I should have thought that the erection of a day nursery would have been an admirable way of developing one of the rather unattractive areas left by the demolition of unfit houses.

Information reached the Department of 2,867 cases of infectious disease (excluding tuberculosis) during the year 1949. In 1948 the figure was 5,709. The fall resulted mainly from a reduced incidence of chickenpox, measles and especially mumps. The actual figures are shown in Table XXI. Of the total, 2,453 were children under 15, and 414 were over that age.

Epidemic
Infectious
Diseases

There were 4 accepted cases of diphtheria and 1 of paratyphoid fever. The former disease had been driven away by immunisation and the latter by improved sanitation. Notes on the progress of the diphtheria immunisation campaign are given elsewhere in this report.

There were 601 notifications of acute primary pneumonia, an unusually high figure, and 51 of influenzal pneumonia. An outbreak of influenza in February produced 44 of the 51 influenza notifications.

Acute poliomyelitis accounted for 7 notifications compared with 11 in 1948 and 40 in 1947. It would seem that in 1950 the total number of confirmed cases will exceed that for 1947.

Intestinal infections of a comparatively mild nature were fairly common throughout the year. One expects this type of infection to show a higher incidence during the summer months, but the incidence was heavier during the last three months of the year. Dysentery (101), enteritis (89) and gastro-enteritis (252) accounted for 442 of the total number of accepted cases of infectious disease. Institutional outbreaks accounted for quite a number of patients. Thus, 88 cases, most of them non-specific gastro-enteritis, occurred in 8 outbreaks affecting seven institutions for babies or young children. Four day nurseries had 13, 5, 9 and 10 cases respectively, the last-mentioned being due to the Dysentery Bacillus Sonne III. Twenty-five cases occurred in a maternity home, 16 in a convalescent home, and 4 and 6 respectively in two small outbreaks in a hospital. One of these last outbreaks, involving 4 cases, two infants and two nurses, occurred in the first quarter of the year, all the others between September and December. The institutions affected were immediately closed to new admissions, and cases were removed to the isolation hospital. Careful investigation of all the outbreaks was followed by vigorous steps to ensure a high standard of cleanliness in the storage and handling of food and utensils.

Vaccination and Immunisation

It is impossible to report with any degree of accuracy the total vaccinations performed in the city because a considerable number are not reported to the medical officer of health. The question of the rate of remuneration of medical practitioners for the service of returning a completed record card in respect of each individual vaccinated or immunised against diphtheria had not been settled by the end of 1949, and it is likely that returns are held up in some quarters pending a settlement. In those circumstances it is not surprising that the returns for the year show little improvement on the rate previously reported in respect of the latter half of 1948. There is considerable improvement in the returns in the first part of

the current year due to the outbreak of smallpox in Glasgow in March and April, 1950.

According to the records received at this office from infant welfare clinics and medical practitioners 823 persons had primary vaccinations, and of these 713 were under one year. Of the total at all ages 689 had typical vaccinia, 8 accelerated vaccinoid, 9 reaction of immunity and 117 no local reaction. There were 196 re-vaccinations, of which 72 had typical vaccinia, 26 accelerated vaccinoid, 79 reaction of immunity and 19 no local reaction. In no case were there complications to report.

In these days of rapid travel between countries where smallpox is endemic and sometimes epidemic and this country and the undoubtedly increased risk of importing the infection it is necessary continually to stress the importance of vaccination in infancy for the protection it confers with the minimum of risk and upset and also because re-vaccination, should it be necessary in later years in the presence of an outbreak, is much less upsetting than primary vaccination at the later age. The health visitors find apparently that vaccination is out of favour and have less difficulty in persuading parents to submit their children for diphtheria immunisation.

The clinic and King's Cross Hospital facilities for immunisation remained unchanged during 1949, and in respect of school children Dr Gerrard mentions in her section of this report that the tendency now is to carry out immunisation more in the schools than in clinics. A considerable number of children were dealt with by the family practitioners and, as for vaccinations, their returns will be incomplete.

According to the record cards returned to this office from all sources 1,554 cases had a complete course and 1,021 maintenance doses in the first half and 1,457 a complete course and 1,219 maintenance doses in the second half of 1949. The totals for the year show a decrease of 287 in the number of individuals receiving a full course and an increase of 520 in the number receiving maintenance injections.

Quite a small number of infants attending the child welfare clinics receive a course of inoculations against whooping cough

because in the absence of convincing evidence from the Medical Research Council as to the efficacy of the procedure the course is given only on request by the parent, the infant being under one year. The number who received the full course in 1949 was 131 compared with 87 in 1948.

A number of general practitioners report the use of one of the combined whooping cough-diphtheria prophylactics, and the number of infants under one year reported as having been protected against whooping cough in this way was 343 in 1949 compared with 71 during the latter half of 1948. In the first half of the current year the numbers tended to go down in view of the published reports on the possibility of an increased susceptibility to poliomyelitis following the use of this material. Indeed, important as it is to secure the protection of children against diphtheria we are recommended to consider seriously the advisability of modifying the whole procedure should there be an abnormal prevalence of poliomyelitis.

Very informative figures regarding immunisation against diphtheria are contained in the reports of the maternity and infant welfare medical officer and the chief executive school medical officer.

Tuberculosis

The all-forms tuberculosis death-rate in 1949 was .84 per 1,000 population. The figure is by no means a record, having been lower on some eight previous occasions. As long ago as 1932 the rate was .78 per 1,000, while in 1948 it was .72, the lowest yet reached in Dundee. The numbers on which the rates are based in a city the size of Dundee are, of course, very small, and one cannot expect a steady decline year by year. The general trend should, however, be downwards. Unfortunately that has not occurred for some years. The average annual death-rate from all kinds of tuberculosis during the five-yearly period 1934-38 was .83 per 1,000, whereas the corresponding figure for the quinquennium 1945-49 was .85 per 1,000. Prior to about 1932 there was a steady fall from the high level in the neighbourhood of 2.0 per 1,000 which prevailed during and even before the first world war. After 1932 the fall did not continue. The lack of progress is even more evident in the rates applicable to pulmonary tuberculosis. The average annual death-rate from lung tuberculosis during the period 1934-38 was .60 per 1,000 population,

while for 1945-49 it was .75 per 1,000 or 25% higher. As in the all-forms rate, the pulmonary rate has remained fairly stationary for some years immediately prior to the war. The average annual death-rate from all varieties of tuberculosis, except lung, shows very satisfactory progress. In the earlier five-yearly period, the rate was .25 per 1,000, while during 1945-49 it was .12, or less than half. The satisfactory fall in this rate may be attributed to two factors. First, the improvement in the milk supply; and, second, the successful use of chemotherapy in certain types of cases. Improvement in the milk supply cannot eradicate the non-pulmonary disease as much of it is due to the human type of organism. Fortunately few deaths occur—only 15 last year—but this type is responsible for a very much larger number of cases of prolonged and painful illness affecting mainly young people.

The number of notifications of pulmonary tuberculosis in 1949 (414) was the highest for 30 years, while the number of non-pulmonary tuberculosis (42) was the lowest ever. The latter figure can probably be explained in the same way as the declining non-pulmonary death-rate, but the rise in the former does not necessarily indicate an increased incidence, although that cannot be entirely excluded. The fact that 304 of the 414 notified cases of pulmonary tuberculosis were discovered at the tuberculosis dispensary suggests that the search for cases has become much more active. This was made possible by the increase in the medical staff from one to four after the transfer of the tuberculosis dispensary to the Secretary of State. The increase in the volume of work carried out at the dispensary can be measured by the rise in the number of individuals attending for the first time. In 1947, 1948 and 1949 the figures were 975, 728 and 1,329 respectively. Judging by the January to June experience, the 1949 figure will be doubled in 1950. Ascertainment is likely to become even more efficient now that the mass radiography unit is in full operation. It began to function towards the end of 1949, and had not much effect on the notifications during that year as only 9 cases were revealed during the short time it was in use. It should have a marked effect not only on the total number of notifications during the present year, but on the stage at which many of the patients are diagnosed. The increase in notifications must therefore be regarded as evidence of the more efficient application of a very effective preventive measure than as an indication of the extent to which the incidence of the

disease has increased. Obviously early diagnosis is of tremendous importance not only to the individual patient but to his immediate contacts and to the community.

On considering the various figures, especially the death-rates, one must conclude that tuberculosis is by no means under control. It is a war disease, and the second world war, like the first, had a very definite adverse effect on the morbidity and mortality rates. It is doubtful, however, if the war can carry all the blame for the present state of affairs. There is at least a suggestion that the incidence as measured by deaths had ceased to fall some years before the war, and the possibility that even if there had been no war and no war incidence, it would have risen to about the present level or at least remained stationary. All the factors involved in the aetiology of tuberculosis are not known, but we do know that the search for missed cases of the disease is most likely to be successful if they are looked for in the houses where we know tuberculosis is. Housing conditions may increase both the susceptibility of the occupants and the opportunities for infection. It is doubtful if the number of new houses provided during the years immediately preceding the war and since the war have been sufficient to meet the needs of new families far less have any effect on the standard of existing houses, many of which were allowed to become still more unhealthy. Housing conditions have in fact not improved during the last twenty years, and may even have worsened. That fact must be considered as one of the factors responsible for the continued high incidence of the infection.

If new cases of tuberculosis are most likely to be found in houses where tuberculosis is, it is obviously desirable promptly to remove from houses patients found to be suffering from the disease. That is not being done, and cannot be done because of the absence of sufficient sanatorium beds. The successful search for early cases of the disease is not being followed up by the action which makes the search worth while—indeed of any use at all—except to provide us with some figures. The result is that adequate treatment is not immediately available to the new-found patient, and the risk of infection, to which his contacts are now known to be exposed, is permitted to continue. There is constantly in Dundee a waiting list for sanatorium treatment containing some 150 names. One can be quite sure that the disease is spreading from these centres of infection.

Until we know more about methods of control of tuberculosis we must concentrate on housing and on beds. Insufficient money and many other difficulties impede progress in both these directions. In the matter of housing the Town Council have made arrangements whereby households, members of which suffer from tuberculosis, receive special consideration in the allocation of houses. On 31st December, 1948, there were 170 names on the special tuberculosis priority list. During 1949, 167 names were added. 180 families were rehoused, 17 were removed from the list by reason of death, and 10 for other reasons. The number remaining on the list on 31st December, 1949, was 130. The average waiting list time between the recommendation and the rehousing worked out at approximately $8\frac{1}{2}$ months. Those requiring houses of four or five rooms were placed much more quickly than those requiring smaller houses. The City Factor is collaborating very helpfully with the health department in this matter of housing, and it is hoped that the time lag will be shortened in the near future.

By way of after care assistance of various sorts was given to tuberculosis families. In some twenty cases home helps were provided. Milk at an annual cost of £383 was supplied to 34 families. Nursing items totalling nearly 200, including beds, mattresses, invalid chairs, as well as small articles, were given or lent. In this service great help was given by the British Red Cross Society, whose County Commissioner (Mrs William Allan) is always so willing and anxious to work with us.

It is gratifying to be able to report the smooth and satisfactory running of all the arrangements described in the last report on this service. There is most cordial co-operation with the Medical Superintendent, Westgreen Mental Hospital, in considering the home arrangements for the welfare of patients whose discharge has been the subject of written application and also during the period of some months under our after care supervision following their final discharge. There is evidence that such after care by an experienced health visitor is of considerable value and as a general rule warmly appreciated by the patient and relatives. The important points are that the patient is assisted towards rehabilitation as a useful member of the household and the community, and any further treatment of any kind receives due attention and also that

the relatives resume responsibility for the ex-patient with greater confidence knowing of the mental health service of which they may avail themselves at any time.

The services of the department have been called upon for the certification formalities in fifty-five cases in hospital and twenty private cases of mental illness. A sad feature is the fact that twenty-four of these were over 65 years and thirteen of them over 75 years of age. It is unfortunate that there is not as yet any suitable arrangement for the proper care of these old folks as an alternative to their certification and admission to a mental hospital because they suffer usually only from a natural waning of mental powers rather than a mental illness.

The clinic sessions for mentally handicapped have been held regularly on two afternoons each month by Dr Robert Gibson, Medical Superintendent, Baldovan Institution, and many cases have been referred for consultant opinion by the School Health Service and by the Disablement Resettlement Officer, Ministry of Labour, with whom there is most satisfactory liaison. There is real difficulty in fitting the handicapped individual into suitable employment, and there is unfortunately a striking shortage of "sheltered employment" suitable for the mentally handicapped cases especially when they reach the age for an adult wage. There appears to be no ready solution of this problem, and it may be that the only possibility is the development in the future of day centre facilities in the institution for mental defectives under the supervision and guidance of the skilled staff there and in conjunction with the Ministry of Labour.

The establishment of a day centre at Baldovan Institution for suitable child defectives under the age of 13 years has been approved by the Eastern Regional Hospital Board and the General Board of Control for Scotland. The local authority has agreed to accept responsibility for the cost of transport to and from the Institution each week day, and it is hoped that the scheme will operate within a short time. The care and training, between 9 a.m. and 6 p.m. daily, Monday to Friday inclusive, of some ten or twelve young defectives who are meantime awaiting admission or will ultimately require admission should prove to be of considerable value to the defectives and substantially lighten the burden in their homes. Nineteen defectives were certified for admission during the year.

No psychiatric social worker has yet become available, but there is no doubt that the immediate needs of the service are most adequately met by the present arrangement for all the visits required to be paid by a senior experienced health visitor. During the year this visitor paid 210 visits to 147 cases and 75 other visits in connection with home circumstances or employment.

The department has kept closely in touch with the Dundee Association for Mental Health which has been very active in the past year. The Association has made a most valuable contribution to the Mental Health Service of the city by their purchase and lease to the Education Authority of a moderately large private house centrally situated and eminently suitable for use as Child Guidance Clinic premises. An earnest search for premises suitable for purchase as an occupational centre for defectives over the age of 16 years is now engaging their attention.

This scheme continued to make progress during the year. Altogether 846 applications were received, and after very careful scrutiny 744 were granted. The conditions justifying help were as follows:—Tuberculosis (cases awaiting admission, cases discharged, etc.), 28; confinement cases (ante-natal, confinement and post-natal), 142; chronic cases (old age, debility, heart conditions, cerebral hæmorrhage, nervous debility, diabetes, carcinoma, etc.), 402; acute illnesses (influenza, pneumonia, pleurisy, accidents, post-operation cases, skin conditions, etc.), 172; in addition 102 applications were not granted (of these 5 cases were admitted to hospital, 82 made other arrangements, and 15 were ineligible).

Domestic
Help
Service

The average number on the staff was equivalent to 81.7 whole-time helps, and the average period of assistance given during 1949 to 744 applicants was $29\frac{1}{4}$ days.

Of the 744 applicants, 87 paid the full cost, 404 paid as assessed under the scale of charges, 243 received additional allowances from the National Assistance Board to enable them to pay the minimum charge, 10 were considered as "special" cases and received the service either free of charge or at considerably less than the scale amount.

During the year 6,698 accounts amounting to £3,504 6s 4d were rendered, and of these 6,568 accounts amounting to

£3,435 18s 6d were paid. There are thus 130 accounts amounting to £68 7s 10d still outstanding.

On 31st December, 1949, 255 households were receiving assistance from the equivalent of 110.8 whole-time helps. The periods of help ranged from 6 hours to 48 hours per week.

The Health Committee authorised the employment of the equivalent of 80 domestic helps, and this number was increased subsequently to 100 for the finance year 1949-50. For the year 1950-51 the figure is 125. The service has to be kept under very close supervision. The cost for the calendar year 1949 was £15,000; to 15th May, 1950, it will be about £21,000, and the estimate for 1950-51 is £27,250. The figures mentioned are gross costs and are subject to Exchequer grant and to recoveries from applicants. It has proved impossible to meet all demands, and every application has to be carefully scrutinised, specially those from households where there is chronic illness or old people when the services of a home help may be required for prolonged periods. A working arrangement with the W.V.S. "Meals on Wheels" service is proving helpful, and at the end of the year several cases were being supplied with meals as an alternative to the services of a home help.

The Health Committee requested the Town Clerk to write to the Department of Health for Scotland with a view to obtaining larger grants for tuberculosis and chronic sickness cases, and the Department replied that new legislation would be required to enable this to be done. The question is to be further pursued through the Counties of Cities Association.

Health Visiting

Health visitors paid 74,411 visits to individuals in their own homes in order to advise on health matters. These visits were distributed as follows:—Expectant mothers, 6,515 (including 1,399 first visits); children under 1 year of age, 35,775 (3,521 first visits); children 1 to 5 years, 24,927 (2,746 first visits); tuberculosis cases, 4,170 (409 first visits); orthopaedic cases, 183 (131 first visits); infectious diseases, 1,578 (1,141 first visits); for day nursery purposes, 112 (92 first visits); school health follow up, 1,457 (1,139 first visits), and miscellaneous visits 58.

Some 30 health visitors work in the homes of the people in a part-time capacity. They are also engaged in clinics of various

sorts and in schools. The time actually spent in visiting is roughly equivalent to 18 whole-time visitors. It is obvious from the figures that special attention is given to young children. That is as it should be. Nevertheless the health visitor, while in a house, helps in any way she can to solve any problem affecting any member of the family or the family as a whole. This sort of help cannot be measured in terms of figures, but is nevertheless very important. It is not possible yet to cover the whole of the ground as completely as one would like and as contemplated in the Health Services Act, but the trend is in the right direction.

The staff difficulty is still present. We have still a proportion of not fully-trained visitors, but the superintendent makes every effort to arrange that district work is done by fully trained staff. This is important as the district health visitor, to a greater extent than the clinic nurse, must depend on her own resources of skill and experience.

The question of premises in and from which the health visitors can carry out their work is still unanswered. The present arrangements make it very difficult to develop the service, and it is hoped that the time will not be long before accommodation will be made available in the central public health office.

The usual course of lectures — eleven in all — was arranged specially for health visitors. The subjects dealt with were of general as well as special interest and included the following:—Ante-natal care; School Health Services; National Assistance Board; Chemotherapy; Mental Health; The Children Act, 1948; Educational Psychology; Rehabilitation; Juvenile Employment; B.C.G. and Mass Radiography. The lecturers were all specialists in their subject.

The work of home nursing for which the Town Council, as Local Health Authority, is responsible is carried out on their behalf by the Dundee Sick Nursing Society and the Broughty Ferry Nursing Association. In accordance with the Proposals these voluntary bodies have been authorised to increase their nursing staff with the result that the volume of work done has increased considerably since the Health Service Act came into operation.

The total number of visits paid during each of the last four years by the nurses of both bodies was as follows:—1946, 51,476; 1947, 49,530; 1948, 58,638; and 1949, 67,968. In 1949 the Dundee Society nurses paid 61,050 visits and the Broughty Ferry Association 6,918 visits. The yearly number of new cases point to a widening of the demand and all the figures to an increase in the number of visits per patient.

The Dundee Sick Nursing Society have taken an unusual step in appointing to their staff a registered male nurse. The Superintendent informs me that he is doing excellent work in the district and that this departure from normal practice has proved very successful.

The general housing position in the City has made it impossible to put into operation the proposal to provide houses for a limited number of nurses whose districts are at some distance from the centre of the City where the Dundee Society's Nurses' Home is situated.

Health Education

As a variation from the health educational features which have been usual in the past few winter seasons, namely film programmes in a picture house with or without a short health talk by a speaker who also answered written questions from members of the audience, it was decided in the winter 1949-50 to have a series of meetings for the food-handling trades aimed at improving wherever possible and necessary the cleanliness in handling the various types of foodstuffs and the liaison with the Medical Officer of Health and the Sanitary department. There is some justification for the view that there is too high an entertainment value in the former type and that, while they attracted greater numbers, the real educational value is doubtful. In the recent series the plan was to approach directly first the employers in all the branches of the food-handling trades in order to arouse their interest and co-operation and to follow that up with meetings for various groups of the trades in which similar problems and difficulties were likely to be experienced. The first meeting met with a most encouraging response, and it was followed by meetings for (1) Grocers and Fruiterers; (2) Milk and Ice-Cream Trades; and (3) Butchers, Fishmongers and Poulterers, at intervals of four to five weeks. All the meetings were addressed by Dr A. G. Mearns, Medical Adviser of the Scottish Council for

Health Education, and the questions and discussion which followed his talks showed a lively interest in the various problems raised. It is difficult to arrange such meetings on a day and at an hour which will be generally acceptable and even more difficult to excite sufficient interest in the young shop assistant—the very individual who needs the instruction most, but in spite of that it was felt that the meetings were a success and likely to be fruitful in results.

Medical Officers of the Department gave a number of talks on their work to various Men's Clubs and Woman's Guilds, and in two of these an exhibition of health films and a supply of health pamphlets were provided by the Scottish Council.

There has been a further marked increase in the number of vessels arriving in the Port of Dundee which were visited by a medical officer and sanitary inspector. A total of 245 foreign-going vessels were visited in this way, and 576 coastwise craft were inspected by a sanitary officer. These figures represent increases of 37% and 13% respectively on the corresponding figures of last year. There was no case of infectious disease to deal with apart from eleven patients with non-specific enteritis, who, with one exception had recovered before the ship, direct from Africa, docked at Dundee.

Port Health
Administration

Details of the work done in dealing with vermin, including rat infestation are contained in the report of the Chief Sanitary Inspector.

Interest has been continued in the special attention given to crews' quarters during inspection of ships by the visiting medical and sanitary officers. This extension of the inspecting conditions was commenced last year. Large well appointed ships with coloured crews are invariably scrupulously clean. Smaller vessels with fewer comforts and facilities are often untidy and even unclean if the crew is British, whereas similar ships with Dutch or Norwegian crews are usually spotlessly clean. It still appears that the condition of cleanliness of any ship is a direct consequence of the interest of the captain in the matter.

It is of interest to observe that new ships coming into cargo service have been built with the crews' quarters very much in mind. One recently launched vessel of some 5,000 tons, deserves special

mention in respect of the "ideal home" aspect of its crew's quarters. Individual cabins for each member of the crew, comfortable and tastefully furnished rest rooms and recreation rooms combined to impress the visitor with the modern outlook of shipping companies in this matter of crews' quarters. Similar amenities and comforts were also found on another new vessel although of much smaller size—only 500 tons—indicating that the modern approach to the improvement of crews' quarters is a general and generous one.

The inspection of vessels with respect to crews' quarters has covered in all 121 ships, ranging from 5,584 to 81 tons and including numerous nationalities, Dutch, Scandinavian, Portuguese, Indian, British, etc.

Housing and Sanitation

Numerous figures relating to the housing position in Dundee are contained in the chief sanitary inspector's section of this report.

It cannot be said that progress in the provision of new houses was very satisfactory. There were completed 554 new houses in 1949. In 1948 the figure was 775, while in 1947 as many as 998 new houses were made available. These figures suggest progress in the wrong direction. The decline is due to the disappearance of temporary dwellings from the housing programme. According to the chief sanitary inspector's report, 1,712 houses were in course of erection by the Town Council on the last day of 1948. One would have thought that all these would have been completed during the succeeding 12 months, that is, before 31st December, 1949, but only 444 of them were made available during that time. It is unlikely that all or even the major part of the 1,497 houses under construction on 31st December, 1949, will be completed before the end of 1950. That, however, should be the definite aim of the housing department.

One cannot say that the housing position has improved to any extent. It is doubtful if the new houses will do more than balance the increase in the number of families and do very little, if anything to make up the leeway. The fact that many families have to occupy as houses buildings which years ago were condemned as unfit for

human habitation and also decrepit ex-service huts, such as those in East Kingsway, provides ample evidence that the housing campaign has a long way to go and must be speeded up. Every possible method of providing new houses must be examined.

I am, your obedient servant,

W. L. BURGESS,

Medical Officer of Health.

Central Public Health Office,

9 West Bell Street,

Dundee, August, 1950.

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TABLE I.
Return Showing Causes of Death (corrected for transfers at the Different Age Periods during 1949

Cause of Death	ALL AGES															85 & over
	Total	Males	Females	--1	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	over	
Typhoid Fever,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles,	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diphtheria,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Influenza,	15	5	10	—	—	—	—	—	1	—	—	3	6	4	1	
Cerebro-Spinal Fever,	3	3	—	1	—	—	—	—	1	1	—	—	—	—	—	
Other Epidemic Diseases,	8	4	4	—	—	—	1	2	1	—	—	4	—	—	—	
Tuberculosis of Respiratory System,	136	79	57	—	1	—	2	24	29	33	15	19	9	4	—	
Other Tuberculous Diseases,	15	7	8	—	5	—	3	2	2	1	1	—	—	—	—	
Cancer, Malignant Diseases,	384	188	196	—	—	—	1	4	3	16	50	108	99	92	11	
Diabetes Mellitus,	15	4	11	—	—	—	—	—	—	1	2	—	10	2	—	
Diseases of Nervous System,	311	125	186	2	1	—	—	2	2	4	24	52	89	107	28	
Diseases of Circulatory System,	893	417	476	—	—	1	—	5	10	19	50	136	251	316	105	
Bronchitis,	79	36	43	2	1	1	—	—	—	3	6	22	13	22	9	
Pneumonia (all forms),	106	51	55	24	3	—	—	—	1	2	4	12	34	24	2	
Other Respiratory Diseases,	34	17	17	—	4	—	—	—	1	—	7	10	7	4	1	
Diarrhoea, etc. (all ages),	18	11	7	14	1	—	—	—	—	1	—	—	1	—	1	
Appendicitis,	10	7	3	—	—	1	—	1	1	—	5	—	2	—	—	
Other Digestive Diseases,	82	48	34	1	1	2	1	2	1	7	13	10	24	16	4	
Acute and Chronic Nephritis,	34	16	18	—	—	—	—	1	1	6	5	2	10	7	2	
Other Diseases of Genito-Urinary System,	42	33	9	—	—	—	1	—	1	—	2	3	17	16	3	
Puerperal Sepsis,	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	
Other Puerperal Causes,	6	—	6	—	—	—	—	1	2	3	—	—	—	—	—	
Congenital Debility Premature,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Birth, Malformations, etc.,	93	52	41	92	—	—	—	—	—	—	1	—	—	—	—	
Old Age,	6	3	3	—	—	—	—	—	—	—	—	—	—	3	3	
Violent Deaths,	98	54	44	9	2	6	1	5	4	6	5	13	24	16	7	
All Other Causes,	51	28	23	3	2	—	—	—	3	1	5	12	12	11	2	
ALL CAUSES,	2,442	1,189	1,253	148	22	11	10	49	64	105	195	406	608	645	179	

TABLE III.

Death-rate (from all causes) each month during the years
1943-1949.

Month.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
January,	15.7	18.3	19.5	20.3	18.7	15.4	16.4
February,	18.1	13.9	15.6	16.3	19.2	14.1	21.3
March,	14.3	14.5	14.1	18.1	17.9	14.3	14.8
April,	12.9	12.7	12.6	15.6	14.0	13.4	13.7
May,	12.4	15.0	12.4	12.8	14.2	13.6	12.7
June,	14.1	12.9	11.7	13.0	12.4	10.8	11.2
July,	12.3	12.7	11.5	11.8	12.6	11.0	9.2
August,	11.3	12.3	9.5	11.7	12.8	11.8	11.2
September,	10.8	13.7	10.0	10.8	11.2	12.8	10.1
October,	12.9	13.4	10.5	10.6	11.3	10.6	11.4
November,	14.8	11.4	12.7	14.9	13.2	13.2	12.6
December,	20.7	14.8	17.3	17.8	16.9	12.9	16.0

TABLE IV.

Death-rate (from all causes) in various Wards each year,
1941-1949.

Year	Whole										10 &	
	City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	11.	12.
1941,	15.3	12.9	14.2	15.5	16.8	23.4	11.1	16.7	14.5	14.8	18.6	12.4
1942,	14.7	12.0	12.0	15.7	17.1	20.4	9.8	18.6	12.1	15.9	17.9	12.6
1943,	15.0	13.1	13.3	16.0	18.8	21.6	11.9	17.3	11.7	15.0	15.2	13.0
1944,	14.6	11.5	12.2	14.8	18.1	21.9	11.3	19.8	12.9	13.3	15.7	11.6
1945,	13.6	10.0	12.0	14.0	17.1	20.5	8.4	19.0	11.4	12.6	17.2	11.6
1946,	14.1	11.6	13.1	14.2	15.6	21.8	10.8	18.5	11.8	12.4	16.1	12.1
1947,	13.7	11.3	12.6	12.9	14.7	19.0	9.9	20.3	11.9	12.9	16.3	11.6
1948,	12.6	8.3	12.6	13.4	17.5	17.5	9.2	14.7	10.1	11.1	14.3	12.3
1949,	13.5	10.2	13.5	12.6	10.9	19.1	8.9	19.0	11.6	11.3	17.9	11.5

TABLE V.

Birth-rate in Various Wards Each Year, 1941-49.

Year	Whole										10 &	
	City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	11.	12.
1941,	17.5	16.1	13.4	19.7	24.2	24.8	14.3	13.7	13.7	14.2	14.5	18.5
1942,	17.5	16.7	16.2	21.6	22.3	22.6	13.6	19.7	14.1	14.6	16.1	16.2
1943,	16.3	15.0	12.1	21.2	23.1	21.6	10.9	19.2	11.8	15.0	14.3	15.5
1944,	18.0	19.4	18.7	23.8	27.1	29.3	14.8	24.7	15.4	18.9	18.6	17.2
1945,	16.1	16.2	12.9	20.2	21.8	24.9	10.1	19.3	11.3	14.1	14.6	13.5
1946,	22.3	22.8	16.4	27.1	31.2	32.8	16.6	26.4	18.7	21.4	30.0	20.9
1947,	25.1	19.9	16.8	29.5	31.2	32.0	19.0	22.8	20.0	18.5	22.5	21.2
1948,	19.8	10.5	12.6	28.6	27.1	23.7	15.9	25.3	17.5	16.5	17.3	17.2
1949,	18.7	15.7	14.2	25.2	26.1	21.8	14.8	26.3	14.4	15.4	15.3	17.3

TABLE VI.

Infantile Death-rate (per 1,000 births) in Various Wards
Each Year, 1941—1949.

Year	Whole City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.	12.
1941,	89	48	96	106	69	85	92	85	91	111	193	82
1942,	68	59	52	87	83	68	38	71	62	56	58	82
1943,	69	60	92	63	78	74	108	39	68	81	33	68
1944,	60	52	46	64	76	73	58	34	78	58	23	70
1945,	57	33	59	51	84	45	75	69	47	93	38	27
1946,	47	51	38	67	42	46	54	26	50	41	55	47
1947,	70	81	86	77	52	59	92	57	82	103	24	58
1948,	47	52	46	41	57	48	63	54	29	52	16	69
1949,	44	48	52	35	62	50	38	36	39	46	36	35

TABLE VII.

Death-Rate in Various Wards from Principal Epidemic Diseases
Each Year, 1941—1949.

Year	Whole City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.	12.
1941,	.69	.83	.55	.78	1.05	.90	.38	.56	.62	.84	.60	.51
1942,	.33	.07	.56	.40	.45	.46	.52	.41	.29	.23	.41	.06
1943,	.61	.47	.29	.62	.46	1.26	.59	.42	.30	.95	.85	.53
1944,	.16	—	.1	.34	.20	.08	—	.25	.24	.18	.42	.06
1945	.05	—	—	.07	—	—	—	—	—	.16	.31	.06
1946,	.21	.18	.18	.19	.24	.29	.25	.28	.16	.22	.19	.11
1947,	.08	.23	.08	—	.17	—	—	—	.10	.15	.18	—
1948,	.09	—	—	.12	—	.05	.06	.07	—	—	.09	.05
1949,	.11	—	—	.12	.33	.13	.11	.07	.10	.10	—	.10

TABLE VIII.

Pulmonary Tuberculosis Death-rate in Various Wards
Each Year, 1941—1949.

Year	Whole City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.	12.
1941,	.65	.65	.27	.72	.99	.75	.50	.88	.62	.68	.30	.68
1942,	.77	.77	.47	.74	1.08	1.54	.58	.90	.47	.69	.93	.75
1943,	.61	.94	.39	.48	.78	.95	.53	.50	.66	.65	.42	.36
1944,	.73	.61	.58	.82	.72	1.42	.53	1.09	.78	.54	.32	.65
1945,	.68	.33	.95	.47	.97	1.40	.13	.74	.65	.58	.63	.76
1946,	.70	.55	.26	1.01	1.19	.79	.24	.61	.49	.92	.68	.70
1947	.82	1.24	.99	.65	.84	1.42	.56	1.87	.36	.81	.63	.46
1948,	.65	.34	.41	.53	.78	1.27	.68	.93	.59	.61	.36	.71
1949,	.75	.40	.99	.71	1.12	1.42	.90	1.37	.51	.30	.45	.41

TABLE IX.

Tuberculosis (all forms) Death-rate in Various Wards
Each Year, 1941—1949.

Year	Whole City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.	12.
1941,	.90	.83	.83	.98	1.43	1.05	.75	1.20	.91	1.01	.30	.73
1942,	1.02	.85	.47	1.07	1.40	2.08	.77	1.07	.64	.87	1.03	1.04
1943,	.79	1.48	.39	.55	1.11	1.18	.53	.59	.78	.89	.42	.53
1944,	.88	.87	.77	.96	.85	1.60	.72	1.09	1.02	.65	.42	.65
1945,	.86	.46	1.43	.68	1.48	1.63	.19	.83	.83	.70	.63	.76
1946,	.87	.74	.35	1.07	1.37	1.01	.60	.77	.88	.98	.87	.70
1947,	.94	.92	1.32	.76	1.01	1.42	.79	2.16	.31	.81	.82	.46
1948,	.72	.41	.49	.53	.89	1.34	.73	.93	.61	.66	.45	.76
1949,	.84	.40	.99	.71	1.23	1.61	1.07	1.59	.56	.36	.45	.46

TABLE X.

Deaths and Death-rates from various groups of causes each year since 1943 (all ages).

Disease Group.	1943.		1944.		1945.		1946.		1947.		1948.		1949.	
	Pop., 154,703.	No. of Deaths.	Pop., 154,845.	No. of Deaths.	Pop., 156,999.	No. of Deaths.	Pop., 169,197.	No. of Deaths.	Pop., 180,730.	No. of Deaths.	Pop., 181,805.	No. of Deaths.	Pop., 180,786.	No. of Deaths.
	Rate per 1,000 Pop.		Rate per 1,000 Pop.		Rate per 1,000 Pop.		Rate per 1,000 Pop.		Rate per 1,000 Pop.		Rate per 1,000 Pop.		Rate per 1,000 Pop.	
Congenital,	96	.62	101	.72	100	.64	105	.62	117	.65	64	.35	93	.52
Digestive,	92	.59	90	.58	104	.66	101	.60	184	1.02	152	.83	110	.61
Respiratory,	216	1.39	222	1.43	158	1.01	210	1.24	246	1.36	196	1.08	234	1.24
Infective,	233	1.50	195	1.26	158	1.01	198	1.17	195	1.08	150	.82	156	.87
Circulatory,	675	4.36	703	4.54	653	4.16	855	5.05	762	4.22	782	4.30	893	4.95
Genito-urinary, ...	108	.70	92	.59	105	.67	75	.44	79	.44	86	.47	76	.42
Malignant,	367	2.37	337	2.18	341	2.17	333	1.97	328	1.81	376	2.07	384	2.13
Nervous,	286	1.85	282	1.82	280	1.78	277	1.64	326	1.80	265	1.46	311	1.73
Other Causes,	251	1.62	235	1.52	244	1.55	227	1.34	230	1.27	221	1.22	185	1.03
	2,324	15.00	2,257	14.64	2,143	13.65	2,381	14.1	2,467	13.7	2,292	12.6	2,442	13.5

Certified Causes of Death at Various Ages Under 1 Year During 1949.

Cause of Death.	WEEKS					MONTHS				
	Under					Under				
	1	1/2	2/3	3/4	Tl.	1	2	2/3	3/6	6/9 9/12 Tl.
Enteric Fever,	—	—	—	—	—	—	—	—	—	—
Typhus Fever,	—	—	—	—	—	—	—	—	—	—
Smallpox,	—	—	—	—	—	—	—	—	—	—
Measles,	—	—	—	—	—	—	—	—	—	—
Scarlet Fever,	—	—	—	—	—	—	—	—	—	—
Whooping Cough,	—	—	—	—	—	—	—	—	—	—
Diphtheria,	—	—	—	—	—	—	—	—	—	—
Infantile Paralysis,	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Meningitis,	—	—	—	—	—	—	—	—	—	1 1
Tuberculosis—										
Lung,	—	—	—	—	—	—	—	—	—	—
General,	—	—	—	—	—	—	—	—	—	—
Abdominal,	—	—	—	—	—	—	—	—	—	—
Brain,	—	—	—	—	—	—	—	—	—	—
Other Forms,	—	—	—	—	—	—	—	—	—	—
Influenza,	—	—	—	—	—	—	—	—	—	—
Other Infectious Diseases,	—	—	—	—	—	—	—	—	—	—
Pneumonia (all forms),	4	1	2	—	7	—	3	3	5 5	1 24
Bronchitis,	—	—	1	—	1	—	—	—	—	1 2
Laryngitis,	—	—	—	—	—	—	—	—	—	—
Other Diseases of Respiratory System,	—	—	—	—	—	—	—	—	—	—
Diarrhea and Enteritis,	—	—	—	—	—	—	3	2	6 1	2 14
Other Diseases of Digestive System,	—	—	—	—	—	—	—	—	1	1 1
Meningitis (not T.B.),	—	—	—	—	—	—	—	—	—	—
Convulsions,	—	—	—	—	—	—	—	—	—	—
Other Diseases of Nervous System,	1	—	—	—	1	—	—	—	—	—
Congenital Malformations,	8	3	—	—	11	—	2	1	—	1 19
Congenital Debility, Icterus, Sclerema, Marasmus,	—	—	—	—	—	—	—	—	—	—
Premature Birth,	36	3	—	—	1	—	—	—	—	1
Injury at Birth,	13	1	—	—	39	—	—	—	—	39
Other Diseases peculiar to Early Infancy, ...	15	—	1	—	14	—	—	—	—	16
Suffocation, Over-laying,	1	—	1	—	16	—	—	1	—	17
Rickets,	—	—	—	—	2	—	—	—	2 1	5
Syphilis,	1	—	—	—	—	—	—	—	—	—
Violence,	1	—	—	—	1	—	—	—	—	1
All Other Causes,	1	—	—	—	1	—	—	—	—	2
TOTAL,	81	9	5	—	95	—	9	8	14 12 10 148	

TABLE XII.

Infant Mortality Rates from various groups of causes
each year, 1941-1949.

Year.	Congenital.	Digestive	Respiratory.	Infectious Disease.	All Other Causes.	Rate per 1,000.
1941,	45	8	21	8	7	89
1942,	36	8	12	5	7	68
1943,	31	7	16	5	10	69
1944,	33	5	14	1	7	60
1945,	26	7	10	1	13	57
1946,	22	3	11	1	10	47
1947,	28	20	14	1	7	70
1948,	20	16	7	2	2	47
1949,	27.5	4	8	0.3	4.2	44

TABLE XIII.

Infant Mortality Rates from all causes at various age periods
1941-49.

Year.	Births.	DEATH-RATES			
		Under 1 Week.	Under 1 Month.	Under 3 Months.	Under 1 Year.
1941,	2,850	38	46	60	89
1942,	2,770	23	32	38	68
1943,	2,849	21	30	41	69
1944,	3,174	18	29	35	60
1945,	2,832	25	34	37	57
1946,	3,941	20	27	35	47
1947,	4,169	24	33	47	70
1948,	3,598	13	19	30	47
1949,	3,385	24	28	33	44

TABLE XIV.

Number of Illegitimate Births, Number of Deaths (under 1 year)
of Illegitimate Infants, and Death-rate per 1,000 Illegitimate
Births since 1941.

Year.	Illegitimate Births.	Deaths of Illeg. Infants.	Rate per 1,000 Illeg. Births.
1941,	209	28	134
1942,	224	21	94
1943,	241	30	124
1944,	294	24	82
1945,	282	28	99
1946,	281	23	82
1947,	275	30	109
1948,	214	17	79
1949,	232	15	65

TABLE XV.

Table showing Number of Still-Births and rate per 1,000 Births.
1941-1949.

Year.	No. of Still-Births.	Total of Live Births and Still-Births.	Rate per 1,000 total Births (Live & Still).
1941,	128	2,978	42.98
1942,	132	2,902	45.49
1943,	110	3,022	36.40
1944,	146	3,390	43.07
1945,	90	2,922	30.80
1946,	136	4,077	33.65
1947,	108	4,277	25.25
1948,	108	3,707	29.13
1949,	96	3,481	27.58

TABLE XVI.

Annual Death-Rate per 100,000 population and Case Mortality,
per cent, from Measles and Whooping Cough each year since 1941.

Measles.					Whooping Cough.				
	Cases.	Deaths.	Death-Rate per 100,000.	Case Mortality per cent.		Cases.	Deaths.	Death-Rate per 100,000.	Case Mortality per cent.
1941, ...	789	10	6.1	1.3	728	17	10.4	2.3	
1942, ...	1,241	6	3.8	.5	236	5	3.2	2.1	
1943, ...	669	4	2.6	.6	518	14	9.0	2.7	
1944, ...	1,188	10	6.5	.84	352	0	—	—	
1945, ...	306	4	2.5	1.31	164	1	.64	.61	
1946, ...	1,671	10	5.9	.6	522	3	1.8	.57	
1947, ...	424	2	1.1	.5	455	3	1.7	.65	
1948, ...	1,322	2	1.1	.15	366	4	2.2	1.08	
1949, ...	324	1	0.6	.31	249	—	—	—	

TABLE XVII.

Maternal Mortality Rates — Number of Deaths per 1,000
Registered Births, 1941-1949.

1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
4.56	3.61	3.51	3.47	3.5	2.0	.96	1.4	2.3

TABLE XVIII.

Death-rates per 100,000 each year since 1941, from the Respiratory Diseases (including Bronchitis, Pneumonia (all forms), Pleurisy, Asthma, Laryngitis, etc.).

Year.	Total Deaths.	Death-rate per 100,000.
1941,	269	165.0
1942,	199	125.6
1943,	216	139.6
1944,	222	143.4
1945,	158	100.6
1946,	210	124.1
1947,	246	136.1
1948,	196	107.8
1949,	219	121.1

TABLE XIX.

Deaths in which Influenza was given as a cause of death each month, January, 1943, to December, 1949.

Months.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
January,	2	2	0	10	1	2	1
February,	5	0	2	8	1	1	12
March,	2	1	0	1	0	1	1
April,	3	0	0	0	0	0	0
May,	2	1	1	0	1	0	0
June,	2	0	0	0	0	0	0
July,	1	0	0	0	0	0	0
August,	0	0	0	0	0	0	0
September,	1	0	0	0	0	0	0
October,	0	0	0	0	0	0	0
November,	9	0	0	1	0	3	0
December,	26	2	0	0	4	2	1
	53	6	3	20	7	9	15

TABLE XX.

Deaths in which Influenza appeared as a cause in death certificate, 1943-49, classified in age periods.

Age Periods.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
Under 1 year,	1	0	0	0	1	0	0
1—5 years,	0	0	0	1	0	1	0
5—15 years,	1	0	0	1	0	0	0
15—25 years,	1	0	0	0	0	0	0
25—45 years,	6	0	0	3	0	1	1
46—65 years,	15	2	0	4	1	0	3
65 and upwards,	29	4	3	11	5	7	11
	53	6	3	20	7	9	15

TABLE XXI.

INFECTIOUS DISEASES.—Number of Cases of each disease notified and accepted in Dundee during the year 1949.
Also number removed and number not removed to hospital.

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Accepted	Accepted
														Total	Total
Cerebro-Spinal Fever,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chickentox,	41	10	11	19	62	52	20	4	5	20	77	71	392	394	—
Continued Fever (Undulant),	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria,	8	6	5	6	5	8	10	5	17	10	10	10	100	100	—
Dysentery,	3	3	3	12	9	4	9	12	33	26	37	37	154	101	4
Erysipelas,	8	6	5	9	6	3	2	7	12	6	12	13	89	85	—
Malaria,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles (Morbilli),	129	26	33	27	16	25	11	10	10	12	14	4	318	324	—
Measles (Rubella),	2	2	1	2	1	2	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum,	14	18	15	19	9	10	15	18	6	10	10	11	155	155	—
Pneumonia, Acute,	1	44	3	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute, Primary,	84	118	72	30	23	23	22	22	20	26	28	118	595	601	—
Polymyositis, Acute,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia,	4	—	2	—	5	2	1	2	7	4	1	30	30	30	—
Scarlet Fever,	43	36	20	35	32	36	26	40	38	67	82	61	516	479	—
Paratyphoid B,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough,	29	20	37	40	41	28	6	15	9	4	11	9	219	219	—
Typhoid Fever,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis,	—	2	10	1	3	5	2	5	11	15	12	14	80	89	—
Gastro-Enteritis,	9	12	9	14	8	9	6	9	22	55	36	33	221	202	—
Mumps,	3	3	—	2	1	2	2	1	4	1	2	25	25	—	—
TOTAL,	379	306	237	207	223	217	131	149	171	283	328	388	3,009	2,867	—

TABLE XXII.
Monthly Notifications and Intimations of Infectious Diseases, Dundee, 1949.

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Accepted	Accepted
														Total	Total
Cerebro Spinal Fever,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chickentox,	41	10	11	19	62	52	20	4	5	20	77	71	392	394	—
Continued Fever (Undulant),	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria,	8	6	5	6	5	8	10	5	17	10	10	10	100	100	—
Dysentery,	3	3	3	12	9	4	9	12	33	26	37	37	154	101	4
Erysipelas,	8	6	5	9	6	3	2	7	12	6	12	13	89	85	—
Malaria,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles (Morbilli),	129	26	33	27	16	25	11	10	10	12	14	4	318	324	—
Measles (Rubella),	2	2	1	2	1	2	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum,	14	18	15	19	9	10	15	18	6	10	10	11	155	155	—
Pneumonia, Acute,	1	44	3	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute, Primary,	84	118	72	30	23	23	22	22	20	26	28	118	595	601	—
Polymyositis, Acute,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia,	4	—	2	—	5	2	1	2	7	4	1	30	30	30	—
Scarlet Fever,	43	36	20	35	32	36	26	40	38	67	82	61	516	479	—
Paratyphoid B,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough,	29	20	37	40	41	28	6	15	9	4	11	9	219	219	—
Typhoid Fever,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis,	—	2	10	1	3	5	2	5	11	15	12	14	80	89	—
Gastro-Enteritis,	9	12	9	14	8	9	6	9	22	55	36	33	221	202	—
Mumps,	3	3	—	2	1	2	2	1	4	1	2	25	25	—	—
TOTAL,	379	306	237	207	223	217	131	149	171	283	328	388	3,009	2,867	—

TABLE XXIII.

TUBERCULOSIS—Notifications and Deaths, with corresponding rates per 1,000 population at various age periods each year since 1941.

PULMONARY TUBERCULOSIS													NON-PULMONARY TUBERCULOSIS												
Year.	0-5		5-15		15-25		25-45		45-65		65 & over.		0-5		5-15		15-25		25-45		45-65		65 & over.		
	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	
1941	Notifications,	5	.40	20	.85	67	2.81	95	2.01	44	1.12	7	.41	28	2.25	31	1.34	22	.92	9	.19	8	.20	2	.12
	Deaths, ..	1	.08	2	.09	25	1.05	47	.99	28	.71	3	.18	11	.88	5	.22	11	.46	9	.19	3	.08	1	.06
1942	Notifications,	11	.91	22	.98	69	3.06	82	1.76	44	1.15	8	.49	42	3.48	69	3.06	26	1.15	23	.49	10	.26	1	.06
	Deaths, ..	1	.08	1	.04	33	1.46	41	.88	36	.94	10	.61	17	1.41	9	.40	4	.18	6	.13	4	.10	0	.0
1943	Notifications,	3	.21	22	.79	69	3.74	86	2.10	43	1.15	4	.25	21	1.50	40	1.43	15	.81	8	.20	3	.08	2	.12
	Deaths, ..	2	.14	0	.0	21	1.14	33	.81	38	1.02	1	.06	11	.79	8	.29	3	.16	2	.05	2	.05	1	.06
1944	Notifications,	6	.43	25	.89	93	5.03	78	1.91	37	.99	9	.56	14	1.00	24	.85	12	.65	5	.12	1	.03	1	.06
	Deaths, ..	1	1.07	1	.04	24	1.30	43	1.05	38	1.02	6	.37	3	.21	6	.21	6	.33	3	.07	4	.12	1	.06
1945	Notifications,	6	.29	29	1.03	103	4.34	101	2.19	30	1.02	5	.25	12	1.22	29	1.22	18	.81	12	.65	3	.08	0	.0
	Deaths, ..	2	.14	3	.11	27	1.10	45	1.00	23	.77	6	.38	11	.88	7	.29	7	.21	2	.05	2	.05	0	.0
1946	Notifications,	6	.43	15	.54	92	4.03	112	2.19	36	.95	9	.57	17	1.22	16	.58	9	.39	4	.08	3	.08	2	.13
	Deaths, ..	4	.29	3	.11	25	1.10	51	1.00	29	.77	6	.38	8	.68	13	.47	4	.18	1	.02	2	.06	1	.06
1947	Notifications,	30	2.02	29	.98	107	4.37	122	2.23	57	1.41	14	.83	15	1.01	29	.98	18	.73	7	.13	7	.17	1	.06
	Deaths,	6	.41	4	.16	30	1.22	59	1.08	35	.87	15	.88	7	.47	4	.16	5	.21	—	—	4	.09	—	—
1948	Notifications,	21	1.41	36	1.21	107	4.34	111	2.03	61	1.49	17	.94	11	.74	20	.67	15	.61	9	.16	2	.05	2	.12
	Deaths,	3	.10	1	.03	28	1.15	46	.84	34	.83	6	.35	3	.20	—	—	5	.20	3	.05	—	—	1	.06
1949	Notifications,	23	1.55	45	1.51	138	5.65	136	2.47	50	1.25	22	1.31	16	1.08	9	.50	6	.20	5	.09	3	.07	3	.18
	Deaths,	1	.07	2	.07	24	.98	62	1.13	34	.85	13	.77	5	.34	3	.10	2	.08	3	.06	1	.02	1	.06

TABLE XXIV.

TUBERCULOSIS.—Notifications and Deaths, with corresponding rates per 1,000 population for each year since 1941.													
Year.	NOTIFICATION AND CASE RATE					DEATHS AND DEATH-RATES							
	Estimated Population.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Tuberculosis (all forms). No. per 1,000.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Tuberculosis (all forms). No. per 1,000.		
		No.	per 1,000.	No.	per 1,000.		No.	per 1,000.	No.	per 1,000.			
1941,	238	1.46	100	.61	338	2.07	106	.65	40	.25	146	.90
1942,	236	1.49	171	1.08	307	2.57	122	.77	40	.25	162	1.02
1943,	227	1.47	89	.57	316	2.04	95	.61	27	.18	122	.79
1944,	248	1.61	57	.37	305	1.97	113	.73	23	.15	136	.88
1945,	274	1.75	77	.50	351	2.24	106	.68	29	.18	135	.86
1946,	270	1.60	51	.30	321	1.90	118	.70	29	.17	147	.87
1947,	359	1.98	77	.43	436	2.41	149	.82	20	.12	169	.94
1948,	358	1.96	59	.32	417	2.29	118	.65	12	.07	130	.72
1949,	414	2.29	42	.23	456	2.52	136	.75	15	.09	151	.84

TABLE XXV.

PULMONARY TUBERCULOSIS.—Notifications and Deaths with corresponding rates per 1,000 population for each sex each year since 1941.

Year.	NOTIFICATIONS.				DEATHS.			
	Males.		Females.		Males.		Females.	
	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.
1941,	126	1.72	112	1.25	53	.72	53	.59
1942,	119	1.43	117	1.14	62	.74	60	.59
1943,	124	1.79	103	1.21	49	.71	46	.54
1944,	112	1.61	136	1.57	54	.82	59	.69
1945,	153	2.17	121	1.40	57	.81	49	.57
1946,	146	—	124	—	54	—	64	—
1947,	194	—	165	—	74	—	75	—
1948,	182	—	176	—	67	—	51	—
1949,	195	—	219	—	79	—	57	—

TABLE XXVI.

Pulmonary Tuberculosis — Deaths in Institutions each year since 1943.

	1943.	1944.	1945.	1946.	1947.	1948.	1949.
Total Deaths from Pulmonary Tuberculosis,	95	113	106	118	149	118	136
No. of Deaths from Pulmonary Tuberculosis in Institutions,	54	79	52	44	78	48	49
Percentage of Total Deaths from Pul. Tuberculosis dying in Institutions,	56.8	69.9	49.1	37.3	52.3	40.7	36.0

TABLE XXVII.

MALIGNANT DISEASES

Number of Deaths and Death-rates per 10,000 population each year since 1941.

Year	Males.	Females.	Total.	Rates.
1941,	122	178	300	18.40
1942,	141	181	322	20.32
1943,	162	205	367	23.72
1944,	159	178	337	21.76
1945,	159	182	341	21.72
1946,	145	188	333	19.68
1947,	168	160	328	18.15
1948,	175	201	376	20.68
1949,	188	196	384	21.24

TABLE
Age and Sex Distribution of Deaths from Malignant

MALES

LOCATION	All Ages	0-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75-85	85 & over				
All Sites	188	1	4	1	6	3	12	13	16	31	26	27	28	14	6
Lip															
Mouth, Palate	4								1	1	1	1			
Tongue	6								2	1	2	1			
Jaw, Maxilla, Antrum	2								1				1		
Salivary Glands, Parotid															
Tonsils															
Pharynx, Fauces															
Nasopharynx, Nose-Internal	1	1													
Cheek															
Buccal Cavity, etc. Total	13	1							1	4	2	3	2		
Oesophagus, Gullet	9						1	1	4	1	1			1	
Stomach, Pylorus	42				3		1	2	4	9	4	5	7	3	4
Intestine	21		1						2	3	3	6	2	2	2
Abdomen															
Rectum	15						2	2	1	1	2	4	1		
Liver, Gall Bladder	4								1	1			1	1	
Pancreas	7						2		1		2	1	1		
Peritoneum, Omentum, Mesentery															
Digestive Organs, etc. Total	96		1		3		6	4	8	19	11	18	12	8	6
Larynx	3								1	1	1				
Lung, Bronchus, Pleura	38			1	3	2	4	6	5	6	5	2	3	1	
Mediastinum	1								1						
Respiratory Organs. Total	42			1	3	2	4	6	6	8	6	2	3	1	
Breast															
Prostate	13							1	2	1	2	2	3	2	
Testis	1									1					
Penis	1							1							
Scrotum															
Male Genital Organs Total	15							2	2	1	3	2	3	2	
Kidney															
Bladder, Urethra	8											3	5		
Urinary Organs Total	8											3	5		
Anus															
Ear	1									1					
Nose (external)															
Scalp, Face (rodent ulcer)															
Skin	1												1		
Skin Total	2										1		1		
Brain	4						2	1						1	
Brain and Nervous System Total	4						2	1						1	
Adrenals															
Arm, Leg	2		1						1						
Bones	1		1												
Eye															
Heart															
Lymphatic															
Pelvis															
Rib, Sternum															
Spine															
Spleen															
Thorax															
Throat															
Thyroid	1					1									
Others	2									1	1				
Not Stated	2		1												1
Other or Unspecified Organs Total	8		3			1			2	1				1	

Diseases during 1949, showing parts of the body affected.

FEMALES

LOCATION	All Ages													
	0-5	5-15	15-25	25-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80	80-85
All Sites	196	...	...	2	3	4	11	14	24	37	27	19	30	20
Lip	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mouth, Palate	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Tongue	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Jaw, Maxilla, Antrum	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Salivary Glands, Parotid	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Tonsils	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pharynx, Fauces	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasopharynx, Nose—Internal	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cheek	1	...	...	...	...	...	...	...	...	...	...	...	...	1
Buccal Cavity, Etc. Total	4	...	...	...	...	...	...	1	...	...	1	...	1	1
Oesophagus, Gullet	7	...	...	...	...	...	...	...	2	...	2	...	1	2
Stomach, Pylorus	46	...	...	1	1	2	4	7	10	8	3	6	3	1
Intestine	27	...	...	...	...	...	1	4	5	3	1	6	4	3
Abdomen	1	...	...	...	...	...	...	...	1	...	...	...	...	...
Rectum	11	...	...	2	...	...	...	1	2	...	2	1	3	...
Liver, Gall Bladder	6	...	...	...	...	...	1	1	1	...	1	2	...	...
Pancreas	7	...	...	...	...	...	...	1	2	...	...	3	...	1
Peritoneum, Omentum, Mesentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Digestive Organs, etc. Total	105	...	...	3	1	4	4	16	21	13	7	19	12	5
Larynx	3	...	...	...	...	...	...	1	...	...	...	2	...	...
Lung, Bronchus, Pleura	19	...	2	...	1	...	2	...	3	1	4	4	2	...
Mediastinum	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Respiratory Organs. Total	23	...	2	...	1	...	3	...	3	1	4	7	2	...
Cervix	5	...	...	...	...	...	2	...	1	1	1	...	...	...
Uterus, Other or Unspecified	11	...	...	...	...	...	1	1	3	1	1	2	...	2
Uterus. Total	16	...	...	...	...	...	3	1	4	2	2	2	...	2
Ovary, Fallopian Tube	4	...	...	...	...	...	...	1	2	...	1	...	...	...
Vagina, Vulva	4	...	...	...	...	...	...	...	...	2	...	1	1	...
Other Female Genital Organs. Total	8	...	...	...	...	...	...	1	2	2	1	1	1	...
Breast	21	...	...	2	3	3	2	6	2	1	...	2	...	...
Kidney	2	...	...	...	...	...	...	1	...	1	...	...	...	...
Bladder, Urethra	3	...	...	...	...	...	1	...	1	...	1	...	...	...
Urinary Organs. Total	5	...	...	...	...	...	1	...	2	...	2	...	...	...
Anus	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ear	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nose (external)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scalp, face (rodent ulcer)	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Skin	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Skin Total	1	...	...	...	...	...	...	...	...	...	...	1	...	...
Brain	3	...	...	...	...	...	1	1	...	1	...	...	...	...
Spinal Cord	1	...	...	...	...	...	...	...	1	...	...	...	...	...
Brain and Nervous System Total	4	...	...	...	...	...	1	1	1	...	1	...	...	...
Adrenals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Arm, Leg	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bones	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eye	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lymphatic	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pelvis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rib, Sternum	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Spine	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Spleen	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thorax	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Throat	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thyroid	2	...	...	...	...	...	...	...	...	...	1	1	...	...
Others	3	...	...	...	...	...	...	...	...	2	1	...	...	...
Not Stated	4	...	...	...	...	...	...	1	3	...	...	...	...	...
Other or Unspecified Organs. Total	9	...	...	...	...	...	...	1	5	2	1	...	...	...

TABLE XXIX.

Number of Births per 1,000 population, Illegitimate Births per 100 Registered Births, and Marriages per 1,000 population, each year since 1941.

Year.	Birth-rate.	Illegitimate-rate.	Marriage-rate.
1941,	16.3	7.3	9.5
1942,	15.9	8.1	9.2
1943,	16.3	8.5	8.2
1944,	18.0	9.3	8.1
1945,	16.1	10.0	10.7
1946,	22.3	7.1	10.5
1947,	23.1	6.6	10.0
1948,	19.8	5.9	9.5
1949,	18.7	6.9	8.7

MATERNITY AND INFANT WELFARE SERVICES

Registration of Births.

There were 3,853 live births registered in Dundee during 1949, of which 490 were transferred out and 22 transferred in, giving a corrected total of 3,385 registered live births (1,751 males and 1,634 females). This represents a birth-rate of 18.7 per 1000 of the population as compared with 19.8 in 1948 and 23.1 in 1947.

After correction for transfers (114 outward and 2 inward) the number of registered illegitimate births was 232 (119 males and 113 females) which is equivalent to an illegitimate rate of 6.9% of all births compared with 5.9% in 1948 and 6.6% in 1947.

Still Birth Rate.

The number of still births registered during the year was 112 and after correction for transfers 96 (49 males and 47 females); this represents 28 per 1,000 total births.

Year.	Live Birth-Rate.		Illegitimate Rate.		Still Birth-Rate.	
	Dundee.	Scotland.	Dundee.	Scotland.	Dundee.	Scotland.
	(per 1,000 pop.)		(per 100 births)		(per 1,000 births)	
1944, ...	18.0	19.2	9.3	7.9	44	32
1945, ...	16.1	16.9	10.0	8.6	31	33
1946, ...	22.3	20.3	7.1	6.6	33	32
1947, ...	23.1	22.0	6.6	5.6	25	31
1948, ...	19.8	19.4	5.9	5.8	29	29
1949, ...	18.7	18.5	6.9	5.5	28	27

Notification of Births.

Under the Notification of Births Act 3,825 live births and 112 still births were notified. Thirty-one live births and 3 still births were unnotified. 284 live births and 48 still births were notified as premature; 1 unnotified live birth and 1 unnotified still birth were also premature. 330 births were notified as illegitimate and six unnotified births were illegitimate.

Number of Births Occuring in the Area.*

No. of Live Births—			
Notified,	3,825		
Unnotified,	31		
	—	3,856	
No. of Still Births—			
Notified,	112		
Unnotified,	3		
	—	115	
Total No. of Births,			3,971
No. Illegitimate,	Live, 320		
	Still, 16		
	—	336	(8.46%)
No. Premature,	Live, 285		
	Still, 49		
	—	334	(8.41%)

*The number of births occurring in the area during the year is not the same as the number registered during the year owing to the period of 21 days being given for registration.

Classification of Births According to Nature of Attendance at Confinement.

	Notified.	Unnotified.	Total.	Percentage of Births.
Domiciliary Cases—				
Doctor,	9	17	26	0.65
Midwife,	95	0	95	2.39
Doctor and Midwife,	127	2	129	3.25
Royal Infirmary (out- door),	328	1	329	8.29
Unattended,	0	3	3	0.08
	—	—	—	—
	559 (96.0%)	23 (4.0%)	582	14.66
Institutional Cases—				
D.R.I. (indoor),	1,358	4	1,362	34.30
Maryfield Hospital, ...	1,215	3	1,218	30.67
Clement Park,	352	1	353	8.89
Other Nursing Homes,	453	3	456	11.48
	—	—	—	—
	3,378 (99.7%)	11 (0.3%)	3,389	85.34
	—	—	—	—
	3,937 (99.1%)	34 (0.9%)	3,971	100.00

Year.	Total Births.	Percentage Notified	Domiciliary Confinements (including D.R.I. Outdoor Cases).			
			Institutional Confinements.			
			No.	Percentage	No.	Percentage
1944,	3,722	97.4	2,793	(75.0)	929	(25.0)
1945,	3,365	98.4	2,631	(78.2)	734	(21.8)
1946,	4,633	98.6	3,704	(79.9)	929	(20.1)
1947,	4,809	98.9	3,984	(82.9)	825	(17.1)
1948,	4,207	98.9	3,527	(83.8)	680	(16.2)
1949,	3,971	99.1	3,389	(85.3)	582	(14.7)

There was an absolute decrease in the number of domiciliary confinements from 680 in 1948 to 582 in 1949 and the percentage of births occurring at home showed a decrease compared with the previous year, viz., 14.7% compared with 16.2% in 1948.

The actual number of **institutional births** showed a decrease from 3,527 in 1948 to 3,389 in 1949 but the proportion of hospital confinements in relation to the total number of births rose from 83.8% to 85.3%. There was a decrease in the number of births in the Royal Infirmary from 1,533 (36.4%) to 1,362 (34.3%), in Clement Park from 394 (9.4%) to 353 (8.9%) and from 493 (11.7%) to 456 (11.5%) in other nursing homes. The number of births in Maryfield Hospital rose from 1,107 (26.3%) to 1,211 (30.5%). This information is detailed in the following table:—

Domiciliary—	1947.	1948.	1949.
Midwife and/or Doctor, ...	406 (8.4%)	287 (6.8%)	250 (5.3%)
Royal Infirmary (outdoor),	418 (8.7%)	393 (9.3%)	329 (8.3%)
Unattended,	0 (0.0%)	0 (0.0%)	3 (0.1%)

Institutional—			
Royal Infirmary (indoor),	1,658 (34.5%)	1,533 (36.4%)	1,362 (34.3%)
Maryfield Hospital,	1,220 (25.4%)	1,107 (26.3%)	1,218 (30.7%)
Clement Park,	494 (10.3%)	394 (9.4%)	353 (8.9%)
Other nursing homes,	611 (12.7%)	493 (11.7%)	456 (11.5%)

Midwifery Service.

Under the National Health Service Act it is the duty of the Local Authority "to make adequate arrangements for the provision to women by whom or on whose behalf application is made of the services in their own homes of certified midwives before and during child-birth and from time to time thereafter during a period not less than the lying-in period." The Local Authority has proposed

that an arrangement be made with the Regional Hospital Board to supply midwives for domiciliary confinements. This arrangement has been agreed to by the Board but it has not yet been possible to put it into effect. In the meantime the Local Authority is providing a domiciliary service by employing midwives in private practice on a fee per case basis. 218 confinements were dealt with under the Act and in 195 of these a doctor was also engaged. Of the 218 cases 111 (50.9%) applied to the Local Authority before the sixth month of pregnancy and 49 (22.0%) during the sixth month. Half the women booked before the sixth month and almost three-fourths before the seventh month. This compares very favourably with 1948 when only 5.4% of bookings were made before the sixth month. The improvement is probably due to the fact that expectant mothers are becoming more aware of the advantages of early booking as a result of the helpful advice given by midwives and health visitors.

Month of Pregnancy at Time of Booking.

1	2	3	4	5	6	7	8	9	Not booked.	Total
0	1	23	33	54	49	25	20	8	5	218

Total.

(a) Total number of births (including still births) occurring in the area during year—that is before correction for mother's residence,	3,971	
(b) Number of births in (a) classified to show type of case and whether doctor present at confinement—		
(i.) Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947—		
(a) Doctor engaged and present at confinement, ...	126*	(124)
(b) Doctor engaged but not present at confinement,	72*	(71)
(c) Midwife alone (no doctor engaged),	23	
(ii.) Other domiciliary cases—		
(a) Doctor engaged,	29	
(b) Midwife alone (no doctor engaged),	0	
(c) Conducted by outdoor staff of institution,	329*	(322)
(d) Unattended,	3	
(iii.) Cases attended at institutions (including private maternity and nursing homes) in the area of the local health authority,	3,389*	(3,316)
	<hr/>	
	3,971	
	<hr/>	

*Includes multiple births. Figures in brackets show the number of confinements.

Still Births.

The still birth rate was 28 compared with 29 for the previous year. 115 infants were stillborn and of these 16 (13.91%) were illegitimate and 49 (42.6%) were premature. 94 were born in institutions and 21 were born at home. The fourth table shows that, during 1949, 2.8% of infants born in institutions and 3.6% of those born at home were stillborn. The parents of 17 of the dead born infants (6 males and 11 females) were normally resident outwith the city.

Causes of pre-natal death (see appendix Table I.).

Still Births (1).

Sex.	Legitimacy.		Total.
	Legitimate.	Illegitimate.	
Males,	46 (83.6%)	9 (16.4%)	55
Females,	53 (88.3%)	7 (11.7%)	60
	<hr/> 99 (86.1%)	<hr/> 16 (13.9%)	<hr/> 115

Still Births (2).

Sex.	Prematurity.		Total.
	Premature	Full-Time.	
Males,	24 (43.6%)	31 (56.4%)	55
Females, ...	25 (41.7%)	35 (58.3%)	60
	<hr/> 49 (42.6%)	<hr/> 66 (57.4%)	<hr/> 115

Stillbirths (3).

Sex.	Place of Delivery.		Total.
	Institution.	At Home.	
Males,	43 (78.2%)	12 (21.8%)	55
Females, ...	51 (85.0%)	9 (15.0%)	60
	<hr/> 94 (81.7%)	<hr/> 21 (18.3%)	<hr/> 115

Stillbirths (3a).

Place of Birth.	Total Births.	No. Stillborn.	Percentage.	
Institutional—				
Royal Infirmary (indoor),	1,362	55		
Maryfield Hospital,	1,218	28		
Nursing Homes,	809	11		
	—3,389	—94	2.77	(3.1)
Domiciliary—				
Royal Infirmary (outdoor),	329	13		
Midwife and/or Doctor,	250	6		
Unattended,	3	2		
	—582	—21	3.61	(3.2)
	—	—		
	3,971	115	2.90	(3.1)

Percentages in brackets give the corresponding information for 1948.

Stillbirths (3b).

Place of Delivery.	No. of Dundee Births.	No. of Dundee Stillbirths.	Rate per 1,000 Births.
Institutional—			
Royal Infirmary (indoor),	1,142	44	38.5
Maryfield Hospital,	1,145	23	20.1
Nursing Homes,	602	10	16.6
Domiciliary—			
Royal Infirmary (outdoor),	326	13	39.9
Midwife and/or Doctor, ...	250	6	24.0
Unattended,	3	2	666.7

Stillbirths (4).

Age of Mother.						
15-20 yrs.	20-25 yrs.	25-30 yrs.	30-35 yrs.	35-40 yrs.	40 yrs. and over.	Unknown.
1	21	31	20	16	9	17

Stillbirths (5).

Parity of Mother.															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Unknown.
28	25	17	10	1	5	5	1	2	1	1	0	0	0	1	18

Stillbirths (6).

Employment of Mother During Pregnancy.		
Working.	Not Working.	Unknown.
34	62	19

Stillbirths (6a).

Type of and Duration of Employment of Mother During Pregnancy.

Type of Employment.	Duration of Employment.									Unknown.	Total.
	Months.										
	1	2	3	4	5	6	7	8	9		
Jute Worker,	0	0	1	3	2	6	5	1	0	1	19
Light Engineering,	0	0	1	0	0	1	0	0	0	0	2
Shop Assistant,	0	0	0	1	0	0	0	0	0	1	2
Hawker,	0	0	0	0	0	0	0	1	0	0	1
Domestic Worker,	1	0	0	0	0	0	1	1	0	2	5
Waitress,	0	0	0	0	0	1	0	0	0	0	1
Clerkess,	0	0	0	0	0	0	0	1	0	0	1
Mental Nurse,	0	0	0	0	0	0	0	0	0	1	1
Hospital Orderly,	0	1	0	0	0	0	0	0	0	0	1
Unknown,	0	0	0	0	0	0	1	0	0	0	1
	1	1	2	4	2	8	7	4	0	5	34

Stillbirths (6b).

Parity — Dundee Cases.

Employment.																Un.-	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	known	Tl.
Working, ...	12	9	5	2	0	1	1	1	1	0	1	0	0	0	0	0	33
Not Working, ...	15	16	12	7	1	4	3	0	1	1	0	0	0	0	1	1	62
Not Known, ...	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	3
	27	25	17	10	1	5	5	1	2	1	1	0	0	0	1	2	98

Stillbirths (6c).

Age of Mother — Dundee Cases.

Employment.	15-20	20-25	25-30	30-35	35-40	40-45	Unknown.	Total.
	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.		
Working,	0	9	10	6	4	4	0	33
Not Working, ...	1	12	20	13	11	5	0	62
Not Known, ...	0	0	0	1	1	0	1	3
	1	21	30	20	16	9	1	98

Infant Mortality.

Year.	Infant Mortality Rate.		Neo-Natal Rate.	Rate from 1-12 Months.		Still Birth Rate.		Still Birth Rate + Infant Mortality Rate.	
	Scotland.	Dundee.		Dundee	Scotland.	Dundee.	Dundee.	Scotland.	Dundee.
1944,	65	60	29	31	32	44		97	104
1945,	56	57	34	23	33	31		89	88
1946,	54	47	27	20	32	33		86	80 (79)*
1947,	56	70	33	37	31	25		87	95 (93)*
1948,	45	47	19	28	29	29		74	76 (75)*
1949,	41	44	28	16	27	28		68	72 (70)*

*Figure in parenthesis is the combined stillbirth and infant mortality rate per 1,000 registered births.

During 1949 there were 148 registered infant deaths (88 males and 60 females) and the infant mortality rate per 1,000 live births was 43.7, the lowest yet recorded in Dundee. Mortality of male infants was 59% in excess of the rate for females. Ninety-five infants (52 males and 43 females) died before reaching the age of one month and 53 infants (36 males and 17 females) died between the ages of one and twelve months. The neo-natal mortality rate per 1,000 live births was 28 compared with 19 in 1948, and the mortality rate per 1,000 live births between one and twelve months was 16 compared with 28 in the previous year. The proportion of the total infant deaths which occurred in the first month was 64% (59% for males and 72% for females) as compared with 41% in the previous year.

Causes of Infant Deaths (see Appendix Tables II. and III.).

Neo-Natal Deaths.—(See appendix table II.).

There were 95 deaths in the neo-natal period compared with 70 in 1948. Although there was a fall in the number of live births the number of neo-natal deaths was greater, giving a neo-natal mortality rate of 28 per 1,000 live births. The comparable rate for 1948 was 19. There is a close affinity between still births and neo-natal deaths in that the causal factors are similar, and it is informative to study the stillbirth and neo-natal mortality rates together. Although the stillbirth rate was slightly lower, the sum of the stillbirth and neo-natal mortality rates showed a substantial increase.

Year.	Stillbirths.		Neo-Natal Deaths.		Total.	
	No.	Rate.	No.	Rate.	No.	Rate.
1944,	—	44	—	29	—	73
1945,	—	31	—	34	—	65
1946,	162	33	107	27	269	60
1947,	136	25	136	33	272	58
1948,	132	29	70	19	202	48
1949,	115	28	95	28	210*	56

*109 (51.9%) were premature.

It will be seen from the appendix (Table II.) that the chief single cause of death in the neo-natal period was prematurity. Thirty-nine (41.05%) neo-natal deaths were ascribed to prematurity compared with 22 (31.4%) in 1948. Sixty-five (43.9%) of

all the infants who died and 60 (63.2%) of those dying in the neo-natal period were considered to be premature while only 8.4% of all notified births were so classed. (As the standard of prematurity in conformity with international use is birth weight and as facilities for accurate weighing are not always available it must be borne in mind that the estimation of the incidence of prematurity can only be approximate.)

Year.	Total Number of Births.	No. Notified as Premature.	No. of Infant Deaths.	Number Considered to be Premature.
1944, ...	3,722	216 5.8%	181	39 21.3%
1945, ...	3,365	198 5.9%	162	49 30.2%
1946, ...	4,633	322 6.95%	186	94 50.5%
1947, ...	4,809	243 5.1%	291	112 38.5%
1948, ...	4,207	252 5.99%	170	52 30.6%
1949, ...	3,971	334 8.41%	148	65 43.9%

Atelectasis, asphyxia, birth injury and congenital malformation accounted for 43.2% of the neo-natal deaths. Eight (8.4%) neo-natal deaths were ascribed to pneumonia and no death of an infant under one month was certified as due to gastro-enteritis. All the babies who died in the neo-natal period were less than three weeks old and 90 (95%) died in the first two weeks. 84.2% of neo-natal deaths occurred in the first week of life and 58.9% in the first two days.

Neo-Natal Deaths (1).

Neo-Natal Rates According to Place of Delivery.

Place of Delivery.	No. of Dundee Live Births.	No. of Dundee Neo-Natal Deaths.	Rate per 1,000 Live Births.
Institutional—			
Royal Infirmary (indoor), ...	1,098	41	37.3
Maryfield Hospital,	1,122	26	23.2
Nursing Homes,	592	5	8.4
Domiciliary—			
Royal Infirmary (outdoor), ...	313	13	41.5
Midwife and/or Doctor,	244	9	36.9
Unattended,	1	1	1000.0

Neo-Natal Deaths (2).

Type of and Duration of Employment of Mother During Pregnancy.

Type of Employment.	2 wks.	Duration of Employment. Months.										Unknown.	Total.
		1	2	3	4	5	6	7	8	9			
Jute Worker,	1	0	0	5	0	3	7	3	0	1	0	20	
Kitchenmaid,	0	0	0	0	1	0	0	0	0	0	0	1	
Cleaner,	0	0	0	0	1	0	0	0	0	0	0	1	
Clerkess,	0	0	0	1	0	0	0	0	0	0	2	3	
Canteen Worker, ...	0	0	0	0	0	0	1	0	0	0	0	1	
Attendant School													
Meals Service, ...	0	0	0	0	0	0	0	1	0	0	0	1	
Waitress,	0	0	0	0	0	0	1	0	0	0	0	1	
Laundress,	0	0	0	0	1	0	0	0	0	0	0	1	
Compact Cleaner, ...	0	0	0	1	0	0	0	0	0	0	0	1	
Varnisher,	0	0	0	3	0	0	0	0	0	0	0	3	
Hat Factory Worker, ...	0	0	0	0	0	0	1	0	0	0	0	1	
Fish Cannery Worker, ...	0	1	0	0	0	0	0	0	0	0	0	1	
Unknown,	0	0	1	0	0	0	0	0	0	0	1	2	
	1	1	1	10	3	3	10	4	0	1	3	37	

Neo-Natal Deaths (2a).

Parity of Mother.

Employment.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Un- known.	Tl.
Working, ...	23	5	3	3	2	0	1	0	0	0	0	0	0	0	0	0	37
Not Working, ...	12	17	10	6	2	2	3	1	0	0	0	0	1	0	1	0	55
Not Known, ...	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	3
	35	23	13	9	4	2	4	1	0	0	0	0	1	0	1	2	95

Neo-Natal Deaths (2b).

Age of Mother.

Employment.	15-20 yrs.	20-25 yrs.	25-30 yrs.	30-35 yrs.	35-40 yrs.	40-45 yrs.	Unknown.	Total.
Working,	6	12	12	6	1	0	0	37
Not Working, ..	2	12	17	11	10	3	0	55
Not Known, ...	0	0	0	1	0	0	2	3
	8	24	29	18	11	3	2	95

In 1949, 64% of infant deaths occurred in the neo-natal period and it is difficult to account for the increase in the neo-natal death rate. Obviously prematurity played an important part as almost two-thirds of the neo-natal deaths were associated with premature birth. It is well recognised that multiple pregnancies are more likely to give rise to small babies and in 1949 the incidence of multiple births was greater than in 1948. Out of 3,971 births in 1949 there were 77 twin and 3 triple pregnancies. In 1948 out of 4,207 births there were only 60 twin pregnancies and no triple pregnancies. Of the multiple births of children whose parents normally resided in Dundee, i.e., excluding those who left institutions, etc., soon after birth, 8 were stillborn, 19 died under one month and 3 died later in the first year; 20% of the neo-natal deaths were associated with multiple pregnancy.

The value of good ante-natal care in the prevention of premature delivery cannot be overstressed. Three babies, born to a mother who had had no ante-natal care and who had made no arrangements for her confinement, died very soon after birth. These babies were born before the 28th week of pregnancy and if they had not breathed nor shown any sign of life would have been classified as abortions. It is reasonable to assume that the outcome might have been less tragic if this mother had had good ante-natal care.

Deaths from 1-12 Months (see Appendix Table III.).

In 1949 there were 15 deaths certified as due to pneumonia (all forms) and 13 as due primarily to gastro-enteritis compared with 22 from pneumonia and 49 from gastro-enteritis in 1948. The proportion of deaths certified as due to gastro-enteritis had fallen considerably but is still high, viz., 24.5% as compared with 49% in 1948.

Year.	Deaths from 1-12 Months.	
	Pneumonia.	Gastro-enteritis.
1946,	39	7
1947,	30	64
1948,	22	49
1949,	15	13

Monthly Incidence of Deaths from Gastro-Enteritis.

	0-1 Months.	1-12 Months.
January,	0	1
February,	0	0
March,	0	0
April,	0	2
May,	0	1
June,	0	1
July,	0	2
August,	0	0
September,	0	0
October,	0	3
November,	0	1
December,	0	2
	<hr/>	<hr/>
	0	13

An investigation was made with regard to the type of feeding of the infants between the ages of one month and one year who died from pneumonia and from gastro-enteritis. Of the 13 babies who died of gastro-enteritis none was receiving breast milk up to the time of death and only one (7.7%) was breast fed for more than six weeks. (It is generally accepted that, apart from the question of exposure to infection, the full benefits of breast feeding are not realised unless the period of breast feeding extends for at least six weeks.) Of the 15 babies who died of pneumonia only two were breast fed up to the time of death and only six for three months or more.

The duration of breast feeding among all infants born in 1949 has been contrasted with the duration of breast feeding among those infants who died of gastro-enteritis and among those who died of pneumonia.

	No. of Cases.	Never	Breast Fed at			
		Breast Fed.	2 wks.	1 mth.	3 mths.	6 mths.
Babies born in 1949 in whom type of feed- ing was known,	3,335*	466 (13.97%)	2,401 (72.0%)	1,850 (55.5%)	1,153 (34.6%)	919 (27.6%)
Babies dying of gastro-enteritis,	13	4 (30.8%)	6 (46.2%)	2 (15.4%)	0 (0.0%)	0 (0.0%)
Babies dying of Pneumonia,	15	2 (13.3%)	13 (86.7%)	7 (46.7%)	6 (40.0%)	0 (0.0%)

* In addition 153 were not visited, died, were transferred out of Dundee or particulars of feeding were not known.

It will be seen that almost all (84.6%) the babies dying from gastro-enteritis were artificially fed before they reached the age of one month and 53.3% of those dying from pneumonia. 44.5% of the general infant population were artificially fed at one month and 65.4% at three months. 53.8% of the gastro-enteritis babies were found to be artificially fed at the age of two weeks when the health visitor normally pays her first visit to an infant.

Analysis of Feeding in Infants who Died Between One and Twelve Months.

	All Infants who Died.	Infants who died of Gastro-enteritis.	Infants who died of Pneumonia.
Breast,	4 (7.5%)	0 (0.0%)	3 (20.0%)
Mixed,*	1 (1.9%)	0 (0.0%)	0 (0.0%)
Partly Breast,†	34 (7) (64.2%)	9 (3) (69.2%)	11 (1) (73.3%)
Artificial,	14 (26.4%)	4 (30.8%)	1 (6.7%)
	53	13	15

Figures in brackets show the number of babies who were breast fed for under 10 days.

*Mixed feeding means breast feeding complemented or supplemented by artificial feeds, i.e., combination of breast and artificial feeding.

†Partly breast fed means that breast feeding had been carried out for part of the time, but that artificial feeding had been substituted before death occurred.

Fifteen babies died of pneumonia after the age of one month and of these only three were fully breast fed at the time when the pneumonia developed.

Of six babies dying from some form of artificial suffocation one was breast fed but receiving a complementary artificial feed at the time of death and 5 were entirely bottle fed.

Illegitimate Mortality.							Illegit. Deaths per 1,000 Illegit. Births.	
Year.	No. of Registered Live Births (corrected).	No. Illegit.	No. of Infant Deaths.	No. Illegit.	I.M.R.			
1944, ...	3,174	294 (9.3%)	181	20 (11.04%)	60			68
1945, ...	2,832	282 (10.0%)	162	24 (14.8%)	57			85
1946, ...	3,941	281 (7.1%)	186	24 (12.9%)	47			85
1947, ...	4,169	275 (6.6%)	291	26 (8.9%)	70			95
1948, ...	3,598	214 (5.9%)	170	18 (10.6%)	47			84
1949, ...	3,385	232 (6.9%)	148	15 (10.1%)	44			65

Of the 232 illegitimate births 15 infants died before reaching the age of one year and this is equivalent to a mortality rate of 65 per 1,000 illegitimate births. 10.1% of the infants who died before the age of one year were illegitimate.

		No. Illegit.	Percentage.
Number of Stillbirths,	115	16	13.9
Number of Neo-Natal Deaths,	95	11	11.6
Number of Deaths (1-12 months),	53	4	7.5

DEATHS OF CHILDREN OVER ONE YEAR.

In addition to deaths of children under one year of age, 22 deaths of children (11 males and 11 females) from 1-5 years were noted by the department. (See Appendix Table IV.).

MATERNAL MORTALITY.

The maternal mortality rate per 1,000 live and stillbirths (corrected for transfers) for 1949 was 2.3 compared with 1.4 in 1948 (Registrar-General).

Year.	Total Births.	Maternal Deaths associated with pregnancy or childbirth, including women whose homes were outwith Dundee but who died in the City.
1944,	3,722	21
1945,	3,365	16
1946,	4,633	21
1947,	4,809	14
1948,	4,207	12
1949,	3,971	8

In 1949 eight women died during pregnancy or during the puerperium and all normally resided in the City.

The attendants at delivery were:—

Royal Infirmary (indoor),	2	(1 abortion)
Maryfield Hospital,	3	
Nursing Homes,	2	
Own Doctor,	1	(abortion)
	—	
	8	
	==	

A table showing the classified causes of death will be found in the appendix (Table V.).

Notification of Special Conditions.

Year	Puerperal Sepsis.	Puerperal Pyrexia.	Ophthalmia Neonatorum.
1944,	17	30	27
1945,	8	55	46
1946,	10	48	191
1947,	3 (+ 2 un-notified)	42	148
1948,	6	45	162
1949,	1	30	155

There is a slight decrease in the notifications of special conditions, viz., Puerperal Fever, Puerperal Pyrexia and Ophthalmia Neonatorum. The fall in the total number of births might account for the decrease but it has to be borne in mind that notifications do not necessarily correspond with incidence. It is significant that almost half the cases of Ophthalmia Neonatorum were first notified by the staff of the Maternity and Infant Welfare Department.

Analysis of the 1949 Figures.

Eleven cases notified as Puerperal Pyrexia were ultimately diagnosed as Puerperal Sepsis and 2 cases of Puerperal Sepsis were not notified. The corrected figures for 1949 were therefore 14 cases of Puerperal Sepsis and 19 cases of Puerperal Pyrexia and they are analysed as follows:—

Place of Delivery.	Puerperal Sepsis.			Puerperal Pyrexia.		
	Full-time Birth.	Premature.	Abortion.	Full-time Birth.	Premature.	Abortion.
Royal Infirmary,	2	0	3*	2	1	1
Maryfield Hospital,	1	2	0	7	0	0
Nursing Home,	2	0	0	1	0	0
At Home, D.R.I. (O.P.),	1	0	0	5	0	0
Midwife; doctor engaged and present,	1	0	0	1	0	0
Midwife; doctor engaged but not present,	1*	0	0	1	0	0
No midwife; doctor in emergency,	0	0	1	0	0	0
	—	—	—	—	—	—
	8	2	4	17	1	1
	—	—	—	—	—	—

*One case was unnotified.

Place of Treatment.						
King's Cross Hospital, ...	6	0	3	7	1	1
Royal Infirmary,	0	0	1	0	0	0
Maryfield Hospital,	0	2	0	7	0	0
Nursing Home,	1	0	0	1	0	0
At Home,	1	0	0	2	0	0
	—	—	—	—	—	—
	8	2	4	17	1	1
	—	—	—	—	—	—
Parity.						
Primiparous,	4	1	0	7	0	0
Multiparous,	4	1	4	10	1	1
	—	—	—	—	—	—
	8	2	4	17	1	1
	—	—	—	—	—	—
Age Groups.						
15-25 years,	2	1	0	7	0	0
25-35 years,	3	0	2	6	1	0
35 years and over,	3	1	2	4	0	1
	—	—	—	—	—	—
	8	2	4	17	1	1
	—	—	—	—	—	—
Result.						
Recovery,	8	2	2	16	1	1
Death,	0	0	2	1	0	0
	—	—	—	—	—	—
	8	2	4	17	1	1
	—	—	—	—	—	—

Two women died of septic abortion and one woman notified as suffering from Puerperal Pyrexia died of Puerperal Psychosis.

Ophthalmia Neonatorum.

	Source of Notification	Nature of Attendance at Birth
Doctor,	7 (4.5%)	0 (0.0%)
Midwife,	7 (4.5%)	3* (1.9%)
Doctor and Midwife,	0 (0.0%)	8 (5.2%)
Royal Infirmary (outdoor),	2 (1.3%)	10 (6.5%)
Royal Infirmary (indoor),	38 (24.5%)	68 (43.9%)
Maryfield Hospital,	24 (15.5%)	59 (38.1%)
Nursing Homes,	0 (0.0%)	7 (4.5%)
Maternity and Infant Welfare Dept.	76 (49.0%)	0 (0.0%)
King's Cross Hospital,	1 (0.6%)	0 (0.0%)
	155	155

*In 2 cases a doctor had been engaged but was not present at the confinement.

ANTE-NATAL CLINICS.

(a) Provided by Local Authority.

The local authority is responsible for two ante-natal centres, viz., at Ancrum Road and at Fort Street, Broughty Ferry. One ante-natal session a week is held at Ancrum Road and two a month at Broughty Ferry. Although the local authority is directly responsible only for the Lochee and Broughty Ferry clinics there is a reciprocal arrangement with the Regional Hospital Board whereby patients booked for hospital confinements may for convenience attend the local authority clinics and domiciliary cases may attend the hospital clinics. At the local authority clinics 130 women attended for the first time and 1,027 attendances were made. The average number of attendances made by each woman was 7.9.

Year.	Lochee (Ancrum Rd.)		Broughty Ferry		Total	
	New Cases.	Total Attend.	New Cases.	Total Attend.	New Cases.	Total Attend.
1944,	129	578	0	0	129	578
1945,	175	380	0	0	175	380
1946,	213	944	0	0	213	944
1947,	177	1,015	0	0	177	1,015
1948,	147*	825	4	4	151	829
1949,	111	854	19	173	130	1,027

*Includes two not pregnant.

New Cases.

Stage of Pregnancy.	Lochee.	Broughty Ferry.	Total.
2nd month,	7	2	9
3rd month,	21	2	23
4th month,	25	6	31
5th month,	25	2	27
6th month,	14	2	16
7th month,	13	3	16
8th month,	6	2	8
9th month,	0	0	0
	111	19	130
Total Attendances, ...	854	173	1,027

Conditions Found.

	Lochee. No. of Cases.	Broughty Ferry. No. of Cases.	Total.
Bronchitis,	5	0	5
Albuminuria,	3	1	4
Malposition,	8	3	11
Cardiac affections,	1	1	2
Wassermann positive,	3	0	3
Phlebitis,	0	1	1
Cervical polypus,	0	1	1
Vaginal discharge,	0	2	2
Twin pregnancy,	4	0	4

(b) Provided by Regional Hospital Board.

Ante-natal clinics are held three times weekly at the Dundee Royal Infirmary and twice weekly at Maryfield Hospital. 2,756 women attended these clinics during 1949 compared with 2,865 in 1948; they made 19,115 attendances compared with 19,129 total attendances during the previous year. The average number of attendances made by each woman was 6.9 compared with 6.7 in 1948.

Year.	Maryfield Hosp.		Royal Infirmary.		Total.	
	New Cases.	Total Atten- dances.	New Cases.	Total Atten- dances.	New Cases.	Total Atten- dances.
1944,	751	3,979				
1945,	809	4,117				
1946,	1,169	5,622	2,287	13,479	3,456	19,101
1947,	1,197	6,251	1,996	13,360	3,193	19,611
1948,	932	5,456	1,933	13,673	2,865	19,129
1949,	848	5,324	1,908	13,791	2,756	19,115

Advice Centre for Expectant Mothers.

There was a decrease in the number of women attending the Advice Centre for expectant mothers but this is largely accounted for by the decrease in the number of patients booking for Maryfield Hospital. There is also a fall in the number of women who attended only for advice although it should be recognised that a number who come in the first instance for advice book a midwife or for Maryfield Hospital. As in the past the opportunity is taken to offer advice to all expectant mothers particularly with reference to their diet, the advantages of breast feeding, domestic arrangements during the period of confinement, etc. Every patient who attends the

Advice Centre is visited by a health visitor who keeps her under observation for the remainder of the pregnancy. One advantage of this follow-up by the health visitor in the home is that when the health visitor pays her routine first visit to the baby she has already established a friendly relationship with the mother.

All women who wish to engage a domiciliary midwife under Section 23 (2) of the National Health Service (Scotland) Act, 1947, are asked to apply in the first instance at the Advice Centre and 226 women have attended for this purpose.

Year.	Attendance for Booking (Maryfield).	Attendance for Booking (Midwife).	Advice Only.	Total.
1944,	783	0	0	783
1945,	780	0	138	918
1946,	1,082	0	225	1,307
1947,	1,158	0	239	1,397
1948,	951	193	99	1,243
1949,	826	226	32	1,084

POST-NATAL CLINICS.

(a) Provided by Local Authority.

(1) **Ancrum Road Clinic.** The post-natal clinic is held once a month and 24 women attended.

(2) **Fort Street, Broughty Ferry.** Post-natal consultations are held at the same time as the ante-natal clinic, viz., on two days a month. Twenty-six women attended and six re-visits were made.

	New Cases.	Total Attendances.
Ancrum Road,	24	24
Fort Street,	26	32

(b) Provided by Regional Hospital Board.

(1) A post-natal clinic is held once weekly at Maryfield Hospital. During the year 329 mothers attended for the first time, i.e., 27.2% of all confinements occurring in the hospital compared with 35.2% in 1948.

(2) A weekly post-natal clinic is held at the Dundee Royal Infirmary. 642 mothers attended for the first time and made 1,086 attendances. The number of mothers attending represents 37.8% of all those confined in the Royal Infirmary or by the outdoor staff of that institution.

Year.	Maryfield Hospital.		Royal Infirmary.		Total.	
	New Cases.	Total Attendances.	New Cases.	Total Attendances.	New Cases.	Total Attendances.
1949, ...	329	480	642	1,086	971	1,566

Infant and Child Welfare Clinics.

The total number of attendances at these clinics shows an increase on the corresponding figure for 1948 and the number of new cases has also increased despite the fall in the birth-rate. It cannot be stressed too much that the true work of an infant welfare clinic is educational and preventive in character and a mother should be encouraged to bring her baby to a clinic as early as possible when feeding difficulties are most likely to occur and before unnecessary weaning from the breast may have taken place.

It is satisfactory to record an increase in the number of attendances of children over the age of one year which would suggest that the practice of ceasing to attend after the first birthday is becoming less common.

A new centre was opened at King's Cross West on 6th May, 1949 and a weekly session on Friday morning is held; the attendances have been good justifying the opening of a centre in that area. The increase in the total number of attendances is greater than would be accounted for by the opening of a new clinic which would suggest that we have not yet reached saturation point as far as the number of centres is concerned.

The opportunity is once again taken to express deep gratitude to the voluntary workers who give loyal and valuable service at the infant welfare clinics. Voluntary workers attend the clinics at Nelson Street, Lochee, Hawkhill, Maryfield, Ferry Road and Broughty Ferry, and their help and assistance, particularly with regard to clerical work, is very much appreciated by all the staff.

NEW CASES.

ATTENDANCES.

Year.	Under 1 Year.	Over 1 Year.	Mothers.	Under 1 Year.	Over 1 Year.	Mothers.	Total.
1944,	947	61	12	8,969	5,542	333	14,744*
1945,	1,028	86	12	10,426	4,566	394	15,386*
1946,	1,377	69	40	10,552	2,486	239	13,277
1947,	1,668	94	188	14,439	2,533	378	17,350
1948,	1,560	59	258	13,774	2,818	625	17,217
1949,	1,628	103	528	14,905	3,020	1,409	19,334

*Includes children examined for admission to nurseries.

ATTENDANCES AT INFANT WELFARE CENTRES.

	Babies.		Children 1-5.		Mothers.				
	New	Re-	New	Re-	New Cases		Revisits.		
	Cases.	visits.	Cases	visits.	A.N.	P.N.	A.N.	P.N.	Total.
Central, ...	264	2,245	27	484	5	64	5	161	3,255
Lochee, ...	279	2,131	5	457	7	93	4	90	3,066
Hawkhill, ...	329	2,376	14	477	13	81	5	152	3,447
Maryfield, ...	255	2,092	16	431	8	85	2	134	3,023
Ferry Road,	158	1,436	16	472	3	56	1	59	2,201
Caldrum St.,	121	1,096	10	269	3	29	4	128	1,660
Bro'ty Ferry,	121	1,096	8	159	1	31	2	78	1,496
King's X W.,*	101	805	7	168	1	48	0	56	1,186
	1,628	13,277	103	2,917	41	487	23	858	19,334

*Opened 6th May, 1949.

Analysis of Type of Feeding of New Infants Attending
Infant Welfare Clinics.

	Breast.	Mixed.*	Artificial.	Partly Breast.†	Total.
Males,	386	47	378	44	855
Females, ...	391	42	303	37	773
Total,	777 (47.7%)	89 (5.5%)	681 (41.8%)	81 (5.0%)	1,628

*Mixed feeding means breast feeding complemented or supplemented by artificial feeds, i.e., combination of breast and artificial feeding.

†Partly breast fed means that breast feeding had been carried out for a time, but that artificial feeding had been substituted.

Condition on Admission to Clinics.

(1) Children Under 1 Year of Age.

Of the 1,628 children under 1 year of age attending the clinics for the first time, 624 (38.3%) showed no disease or congenital defect. The remaining 1,004 (61.7%) showed diseases or defects, classified as follows:—

Diseases of the digestive system,	235
Diseases of the respiratory system,	54
Diseases of nutrition,	30
Diseases of the skin,	391
Diseases of the eye,	98
Diseases of the ear, nose and throat, ...	15
Congenital defects,	575
Surgical conditions,	5
Infectious diseases,	3
Various,	45
	<hr/>
	1,451

(660 had one disease, 258 had 2, 72 had 3, 11 had 4, and 3 had 5.)

(2) Children Over 1 Year of Age.

Of the 103 children between one and five years of age attending the clinics for the first time, 23 (22.3%) showed no disease or congenital defect. The remaining 80 (77.7%) showed diseases or defects, classified as follows:—

Diseases of the digestive system,	5
Diseases of the respiratory system,	6
Diseases of nutrition,	26
Diseases of the skin,	13
Diseases of the eye,	8
Diseases of the ear, nose and throat, ...	8
Congenital defects,	35
Surgical conditions,	2
Infectious diseases,	1
Various,	2
	<hr/>
	106

(60 children had one disease or defect, 15 had 2, 4 had 3, and 1 had 4.)

SPECIAL CLINICS

Breast Feeding and Mothercraft Classes.

In July, 1949, a breast feeding clinic was established at Nelson Street and is held once a week and from October, 1949, a mothercraft class has been held concurrently. A health visitor, trained by Dr Waller at the Woolwich Mother and Babies' Hospital, is in charge of the breast feeding clinic and another health visitor who has the Mothercraft Teaching Certificate from Cromwell House is in charge of the mothercraft class. 64 women attended the breast feeding clinic in 1949 and 18 expectant mothers attended the mothercraft class.

Dental Clinic.

	Expectant Mothers.	Nursing Mothers.	Pre-School Children. (Emerg. Cases)	Children in Day Nurseries.
(1) No. inspected by dental officers,	151	0	102	255
(2) Number found to require treatment,	72	0	102	104
(3) No. actually treated by dental officers,	20	0	102	30
(4) No. of attendances for treatment,	63	0	107	37

The dental service provided at Maryfield Hospital ante-natal clinic has been withdrawn but a routine examination by a dentist of all patients attending Lochee ante-natal clinic was carried out. Facilities for treatment were offered when required. Roughly half of the expectant mothers were found to require treatment and about one-third of these attended for treatment.

In addition children attending child welfare centres and day nurseries who are in need of dental attention are referred for treatment to the dental clinics.

Routine dental examinations were carried out at some of the day nurseries and any necessary treatment arranged for at the clinics. It is not possible, however, owing to shortage of dental staff, for these examinations to take place as often as would be considered necessary or desirable.

Pædiatric Clinic.

A special clinic is held once a fortnight when a consultant pædiatrician sees cases referred to him from the child welfare clinics and from day nurseries. During 1949 74 children (27 under one year and 47 between one and five years of age) attended and conditions found were:—Possetting, lenteric diarrhoea, threadworms, pyelitis, erythroedema, Raynaud's disease, head nodding, breath holding, hyper-excitability, enuresis, bad sleeping routine, mongolism, mental retardation.

Year.	Babies.		Children 1-5 Years.		Total.
	New Cases.	Revisits.	New Cases.	Revisits.	
1946,	63	6	34	12	115
1947,	41	9	13	8	71
1948,	43	13	62	28	146
1949,	27	11	47	45	130

Orthopædic Clinic.

The services of a consultant orthopædic surgeon are available once a week and during 1949 360 children (38 under one year and 322 between one and five years of age) attended for the first time. Among conditions found were:—Talipes, bow legs, knock knees, pes planus, right-sided hemiplegia, subluxation of hip joint, bilateral calcaneo-valgus, dorsal kyphosis, hydrocephalus, Erb's paralysis, intoeing, supernumerary digits, shortening of right leg, metatarsus varus, dislocation left hip joint.

Year.	Babies.		Children 1-5 Years.		Total.
	New Cases.	Revisits.	New Cases.	Revisits.	
1945,	4	9	58	145	216
1946,	32	41	81	251	405
1947,	18	47	136	251	452
1948,	20	50	153	249	472
1949,	38	57	322	205	622

Specialist Eye Clinic.

The services of two ophthalmologists who consult at Nelson Street are available for children under the age of five years and during 1949 213 children (83 under one year and 130 between the ages of one and five years) were examined for the first time by the consultant ophthalmologists. Conditions found were:—Ophthalmia

neonatorum, purulent conjunctivitis, tear duct obstruction, recurrent hordeola, blepharitis, epiphora, mucocele, paralysis of ocular muscles, strabismus, optic atrophy and blindness.

Year.	Babies.		Children 1-5 Years.		Total.
	New Cases.	Revisits.	New Cases.	Revisits.	
1948,	71	90	125	169	455
1949,	83	125	130	99	437

Specialist Ear, Nose and Throat Clinic.

During 1949, 99 children (16 under one year and 83 between one and five years of age) attended this clinic for the first time and were examined by consultants. Among conditions found were:—Mouth breathing, tonsillitis, enlarged tonsils and adenoids, otitis media, persistent nasal discharge and absence of right auricle.

Year.	Babies.		Children 1-5 Years.		Total.
	New Cases.	Revisits.	New Cases.	Revisits.	
1948,	8	2	105	9	124
1949,	16	3	83	13	115

Specialist Skin Clinic.

During 1949, 56 children under the age of five years (24 infants and 32 between the ages of one and five years) attended this clinic for the first time and were examined by the consultant dermatologists. Among the conditions treated were:—Seborrhœa, infantile eczema, ringworm, scabies, naevus, streptococcal infection, papular eruption of face, pityriasis, molluscum contagiosum, sclerema neonatorum.

Year.	Babies.		Children 1-5 Years.		Total.
	New Cases.	Revisits.	New Cases.	Revisits.	
1948,	21	17	56	71	165
1949,	24	31	32	82	169

Nursery Clinic.

A clinic is held on four mornings a week when children are medically examined before admission to a nursery for the first time or are re-examined after an absence from the nursery exceeding three days.

Year.	Babies.		Children 1-5 Years.		Total.
	New Cases.	Revisits.	New Cases.	Revisits.	
1946,	119	174	186	1,182	1,661
1947,	250	585	97	697	1,629
1948,	226	424	109	583	1,342
1949,	123	124	316	835	1,398

Diphtheria Immunization.

The following table shows that 91.2% of children had completed a course of inoculation by the time they reached the age of one year or soon afterwards. Once more it is a pleasure to congratulate the health visitors because it is largely due to their efforts that this satisfactory result has been achieved.

Year.	Total No. of children reaching the age of 1 year.	No. of these com- pleting inocu- lation at the age of 1 year or soon after.		Per- cent- age.	No. completing inoculation before 1st birthday.	Per- cent- age.
1943, ...	2,475	936	37.9	270	10.9	
1944, ...	2,476	1,670	67.4	680	27.5	
1945, ...	2,787	1,738	62.4	944	33.9	
1946, ...	2,439	1,866	76.5	1,100	45.1	
1947, ...	3,584	3,023	84.3	2,305	64.3	
1948, ...	3,743	3,345	89.4	2,812	75.1	
1949, ...	3,408	3,108	91.2	2,828	83.0	

Diphtheria Immunizations at Infant Welfare Clinics.

During 1949 courses of immunization against diphtheria were completed by 1,845 children at the various infant welfare centres and 87% of these children were under the age of one year.

1st Injections.		2nd Injections.	
Under 1 Year.	1-5 Years.	Under 1 Year.	1-5 Years.
1,633	213	1,605	240

Whooping Cough Immunization.

Facilities are offered to clinic mothers who are anxious to have their children protected against whooping cough and the number of children starting a course of inoculation against whooping cough at the infant welfare clinics during 1949 was 139 and the number who completed the course of four injections was 114.

Vaccination.

Facilities are also provided at infant welfare clinics for vaccination of babies who attend the centres. During 1949, 272 babies were successfully vaccinated at infant welfare clinics. 461 vaccinations were carried out compared with 559 in the previous year and 697 in 1947.

Home Visitation by Health Visitors.

Altogether the health visitors made 70,354 home visits during the year; the number of visits to infants under one year of age was 35,775, and to children between one and five years 24,927; 6,151 visits were made to expectant mothers. These totals include special visits made to cases of ophthalmia neonatorum, infantile diarrhoea, puerperal fever and puerperal pyrexia, infectious diseases and for inquiries with regard to housing, maternal deaths, infant deaths and absences from day nurseries.

Year.	Mothers A.N.			Mothers P.N.		
	1st Visits.	Revisits.	Total.	1st Visits.	Revisits.	Total.
1944, ...	869	165	1,034	2,250	196	2,446
1945, ...	1,264	2,205	3,469	2,036	249	2,285
1946, ...	1,493	3,566	5,059	3,552	329	3,881
1947, ...	1,432	4,254	5,686	3,826	186	4,012
1948, ...	1,303	4,103	5,406	3,468	83	3,551
1949, ...	1,399	4,752	6,151	3,221	257	3,478

Year.	Babies.			Children 1-5 Years.		
	1st Visits.	Revisits.	Total.	1st Visits.	Revisits.	Total.
1944, ...	4,811	12,856	17,667	.....	.....	.....
1945, ...	4,733	14,541	19,274	.....	.....	.....
1946, ...	3,641	18,159	21,810	2,439	13,784	16,223
1947, ...	4,076	26,110	30,186	2,893	16,801	19,694
1948, ...	3,773	28,952	32,725	3,072	20,246	23,318
1949, ...	3,521	32,254	35,775	2,746	22,181	24,927

Special Visits.

	1st Visits.	Return Visits.	Total.
Ophthalmia Neonatorum, ...	117	756	873
Puerperal Pyrexia,	13	6	19
Puerperal Sepsis,	3	1	4
Day Nurseries,	94	20	114
	<hr/> 237	<hr/> 783	<hr/> 1,010

Year.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Puerperal Sepsis.
1944,	227	17	22
1945,	264	31	11
1946,	1,280	38	4
1947,	669	34	1
1948,	852	27	0
1949,	873	19	4

Day Nurseries.

(a) Provided by Local Authority.

There are eleven Corporation day nurseries as follows:—

	No. of Places.			No. of Children on waiting lists at end of 1949.		
	0-2 yrs.	2-5 yrs.	Total.	0-2 yrs.	2-5 yrs.	Total.
Bellfield Babies', ...	10	0	10	9	0	9
Burgess Street,	15	25	40	56	76	132
Dudhope Street, ...	15	25	40	100	130	230
Fairbairn Street, ...	15	25	40	71	119	190
Flight's Lane,	15	25	40	63	110	173
Harefield Road, ...	15	25	40	64	77	141
Isles Lane,	12	14	26	36	122	158
Lilybank,	19	29	48	58	136	194
Linlathen,	15	25	40	51	109	160
No. George Street, ...	12	18	30	68	92	160
Polepark,	15	25	40	88	94	182
	158	236	394	664	1,065	1,729

The hours are from 7 a.m. to 6 p.m. and, as there is very little demand for accommodation apart from industrial hours, the nurseries are closed on Saturdays. The demand for accommodation is still very great and the number on the waiting lists far exceeds the number of places. The total attendances have increased but it is gratifying to note that the number of attendances under the age of two years has fallen. Although it is appreciated that some mothers of young children must go out to work there is no doubt that in ideal conditions a child of under two years of age should not be separated from his or her own mother.

Training of Nursery Students.

Nine candidates were presented for examination during the year and eight were successful in gaining the Nursery Nurse's Certificate. One candidate failed in the practical examination and did not resit.

Grateful acknowledgment is made to the generous donors of money and gifts for Christmas parties and throughout the year and also to the staff in the nurseries for their loyal co-operation and help.

The number of daily attendances at the Nurseries were as follows:—

	Under 2 yrs.	Over 2 yrs.	Total.
Bellfield Babies', ...	716	1,426	2,142
Burgess Street,	2,702	6,025	8,727
Dudhope Street, ...	2,936	6,886	9,822
Fairbairn Street, ...	2,908	6,685	9,593
Flight's Lane, ...	2,847	5,175	8,022
Harefield Road, ...	3,476	5,446	8,922
Isles Lane,	922	4,786	5,708
Lilybank,	3,355	6,996	10,351
Linlathen,	2,547	6,131	8,678
No. George Street,	1,686	4,851	6,537
Polepark,	3,614	6,140	9,754
	27,709	60,547	88,256

NURSERY ATTENDANCES

Year.	Under 2 Yrs.	Over 2 Yrs.	Total Attendances.
1946,* ...	35,106	57,599	92,705
1947,† ...	31,002	44,653	75,655
1948, ...	32,545	53,319	85,864
1949, ...	27,709	60,547	88,256

*There were 14 day nurseries during most of this year. Rankine Street (55 places) was closed in May, 1946, Ellengowan Nursery (40 places) became a Nursery School in July, 1946, Cotton Road (65 places) and Polepark Annexe (40 places) became Nursery Schools in November, 1946.

†In January, 1947, Flight's Lane was taken over by the Corporation.

(b) Provided by Firms of Manufacturers.

There are now two industrial nurseries in Dundee. In addition to Camperdown Nursery, opened in 1948 by Jute Industries, Ltd.,

a day nursery has been provided by Low & Bonar at Dens Works in Victoria Street. This nursery, with accommodation for 50 children, was opened in October, 1949.

	No. of Places.		
	0-2 Yrs.	2-5 Yrs.	Total.
Camperdown Nursery, ...	28	37	65
Low & Bonar Nursery, ...	15	35	50

	Attendances.		
	0-2 Yrs.	2-5 Yrs.	Total.
Camperdown Nursery, ...	4,842	10,430	15,272
Low & Bonar Nursery, ...	1,026*	1,098*	2,124*
	<hr/> 5,868	<hr/> 11,528	<hr/> 17,396

*Attendances from 10.10.49 to 31.12.49.

Mother and Baby Homes.

The Local Authority pays an annual grant to the Social Service Board of the Episcopal Church and to the Salvation Army in respect of St Ronan's Home and Florence Booth House, both providing accommodation for unmarried mothers and their babies.

Name of Home provided by Voluntary Assocs.	Number of beds.					No. of Girls during 1949.
	Ante-natal.	Post-natal.	Total Ante-natal and Post-natal.	Maternity (Excl. labour and isola- tion).	Cots.	
St Ronan's,	6	12	18	0	11	24
Florence Booth House,	10	20	30	5	20	85

Duncarse Children's Home.

A medical officer visits once a week and also when called in by the Matron. 69 visits were made during 1949. Routine medical inspections were carried out and 42 minor ailments received treatment in the home. Seventeen children were admitted to general hospitals for surgical or medical treatment and 18 children suffering from infectious diseases were admitted to King's Cross Hospital. The medical officer carried out prophylactic measures such as inoculation against diphtheria and vaccination against smallpox,

diagnostic tests for tuberculosis infection and anti-syphilitic treatment. Special attention was also paid to the diet of the children.

Residential Nurseries.

There is a very urgent need for a residential nursery to provide accommodation for healthy children whose mothers are temporarily unable to look after them by reason of illness, childbirth, etc. Day nursery accommodation is available for such children, but is not sufficient when the mother is in hospital and a father or other relative is not available to look after the children at night and at week-ends.

Midwives (Scotland) Acts.

In the year 1949 24 midwives notified their intention to practice midwifery in Dundee, five as midwives in private practice.

The midwives in private practice attended a total of 220 confinements (223 births) [including 197 confinements (200 births) where a doctor was also in attendance], that is 5.6% of the total births in the City compared with 7.4% in 1947 and 5.9% in 1948. Most of the births (220) were attended by three midwives (attending 88, 78 and 54 births respectively) and of these all but two were carried out for the local authority on a fee per case basis.

Eighteen visits were paid by the Inspector of Midwives and her assistant to the homes of the midwives.

Twenty-nine notifications were received from midwives during the year as follows:—

Applications for medical assistance—

(a) Mother,	6
(b) Child,	2
Notification of ophthalmia neonatorum,	7
Notification of artificial feeding,	11
Notification of death of infant,	1
Notification of infectious disease,	2
	—
	29

In 8 cases of emergency the midwife called in a medical practitioner, in 6 cases on behalf of the infant. Thirteen mothers were referred by midwives to ante-natal clinics.

Nursing Homes Registration (Scotland) Act, 1938.

There are six nursing homes registered in the city, viz., Burnbank, Duneaves, Fernbrae, Fort House, Marrbank and Westbay, and three which have been exempted from registration, viz., Clement Park, St Mary's Home (King Street) and St Ronan's Home.

Nurses (Scotland) Act, 1943, and Nurses Agencies (Scotland) Regulations, 1945.

Dundee Private Nursing Home (Marrbank), Ltd., and Fernbrae Nursing Home, Ltd., are licensed under the above Act and Regulations to carry on agencies for the supply of nurses in terms of Section VIII. of the Act.

Nursery and Child Minders Regulation Act, 1948.

This Act came into operation on 31st July, 1948, and places a duty upon local authorities to register and supervise day nurseries and daily minders where the number of children exceeds two. One day nursery, viz., Camperdown Nursery was registered in 1948 and one provided by Messrs Low & Bonar at Dens Works was registered in 1949. No application was received for registration as a child minder during the year.

	No. of Applications received.	Certificates issued.	Certs. refused.	Certs. cancelled.	Certs. in force at end of year.	Children being cared for at end of year	No. of inspections made.	No. of cases in which no inspection made.
Nursery Premises,	1	1	0	0	2	134	weekly	0
Child-Minders,	0	0	0	0	0	0	0	0

Foster Children, Adopted Children and Illegitimate Children.

During the year the health visitors paid special attention to 102 children who had been adopted, or were awaiting legal adoption, to 13 children who were under the care of foster parents, and to 444 illegitimate children.

Lectures, etc.

During the year the health visitors have had lectures from Dr Marjory Hogg on her work with displaced persons in Nuremberg;

from Miss Margaret Jobson, J.P., on " The Children Act "; from the Maternity and Child Welfare Medical Officer and from two health visitors, one who had been trained in breast feeding methods by Dr Harold Waller and one who had obtained a certificate in mothercraft teaching from Cromwell House.

Lectures by medical officers of the department on Maternity and Infant Welfare were given during the year to the Arbroath Business and Professional Women's Club, the Young Mother's Guild of St Luke's Church, Broughty Ferry, the Murroes Women's Rural Institute, the Dundee Professional and Business Women's Club and one lecture on " Nursing as a Career " which was arranged by the Dundee Youth Employment Service.

Lectures on Maternity and Child Welfare were also given to pupil-midwives in Maryfield Hospital and practical instruction at the clinics to pupil-midwives from the Royal Infirmary.

TABLE I.

Still Births — Cause of Pre-Natal Death.

1.—Disease in or Accident to Mother—	Males.	Females.	Total.
Eclampsia and pre-eclampsia,	3 (1)	1	4
Toxæmia,	0	1	1
Accidental hæmorrhage,	5 (1)	4 (3)	9
Other ante-partum hæmorrhages,	3 (1)	4 (2)	7
Placental infarcts,	4 (3)	3 (1)	7
Other abnormalities of placenta,	2 (2)	1	3
Uterine fibroids,	1	1	2
Pyelitis,	1 (1)	0	1
Diabetes mellitus,	0	1	1
			35
2.—Difficulties in Labour—			
Abnormal presentation of foetus,	2	1	3
Pressure on cord due to prolapse, torsion, etc.,	7 (1)	10 (2)	17
Injury at birth, including cerebral hæmorrhage,	5	6	11
Precipitate labour,	1 (1)	1 (1)	2
Delayed or obstructed labour,	3	0	3
			36
3.—Fœtal Anomalies and Deformities—			
Erythroblastosis and other manifestations of hæmolytic disease,	2	1 (1)	3
Hydrocephalus,	1 (1)	2 (1)	3
Anencephalus,	0	7 (5)	7
Multiple deformities,	0	2 (1)	2
Other deformities,	1 (1)	2 (1)	3
			18
4.—Ill-defined or Unknown Cause—			
Macerated foetus,	5 (4)	6 (3)	11
Atelectasis,	3 (3)	0	3
Asphyxia,	2 (1)	1	3
Prematurity,	2 (2)	3 (3)	5
Generalized oedema,	1 (1)	0	1
Intra-uterine death,	0	2 (1)	2
Unknown,	1	0	1
			26
			115

Figures in brackets denote the number of premature births.

1870-1871

1871-1872

1872-1873

1873-1874

1874-1875

1875-1876

1876-1877

1877-1878

1878-1879

1879-1880

1880-1881

1881-1882

1882-1883

1883-1884

1884-1885

1885-1886

1886-1887

1887-1888

1888-1889

1889-1890

1890-1891

1891-1892

1892-1893

1893-1894

1894-1895

1895-1896

1896-1897

1897-1898

1898-1899

1899-1900

Neo-Natal Deaths — Cause of Death.

MALES—52

FEMALES—43.

TOTAL—95.

Cause of Death.	Under 1 day.			1-2 dys.			2-3 dys.			3-7 dys.			1-2 wks.			2-3 wks.			3-4 wks.			Total.		Per centage.
	1 day.	1-2 dys.	2-3 dys.	3-7 dys.	1-2 wks.	2-3 wks.	3-4 wks.	1 day.	1-2 dys.	2-3 dys.	3-7 dys.	1-2 wks.	2-3 wks.	3-4 wks.	M.	F.								
Prematurity,	14	4	2	1	3	0	0	9	4	0	1	1	0	0	24	15	41.05							
Atelectasis,	2	3	0	0	0	0	0	2	1	1	2	0	0	0	5	6	11.58							
Asphyxia,	1	0	1*	0	0	1*	0	1	0	0	0	0	0	0	3	1	4.22							
Injury at birth includ. cerebral hæmorrhage, 3		3	0	3	0	0	0	3	1	1	1	1	0	0	9	7	16.84							
Cong. malformations, 0		1	0	1	1	0	0	2	0	0	2	3	0	0	3	7	10.53							
Pneumonia (all forms), 0		0	0	3	0	2	0	0	0	0	2	1	0	0	5	3	8.42							
Bronchitis,	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1.05							
Diseases of digestive system,	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1.05							
Diseases of spinal cord, 0		0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1.05							
Hydrops foetalis, ... 0		0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1.05							
Congenital syphilis, 1		0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1.05							
All other causes, ... 0		0	0	1	0	0	0	0	0	0	0	0	1	0	1	1	2.11							
	21	11	3	10	4	3	0	18	6	2	9	6	2	0	52	43	100.00							
	45 (86.5%)			7 (13.5%)			35 (81.4%)			8 (18.6%)														

84.2% of neo-natal deaths and 54.1% of all infant deaths occurred in the first week of life. 58.9% of neo-natal deaths occurred in the first two days of life.

*Cases of probable accidental asphyxia.

	Males.		Females.		Total.		Percentage.	
Full-time,	16		19		35		36.8	
Premature,	36		24		60		63.2	
Legitimate,	—52		—43					
Illegitimate,	47 (15 F.T. 32 Prem.)		37 (16 F.T. 21 Prem.)		84		88.4	
	5 (1 F.T. 4 Prem.)		6 (3 F.T. 3 Prem.)		11		11.6	
	—52		—43					
Prematurity associated with cause of death but not the primary cause of death,	9		7					
Gastro-enteritis associated with cause of death but not the primary cause of death,	0		0					
Broncho pneumonia associated with cause of death but not the primary cause of death,	3		3					
Atelectasis associated with cause of death but not the primary cause of death,	2		2					
Asphyxia neonatorum associated with cause of death but not the primary cause of death,	1		2					
Cerebral hæmorrhage associated with cause of death but not the primary cause of death,	3		1					

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

Deaths of Infants over One Month and under One Year.

Cause of Death.	MALES—36.						FEMALES—17.						TOTAL—53.	
	1-2 mths.	2-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1-2 mths.	2-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	M.	F.	Total.	Percentage.
Pneumonia (all forms),	1	2	4	1	1	1	1	1	3	0	9	6	15	28.30
Other diseases of Respiratory system,	0	0	0	1	1	0	0	0	0	0	2	0	2	3.77
Gastro-enteritis,	2	1	4	1	2	1	0	2	0	0	10	3	13	24.53
Congenital malformations,	1	1	0	1	1	0	0	0	1	0	4	1	5	9.43
Intra-cranial birth injury and cerebral hæmorrhage,	0	0	0	0	1	0	0	0	0	1	1	1	2	3.77
Prematurity,	1	0	0	0	0	0	0	0	0	0	1	0	1	1.89
Marasmus,	0	0	0	1	0	0	0	0	0	0	1	0	1	1.89
Meningococcal Meningitis,	0	0	0	0	1	0	0	0	0	0	1	0	1	1.89
Accidental suffocation,	0	0	1	1	1	0	1	1	0	1	3	3	6	11.32
All other causes,	1	2	1	0	0	1	0	0	2	0	4	3	7	13.21
	6	6	10	6	8	3	2	4	6	2	36	17	53	100.00
Full-time,					34				14				48	90.6
Premature,					2				3				5	9.4
					—36				—17					
Legitimate,					33 (31 F.T. 2 Prem.)				16 (14 F.T. 2 Prem.)				49	92.5
Illegitimate,					3				1 (0 F.T. 1 Prem.)				4	7.5
					—36				—17					
Gastro-enteritis associated with cause of death but not the primary cause of death,					1				3					
Pneumonia associated with cause of death but not the primary cause of death,					6				2					
Meningitis associated with cause of death but not the primary cause of death,					1				1					
Marasmus associated with cause of death but not the primary cause of death,					2				0					

TABLE IV.

Deaths of Children Over One Year.

Cause of Death.	Males.					Females.					Males and Females.					Total.
	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	1-2 yrs.	2-3 yrs.	3-4 yrs.	
Measles,	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1
Pneumonia (all forms),	1	0	0	0	2	0	0	0	3	0	0	0	3	0	0	3
Other diseases of respiratory system,	2	1	0	0	1	0	1	0	3	1	1	0	3	1	1	5
Tuberculosis (all forms),	1	2	0	0	0	1	2	0	1	3	2	0	1	3	2	6
Infective enteritis, etc.,	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1
Other diseases of digestive system,	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	1
Accidental poisoning, etc.,	0	0	1	0	1	0	0	0	1	0	1	0	1	0	1	2
Lymphatic leukaemia,	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	1
Other general diseases,	1	0	0	0	1	0	0	0	2	0	0	0	2	0	0	2
	6	3	2	0	6	1	4	0	12	4	6	0	22	4	6	0

TABLE V.

MATERNAL DEATHS.

Classification of Certified Causes of Death of the 8 Deaths
Occurring in Dundee.

Directly Due to Child-Bearing—	Yrs. 15-25.	25-35.	35+.	Total.
Broncho pneumonia following Cæsarean Sect.,	0	0	1	1
Septic abortion with nephritis,	0	1	0	1
Septic abortion with pyelo-nephritis,	0	0	1	1
Puerperal Phychosis,*	0	1	1	2
Septic aspiration pneumonia following delivery	1	0	0	1
Pre-eclamptic toxaemia and instrumental delivery,	0	1	0	1
Deaths Due to Causes Aggravated by Child- Bearing—				
Mitral stenosis and asphyxia under anæsthesia for Cæsarean Section,	0	0	1	1
				<hr/> 8

*Both infants stillborn.

TABLE VI.

Analysis of Feeding in Infants Who Died Between One and Twelve Months.

Males and Females.

	Months	Age at Death.									Total.	Percentage.
		1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9+		
Breast,	2	0	1	1	0	0	0	0	0	4	7.5
Mixed,*	0	0	0	1	0	0	0	0	0	1	1.9
Partly Breast†,	4 (1)	6 (1)	3 (2)	5 (1)	1 (1)	3	3	3	6 (1)	34 (7)	64.2
Artificial,	3	2	2	0	0	1	1	1	4	14	26.4
		9	8	6	7	1	4	4	4	10	53	100.0

*Mixed feeding means breast feeding complemented or supplemented by artificial feeds, i.e., combination of breast and artificial feeding.

†Partly breast fed means that breast feeding had been carried out for part of the time, but that artificial feeding had been substituted before death occurred.

Figures in brackets show number of babies who were breast fed for less than 10 days.

TABLE VII.

Analysis of Feeding in Infants who Died Before Reaching the Age of One Year (Gastro-Enteritis Cases).

Males and Females.

	Months	Age at Death.										Total.	Percentage.
		1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9+			
Breast,	0	0	0	0	0	0	0	0	0	0	0	0.0	
Mixed,*	0	0	0	0	0	0	0	0	0	0	0	0.0	
Partly Breast,†	2	1	3	1	1	1	0	0	0	1	9	69.2	
Artificial,	1	0	1	0	0	0	0	1	0	1	4	30.8	
<hr/>													
	3	1	4	1	1	1	0	1	0	2	13	100.0	

*Mixed feeding means breast feeding complemented or supplemented by artificial feeds, i.e., combination of breast and artificial feeding.

†Partly breast fed means that breast feeding had been carried out for part of the time, but that artificial feeding had been substituted before death occurred.

PRE-SCHOOL AND SCHOOL HEALTH SERVICE

1.—LIST OF STAFF.

(a) Whole Time.

School Medical Officers.

Acting Chief Executive School Medical Officer.

Four Assistant Medical Officers (Schools).

School Dental Officers.

Senior Dental Officer.

Two Assistant Dental Officers.

School Nurses.

The services of a combined staff of Superintendent, two Deputy Superintendents, and 40 Health Visitors.

Clerkesses, 5.

Dental Attendants, 5.

Nurse 1 and Clinic Attendant 1 for treatments in the Cleansing Station.

Medical Room Assistant in the Special School for Physically and Mentally Handicapped Children.

Clinic Porters, 2.

Changes in Whole-time Staff.

Medical Officers.

Dr James A. Cuthbert, Chief Executive School Medical Officer, was seconded ad interim to the post of Deputy Medical Officer of Health and took up his new duties on 16/8/48. Dr Dora W. Gerrard, Assistant Medical Officer, was appointed Acting Chief Executive School Medical Officer during his absence. This arrangement was still operating at the close of the session.

Dr Janette R. Turner held the post of Temporary Assistant Medical Officer throughout the year.

Dental Officers.

Mr Douglas N. Anderson, L.D.S., Assistant Dental Officer, resigned in November, 1948, to enter general practice, and Mrs Dorothy C. H. Reid, L.D.S., Temporary Assistant Dental Officer, resigned in December, 1948. It was found impossible to fill the two vacancies on this staff.

Nursing Staff.

Two senior Health Visitors were promoted to be Deputy Superintendent Health Visitors and took up their new duties in April, 1949. Five certificated Health Visitors joined the staff and nine temporary appointments were made of uncertificated Health Visitors to fill vacancies created by resignations and absences. The new Health Visitors have applied themselves conscientiously to their duties. The work of the School Health Service delegated to the nursing staff has therefore been efficiently and fully undertaken.

The services of one of the dental attendants has been temporarily utilised in general School Health Service work, principally the Ophthalmic Clinics, since the reduction in the School Dental Officer Staff.

With the decrease in the number of cases of scabies and the centralising of treatment at one cleansing station instead of two, the appointments of two bath attendants were terminated in February, 1949.

(b) Part-time.

The Specialist Service provided by the Eastern Regional Hospital Board has remained unchanged, and all Specialist Clinics have been maintained throughout the session as formerly reported.

2.—GENERAL STATISTICS.

Population of the Area,	181,000
Number of Schools—	
(a) Primary }	38
(b) Secondary }	10
Under Education Authority	
(c) 1. Special Schools,	4
2. Nursery Schools,	4
3. Special Classes (Nursery) in ordinary schools,	3
(d) In receipt of grant from Education Authority and under medical inspection—	
1. Primary and Secondary,	1
2. Nursery Schools,	2
(e) Under Provincial Training College for Teachers and by arrangement under medical inspection—	
1. Primary School,	1
2. Special Class (Nursery),	1
Number of children on registers,	29,449
Number of children in average attendance,	24,588

3.—SANITARY CONDITION OF SCHOOLS.

The Medical Officers paid several visits of inspection from the viewpoint of hygiene and sanitary conditions in the schools.

On the whole, conditions were satisfactory, but some premises are misused after school hours by the public which is a most undesirable state of affairs.

4.—ORGANISATION AND ADMINISTRATION.

A—System and Extent of Medical Inspection and Treatment.

The groups of children prescribed for systematic medical inspection during the present year were:—

1. Entrants
2. Children born in 1939
3. „ „ „ 1935
4. „ „ „ 1932
5. „ „ „ 1941 (vision and hearing).

Summary of the Work of the Medical Officers.

Consultation Clinic Sessions,	510
Systematic Inspection Sessions,	368
Special Visits to Ordinary Schools,	74
Special Visits to Ordinary Schools for purposes of Immunisation,	43
Special Clinic Sessions for purposes of Immunisation,	11
Special Consultation Clinic Sessions (C.E.S.M.O.),	104
Visits to Special Schools,	78
Nursery Schools,	64
Pre-Nursing School,	11

Other Special Examinations by Medical Officers.

Children as to fitness for Belmont Camp School, ...	704
„ as to fitness for Holiday Camps,	379
„ examined by Wood's Glass in Schools, ...	467
Applicants for Licences for Employment,	439
	<hr/>
	1,989
	<hr/>

Consultation and Medical Treatment Clinics have continued throughout the year with the same arrangements described in last year's annual report. It has been impossible to find suitable premises available in the west end of the city or to erect a new building or hut to accommodate the clinic. The present arrangement is far from satisfactory and attendance, from an area which previously took full advantage of clinic facilities, has fallen appreciably, due, without doubt, to the length of journey the children are required to make and the time away from home demanded of the mother to accompany them.

The Broughty Ferry district has, however, benefited by the opening of the new Fort Street Clinic. With pleasant and adequate accommodation, the combined infant welfare and school clinic is no longer advisable, the two departments now have separate weekly clinic sessions.

Dundee Trades College.

The arrangements for the medical examination of all boys accepted for training in Dundee Trades College for the pre-apprenticeship courses for the building and engineering industries which has been in practice since the commencement of the College has operated again this session, and systematic medical inspection with radiological examination has again been carried out on behalf of this department by the Assistant Medical Officer of Health (General).

During the session 226 boys were medically examined. Classification of fitness according to Table III. is as follows:—

Grade.	Number.	Percentage.
I.	86	38.05
II.a	8	3.54
II.b	17	7.52
II.c	4	1.77
III.	67	29.65
IV.a	21	9.29
IV.b	23	10.18

The number of entrants to the College during the session 1947-48 was 129, and the corresponding classification of fitness was:—

Grade.	Number.	Percentage.
I.	51	39.535
II.a	5	3.876
II.b	11	8.527
II.c	—	—
III.	19	14.729
IV.a	22	17.054
IV.b	21	16.279

The facilities of the School Health Service which are available to students undertaking further education were taken advantage of by a number of the pupils who attended for consultation and treatment.

Seymour Lodge Pre-Nursing School.

The number of entrants to the Pre-Nursing School was considerably larger from areas outwith Dundee than from the City. All are medically examined before commencing the course.

Nineteen from County Areas were medically examined by the Medical Officers of their respective Authorities. Ten were medically examined by an Assistant School Medical Officer of this Authority, nine Dundee pupils and one from another area.

The classification of fitness according to Table III. for the Dundee students is as follows:—

Grade.	Number.	Percentage.
I.	6	66.67
II.a	2	22.22
II.b	1	11.11

The corresponding classification of 20 entrants during 1947-48 session was:—

Grade.	Number.	Percentage.
I.	13	65
II.a	3	15
IV.a	4	20

The school continued in its temporary premises in Dudhope School throughout the college year, but there is every prospect of returning to the permanent establishment next session.

One of the Medical Officers visited the school periodically throughout the session and carried out a medical examination on

the lines of routine medical inspection on 61 students in the second and third years of their training. The staff of the school appreciated those visits and the examination of the girls for the purpose of ensuring that their standard of health was maintained. Towards the end of the session, in consultation with the Medical Officer of Health and the Tuberculosis Medical Officer, it was agreed that facilities for radiological examination be made available. It was impossible with present conditions to undertake the examinations before the close of the session. The students will, however, be able to take advantage of the Mass Radiography Centre early next year.

Nursery Schools and Classes.

The Medical Officers carried out 405 medical examinations on the lines of systematic inspection of school children in the Nursery Schools and Classes, and re-examined 150 of them six months later.

In addition the Health Visitor of the district, served by the Nursery School, has paid regular visits and has given valuable advice and help to the teaching staff whose duties are by no means confined to teaching, but who meet, also, problems pertaining to health. The liaison between the home and the school in the person of the Health Visitor is much appreciated by both.

B — System and Extent of Dental Inspection and Treatment.

Details of the work of the Dental Service will be found in the report by the Senior Dental Officer.

With the resignation of two dental officers in the early part of the session the progressive work of this department has had to be curtailed. While the service has been maintained in two districts of the City, the work of the Central Clinic has had to be undertaken by the Senior Dental Officer, and the additional services previously rendered to hospital patients and staff and to ante-natal and post-natal clinic patients has had to be discontinued. The routine examination of school children, day nursery and nursery school children, the fundamental work of a school dental service has only been possible for a limited number, but it is gratifying to record that the upward trend of acceptances reported over the past few years continues, and that of the children found to require treatment, 52% accepted.

It is felt that the School Dental Service has a very definite contribution to offer by the scheme of supervision and the early detection of dental defects among the children of the community, and it is hoped that additional staff will be possible in the near future so that the service will be available to the extent previously carried out and indeed expanded.

C — School Nursing and Arrangements for Follow-up.

Arrangements carried out in previous years satisfactorily are still in operation.

The Health Visitor appointed to the school is present at all routine medical inspection and special examination sessions with the Medical Officer and pays her own regular visits to the school to investigate cases about whom the teaching staff ask advice and to follow up cases where advice has previously been given especially regarding cleanliness and hygiene. A great amount of very valuable instruction is given at these visits, and her efforts never relax to promote a high standard of personal care and cleanliness.

As always the earliest detection of a defect is the object of this service, both because of the importance to the patient and also to the classmates. The teaching staffs have expressed their satisfaction in the service rendered.

In addition, one health visitor, who is employed full time in the Special School for Physically Handicapped and Mentally Handicapped Children, undertakes the organisation, and is in attendance at the Orthopædic Clinic Sessions under present arrangements.

Another health visitor is employed full time on indoor duties in Nelson Street Clinic, for the most part to assist the visiting consultants at their various clinics.

Summary of the Work of the Health Visitors in this Branch of the Public Health Department.

Sessions on Medical Inspection,	494
Additional Visits to Schools,	1,507
Follow-up Visits paid to homes of 1,048 school children,	1,260
Follow-up Visits paid to homes of 27 nursery school children,	34
Follow-up Visits paid to homes of 104 children (orthopaedic),	165

Sessions at Consultation and Treatment Clinics,	2,174
Sessions at Ultra-violet Ray Clinic,	61
Sessions at Orthopaedic Clinic,	35

D — Co-operation with Other Health Services.

The arrangement whereby this Service operated at very close quarters with the Maternity and Infant Welfare Department and shares the services of the combined Health Visitor Staff makes co-operation between the two very satisfactory, and we are enabled to consult and interchange ideas for the benefit of our respective age groups most easily and cordially.

The relationship with the Tuberculosis Service, now operating under the National Health Service, ensures the closest co-operation in this important field of work. We are indebted to the Chest Clinic Staff for the full reports and advice given, and we find the liaison health visitor most helpful. By this co-operation we are thereby enabled to supervise our patient with emphasis on health and education to their best advantage.

Opportunity to consult the pædiatricians at both Maryfield Hospital and Dundee Royal Infirmary has been much appreciated, and very close co-operation has developed with the general surgeons through directing of orthopaedic cases among children to the orthopaedic surgeon and so to inclusion in the School Health Service.

With the development of the Mental Health Service, much valuable help has been given by the Deputy Medical Officer of Health, and facilities provided by the Eastern Regional Hospital Board towards the end of the session for consultation by the Medical Superintendent, Baldovan Institution at the Central Public Health Office have supplied a most helpful service.

Diphtheria Immunisation.

A form incorporating the enquiry as to the present state of protection against diphtheria is included with the medical history form to all the children before presentation at their first medical inspection and immunisation is carried out by the medical officers as authorised by the parents. Useful propaganda is accomplished at the school when parents attend the inspection, and the health visitors in the course of their home visits never miss the opportunity to encourage acceptance of this service.

Of the 2,464 school entrants examined at systematic medical inspection, 2,171 (88.11%) had already had a course of injections.

For 171 (6.94% of total examined) of the remaining 293, parents consented for their children to have the course.

For 1,553 (71.53% of those previously "immunised") consent was given for a further "maintenance dose."

234 (10.78% of those previously "immunised") had already had a "maintenance dose."

49 (2.26% of those previously "immunised") did not require "maintenance dose," having completed the course within the previous year.

Thus 1,836 (84.57%) children entered school either fully protected or consenting to have a "maintenance dose" to build up the resistance acquired by their previous immunisation.

The interpretation of the figures when compared with the 1947-48 report shows that the number of children being protected by immunisation early in life is still rising, 88.11% of this year's entrants group, while last year the figure recorded was 87.01%. The parents willing to have their children, on first entering school, immunised has dropped from 8.578% to 6.94%, this in spite of pressure and explanatory propaganda. The same slight set back is demonstrated by the figure for maintenance dose.

The significance of prolonging the period of protection by an additional dose of prophylactic serum is systematically explained and in many cases the parents agree to contact their family doctors. This figure cannot be incorporated in this report, but it is felt that it is only a small minority who are antagonistic or indifferent to this procedure for the safeguard of their children.

E — Co-operation with Voluntary Organisations and other Outside Bodies.

The Dundee Invalid and Cripple Children's Aid Association has maintained its great interest in the handicapped children in the City, particularly those in attendance at the Special School, and its home at Auchterhouse has again provided holiday facilities for children to enjoy and benefit from a fortnight in the country.

Newport Children's Holiday Home Committee carried out extensive alterations to the premises, and have provided a delightful home with modern equipment artistically decorated at Comer-ton Home, where Dundee children spent fortnightly periods throughout the year.

The officials of St Leonard's Senior Society and the Matron of St Leonard's Children's Convalescent Home, St Andrews, have again extended a welcome to a number of Dundee children, and the personal interest shown in arranging comfortable travel for them and contacts made with the parents is greatly appreciated.

F — Co-operation with Teachers and Parents with special reference to the Attendance of Parents at Inspections.

The staff of this department acknowledges the courteous consideration and willing assistance given by Head Teachers and other members of staff in the carrying out of medical work in the schools and also their acceptance of proposals for co-operation in the conduct of clinics necessitated by limited accommodation. A system of appointments for schools for day and time has operated fairly satisfactorily despite some unavoidable changes during the session.

More immunisation sessions have been held in schools during the present school year than previously, an arrangement undertaken since Head Teachers were finding it difficult to arrange staff to accompany children to the clinics. The accommodation provided and the facilities extended to the staff have made the carrying through of this scheme satisfactory.

The attendance of parents along with their children for routine inspection at school is still disappointing. The presence of the mother, at least at the first inspection, lays a foundation of co-operative interest in the child and is of mutual benefit to both parent and doctor.

The figures for the present session only vary by a very small percentage from those recorded last year, and are as follows:—

Entrants Group,	1,747	70.90%
1939 age group,	720	31.70%
1935 age group,	84	3.30%
1932 age group,	1	.39%
1941 age group. No previous notification of this inspection given to parents.		

5.—THE FINDINGS OF MEDICAL INSPECTION.

The number of children examined systematically in the prescribed age groups was 7,533 at 368 sessions, 20-21 per session.

In the previous report the number was 7,911 at 405 sessions, 19-20 per session.

Special Examinations in Schools.

	928 Children Examined 739 Defective.	2,423 Children Re-examined 1,051 Still Defective.
Head—Vermin,	2	—
Nits,	9	50
Other Conditions,	29	14
Body—Vermin,	1	—
Other Conditions,	20	14
Diseases of Tonsils,	27	144
Defective Vision,	132	386
Diseases of the Eye,	75	53
Defective Hearing,	42	7
Diseases of Ear,	13	12
Speech Defect,	42	9
Mental or Nervous Condition, ...	42	26
Infectious Disease,	2	1
Other Conditions,	459	277

52 Children were reported to the Director of Education to be requiring special educational treatment in Special Schools. The following table classifies the conditions on which the recommendations were made:—

Bone and Joint Conditions,	9
Post Primary Tuberculous Lung Lesions,	2
Chorea,	1
Central Nervous System Diseases,	2
Bronchitis and Bronchiectasis,	2
Post Rheumatic Cardiac Conditions,	5
Congenital Valvular Disease of the Heart,	1
Cerebral Palsies,	3
Pseudo Hypertrophic Dystrophy,	1
Major Speech Defects,	2
Mentally Handicapped,	21
Blind,	1
Partially Sighted,	2

A — General Review.

Table II. at the end of this report shows in statistical form the findings of medical inspection. Under the same headings these figures are elucidated in greater detail and a comparison made with the results shown in last year's report.

Recording of Heights and Weights of School Children Examined at Routine Medical Inspection in the Prescribed Age Groups for the Session 1948-49.

	Entrants.		Second Age Group.	
	Boys.	Girls.	Boys.	Girls.
Total Number of Children				
Examined,	1,260	1,204	1,194	1,077
Average Age in Years,	5 3/12	5 4/12	9 4½/12	9 4½/12
Average Height in Inches, ...	42½	42	51	51
Average Weight in Pounds,	41½	39	61½	58
	Third Age Group.		Secondary Age Group.	
	Boys.	Girls.	Boys.	Girls.
Total Number of Children				
Examined,	1,274	1,268	128	128
Average Age,	13 7/12	13 7/12	16 9/12	16 8/12
Average Height in Inches, ...	58½	59½	67½	63¾
Average Weight in Pounds,	90	93	125	122

1-2.—Clothing and Footwear Unsatisfactory.

There is some improvement to report in the condition of children's clothing, due, without doubt, to the end of rationing, making replacements more generally available.

Of the total examined, 7,533, only 4 (0.05%) are recorded as unsatisfactory, and 3 (0.04%) with unsatisfactory footwear; 0.19% and 0.09% were reported last year.

1,017 children were provided with 1,976 pairs of boots or shoes by the Local Authority.

3.—Cleanliness.

There has been a noticeable increase in the presence of nits, vermin and dirty heads, which is almost entirely to be found in the girls of the second and third age groups. The follow-up of those girls has been assiduously carried out by the Health Visitors at their weekly visits, but concern is felt regarding the frequency of

relapse and lack of attention given by the mothers. Of the total children examined, 7,533, 819 (10.81%) were recorded, while of that number, 655 (17.81%) were girls and 164 (4.25%) boys. The percentage of children whose bodies were dirty or verminous remains appreciably the same, 25 children (0.33%). Last year the figures were 425 (10.86%) girls and 135 (3.37%) boys.

4.—Skin, Head and Body.

As is shown in the Report of the Consultant Dermatologist, ten cases of Ringworm of the Scalp occurred among school children during the session. One boy (third age group) was found at routine inspection being 0.01% of the total children examined. As reported statistically at the beginning of the report, the diagnosis of all cases was followed by an inspection in the schools of all contacts by Wood's Glass. Coincidentally no case of body ringworm was found at routine inspection.

There is an appreciable drop in the incidence of impetigo and other skin conditions of both head and body. Of the total number of children examined, 7,533, 29 (0.38%) had impetigo of the scalp, 44 (0.56%) 1947-48, and only 8 (0.11%) impetigo of the body compared with 17 (0.21%) last year. Other skin conditions also show an improvement—Affecting the scalp 78 (1.03%) and the body 142 (1.89%) compares favourably with 110 (1.39%) and 276 (3.49%) respectively.

Scabies also, as indicated by the report elsewhere that treatment facilities were no longer required to the same extent previously provided, was found at routine inspection only in 11 cases (0.15% of the total examined).

5.—Nutritional State.

The incidence of defective nutrition shows a further rise from the adverse figure reported last year. This year all age groups and both sexes are affected. As this is an arbitrary estimate, the individual examiner's assessment varies, but the upward trend is significant.

Of the total examined, 7,533, 117 (1.55%) are reported as slightly defective compared with 69 (0.87%) last year. One case (0.01%) is recorded as of bad standard of nutrition.

2,303,419 meals were provided for school children by the School Meals Service; of that number, 575,855 meals were supplied free. 4,532,000 bottles of milk were supplied.

6.—Mouth and Teeth Unhealthy.

The number of children affected by unhealthy teeth or gums was 85 (1.13%) of the total 7,533, a decrease from the 1947-48 figure of 123 (1.55%).

7.—Naso-Pharynx.

There is a decrease in all naso-pharyngeal conditions recorded this session with the exception of enlarged cervical glands requiring operation which, for the total number examined, 7,533, is 5 (0.07%) as against 2 (0.02%) when 7,911 were examined.

89 (1.18%) cases of nasal obstruction were listed for further examination, and 14 (0.18%) reported to the parents for specialist advice regarding operation.

434 (5.76%) had tonsils requiring further observation and 151 (2%) recorded as requiring removal.

8.—Eyes.

There is an overall decrease in the recorded cases of external eye diseases with the exception of Other Diseases, which is 63 (0.84%), compared with 46 (0.58%) reported last year. This increase affects the entrant age group, particularly the girls, where 16 (1.33%) is recorded, as against 2 (0.16%) in the previous report. No specific condition accounts for the increase. Strabismus, 337 (4.47%) and 375 (4.74%) 1947-48. The number of children found to have fair vision 1,169 (23.02%), and bad vision 130 (2.56%), of the age groups who have systematic vision testing, approximates closely to previous years. In all age groups and both degrees of defect the percentage is higher in girls than in boys; fair vision — girls, 605 (24.64%) and boys 564 (21.65%); bad vision — girls 74 (2.99%) and boys 56 (2.16%). The number referred for refraction is 375 (4.98%), a decrease from 5.12% last session.

The medical inspection of the 1941 age group for visual acuity and hearing was carried out as prescribed by the Department, the

procedure being the same as reported in this section of last year's annual report.

The group numbered 2,030 — 961 girls and 1,069 boys. Of the total number examined 333 (34.65%) girls and 341 (31.9%) boys are reported to have fair vision. 31 (3.23%) girls and 34 (3.18%) boys had bad vision.

49 girls (5.10%) and 63 boys (5.89%) were referred for refraction. 43 girls and 38 boys had strabismus.

The results this session again show that the percentages with fair vision defect in this particular age group are considerably higher than those for any of the age groups submitted for systematic inspection, and so emphasise again the value of examination at this age and the correction of visual defects which would adversely affect the educational progress of the children.

Bad vision among girls of this age is similar to that recorded in the 1935 and 1932 age groups, but the percentage of boys is higher than in any other group.

9.—Ears.

Of the total number of children examined, 7,533, 65 (0.86%) had otorrhœa — 48 (0.61%) reported last session.

Assessment of hearing shows grade I. defect to have remained the same as last year, grade II.a reported in one pupil (4 recorded last year), and grade II.b again the same as last year.

During the year the Public Health Committee of the Corporation purchased a gramophone audiometer so that a hearing survey of the children could be undertaken to ascertain if any cases of hearing defect were present in the classes undetected by the oral method of testing or unsuspected by the teachers. The scheme to test the 9-year-old group, cases of known ear disease, and pupils not making satisfactory progress, is awaiting the appointment of a trained technician. It is anticipated that this specialised investigation will be undertaken in future sessions.

The 1941 age group, as previously stated, were examined for hearing. Of the 2,030 children examined, one girl (0.10%) and 7

boys (0.65%) were recorded as having grade I. hearing defect, and one girl as grade II.b. This child was undergoing specialist treatment and observation pending decision to transfer her for special educational treatment to the Special School.

10.—Speech.

Of the total 7.533 children examined, 25 (0.33%) were found to have defective articulation and 9 (0.12%) to stammer.

Of that number, 18 were young children in the entrants group. Unless these children are in the schools or near proximity to the centres where the speech therapist holds her sessions it is difficult with present facilities to undertake their remedial treatment, but with an assistant speech therapist appointed to do this work from the beginning of next session, early treatment will be available before the children have progressed far in their school life.

11.—Mental or Nervous Conditions.

(a) Backwardness due to irregular attendance is reported in 6 (0.08%) cases, of whom 3 boys and 2 girls are in the second age group. The number of children around this age for whom special educational treatment in a special school would be desirable have, of necessity, had to remain in ordinary classes through lack of vacancies in Fairmuir. It is hoped that accommodation for an occupational centre will have been provided during next session, when certain of the pupils in the lower retarded classes can be transferred and educable mentally handicapped children admitted to the Special School.

(b) Dull, 9 (0.12%).

(c) Educable Mentally Handicapped, 1 (0.01%).

(e) Highly Nervous or Excitable, 11 (0.15%).

(f) Difficult in behaviour, 3 (0.04%).

These figures approximate closely to last year's figures.

The close co-operation which exists between the Educational Psychologist and the Clinic Psychologist at the Child Guidance Clinic ensures that children found to suffer from defects in this category are fully investigated, and the advice given ensures proper methods of dealing with such disabilities.

12.—Circulatory System.

Examination of the circulatory system shows that 11 (0.15%) children had a congenital heart lesion and 6 (0.08%) suffered from

acquired organic disease. This latter figure compares favourably with 18 (0.23%) reported last year. Cases of functional disorder 28 (0.37%) maintains the reduction recorded last year.

13.—Lungs.

24 cases (0.32%) are recorded of suspected tuberculosis, an unfavourable increase from 8 (0.10%) in last annual report; the proportion of boys to girls being 18 (0.47%) to 6 (0.16%).

14.—Deformities.

The recorded incidence of congenital deformities, 29 (0.38%) and deformities acquired as a result of disease, deficiency or trauma, —probably anterior poliomyelitis, 2 (0.03%); probably rickets, 57 (0.76%); and other causes, 91 (1.21%) — is practically the same as last year.

15.—Infectious Diseases.

Children presented for systematic medical inspection in school found to be suffering from infectious disease numbered 15 (0.20%).

16.—Other Diseases or Defects.

A further small increase is again reported this year under this category, 441 (5.85%) children, as compared with 411 (5.20%) last session.

6. — MEDICAL TREATMENT

A — Minor Ailments.

Arrangements for consultation and treatment clinics as detailed in last year's annual report have had to continue throughout the session. As previously stated in this report, no accommodation has yet been obtained to allow the west end consultation clinic to be held in the locality it is required to serve. Consequently two consultation sessions weekly have been available at the Central Clinic, Nelson Street, for the children from the central and northern areas of the City, and one session for the west end children. All Head Teachers were notified of the appropriate sessions. Clinic sessions in Broughty Ferry continued as before, but in the new premises at Fort Street. Treatment clinics have been maintained in all areas throughout the session.

Consultation Clinic Attendances.

Clinic.	Children 2-5 Years.		Children 5-15 Years.	
	Cases.	Consultations.	Cases.	Consultations.
Central,	229	347	2,469	5,633
West,	75	121	727	1,829
Lochee,	98	133	1,318	2,504
Ferry Road, ..	28	46	630	1,387
Bro. Ferry, ...	58	157	227	739
Maryfield,	44	60	1,626	2,975
	<hr/> 532	<hr/> 864	<hr/> 6,997	<hr/> 15,067

The number of children who attended for consultation shows a decrease from last year's figure — 15,067 consultations this session, while in 1947-48 24,328 attendances were made. In the pre-school age group 864 attendances were made as against 1,287 in 1947-48. A fall in the number of children brought for consultation was to be expected with the coming into operation of the National Health Service, and the figures suggest that parents are availing themselves of the services of the general practitioners and taking children in the evenings to the consulting rooms. Many mothers are still in employment, and it may be that they find evening sessions more convenient. The restriction of facilities at the Central Clinic is possibly an added factor.

With the reduction in numbers more time has been available for consultation, and this has been greatly appreciated by the medical officers, and the long waiting period, which had to be endured at times by the patients, has largely disappeared.

1,831 certificates exempting children from school attendance for periods varying from one to six weeks were issued to Head Teachers and the Attendance Department.

This represents intimation of a considerably smaller percentage of children requiring exemption from school on account of illness than was formerly the case, and the Head Teachers do not have the same control of attendance since general practitioners are not obligated to furnish exemption certificates.

1,541 intimations of the occurrence of infectious disease and consequent attendance at school, of cases and contacts, were sent to Head Teachers during the session.

The figures below state the number of children who received treatment at the treatment clinics. No figure can be given for minor ailment treatments obtained privately or at hospital.

Treatment Clinic Attendances.

Totals for 6 Clinics and 2 Scabies Treatment Centres.

(King's Cross West Closed February, 1949.)

	Children 2-5 Years.			Children 5-15 Years.		
	Cases.	Attend.	Av. per Case.	Cases.	Attend.	Av. per Case.
Cuts, bruises, sprains, minor injuries, etc.,	36	153	4.25	3,331	19,285	5.80
Diseases of ear,	15	116	7.73	474	3,750	7.91
Diseases of eye (ex. Def. vision), ...	15	75	5.00	875	6,022	6.88
Diseases of skin—						
Ringworm (Scalp):						
X-ray treatment, ...			See dermatologist's report.			
Other treatment, ...	2	2	1.00	2	30	15.00
Ringworm (Body), ...	2	9	4.5	28	140	5.00
Scabies—						
Clinic treatment, ...	—	—	—	11	46	4.18
Baths treatment (cases for cleansing included in these figures),	22	204	9.27	206	2,288	11.11
Impetigo,	42	198	4.71	352	2,160	6.14
Other Diseases,	3	22	7.33	357	1,326	3.71

From January, 1949, the Consultant Dermatologist regularly in charge of the Specialist Skin Clinic was prevented by illness from continuing this work, and since it had been the practice that he gave X-ray treatment for ringworm of the scalp, where necessary, with his own apparatus, other arrangements had to be made. The Administrative Medical Officer, Eastern Regional Hospital Board arranged with another Consultant Dermatologist in the City to undertake this work.

Altogether six children (5-15 years) received total X-ray epilation.

The Dermatologist's report for session 1948-49 is appended.

In February, 1949, it was found unnecessary and uneconomic to have bathing facilities for the treatment of scabies in two separate clinics, as the number requiring to attend had fallen to a very low figure. It was therefore decided to discontinue the use of premises provided at King's Cross Hospital (West) and so release them for hospital purposes and centralise all treatments at Constable Street

Baths. The appointments of the attendant at King's Cross Hospital (West) and one of the two attendants at Constable Street Cleansing Station were therefore terminated. Treatment is provided by one trained nurse, part-time on other clinic work, and one bath attendant.

B — Defective Vision and Squint.

Six clinics weekly have again been conducted by ophthalmologists appointed to this work by the Eastern Regional Hospital Board, and the arrangement has been adequate as regards new cases referred for refraction and specialist advice. The specialists have not, however, been able to overtake a large number of cases they refer for re-examination after varying intervals. As this follow-up supervision of known cases of defective vision is felt to be very important, additional sessions are therefore a necessity.

Provision of Spectacles.

The policy in practice prior to the 5th July, 1948, whereby spectacles were prescribed under the Local Authority's scheme and supplied by member opticians of the Association of Optical Practitioners selected by the parents of the patients was continued until the 7th January, 1949. At that date the Eastern Regional Hospital Board recognised the ophthalmic clinics as part of the hospital service, and the Senior Administrative Medical Officer, E.R.H.B., authorised the use of O.S.C.2 of the Supplementary Ophthalmic Service.

651 children were provided with spectacles under the Local Authority scheme, and 205 pairs of spectacles were repaired. Spectacles were prescribed for 901 children under the National Service.

The delay in supply has been a very serious problem, the majority of children having to wait many months before receiving their glasses. The opticians co-operated to the best of their ability when special hardship was brought to their notice, as in the case of children attending the Sightsaving School, and it was gratifying when the delivery rate was speeded up just before the end of the session.

No assessment can be made of the number of children who had refraction and were supplied with spectacles privately.

The Orthoptic Clinic facilities for the treatment of squint have continued as in previous years. The orthoptist is authorised to treat children from areas outwith Dundee when the attendance

does not exclude a Dundee child, and in February, 1949, at the request of the Eastern Regional Hospital Board one session weekly was made available for adult patients. The maximum number of cases that can be treated by one orthoptist are accepted, but the waiting list is still formidable, and the Health Committee agreed to the appointment of a second orthoptist. An appointment has not yet been possible due to the limited number trained for this work.

The following figures explain the work undertaken.

Cases brought forward from previous year:—

Waiting List,	380	
Under treatment,	237	
Postponed,	132	
	<hr/>	749
New Cases,	201	
Return Cases,	5	
	<hr/>	206
		<hr/>
		955
		<hr/>

Number of new cases not requiring treatment,	13	
Unsuitable for treatment,	4	
	<hr/>	17

Cases discharged during the year:—

Cured,	32	
Improved,	17	
Failed to improve,	3	
Failed to attend,	25	
Left school,	5	
Left Dundee,	4	
	<hr/>	86

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Carried forward to next session:—

Waiting List,	395	
Under treatment,	286	
Postponed,	171	
	<hr/>	955
	<hr/>	

Attendances made by children under 5 years, ...	204
Attendances made by children 5 years and over, ...	5,856

6,060

C — Nose and Throat (Operative Treatment).

The services of a Consultant Aural Surgeon have been available at one clinic session weekly throughout the year. Operative treatment for ear, nose and throat cases, prescribed by him, has again been carried out at Maryfield General Hospital and Dundee Royal Infirmary, the Superintendent Medical Officer of the Hospitals authorising the admission of the patients as they can be accommodated.

The number of children treated by operation for adenoids and enlarged tonsils in Dundee Royal Infirmary was 102, 21 (2-5 years) and 81 (5-15 years).

The number of children treated by operation for adenoids and enlarged tonsils in Maryfield Hospital was 93, 26 (2-5 years) and 67 (5-15 years).

The number of children whose parents made their own arrangements is not recorded.

A report on the work of the Ear, Nose and Throat Specialist is appended.

D — Orthopaedic and Postural Defects (Specialist Treatment).

With the coming into operation of the National Health Service orthopaedic supervision and treatment became the responsibility of that service so that the Eastern Region Orthopaedic Specialist, who had previously conducted the scheme under the Local Authority, continued his fortnightly sessions and physiotherapy treatment, when necessary, has continued to be given at the Dundee Orthopaedic and Rheumatic Clinic, now under the control of the E.R.H.B. It has been fortunate that no alteration was necessary in the conduct of this most valuable work. The organisation of the clinics has been carried on under School Health Service, but the extent to which advantage is taken of it has developed greatly with the establishment of the orthopaedic department in Dundee Royal Infirmary. The practice has been to direct all children, up to school leaving age, referred there, for inclusion in this service so that a very comprehensive control and follow-up of cases with orthopaedic conditions, deformities and defects can be maintained.

The growth of the Service has meant, however, that the number of children due for review after varying periods has become

increasingly large, and difficulty has been experienced in keeping to prescribed dates for re-examination. Weekly clinics were held for the last four weeks of the session to try to overtake the heavy waiting list, and this, to a very large extent, was accomplished for new cases awaiting first consultation.

Monthly consultation sessions have been maintained in the Special School for handicapped children where an increasing number of children with orthopaedic conditions have been enrolled. Treatment prescribed at these sessions is carried out in School by two Physiotherapists seconded from the staff of the Dundee Orthopaedic and Rheumatic Clinic in Kemback Street.

Some additional apparatus has been provided, but facilities are not all that we would wish. A proposal to erect a pre-fabricated hut in the grounds of the school to accommodate this department has been approved in principle by the Education Committee, but no immediate steps can be taken to implement the decision.

Cases requiring hospital treatment are all reported to Bridge of Earn Hospital and are admitted there as accommodation permits.

The work of the Orthopaedic Service is explained in the following figures:—

Babies							
(Under 1 year.)		1-5 years.		5-15 years.		Over 15 years.	
Cases.	Consult.	Cases.	Consult.	Cases.	Consult.	Cases.	Consult.
32	88	132	439	125	600	14	65
Number of Days		Total Consultations				Average per day	
24		1,192				49.66	
Recommended for Hospital—				0—1	1—5	5—15	15 +
Brought forward from previous years,				—	2	22	4
Added during the session,				—	11	37	3
Total,				—	13	59	7
Admissions to Hospital,				—	12	46	5
Recommended for Treatment at Dundee							
Orthopaedic and Rheumatic Clinic,				8	75	68	3
Number of Treatments Given,				329	5,361	6,625	256

Ultra Violet Ray Clinic.

The U.V.R. treatment clinics, which had been discontinued as reported in last year's annual report, were started again in February, 1949, in two treatment centres in the City and operated for a limited period until the very exceptional summer weather made such treatment unnecessary.

Children 2-5 Years.				Children 5-15 Years.		
	Cases.	Attendants.	Av. per Case.	Cases.	Attendants.	Av. per Case.
Central,	2	52	26	16	328	20.5
Lochee,	10	66	6.6	19	289	15.2

E — Speech Defects.

The work of the Speech Therapist has continued throughout the year with the same organisation as was reported in practice last session.

At the request of the Director of Education the Head Teachers submitted lists of children with speech defects, and the survey thus taken showed that 648 children had some degree of speech defect. The Speech Therapist undertook the investigation of as many as possible, and she reported that, of the cases she was able to see, 230 had defects of a degree requiring immediate attention and the majority of that number were not receiving treatment.

During Session 1946-47, 137 children were treated.

„ „ 1947-48, 139 „ „ „

The figure for the present session is 154.

It was therefore apparent that assistance was necessary, and the Education Committee agreed to appoint an assistant speech therapist. An appointment has been made and a second speech therapist will commence duty at the opening of the next session and carry out the training in schools. With this arrangement the very young children will receive treatment.

The following is the report by the speech therapist:—

Treatment for children suffering from defects of speech has been given at the following centres:—

Ancrum Road Clinic.
 Eastern School, Broughty Ferry.
 Maryfield Hospital.
 St Joseph's Boys' School.
 Harris Academy.
 SS. Peter and Paul School.

In the year 1948-49 an endeavour has been made to deal with every serious defect which has been referred. Stammering, however, is still the chief defect among the children.

During the session the Speech Therapist was asked to examine and treat six cases from Angus County, the chief defect again being stammering. Those children made 66 attendances.

In many cases it is not possible for infant pupils to come to a centre, consequently a great many of the younger age groups are not being treated as no time is available to visit schools for treatment.

	Boys.	Girls.	Total.
Number of children—			
Examined in past year,	330	70	400
Waiting and requiring treatment, ...	—	—	648
Actually treated,	—	—	154
Brought forward from previous year,	—	—	40
Number of children treated for—			
Stammer,	52	7	59
Dyslalia,	25	10	35
Lateral sigmatism,	7	8	15
Lisp,	6	4	10
Cleft Palate,	2	3	5
Aphonia,	1	—	1
Deaf Speech,	—	1	1
Nasal Speech,	4	2	6
Idioglossia,	10	6	16
Burr,	6	—	6
	113	41	154
Discharged—			
Stammer,	19	4	23
Dyslalia,	23	9	32
Lateral sigmatism,	8	4	12
Lisp,	3	2	5
Nasal Speech,	2	1	3
Idioglossia,	6	4	10
Burr,	4	—	4
Aphonia,	1	—	1
	66	24	90

7.—DENTAL INSPECTION AND TREATMENT.

A report by the Senior Dental Officer is appended.

8.—SPECIAL SCHOOLS AND CLASSES.

The scheme and facilities for the education of handicapped children has not altered during this session.

In March, 1949, the Education Committee approved the purchase of a prefabricated sectional hut to be erected in the grounds of Fairmuir Special School, to be equipped and furnished for use as an occupational centre. Before the end of the session, tenders were accepted for the assembly of the hut and other necessary services so that we look forward to the transfer of a number of the children occupying places in the Special School, who will be more adequately catered for by training in occupational therapy and others who have not yet attended school. The result will be the admission of educable mentally handicapped pupils of necessity detained in ordinary schools and the reorganisation of the whole scheme of special educational treatment, grading and promoting of pupils in the mentally handicapped department of the special school. A scheme, previously adopted, to transfer the mentally handicapped pupils to Dudhope School has not been possible. Another progressive scheme presented for the approval of the Education Committee just before the close of the present session was the centralising of age-qualified pupils in the western area of the City in Dudhope School, which becomes available when the Pre-Nursing School returns to its permanent building at Seymour Lodge. This will be run as an annexe to Logie J.S. School for pupils requiring the atmosphere of Secondary School life, but whose ability does not come up to the standard of Junior Secondary School education and where emphasis will be on the practical, technical and domestic subjects. The pupils in the eastern area of the City cannot be so satisfactorily concentrated, and must remain as special classes in primary schools meantime, but facilities for vocational training will also be supplied to an extent in keeping with the numbers of pupils affected.

(a) Fairmuir Special School (Physically Handicapped Children).

	Boys.	Girls.
On Roll at 31/7/48,	85	89
Admitted,	16	16
Transferred to ordinary school,	4	4
To suspense roll,	—	2
Left,	15	13
On Roll at 31/7/49,	82	86

One severely handicapped girl who has been receiving education in Trefoil Residential School, Polkemmet, Whitburn, Midlothian, completed this session, but will not be returning after vacation as she has reached the age of 16 years.

Another girl was admitted to Trefoil, but required to return to hospital after one month.

Two young physically handicapped children were admitted to Challenger Lodge Children's Home, Edinburgh, under the auspices of the Edinburgh Cripple and Invalid Aid Society for residential education and treatment.

(b) School for Blind and Partially Sighted Children.

	Boys.	Girls.
On roll at 31/7/48,	26	26
Admitted,	4	1
Transferred to Residential School,	—	1
Left — overage,	1	2
On Roll at 31/7/49,	29	24

Five children were receiving residential education in Royal Blind School, Edinburgh, one being discharged 8/4/49. One pre-school child is resident in the school.

(c) School for the Deaf.

	Boys.	Girls.
On Roll at 31/7/48,	22	33
Admitted,	1	1
Transferred to other special schools,	1	1
Left — overage,	—	2
Died,	1	—
On Roll at 31/7/49,	21	31

One Dundee child is receiving residential education in St. Vincent's School, Tollcross, Glasgow.

Three Dundee children reside in the Dundee Institute for the Deaf Hostel and attend the Special School for the Deaf as day pupils.

(d) Fairmuir Special School (Mentally Handicapped Children).

	Boys.	Girls.
On Roll at 31/7/48,	93	48
Admitted,	11	9
Transferred to ordinary school,	—	—
To Suspense Roll,	1	2
Left,	9	10
On Roll at 31/7/49,	94	45

The position is explained at the beginning of this section of the report.

King's Cross Special School.

The special ward in King's Cross Hospital for children suffering from Tuberculosis has been fully organised as a special school, the children receiving education while undergoing hospital treatment. This is a particularly happy group of children whose hospitalisation, in many cases, is necessarily for prolonged periods, and the time devoted to instruction is valuable as well as enjoyed by the children.

During the present session 17 children were in the ward for varying periods. The average on the roll was 11.2 boys and 8.6 girls.

The education of physically handicapped children whose disability prevented them from attending school has been supervised in their homes by a visiting teacher, continuing the practice of previous years.

Child Guidance Clinic.

The work by the staff of this department, recognised as special educational treatment, has been of great assistance in carrying out the purpose of the School Health Service in respect of special cases, and we have to record the value of the sympathetic and painstaking investigation and treatment of the many disorders which disturb both the health and education of certain children and by its successful completion re-orientate them into the sphere of normal, happy

childhood. The visits to the homes and the guidance of the parents in the handling of the children is a vital part of the good work accomplished by the members of the staff.

During the year the medical officers of this department referred 26 cases to the clinic. The Clinic Psychologist submitted a full summary of the work undertaken, including a report by the Consultant Psychiatrist to the Education Committee.

The following is the statistical record of the number of children dealt with in the clinic and the reasons for their referral:—

Cases carried forward from July, 1948—

Current,	58	
On Waiting List	22	
	—	80
New Cases referred,	67	
Old Cases re-opened,	2	
	—	69
		149
		—
Cases dealt with for diagnosis or advice,	37	
„ accepted for treatment	89	
„ carried forward on waiting list to 1949/50,	15	
„ withdrawn,	8	
	—	149
		—

Of the 69 new cases, 40 boys and 29 girls, 9 were under school age and 14 from outwith Dundee.

Reasons for Referral:—

	Number.	Percentage.
Intellectual disorders,	4	6
Behaviour disorders,	21	31
Temperamental disorders,	14	20
Habit disorders,	23	33
Organic disorders,	4	6
Psychological examination, ...	1	1
Unknown (withdrawn),	2	3
	—	—
	69	100
	—	—

It is of interest to report that for intellectual behaviour and habit disorders, the boys outnumber the girls, while the reverse was the case with temperamental difficulties.

Nursery Schools and Classes.

The provision made by the Local Authority for the instruction and education of children in the 2-5 years age group is as stated in the last annual report.

Nursery Schools.	Av. No. on the Roll.		Av. No. in Attendance.	
	Boys.	Girls.	Boys.	Girls.
Polepark,	18.3	17.6	15.9	15.4
Wesley House,	16.4	12.9	14.2	12.3
Bellfield,	25	19	22	16
Grey Lodge,	10.5	11	8.3	9.2
Ellangowan,	24.1	21.4	21.2	18.2
Cotton Road,	37	44	33.11	27.9

Nursery Classes.

Dens Road School, ...	14.8	11.2	11.9	9.2
Ancrum Road School,	12.9	10.8	11.2	9.2
Liff Road School,	10	16	9.6	12.4
Training Coll. School,	9.1	11.9	7.8	9.6

Holiday and Convalescent Homes.

As reported earlier in this report many children have benefited from convalescence under kindly supervision in pleasant, comfortable surroundings made possible by the facilities provided by voluntary organisations. 352 children each spent two weeks in Auchterhouse Holiday Home, 138 children spent two weeks in Comerton, and 35 children were in St Leonard's Convalescent Home, St Andrews, for a four weeks' period.

There is no question of the value of convalescence in country surroundings, and the facilities provided are used as a definite form of recuperative treatment from illness and from unfavourable social conditions affecting the health of the children. This is perhaps one form of treatment not so apparent to the private practitioner as to the school medical officer, and it is possible that some children, who would otherwise benefit, are missing this opportunity.

9.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

School Camps.

The Governors of Dundee School Children's Holiday Fund initiated an experimental camp at Alyth, where 31 boys enjoyed two weeks under canvas in ideal weather conditions.

Three parties of approximately 60 boys and girls from Roman Catholic schools enjoyed one week's holiday at Saline, and three similar groups from Protestant schools went to Limekilns.

Great credit is due to the enthusiastic Camp officers and members of the teaching staff and other helpers whose management and organisation and personal interest combined to give the children a memorable holiday and at the same time practical experience of healthy living, discipline and co-operation.

The staff of this department also medically examined groups of children proceeding to camps organised by the Girls' Guildry, Boys' Brigade, and Grey Lodge Settlement. This service is gladly given, since we realise the health value and the enjoyment the children derive from such well organised holiday experience.

Belmont Camp School.

The Education Committee again obtained the use of the School for parties of children from Dundee during the present session. This year the times allotted were between 12th March and 28th May, during which time four parties were in residence for two weeks each, the schools selected being one Junior Secondary and six Primary, and altogether just over 700 children were privileged to share this experience in residential education in the country.

Unfortunately several cases of Scarlet Fever developed sporadically, but the prompt attention of the visiting physician and the isolation and precautionary measures adopted prevented the infection spreading, and all but the few completed the period and derived great physical benefit and mental stimulation.

Transfer of pupils and staff to Belmont Camp School is now an established part of the educational system in the City.

10 — OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.

The expansion of the School Meals Service continues, and the provision of an appetising well-balanced midday meal for so many of the school children is undoubtedly contributing to the improvement of health and well being.

This service receives the greatest care and thought from the Organiser, School Meals Service, and has been conducted on the same lines as previously reported.

Each of the five kitchens produce approximately 2,000 meals daily, and the supervisors of the kitchens and their staffs combine to serve varied and nourishing meals.

On the instruction of the Education Committee, the nutrient value of the raw ingredients used in the cooking of the meals has been estimated for a period of one week, every three months, and sample cooked meals being served to the children, analysed by the City Analyst at six-monthly intervals. Towards the end of the session the Committee authorised that meals supplied to two schools by each kitchen in succession should be analysed each month as the calorific value of the cooked meal compared unfavourably with the calories estimation of the raw ingredients. This procedure only commenced in the last month of the term.

One of the medical officers of the Department of Health visited a number of the dining centres, favourably commenting on the modern constructed buildings. Accommodation in certain of the school buildings is still inadequate and imposes considerable difficulties upon the dining attendants and supervising members of staff.

The importance of the health of the school child to the teacher and the measures adopted to maintain as high a standard as possible has been demonstrated to groups of Provincial Training College students taking the endorsement for infant mistress and nursery school teachers. By arrangement with the medical officer of the College, they attended this department for half-day sessions weekly for insight into the work of the School Health Service and saw its practical application in clinics, special schools and nursery schools.

Very real interest was shown and an appreciation of physical and mental problems that early recognition by the teachers may do much to relieve.

The services of the medical officers was called on to lecture to certain Parent Teacher Associations organised in the schools. This contact is very valuable and brought forth interesting discussion.

In conclusion we again acknowledge the help received from the Director of Education and other officials of the Education Department, Head Teachers and their staffs, and during this, the first year of the National Health Service, I would express my indebtedness to the Senior Administrative Medical Officer and his Assistant, Eastern Regional Hospital Board, who have shown interest and understanding in this branch of medical work in the City.

OPHTHALMIC SPECIALISTS' REPORT, 1948-49

The following is a detailed list of cases seen at the Eye Clinic by Dr Allister M. MacGillivray and Dr R. M. Mathers during the session 1948-49.

Dr Allister M. MacGillivray.

	New Cases.	Attendances.
Refractions,	1,115	1,846
Corneal Ulcers,	50	187
Blepharitis,	6	32
Conjunctivitis,	12	42
Anophthalmos,	3	15
Follicular Conjunctivitis,	22	77
Chalazion,	10	28
Blow,	3	8
Cong. Tear Duct Obstruction,	16	57
Phthisis,	1	1
Congenital Cataract,	2	25
Ophthalmia Neonatorum, ...	27	64
Traumatic Cataract,	2	5
Hordeolum,	2	2
Cong. Choroidal Degeneration,	1	1
Buphthalmos,	1	2
Subluxated Lens,	1	6
Optic Atrophy,	1	4
Nystagmus,	1	1
Ptosis,	3	3
Colour Blindness,	3	3
	<hr/> 1,282 <hr/>	<hr/> 2,409 <hr/>

(Signed) ALLISTER M. MACGILLIVRAY.

Dr R. M. Mathers.

	New Cases.	Attendances.
Refractions,	1,450	1,775
Corneal Ulcer,	1	9
Blepharitis,	6	13
Conjunctivitis,	29	54
Anophthalmos,	2	3
Follicular Conjunctivitis, ...	1	6
Lid Abscess,	3	4
Choroidal Degeneration (Cong.)	1	1
Chalazion,	4	5
Contusion,	2	5
Phlyctenular Kerato-conjunctivitis,	5	22
Keratitis (non-ulcerative), ...	1	5
Sub-conjunctival ecchymosis,	2	2
Cong. Tear Duct Obstruction,	7	11
Subluxated lens,	2	2
Wound,	1	1
Optic Atrophy,	2	2
Congenital Cataract,	1	1
Abrasion of Cornea,	1	1
Nystagmus,	1	1
Persistent Hyaloid Artery, ...	1	1
Sebaceous Cyst of Lids,	1	1
Diabetes, Lens Droplets, ...	1	3
	<hr/> 1,525 <hr/>	<hr/> 1,928 <hr/>

(Signed) R. M. MATHERS.

Gross Total New Cases,	2,807
Gross Total Attendances,	4,337

EAR, NOSE AND THROAT SPECIALIST CLINIC

Session 1948-49.

	2-5 yrs.	5-15 yrs.
Brought Forward from previous session,	2	6
New Cases,	70	367
Return Cases,	5	66
	<hr/>	<hr/>
Total Consultations,	77	439
	<hr/>	<hr/>

DIAGNOSES WERE MADE AS FOLLOWS:—

Negative Examinations,	15	36
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Ear Conditions—

Deafness,	4	13
C.O.M.S.—1 ear,	5	29
Both,	2	4
A.O.M.S.—1 ear,	14	18
Both,	8	3
Catarrhal Changes—1 ear,	—	2
Both,	1	5
Retracted Drum—1 ear,	—	5
Both,	—	4
Dry Perforation—1 ear,	1	6
Both,	—	2
Abrasion External Auditory Meatus,	1	—
Polypus,	1	1
Menier's Syndrome,	—	2
Wax,	—	8
External Otitis—1 ear,	2	2
Both,	1	6
Furuncle External Auditory Meatus,	—	2
Chronic Mastoiditis — 1 ear,	—	1
F.B. Meatus,	—	1

Nose Conditions—

Obstruction — Mouth Breathing,	3	11
Epistaxis,	1	6
Simple Catarrh,	2	16
Purulent Rhinitis,	—	12
Allergic Rhinitis,	3	24
Atrophic Rhinitis,	—	3
Sinusitis,	—	11
Deviated Septum,	—	10
Pus in Middle Meatus,	1	5
Inferior Turbinals Enlarged,	—	2
Vaso Motor Rhinitis,	—	6
Eustachian Catarrh,	1	10

Throat Conditions—

	2-5 yrs.	5-15 yrs.
Tonsils and Adenoids,	42	141
Tonsils,	6	27
Adenoids,	2	20
Acute Tonsillitis,	1	5
Chronic Tonsillitis,	—	12
Recurrent Tonsillitis,	2	7
Adenitis,	4	13
Granular Pharyngitis,	1	3
Chronic Laryngitis,	—	2
Retention Cyst Tonsil,	1	—
Singers Node R. Cord,	—	1

General Conditions—

Debility, Colds, etc.,	4	12
Chronic Bronchial Asthma,	1	1
Eneuresis,	—	1
Phlyctenular Ulcers,	—	1
Swelling Right Lower Jaw,	1	—
Acute Choroiditis,	—	1
Backward — Not Speaking,	—	1

Referrals—

Tonsils and Adenoids,	37	153
Tonsils,	—	14
Adenoids,	4	18
Deafness Clinic, Dundee Royal Infirmary,	1	4
X-ray Sinuses,	1	17
Proof Puncture,	—	2
Sub Mucous Resection,	—	8
Nasal Cautery,	—	2
Wax,	—	1
Furuncle External Meatus,	—	1
General Desensitisation,	—	2
Breathing Exercises,	—	1
Paracentesis,	—	1
Removal Aural Polypus,	1	1
Speech Therapy,	1	1
Laryngoscopy,	—	1
X-ray Jaw,	1	—
C.O.M.S. Treatment,	—	1
Schwartz — 1 ear,	1	1
Intra Nasal Drainage, Both Antra,	—	1
Children's Clinic, Maryfield Hospital,	1	—

Operative Work—

	2-5 yrs.	5-15 yrs.
Removal of Tonsils and Adenoids—		
Dundee Royal Infirmary,	21	88
Maryfield Hospital,	26	67
Removal of Tonsils,	—	6
,, ,, Adenoids,	2	11
,, ,, Aural Polypus,	1	—
Schwartz Operation,	—	1
Bilateral Intra Nasal Drainage,	—	2
Turbinotomy Partial,	—	2
Sub Mucous Resection,	—	4
Did Not Attend,	—	2

DERMATOLOGIST'S CLINIC

Session 1948-49.

Ringworm of the Scalp—

	Boys.		Girls.		Attendances.	
	2-5 yrs.	5-15 yrs.	2-5 yrs.	5-15 yrs.	2-5 yrs.	5-15 yrs.
Cases carried forward from previous year—						
Under Treatment,	—	3	—	—	—	22
Reported for Review,	—	2	—	—	—	2
	—	5	—	—	—	24
New Cases,	1	8	3	2	32	125
Negative Examination,	—	3	1	2	1	5

X-ray Treatment.

6 school children received Total X-ray Epilation. No local X-ray treatment was given.

Thallium Treatment.

4 children, 2 (5-15 years) and 2 (2-5 years) were given thallium treatment.

	Boys.		Girls.	
	2-5 yrs.	5-15 yrs.	2-5 yrs.	5-15 yrs.
Outside Areas.				
New Cases (Tinea Scalp),	—	3	—	1
Reported from previous year,	—	1	—	—
New Case (other skin disease),	—	1	—	—
	—	5	—	1

No Thallium or X-ray Treatment was given in Dundee for these cases.

Other Skin Diseases.

	Children 5-15 Yrs.	Children 2-5 Yrs.
Pityriasis (Simplex),	10	1
Body Ringworm,	5	4
Eczema,	12	2
Dermatitis,	6	5
Scabies,	3	—
Psoriasis,	7	—
Alopecia,	12	1
Warts,	18	2
Impetigo,	5	4
Urticaria,	6	3
Other diseases of the skin,	28	5
	112	27

Attendances—

	Boys.	Girls.	Total.
Children, 5-15 years,	114	144	258
Children 2-5 years,	14	20	34
	128	164	292

TABLE I.

1948-49.

Total number of children examined at:—

	(a) Systematic Examinations.	Other Systematic Examinations.
Ordinary Schools—		
Entrants,	2,464	—
Second Age Group,	2,251	20
Third Age Group,	2,477	65
Secondary Schools—		
Age Group,	254	2
	<hr/>	<hr/>
	7,446	87
	<hr/>	<hr/>

1941 Age Group (Vision and Hearing), 2,030

(b) Other Examinations—

Special Cases,	8,368
Re-inspections by Medical Officers,	11,175

Number of INDIVIDUAL children inspected at systematic examinations who were notified to parents as requiring treatment:—

Entrants,	565
Second Age Group,	308
Third Age Group,	398
Secondary Age Group,	27
Other Systematic Examinations,	20
1941 Age Group,	287

TABLE II.

1948-49.

SYSTEMATIC EXAMINATIONS

Return of number and percentage of individual children in each age group suffering from particular defects:—

	AGE GROUP.										Total.
	Boys, 1,269	Girls, 1,204	Boys, 1,104	Girls, 1,077	Boys, 1,271	Girls, 1,268	Boys, 128	Girls, 128	All Ages, 3,546	Total, 7,533	
Number Examined.....	3	1	—	—	—	—	—	—	2	2	
1. Clothing unsatisfactory.....	0.16	0.08	—	—	—	—	—	—	0.05	0.05	
2. Footgear unsatisfactory.....	—	—	—	—	—	—	—	—	—	—	
3. Cleanliness—	—	—	—	—	—	—	—	—	—	—	
(a) Head, dirty, nits or vermin.....	43	110	73	219	44	226	—	—	164	652	
(b) Body, dirty or verminous.....	4	41	8	33	5	34	—	—	4	819	
4. Skin—	—	—	—	—	—	—	—	—	—	—	
(a) Head, Ringworm.....	0.32	0.25	0.07	0.16	0.31	0.08	—	—	0.41	0.24	
(b) Body, Ringworm.....	—	—	—	—	—	—	—	—	—	—	
Impetigo.....	—	—	—	—	—	—	—	—	—	—	
Scabies.....	—	—	—	—	—	—	—	—	—	—	
Other Diseases.....	—	—	—	—	—	—	—	—	—	—	
5. Nutritional State—	—	—	—	—	—	—	—	—	—	—	
Slightly defective.....	20	23	21	18	19	13	1	—	61	56	
Bad.....	1	2	1	1	1	1	—	—	1	1	
6. Mouth and teeth unhealthy.....	—	—	—	—	—	—	—	—	—	—	
7. Naso-pharynx: (a) Nose—	—	—	—	—	—	—	—	—	—	—	
(1) Obstruction requiring observation.....	24	18	13	11	11	10	—	—	11	109	
(2) Requiring operation.....	1,08	1,14	1,09	1,120	1,086	8,29	—	—	49	89	
(3) Other conditions.....	5	1	5	2	2	1	—	—	13	2	
(b) Throat: (1) Tonsils requiring observation.....	16	10	17	12	16	10	—	—	0.31	0.05	
(2) Requiring operation.....	1,43	1,24	1,42	1,38	1,35	0.95	—	—	1.36	1.09	
(3) Other conditions.....	88	124	60	62	42	59	2	—	192	242	
(c) Glands: (1) Requiring observation.....	47	35	19	24	9	17	—	—	75	76	
(2) Requiring operation.....	3,73	2,91	1,59	2,25	0.71	1.34	—	—	1.95	2.07	
(3) Other conditions.....	69	40	20	15	10	12	—	—	2.34	1.90	
8. Eyes: (a) External diseases—	—	—	—	—	—	—	—	—	—	—	
Conjunctivitis.....	15	17	32	31	30	32	1	—	74	81	
Cornal opacities.....	8	4	14	5	30	15	—	—	53	25	
Strabismus.....	0.63	0.33	1.17	0.46	2.35	1.18	—	—	1.37	0.68	
Other diseases.....	—	—	—	—	—	—	—	—	—	—	
(b) Visual Acuity (Snellen) Fair.....	62	57	56	69	51	58	3	—	167	170	
Good.....	14	16	5	11	11	11	—	—	80	83	
9. Ears: (a) Diseases: (1) Congenital.....	2	—	270	282	256	291	27	—	564	605	
(2) Acquired.....	0.16	—	23.37	26.18	26.09	22.95	21.09	25.00	21.65	24.46	
(3) Other conditions.....	17	23	27	33	42	31	1	—	56	74	
Recom. for Refraction.....	1.35	1.91	0.84	1.11	0.77	0.98	0.78	—	1.03	1.10	
10. Speech—Defect, Articulation.....	14	2	10	11	16	7	—	—	40	45	
Stammering.....	1.11	0.58	0.84	1.02	1.26	0.55	—	—	1.04	0.68	
11. Mental and Nervous Conditions—	0.63	0.25	0.59	0.46	0.71	0.39	—	—	0.62	0.38	
(a) Backward (due to irregular attend., etc.).....	3	1	3	3	6	3	—	—	12	8	
(b) Dull (intrinsically).....	0.21	0.08	0.25	0.28	0.17	0.21	—	—	0.28	0.31	
(c) Mentally defective (educable).....	—	—	—	—	—	—	—	—	—	—	
(d) " " (incurable).....	—	—	—	—	—	—	—	—	—	—	
(e) Highly nervous or excitable.....	—	—	—	—	—	—	—	—	—	—	
(f) Difficult in behaviour.....	2	2	2	3	3	3	—	—	—	—	
12. Circulatory System—	0.16	0.17	0.17	0.28	—	0.16	—	—	0.10	0.19	
(a) Congenital.....	0.08	0.08	—	—	—	—	—	—	0.03	0.05	
(b) Acquired.....	—	—	—	—	—	—	—	—	—	—	
(c) Acquired (Probably Rheumatic).....	—	—	—	—	—	—	—	—	—	—	
(d) Acquired (Other causes).....	—	—	—	—	—	—	—	—	—	—	
13. Lungs—Chronic Bronchitis.....	0.18	0.23	0.42	0.37	0.31	0.31	0.78	—	0.41	0.33	
Suspected Tuberculosis.....	2	2	2	2	2	2	—	—	4	4	
Other diseases.....	2	2	2	2	2	2	—	—	4	4	
14. Deformities—	4.28	3.49	1.86	1.21	2.12	2.34	0.78	—	2.57	2.99	
(a) Congenital.....	0.40	0.33	0.25	0.28	0.47	0.47	—	—	0.35	0.38	
(b) Acquired (Anterior Poliomyelitis).....	—	—	—	—	—	—	—	—	—	—	
(c) Acquired (Probably Rickets).....	15	35	5	5	5	5	—	—	30	30	
(d) Acquired (Other causes).....	3.19	2.08	0.42	0.46	0.39	0.16	—	—	0.65	0.76	
15. Infectious Diseases.....	1.82	1.33	1.67	1.93	1.63	1.63	—	—	1.67	1.67	
16. Other Diseases or Defects.....	6.82	7.97	4.94	5.29	4.95	5.36	5.47	—	21.5	23.6	

*These percentages are calculated by omitting the entrant group for which routine visual testing is not carried out. The percentages will therefore compare unfavourably with previous reports.

TABLE III.

1948-49.

SYSTEMATIC MEDICAL EXAMINATIONS

Classification.	Entrants.			Second			Third			Secondary			Total.	
	No. of Children.	Percentage of the children examined in this Group.		No. of Children.	Percentage of the children examined in this Group.		No. of Children.	Percentage of the children examined in this Group.		No. of Children.	Percentage of the children examined in this Group.			
I. Children free from defects,	1,517	61.57		1,161	51.12		1,466	57.67		163	63.67		4,307	57.18
II. Children (otherwise free from defects) who suffer from—														
(a) Defective vision not worse than 6/12 in the better eye with or without glasses; or	31	1.26		434	19.11		448	17.62		47	18.36		960	12.74
(b) Conditions of the mouth and teeth requiring treatment,	9	0.37		6	0.26		9	0.35		—	—		24	0.32
(c) Both (a) and (b),	—	—		4	0.18		3	0.12		—	—		7	0.09
III.—Children suffering from ailments (other than those mentioned in II.), from which complete recovery is anticipated within a few weeks,	40	1.63		444	19.55		460	18.09		47	18.36		991	13.15
IV. Children suffering from (or suspected to be suffering from) defect less remediable than defects specified in II. or III., distinguishing cases—	642	26.05		475	20.91		423	16.64		28	10.94		1,568	20.81
(a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible,	258	10.47		174	7.66		172	6.77		13	5.08		617	8.19
(b) Where improvement only is considered possible, e.g., without complete restoration of function,	7	0.28		17	0.75		21	0.82		5	1.95		50	0.66
	265	10.75		191	8.41		193	7.59		18	7.03		667	8.85
Total Number of Children Examined,	2,464	100.00		2,271	99.99		2,542	99.99		256	100.00		7,533	99.99

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TABLE IV.

Return of ALL Exceptional Children of School Age in the Area
Session 1948-49.

Disability.	At Ordinary Schools.	At Special Schools or Classes.	At no School or or Insti- tution.	Tl.
1. Blind,	—	9	—	9
2. Partially Sighted—				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition,	—	10	—	10
(b) Other conditions of the eye, e.g., cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school,	1	21	—	22
3. Deaf—				
Grade I.,	68*	—	—	68
Grade II.a,	37	—	—	37
Grade II.b,	5	13	1	19
Grade III.,	—	16	—	16
4. Defective Speech—				
(a) Defects of articulation requiring special educational measures, ...	220	1	—	221
(b) Stammering requiring special educational measures,	119	—	—	119
5. Mentally Defective (Children between 5 and 16 years)—				
(a) Educable (I.Q. approx. 50-70),	31	102	12	145
(b) Ineducable (I.Q. generally less than 50),	—	20	39	59
6. Epilepsy—				
(a) Mild and occasional,	14	7	1	22
(b) Severe (suitable for care in a residential school),	—	—	—	—
7. Physically Defective (Children between 5 and 16 years)—				
(a) Non-pulmonary tuberculosis (excluding cervical glands),	19	25	5	49
(b) General orthopaedic conditions,	565	41	8	614
(c) Organic heart disease,	42	23	3	68
(d) Other causes of ill-health,†	—	67	2	69
8. Multiple Defects—				
(i.) 5b and 7b,	—	2	5	7
(ii.) 5b and 6a,	—	—	2	2
(iii.) 5b and 6b,	—	—	1	1
(iv.) 5b and 1,	—	—	—	—
(v.) 5a and 7b,	1	7	6	14
(vi.) 5a and 6a,	—	5	—	5
(vii.) 5a and 6b,	—	—	1	1
(viii.) 5a and 7d,	—	7	1	8
(ix.) 5a and 3,	—	2	—	2
(x.) 5a and 1,	—	—	—	—
(xi.) Other multiple defects,	10	20	3	33
(xii.) 5b and 3,	—	—	1	1
(xiii.) 5b and 2b,	—	—	1	1

*As there has been no audiometric survey in schools during the present session, complete assessment of pupils with Grade I. deafness cannot be recorded.

†Definition of ill-health.—“Children who by reasons of ill-health are unable to attend ordinary schools or are incapable of receiving proper benefit from the instruction in ordinary schools.”

DUNDEE CORPORATION**DENTAL SERVICES****Report for Year ending 31st July, 1949**

Many changes have taken place during the year with the result that the dental service has been unable to continue the progressive work of previous years, one surgery at Nelson Street having been closed since December, 1948.

Staff.—Shortage of staff has been very acute. Mr Anderson resigned on 30th November, and Mrs Reid on 15th December, 1948. It was not then possible to fill these vacancies, but one appointment has now been made and the dentist will take up duties on 1st September, 1949. The staff, at present, consists of one Senior Dental Officer, two Assistant Dental Officers, and four Dental Attendants — one Dental Attendant having been temporarily transferred to another department following the resignation of the two Dental Officers.

School Dental Service.—Of the school children found to require dental treatment, 52% accepted, compared with 50% last year; 44% in 1946-47; and 38% in 1945-46. In comparing these figures it has to be remembered that, with the introduction of the National Health Service Act, dental treatment by private practitioners was made available free of charge to all, including school children. It is, therefore, gratifying to note that the acceptance rate has again improved.

It will be observed, however, that only 10,308 children were examined out of a school population of approximately 27,000, a large number of the remainder having been without routine examination for two years. This is a very serious situation and one which requires immediate attention by increasing the number of dental clinics and staff.

Due to staffing difficulties the Orthodontic service was curtailed, our first duty being to carry out routine dental examination and treatment. As soon as circumstances permit we shall recommence this work, as it is in growing demand by both parents and children.

Day Nurseries, Nursery Schools and Classes.—In Lochee and Ferry Road areas the children were examined twice during the year, but in the areas served by the Nelson Street surgeries only one Nursery Class was visited by the dentist. The figures show the work done in these groups.

Ante- and Post-Natal Clinics, Lochee.—Since the withdrawal of the dental service from Maryfield Ante-Natal Clinic, we now have only a small clinic at Lochee, the figures for which are shown in the accompanying tables.

Hospitals.—Until January 31st, 1949, we provided a dental service (totalling 8 sessions per week) at Maryfield General Hospital, Ashludie Sanatorium, King's Cross Hospital and Dundee Mental Hospital, but, owing to staffing difficulties we were obliged to withdraw these services to allow us to devote our full time to the local authority's dental responsibilities, i.e., the Priority Classes.

Equipment.—Owing to the new dental record cards (as recommended by the Department of Health for Scotland) being larger than those previously in use, additional filing facilities are necessary, and some new cabinets have been obtained. More will be required when the new cards are in general use.

One new dental operating light has been installed in Lochee Dental Surgery and, if successful, similar lights will be placed in all the surgeries.

The lack of X-ray facilities is a decided handicap, and we do hope the committee will regard this need as one in the interest of the patients and efficiency of the service. Dental X-ray units are not expensive, and as the radiographs are taken by Dental Officers the running costs are very low. Only those for whom a radiograph was absolutely essential were referred to Dundee Dental Hospital, the number being 52. Had we one of our own the number would be greatly increased, as there is a large number for whom a radiograph would be an advantage and a safeguard.

DAVID A. FINLAYSON,

Senior Dental Officer.

Dental Inspection and Treatment—Year Ending 31st July, 1949.

Number of Children who were Inspected by the Dental Officers:—

Age.	Systematic Inspection.	Emergency Cases.	Total.
5,	873	146	1,019
6,	888	182	1,070
7,	894	185	1,079
8,	946	220	1,166
9,	931	186	1,117
10,	993	142	1,135
11,	963	107	1,070
12,	1,018	67	1,085
13,	1,138	54	1,192
14,	1,115	49	1,164
15,	427	11	438
16,	63	1	64
17,	43	2	45
18,	16	—	16
	10,308	1,352	11,660

1948-49

Systematic and Emergency Treatment

Boys and Girls, Age 5-18 Inclusive.

	Systematic.	Emergency.	Total.
(1) No. Inspected,	10,308	1,352	11,660
(2) No. Requiring Treatment,	6,823	1,352	8,175
(2a) No. Accepting Treatment,	3,559	1,352	4,911
(3) No. Actually Treated,	2,959	1,352	4,311
(4) No. of Attendances,	5,047	1,626	6,673
(5) Fillings—(a) Temporary Teeth, ...	428	50	478
(b) Permanent Teeth, ...	2,821	171	2,992
(6) Extractions—(a) Temporary Teeth, ...	3,236	1,484	4,720
(b) Permanent Teeth, ...	833	326	1,159
(7) General Anæsthetics,	165	141	306
(8) Other operations,	804	316	1,120
Cleaning,	214	38	252
(9) Half-days Devoted to Inspection, ...	79½		79½
Half-days Devoted to Treatment, ...	948		948
(10) No. of Children Treated Privately, ...	349		349
(11) No. of Children Absent at Inspection,	1,023		1,023
(12) No. of Dental Notices Not Returned, ...	203		203
No. of Dentures Inserted,			56
No. of Dentures Repaired,			5
No. of Cases Referred for X-ray, ...	23	29	52

Consultations,	26
Impressions,	64
Appliances Fitted,	21
Appliances Repaired,	5
Extractions—(a) Temporary Teeth,	13
(b) Permanent Teeth,	52
General Anæsthetics,	3
Attendances for Adjustments,	374
No. of Cases Referred for X-ray,	1

Inspection and Treatment of Children in Day Nurseries and Emergency Cases.

Inspection and Treatment of Children in
Nursery Schools and Nursery Classes.

	Systematic.	Emergency.	Total.
No. of Children Inspected,	119	15	134
No. of Children Requiring Treatment,	61	15	76
No. of Children Accepting Treatment,	49	15	64
No. of Children Treated,	39	15	54
No. of Attendances,	55	15	70
Fillings (Temporary Teeth),	71	—	71
Extractions (Temporary Teeth),	7	17	24
Other Operations,	10	3	13
General Anæsthetics,	5	3	8

**Children in Day Nurseries who were Inspected and Treated for the
Second Time During the Year. (Systematic.)**

No. Inspected,	128
No. Requiring Treatment,	32
No. Accepting Treatment,	16
No. Treated,	14
No. of Attendances,	17
Fillings (Temporary Teeth),	19
Extractions (Temporary Teeth),	5
Other Operations,	3
General Anæsthetics,	2

**Children in Nursery Schools and Classes who were Inspected and
Treated for the Second Time During the Year. (Systematic.)**

No. Inspected,	94
No. Requiring Treatment,	37
No. Accepting Treatment,	30
No. Treated,	28
No. of Attendances,	34
Fillings (Temporary Teeth),	27
Extractions (Temporary Teeth),	19
Other Operations,	8
General Anæsthetics,	2

HOSPITALS

August, 1948 — January, 1949.

Ashludie Sanatorium.

	In-Patients.	Staff.	Total.
No. Inspected,	102	5	107
No. Requiring Treatment,	69	5	74
No. Treated,	75	5	80
No. of Attendances,	358	10	368
Fillings (Permanent Teeth),	65	—	65
Extractions (Permanent Teeth), ...	182	5	187
Other Operations,	168	4	172
Cleaning,	25	2	27
General Anæsthetics,	5	—	5
Dentures Inserted,	32	—	32
Dentures Repaired,	7	—	7

August — December, 1948.

King's Cross (Infectious Diseases) Hospital — Patients.

No. Inspected,	31
No. Requiring Treatment,	13
No. Treated,	6
No. of Attendances,	20
Fillings—(a) Temporary Teeth,	2
(b) Permanent Teeth,	14
Extractions—(a) Temporary Teeth,	—
(b) Permanent Teeth,	2
Other Operations,	8
Cleaning,	5

August — December, 1948.

King's Cross (Infectious Diseases) Hospital — Nursing Staff.

No. Inspected,	6
No. Requiring Treatment,	4
No. Treated,	4
No. of Attendances,	5
Fillings (Permanent Teeth),	7
Extractions (Permanent Teeth),	1

August — November, 1948.

Dundee Mental Hospital

No. Inspected,	14
No. Requiring Treatment,	11
No. Treated,	54
No. of Attendances,	126
Extractions—(a) Temporary Teeth,	1
(b) Permanent Teeth,	256
Other Operations,	13
Cleaning,	18

August, 1948 — January, 1949.

Maryfield General Hospital.

	In-Pat.	E. House.	Staff.	Total.
No. Inspected,	31	8	118	157
No. Requiring Treatment,	21	8	75	104
No. Treated,	16	8	65	89
No. of Attendances,	25	8	100	133
Fillings (Permanent Teeth), ...	—	—	115	115
Extractions—				
(a) Temporary Teeth,	4	—	—	4
(b) Permanent Teeth,	70	19	27	116
Other Operations,	7	1	10	18
Cleaning,	3	—	26	29
General Anæsthetics,	4	—	1	5
Dentures Inserted,	1	—	—	1
Dentures Repaired,	1	—	1	2

August, 1948 — January, 1949.

MATERNITY CASES.

Maryfield Hospital.

	Ante-Natal.	Post-Natal.	Total.
No. Inspected,	386	2	388
No. Requiring Treatment,	168	2	170
No. Treated,	86	2	88
No. of Attendances,	219	2	221
Fillings (Permanent Teeth),	28	—	28
Extractions (Permanent Teeth),	412	—	412
Other Operations,	133	3	136
Cleaning,	28	—	28
General Anæsthetics,	18	—	18
Dentures Inserted,	46	—	46
Dentures Repaired,	—	—	—

August, 1948 — July, 1949.

Lochee.

	Ante-Natal.
No. Inspected,	80
No. Requiring Treatment,	46
No. Treated,	10
No. of Attendances,	32
Fillings (Permanent Teeth),	7
Extractions (Permanent Teeth),	57
Other Operations,	26
General Anæsthetics,	3
Dentures Inserted,	3

SANITARY DEPARTMENT,
17 WEST BELL STREET,
DUNDEE.

To the Honourable,

The Department of Health for Scotland; and
The Lord Provost, Magistrates and Councillors—
the Local Authority of the City of Dundee.

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report showing the work of the Sanitary Department during the year 1949. The Report has been prepared in accordance with the Circular Letter of the Department of Health for Scotland dated 22nd December, 1949.

Death-Rate: Density of Population and Acreage.

The death-rate per 1,000, as corrected, for 1949 was 13.5, as against 12.6 in 1948, and 13.7 in 1947.

The population, as estimated to the middle of 1949 by the Registrar-General is 180,786.

The acreage of the City, excluding foreshore, is 12,294. This works out at 14.70 persons to an acre.

Rainfall.

The total rainfall in Dundee, as noted at the Official Station, Mayfield Hostel, Dundee, was 25.59 inches as against 40.16 inches during 1948. The figures for each month are as follows:—

January,	1.40 inches.
February,	1.51 „
March,	1.66 „
April,	1.35 „
May,	1.50 „
June,	1.29 „
July,	2.77 „
August,	3.37 „
September,	1.65 „
October,	4.00 „
November,	2.93 „
December,	2.16 „

Total, ... 25.59 „

Showing an average fall of 2.13 inches per month as against 3.35 inches in 1948 and 2.87 inches in 1947.

WATER SUPPLY.

The Corporation are responsible for the Supply of Water to the City. The Department particularly concerned therewith is under the charge of Mr G. Little, B.Sc., A.M.Inst.C.E., M.I.Mun.E., who reports thereon as follows:—

“ The sources and system of supply along with the area and population supplied remain as hitherto, nor is there any change on the reservoir capacities, surface and extent of catchment areas.

Consumption.

The average daily consumption of water for all purposes for the year ending 15th May, 1949, was 12,121,000 gallons. This represents a consumption per head of the population supplied of 59.4 gallons, of which 37.1 is for domestic and non-metered supplies and 22.3 for trade and general industrial purposes supplied through meter. The minimum daily consumption for the same period was 8,915,500 gallons and the maximum 14,796,300 gallons.

Chemical Analyses of Waters.

The following are the average Chemical Analyses of the Lintrathen and Crombie Waters as supplied during 1949:—

	Lintrathen.	Lintrathen (Filtered).	Crombie.
P.h. Value,	7.0	6.8	7.3
Colour (Hazen Scale),	22 m.m.	4 m.m.	10 m.m.
Hardness in Clarke's Degrees—			
Temporary,	0.25	0.52	0.75
Permanent,	0.80	1.72	3.83
Com. Alkalinity (as Ca CO ₃)	18 p.p.m.	24 p.p.m.	54 p.p.m.
Combined Chlorine,	10 p.p.m.	14 p.p.m.	19 p.p.m.
Nitrates,	0.39 p.p.m.	0.73 p.p.m.	2.80 p.p.m.
Nitrites,	None	None	None
Free Ammonia, .....	.062 p.p.m.	.002 p.p.m.	.002 p.p.m.
Albuminoid Ammonia, .....	.131 p.p.m.	.067 p.p.m.	.084 p.p.m.
Lead or other Poisonous Metal,	None	None	None

Bacteriological Analyses of Waters.

Weekly bacteriological analyses taken throughout 1949 of the filtered and unfiltered waters put into supply give the following results:—

	B. Coli absent in 100 c.c.	B. Coli present in 10 c.c. or less.
Filtered and Chlorinated Water—		
Lintrathen,*	98%	None
Crombie,	90%	2%
Unfiltered Water, after Chloramine Treatment—		
Lintrathen (taken at Clatto),	65%	19%
*Proportion filtered at Gage."		

Sources of Water Supply — Other than Corporation.

29 wells and springs continue in use, the water from which is used as follows:—

Domestic purposes,	15
Brewing and manufacture of aerated water,	2
Purposes incidental to industry (cooling, flushing sanitary conveniences, horti- culture and watering animals),	11
Spring water used by public,	1

During the year one well went into disuse after provision of Corporation supply within the dwelling.

These water supplies, where considered necessary, were sampled for bacteriological and chemical analyses.

Domestic Water Supply — External.

508 houses within the city continue to lack an internal water supply. Of these, 101 are in the "condemned" category, having been dealt with under the Housing (Scotland) Acts either by way of Closing Orders or by inclusion in Clearance Areas.

WATER SUPPLY.							
Ward.	No. of Houses.	1	ROOMS 2	3	4 & over.	On Stairs, Landings, &c.	In Courts, Areas, &c.
1	25	24	1	—	—	25	—
2	83	62	19	2	—	78	5
3	80	64	15	1	—	65	15
4	67	23	20	16	8	22	45
5	30	15	9	4	2	11	19
6	93	76	14	3	—	90	3
7	10	1	5	3	1	2	8
8	17	10	7	—	—	15	2
9	43	30	13	—	—	42	1
10	14	3	6	5	—	2	12
11	29	1	10	18	—	—	29
12	17	14	2	—	1	15	2
Totals,	508	323	121	52	12	367	141

The total figure is a reduction of 9 from the previous year

Public Sewerage.

The construction and maintenance of the sewers within the City are now under the charge of Mr George M. Hutton, M.Inst.C.E., M.I.Mun.E., who reports as follows:—

New Sewers Laid.

“ During the year 16th May, 1948, to 15th May, 1949, 3.19 miles of new sewers were laid, making the total length of sewers in the City 206.02 miles, and the sum of £5,624 was expended on the work of maintenance and repair.

Special Repairs on Dens Road-Victoria Road Sewer.

On inspection of this sewer it was found that a section, extending from Dens Brae to Lyon Street, was in need of repair, the joints in the brickwork being badly scoured owing to the high velocity of flow. As daywork was impossible owing to the large quantity of sewage flowing, repair work was done at night, and completed in a month.

Invergowrie Outfall Sewer.

Work on this sewer, which extends from Coupar Angus Road at Kingsway West to Invergowrie Bay, a distance of 3.73 miles, has continued during 1949, and the portion from Invergowrie to Lochee was completed in December. The outfall, which consists of steel pipes on concrete piles and extends into Invergowrie Bay, a distance of 1,000 yards, will be completed during 1950.

Flooding.

No serious cases of flooding were reported during the year, although a few minor complaints were received from premises with basements in the central area of the City.”

Scavenging and Refuse Disposal.

The above duties are administered by the Cleansing Department, and Mr J. D. Henry, Superintendent of Cleansing, has kindly furnished the following resumé in relation to the work of his Department:—

“ As a foreword, might I say how much I value the interest and appreciation of the general public in the work of the Department. This has been expressed in a variety of ways, and I welcome

this interest in the communal good, for in many cases, too much in the way of public service is taken for granted. The large majority of the public are unaware of the laws which govern the operation of this Department, therefore the more civic interest we can arouse the better informed will be the citizens about matters which affect their purses, self-respect and well-being.

During 1949 we received delivery of four Refuse Collection Vehicles, two of which had been on order for over two years. We also purchased for £100 a second-hand vehicle which, since overhaul, has proved a splendid addition to the fleet. Three old vehicles have been scrapped.

Refuse Collection and Disposal.

The steady multiplication of housing schemes necessitates continual re-routing of vehicles in these districts. The change from tenemental property to scheme type increases the cost of collection because of the longer distance to travel for a load and the longer carry of bin between house and vehicle. A case of progress must be paid for.

The total tonnage of refuse collected by the Department in the City was 50,887 tons, compared with 51,787 tons in 1948. The reduction can be attributed to the long dry spell of weather. Of the above total Trade Refuse accounted for 6,812 tons. There was also 296 tons of Trade Refuse delivered to the Disposal Plant by traders. The tonnage disposed of amounted to 51,183 tons, and was disposed of as follows:—

Refuse Disposal Works,	34,045	Tons
Camperdown Quarry,	11,098	„
Quarry Mill Pond,	1,135	„
Balmossie Mill,	3,910	„
East Bank,	52	„
Esplanade Tip,	943	„
Total,	<u>51,183</u>	„

Salvage.

For some mysterious reason of which little explanation has been given by the Board of Trade Salvage Department, the market for waste paper collapsed in May, 1949, and for several months

there was no outlet for large quantities. When movement of stock did begin, the price was less than one-third of the original. Income from salvage amounted to £11,659, compared with £15,028 in 1948.

The weight of salvage sold was 17,967 tons, compared with 26,450 tons in 1948. The nett cost of refuse disposal was £6,469.

Street Cleansing.

The mechanical sweeper-collector vehicle has proved of immense value, and the second vehicle was delivered during the last month of the year. These vehicles are doing an average of 20 miles of sweeping per working day and are fulfilling a very useful purpose in an hygienic and economical manner.

Littering of the street is still all too prevalent, and nothing short of enforcing strictly the Byelaws of the City will ever counter the Litter Louts.

The nett expenditure on this section was £37,449. The dust, dirt and debris removed amounted to 5,487 tons.

Public Conveniences.

The difficulty of obtaining sites for new conveniences is still holding up the extension of this service.

The gross cost of service was £10,269. Income amounted to £1,547, leaving a nett cost of £8,722.

Repairs, much of which was due to vandalism, cost £978.

It is surprising that educated human beings can obtain any pleasure from such destructive actions.

General — Nett Costs of Department for the Year.

Service.	Tons.	Cost			
		Nett Cost £	Cost per Ton.	per Head of Pop.	Cost per Premises.
Refuse Collection,	50,887	48,975	19/3	5/5.9	15/3.65
Refuse Disposal, ...	51,183	6,469	2/6.3	8.53	2/0.27
Street Cleansing, ...	5,487	37,449	—	4/1.33	11/8.3
Public Conveniences, —	—	8,722	—	11.5	2/8.7

Nett cost of Public Conveniences charged to Public Health Account.

The total tonnage handled by the Department vehicles was 68,946, and the consumption of petrol was 38,604 gallons."

As a postscript to Mr Henry's remarks on the subject of street cleansing this matter might be carried a stage further in reference to the week-ends. While agreeing that " Litter Louts " may be responsible for the " crime," nothing is done to mitigate the unsatisfactory conditions which prevail over week-ends. Owing to dispute between Corporation and scavengers over the number of men to be employed, a position of stalemate has arisen resulting in the streets being neither swept nor hosed from mid-day Saturday till Monday morning.

The spectacle which meets the eye over the week-end—particularly the centre areas of the City, littered with paper and diverse articles discarded by Saturday evening crowds — cannot but unfavourably impress strangers and deprive natives of any pride in their town. Apart from the unsightly aspect of the litter there is also good cause for objection on health grounds, and it is to be hoped that an early rapprochement between the contending parties will result in a return to clean and healthy streets over the seven days of each week.

Ashbins, Etc.

In connection with the above subject an appeal might be made to tenants to exercise more care when depositing refuse in bins so as to avoid the surrounding area being littered with ashes, household refuse, etc. If this were observed the bin-stances at the rear of tenemental properties would present a much tidier aspect and save heart-burning as to the responsibility for cleaning up the mess.

During the year 70 new bins were laid down to replace receptacles no longer fit for service.

Ashpits, where extant, are located on the outer fringes of the City and no complaints thereanent have been received.

Earth Closets, Privies and Privy Middens.

Position as at 31st December, 1949:—

Ward.	Conveniences.	Houses.	Serving Other Premises.
1	—	—	—
2	8	6	2
3	19	21	—
4	33	43	1
5	20	20	—
6	—	—	—
7	6	6	1
8	9	9	1
9	3	3	1
10	30	37	2
11	26	31	—
12	—	—	—
	—	—	—
	154	176	8

The 154 conveniences shown in above table are classified as follows:—

Privies,	123	} Serving Houses.
Privy Middens,	6	
Chemical Closets, ...	16	

and

Privies,	8	} Serving Premises other than Houses.
Chemical Closets,	1	

Throughout 1949, 4 houses were provided with water closets in lieu of privy accommodation, while 4 dwellings—served by privies—were demolished.

Water Closet Basins and Other Sanitary Fittings.

During the year the undernoted fittings and materials were used in connection with repairs and improvements undertaken at properties throughout the City:—

93 water closet basins.	16 C.I. drain traps.
42 baths.	33 fireclay drain traps.
78 washhand basins.	72 lead waste traps.
40 wash tubs.	135 feet vent pipe.
1,147 feet of waste pipe.	60 water closet cisterns.
5,161 feet water pipe.	2 showers.
901 feet soil pipe.	2 septic tanks.
78 feet flushing pipe.	2 C.I. boilers.
266 feet fireclay drain pipe.	2 urinals.

Plans Submitted to the Works Committee.

Throughout 1949 some 268 plans of new buildings, etc., were examined prior to submission to the Works Committee.

Opportunity is taken to acknowledge with appreciation the Lists of Works Completed which the City Engineer kindly supplies. This courtesy is of great assistance in checking up to ascertain if complete compliance with Local Bye-laws, etc., so far as falling to be dealt with by the Department, has been observed in the installation of sanitary and other fittings.

Schools.

The following information is supplied by Mr J. D. Collins, Director of Education:—

“Owing to the continued shortage of materials, repairs and maintenance to school buildings during 1949 have been confined to works requiring immediate attention. Nevertheless under the heading of Extraordinary Repairs a variety of small but necessary jobs have been approved for various schools and are now in hand. The alterations which were being carried out at the Pre-Nursing School, Seymour Lodge, have now been completed and the school occupied. External and internal redecoration has been carried out in the following schools:—Downfield, Grove Primary, Glebelands, Harris Academy, St Joseph's Boys' and St Joseph's Girls'. The huts at

Lawside Academy are now in course of erection, and are expected to be occupied after the summer vacation. At Fairmuir Special School a hut has been erected for use as an Occupational Centre. Some structural alterations and repainting work have also been executed at Polepark, Ellengowan and Cotton Road Nursery Schools. After being vacated by the Pre-Nursing School, Dudhope School was re-equipped, and is now in use as an annexe to Logie J.S. School. The Nissen hut there is being adapted for classroom purposes. Sanction has been given to the conversion of a cloakroom at Fairmuir Special School into a bathroom, which was urgently needed. New infant schools are in course of erection at Magdalene's Kirkton, Blackshade and West Kirkton, and it is expected that the first school at Blackshade will be ready for occupation in June, 1950. Plans have been approved for new infant schools at Mid-Craigie and Linlathen, and a start should be made on them before the end of the year. Work is now proceeding steadily on the new Stobswell School Annexe and on Mid Craigie Primary School; and it is hoped that at least the first of these will be ready for occupation early in session 1951-52.

A few minor matters are still under consideration. The smoke nuisance at St Joseph's School, to which attention has been drawn, has not yet been satisfactorily dealt with, and is still under consideration. So also is the condition of the roof in the part of Wallacetown School used for dining."

Complaints.

5,018 complaints were received — 16 more than in 1948. Those found to be groundless totalled 137 — a fall of 18 as compared with last year.

Statutory Notices or Intimations.

To ensure that the requirements of the Public Health (Scotland) Acts and other legislation, the administration of which is vested in this Department, were being complied with 11,026 notices or intimations, written or verbal, were transmitted to property owners or agents or authors of nuisances, all of which received or are in course of receiving attention.

General Nuisances.

31,729 visits were made for the purpose of detecting nuisances, of which 7,681 were discovered and classified as under:—

Choked and defective water closets, sinks, drains, etc.,	2,958
Choked and defective rhones and rainwater conductors, ...	310
Leaking roofs,	486
Defective chimneys,	268
Internal condition of houses (plasterwork, woodwork, glazing, dampness, etc.),	1,517
Defective ashbins,	69
Dirty and verminous houses,	379
Rat infestation,	222
Dirty stairs, passages and water closets,	145
Miscellaneous,	1,327
	<hr/>
	7,681
	<hr/>

all of which have been or were, at the end of the year, in the course of being remedied.

In the early summer, complaints were received from a number of householders living near a large factory regarding the noise made by emission of steam from the boilers. This release of steam, which occurred at any hour of the day or night, commenced with startling suddenness and literally deafened people over a wide area around the works.

Full enquiry showed the complaint was not unjustified and that it was one coming within the province of Section 19 of the Dundee Corporation Order Confirmation Act, 1948, Article 1 of which is in the following terms:—

“ A noise nuisance shall be liable to be dealt with summarily in the manner provided in Part II. of the Public Health (Scotland) Act, 1897, in the same way and to the same effect as in cases under sub-section (6) of Section 16 of that Act, and the Corporation shall have all the powers and duties with reference to a noise nuisance which a local authority has with reference to a nuisance under the said Act.”

The management were contacted on a number of occasions, and it was ascertained that the noise was due to the type of valve on one of the boilers and the nature of the processes carried on at the mill causing sharp fluctuations in the steam demand, making control of steam production very difficult. Some experimentation was carried out, and finally a remedy to the problem was found which position still applied at the end of the year.

A report was received from a tradesman that the common drain in rear of a stretch of houses was partially choked. A portion was exposed, revealing the drain to be very old, open jointed and to have a very poor fall. Its construction stamped it as belonging to an era when less attention was paid to drainage construction than is demanded in modern times. Repair was out of the question and, as the drain was mutual, all the house owners implicated were contacted and each signified willingness for the complete renewal of the drain. This involved the laying of approximately 53 yards of fire-clay piping, properly jointed, and having a suitable fall to a nearby sewer. Two manholes were constructed to facilitate clearing should such be necessary in the future.

The Government veto on the demolition of air raid shelters has still to be deplored.

Complaints reached this office of nuisances being committed in air raid shelters of the trench type in a City park. The matter was investigated, and the conditions found were such as to constitute a serious nuisance. Abatement measures were taken by the Cleansing Department, after which the shelters were made lockfast to prevent further nuisance.

The occupiers of certain houses on an estate belonging to the City made protests regarding an offensive smell from their domestic water supply. A sample, additional to the routine specimens taken of this non-mains supply was obtained, and the Bacteriologist reported heavy sewage contamination. The use of the water was immediately prohibited and as a result of pressure by this Department a supply of Corporation water was provided for the homes concerned.

The aroma of cooking may whet the appetite, but if ever present is apt to be classified as a "smell." This formed the subject of complaints from tenants on the upper flats of a central property on the ground floor of which was located a restaurant kitchen.

During the hot weather it was the custom of the kitchen staff to keep open a door giving on to the stair in an endeavour to augment the ventilation.

The question was taken up with the proprietors who, on our recommendation, provided a larger extraction fan, since when no further incident has been reported.

Persistent refusal to take heed of repeated warnings to fulfil her obligation to clean and wash the common stair leading to the house which she occupied resulted in a squatter being charged under Section 115 of the Burgh Police (Scotland) Act, 1892. Eventually the stair was washed, but not in time to stave off her appearance at the Police Court, where she was admonished on a plea of guilty being tendered.

The proprietor of a condemned tenemental building deprived certain tenants of water for culinary and domestic purposes by the removal of a portion of lead water service pipe. Further, by his action, mutual water closets were rendered unfit for use.

On our attention being directed to this possible serious danger to the health of the householders, immediate action was taken and the circumstances reported to the Health Committee, when instructions were given that a Notice be served upon the owner of the property requiring the re-instatement of the water supply, and, if necessary, that proceedings be taken for the enforcement of the terms thereof.

An Intimation, duly followed by a Statutory Notice giving 7 days in which to carry out the works required for the abatement of the nuisance, was served upon the proprietor. No attention was paid to either.

Information was prepared and placed in the hands of the Burgh Prosecutor, but as the necessary work was completed on the day previous to the accused's appearance in Court the case was departed from. An interdict against a recurrence of the nuisance was, however, granted by the Sheriff in terms of Section 22 of the Public Health (Scotland) Act, 1897.

Verminous Houses

In an effort to mitigate or wipe out bug infestation combative action was undertaken by the Department at 173 houses wherein 273 rooms were treated by spraying with insecticides or fumigation. Of these, 24 rooms in 15 houses related to Corporation Housing Schemes.

Four cases of verminous persons (3 male and 1 female) were reported during the year, all of which received attention. The persons involved were either treated at the cleansing station or, as in one case, removed to hospital. In each instance the bedding, etc. was steam disinfested and other necessary cleansing and disinfestation carried out.

Whitewashing and Painting Common Stairs and Passages.

A survey was made in connection with the above. 2,094 inspections were carried out, and later in the year some 700 notices were served upon property owners and agents directing their attention to the necessity of such work being undertaken.

By the end of the year the response to these appeals was only fair, and if our requests in this direction are not to receive attention then there is only one course left—placing information in the hand of the Burgh Prosecutor for action — as this necessary work must be accomplished either in a spirit of co-operation or, if not, by whatever other means are capable of securing its achievement.

Whitewash brushes were loaned on 403 occasions and approximately 910 rooms were cleaned.

Back Courts, Areas, Footways, Etc.

In many instances the circumstances which give rise to complaints regarding dirty conditions obtaining at the above are imputable to the occupiers of dwelling-houses connected therewith.

Owing to carelessness when depositing refuse in bins the surrounding space becomes littered with refuse which, in turn, is dispersed by the wind over the whole rear area.

Children allowed to play unchecked in back greens or areas also contribute to the nuisance by upsetting bins, while the position is further aggravated by the tenant who will persist in throwing refuse from a window.

Smoke Nuisance.

Throughout the year chimneys in connection with works, etc., were kept under observation and where deemed necessary warning letters were despatched to owners or oral warnings and advice tendered.

At one mill further progress was made towards the complete electrification of the plant.

The proprietor of a small factory altered the construction of his chimney and commenced the use of coke for fuel, which changes brought satisfactory results as no further complaints were received. Two premises in connection with the School Meals Service also adopted this type of fuel and thus ended a long series of protests regarding smoke emission.

Repairs to boilers and brickwork casings were carried out at an Institution and a mirror so placed that the chimney top was at all times visible to the fireman. These works have brought about a decided improvement, and if the fireman makes full use of his facilities it is hoped that future complaints regarding this Institution will be few and far between.

Further consultations have taken place with the chief engineer of a large factory in the centre of the City on the question of smoke emission, and it is with gratification that it can now be reported that final arrangements have now been made to provide an installation which, when completed, will be one of the most up-to-date in the City thus removing from the heart of the town an offender of long standing.

Tenants at a Corporation Housing Scheme complained bitterly regarding smoke and smuts from a factory on the Industrial Estate entering their houses. The emission of smoke in this case cannot be classified as heavy, but the nuisance potential is aggravated by the low height of the two stalks in relation to the adjacent dwelling-houses. Negotiations are still proceeding towards the provision of chimneys of a suitable height capable of dispersing the smoke therefrom so as not to give rise to offence to occupiers of nearby houses.

Rats and Mice (Destruction) Act, 1919.

Rats and Mice (Scotland) Order, 1943.

Complaints received in connection with Rat Infestation numbered 199, but, with the following exceptions, all belonged to the minor category. Only two warranted the description of "major," and concerned, in one case, a Wholesale Food Store, and in the second a Farm. At the former 115 rats were trapped and 20

poisoned, while at the latter 186 were trapped and 35 poisoned. Six other infestations related to business premises, and at these the kill numbered 188 — 153 by trapping and 35 by poisoning.

Rat repression in the sewers continued throughout the year by operatives of the Works Department, and good results obtained in that direction. This policy of treating sewers regularly has been of benefit in keeping land infestations at a minimum, and a continuation of this important service should manifest itself in an even greater reduction in the rodent population.

It is regretted that the Department of Agriculture for Scotland saw fit to make alterations in their rodent disinfection scheme which, so far as Dundee was concerned, worked exceptionally well. A very close co-operation existed between this office and the Department of Agriculture's officers, resulting in a most efficient service being available and at a cost at which no one could cavil. Their new proposals called for greatly increased charges, not only for the work of rat repression but also for time spent by their operatives in travelling, planning and supervision. By the proposals it was to be extremely difficult and well nigh impossible to reasonably estimate the cost of a job—a very important factor prior to commencing operations. In any case when the amended scheme was considered it is open to doubt whether or not the Department of Agriculture still had, by that time, sufficient operators in service to fully respond to any calls made for their services.

An organisation from which such good results had obtained thus perished on the grounds of, shall it be said, a higher value being placed on finance than the prevention of danger to health or the waste and destruction of food and other commodities resulting from rat depredation.

During the War an all-out effort, rightfully so, was made to safeguard our food supply against rat infestation. To-day, as always, this clamancy is just as necessary, and it cannot be emphasised enough that it is not so much what rats and mice EAT but what is CONTAMINATED by them that really counts and the lurking danger therefrom that determines the destruction of large quantities of food. Also there is voiced the fear that the world in the future will be unable to feed its population—thus, if this be true, it behoves us to ensure that rat despoilation is reduced to the very lowest level.

In this city, which is also a port, we have always been conscious of the need for strong and regular action against the rat menace, and, as a result of continuous action from January to December each year, we believe that for a city this size and nature (being mainly industrial), the rodent population is not allowed to reach an abnormal figure. Complaints over a long period, and a special survey undertaken by the Department of Agriculture for Scotland, substantiates this.

In March, 1950, the Rats and Mice (Destruction) Act, 1919, ceases to appear on the Statute Book, and in its stead the Prevention of Damage by Pests Act, 1949, becomes operative. Generally, this forthcoming Act places upon Local Authorities the onus of ensuring that their areas are maintained in a vermin-free condition and for this purpose it is incumbent upon them, from time to time, to survey their district and, if necessary, destroy rats and mice infesting their land. It also makes it obligatory for occupiers of land to notify the Local Authority in writing of the infestation of their property by rats or mice. "Land" is interpreted as including "land covered with water, and any building or part of a building."

Local Authorities are also empowered to require owners or occupiers to free their land from rats or mice, and if their requests in this direction are ignored can themselves take such action as may be necessary and recover any reasonable expenditure incurred thereby.

The change of title is significant — the 1919 Act related solely to rats and mice, whereas the new Act, in Part I., is concerned with rats and mice, while Part II. extends its ramifications to include insects and mites infesting and causing damage to foodstuffs. The latter part is primarily administered by the Secretary of State for Scotland, who may, however, delegate any of his functions to a Local Authority. It is interesting to note under this part of the Act any person who manufactures, stores, sells or transports any food must intimate to the Secretary of State for Scotland if it comes to his knowledge that any of the food dealt with in the course of his business has become infested.

The Milk and Dairies (Scotland) Acts.

Registers.—At the end of the year the Registers stood as follows:—

Dairymen or Cow-keepers,	17
Retail Purveyors of Milk (including Producer-Retailers) made up as under:—	430
Purveyors from shops, milk-houses, etc.,	384
Purveyors from vans,	12
Purveyors resident outwith the City but registered to purvey milk within it from vans on streets,	14
Purveyors from shops or milk-houses together with vans on streets,	20

The Register shows 17 dairymen — no alteration on the figure for 1948, but in two instances no cows were housed within the byres, the proprietors purchasing their milk from outside sources. Contained in the other 15 dairies were 514 cows, and these premises were inspected on 240 occasions. Shops and places where milk is retailed received 671 visits. No serious defect in the conduct of these businesses was observed during the course of the inspections, any faults noted being of a minor nature and remedied forthwith.

Five producers (including 2 Certified) do not dispose of their milk by retail. All wholesale dealers also carry on retail businesses.

No reports of dirty incoming milk were received during 1949 — any complaints lodged at this office related to dirty bottles. Needless to say in every instance investigation took place and those responsible were severely reprimanded.

In general the terms of **Articles 4 to 14 of the Milk and Dairies (Scotland) Order, 1934**, are being met. There still persist, in spite of warnings, isolated cases of neglect to effectively seal or lock vessels containing milk entrusted to common carriers for conveyance. In two cases of deficient milk samples reported for prosecution contraventions of Article 13 of the 1934 Order (relating to unsealed vessels) were incorporated in the information transmitted to the Burgh Prosecutor. A fine of £1 was imposed on one of the accused and the other was admonished.

Hereunder is given a detail of improvements, etc., carried out at various dairy premises throughout the year:—

Milkhouses enlarged and improved,	2
Refrigerators installed,	2
Courtyard paved,	1
Milking machine installed,	1
Electric steam raisers provided,	2
Sterilizing chest supplied,	1
Bottling and capping machine installed,	2
Chilled water cooler fitted,	1
Additional 100 gallon pasteurising unit,	1

In addition to the foregoing, plans have been passed and work commenced on the erection of new premises for a milk retail business.

There are 20 cowsheds, where 39 milk cows are kept, exempt from Registration, under Section 2 of the 1914 Act, "From which a person sells milk only in small quantities and for their own consumption to persons in his employment or to neighbours."

The Milk (Special Designations) Orders (Scotland), 1936/49.

At the end of the year the Register showed that the under-noted licences had been issued by the Local Authority:—

- 3 Producers of Pasteurised Milk; and
- 303 Retail Sellers thereof;
- 4 Producer Dealers in Standard Milk;
- 4 Producer Dealers in Certified Milk; and
- 2 Supplementary Licences for dealing in Certified Milk.

In addition there are registered:—

109 Dealers in Certified and 70 in Tuberculin Tested Milks.

A perusal of the above Table reveals there are now 3 firms in the City licenced to subject milk to the pasteurising process.

The latest addition to the list relates to a dairyman who installed all the necessary equipment and pasteurises T.T. milk by the Holder process. At the dairy where the H.T.S.T. system is in operation permission was granted to pasteurise T.T. milk by this method, but only after the provision of a complete separate plant to be used solely for this purpose.

Regular inspections showed these businesses to be conducted in keeping with the Orders pertaining thereto.

One firm in the City continues in the business of sterilising milk.

Stables and Piggeries.

Stables.—Such premises numbered 126 and were visited on 214 occasions. Only one nuisance was reported in connection therewith — a complaint from nearby tenants of fly infestation. The removal of an accumulation of manure was ordered which, together with cleaning operations, abated the nuisance — otherwise a freedom from complaints prevailed.

Piggeries.—68 piggeries containing approximately 1,355 pigs were the subject of supervision — 190 calls being made for this purpose.

No official action was called for concerning the conduct of these businesses during the year. However, it may be stated that quite a number of these premises which do not comply with the Pigsty Bye-Laws are only permitted to continue by reason of the relaxation granted by Defence Regulation. In due course, when the said Regulation ceases to operate, steps will be taken to remove such businesses, which, although not causing a nuisance or are not considered prejudicial to health, are most certainly the cause of objection on amenity grounds.

The keeping of poultry or rabbits gave no rise for complaint, and certain hen runs in the west end of the City (the owners of which had been requested to quit the ground) were all demolished.

Offensive Trades.

All businesses coming within the above nomenclature are carried on within premises located at the Public Slaughter-House, East Dock Street, and comprise:—

Gut Cleaner (Private),	1
Hide Factors (Private),	2
Slaughterer of Cattle (Corporation),	1
Tripe Cleaner	1
Tallow Melter	1
Blood Boiler	1

No complaint arose in connection therewith.

INTERMENTS

Section 69 of the Public Health (Scotland) Act, 1897, and National Assistance Act, Section 50.

Forty applications were received for assistance in carrying out interments. In 34 instances the requests were granted, the remaining 6 being otherwise arranged.

The costs amounted to £73 2s, and the sum of £27 18s was recovered from relatives or Insurance Companies.

A summary of the interments shows 12 Adults, 12 Juveniles and 10 Stillborn Infants.

In 4 instances claims were submitted to the Ministry of National Insurance for recovery of funeral expenses, but only in 1 case were the contribution conditions fulfilled and the claim met.

Burial Grounds.—The following interments were made at the undernoted Burial Grounds within the Burgh during the year 1949:—

Eastern Necropolis,	1,081
Western Necropolis,	735
Western Cemetery (Perth Road),	143
Barnhill Cemetery,	169
Parish Church Burying-Ground (Broughty Ferry),	0
Constitution Road Burying-Ground,	0
St Luke's Episcopal Church, Downfield,	0
New Mains Cemetery,	8
<hr/>	
... Total,	2,136

Additional to the interments recorded above, cremations numbering 820 were carried out at the Dundee Crematorium, which information is available through the courtesy of the Secretaries.

No necessity for action by this Department arose in connection with any of the Burial Grounds, nor was there any need for interference regarding the conditions obtaining at Burial Grounds no longer in use as such.

HOUSING.

"The housing problem and its speedy solution has received an infinity of consideration from experts all over the country, and much apprehension felt as the snail-like progress of building was viewed alongside the overwhelming number of insanitary houses and the large amount of houses swiftly approaching a similar condition."

The foregoing paragraph prefaced a few remarks on the above subject in this Department's Report for 1938, and how fittingly does it apply to the present day. Another year has passed and the situation has worsened instead of revealing any tendency towards solution.

To-day, our Planners are busy creating on paper our towns and villages of to-morrow. What the man-in-the-street is most anxious to obtain within the next year or two is reasonable accommodation for his family instead of the continual promise of a home "some-time in the future."

The waving of a magic wand will not produce houses and it behoves those in authority to make away with any restrictions which preclude even an infinitesimal addition to the number authorised by Central Departments.

Those living in rented houses and willing to build homes for their own occupation should be more freely permitted to do so, thereby providing accommodation to meet all their requirements and, through their vacated houses, accommodation for the homeless. Private building has the additional benefit of relieving national and local taxation and, on this account alone, is worthy of every encouragement, while it also helps to ease the Government's commitments. Consideration might also be given to enable artisans of the various building trades to form small house-building groups and in their leisure hours erect homes for themselves and families. In this connection every facility by way of financial aid and otherwise should be given to those willing and able to avail themselves of such an opportunity.

Again licensing for temporary occupation of under par houses (though frowned upon by some Local Authorities where the need must surely not be so clamant as here) should continue for as long

as the situation demands. No one for a minute suggests that a licensed house is the ideal abode, even with what repairs are allowed, but it is still a "home of their own" and much preferable to being driven from pillar to post as is the lot of those, especially with children, who have to rely on furnished lodgings for their accommodation.

During the War, any buildings necessary for its prosecution were forthcoming as demand arose. There was then no apparent shortage of material or labour and it must be borne in mind that at that time many thousands of skilled tradesmen were serving with His Majesty's Forces.

With no wartime priority taking claim on resources and manpower is it not reasonable to expect the same mobilization of forces be now directed towards housing. Good housing is a prophylactic against ill-health and warrants paramount consideration. A well-housed community also means a satisfied and healthy community, and a healthy people is surely the desire of every section of the populace.

The position regarding squatting shows no improvement at the end of the year. In fact it has worsened as some 135 additional cases were found and recorded as living in condemned houses, the majority of which are in a condition so unsatisfactory as to be unfit even for re-opening under licensing standards. The total families in this unhappy state at 31st December numbered 570.

Housing Priority for Tuberculous Cases.

The following table shows the situation regarding families with a T.B. element where recommendation has been made by the Medical Officer of Health for rehousing priority:—

On List at 31.12.48,	170
Added during year 1949,	167
	<hr/>
	337
Removed during 1949—	
Rehoused,	180
Patient deceased,	17
Other reasons,	10
	<hr/>
	207
Remaining on List at 31.12.49,	<hr/>
	130

TABLE I.

Shows the number of houses which have been erected during the year 1949:—

	Rooms.				Total.
	1	2	3	4 etc.	
By the Corporation,	—	—	79	365	444
By Scottish Special Housing Association,	—	—	—	81	81
By Private Enterprise,	—	—	4	25	29
Totals,	—	—	83	471	554

TABLE II

the locus of the Housing Schemes under the control of the Corporation, giving the number of houses completed, in course of construction and the Act number which erected, etc. (from data supplied by the Director of Housing).

[illegible]

TABLE III.

Gives the number of houses provided since 1919, excluding houses outwith the control of the Town Council, erected by Private Enterprise, etc.

	1	2	3	4 Rooms	
	Room.	Rooms.	Rooms.	& over.	Total.
Town Council—					
1919-1928,	—	518	2,185	128	2,831*
1929-1938,	96	1,027	2,468	592	4,183
1939-1943,	—	—	463	804	1,267
1944,	—	—	38	2	40
1945,	—	—	8	30	38
1946,	—	—	88	42	130
1947,	—	—	110	113	223
1948,	—	—	88	303	391
1949,	—	—	79	365	444
Fleming Trust,	192	158	146	—	496
Peter Gray Housing Trust,	24	—	—	—	24
Government Erected					
Temporary Dwellings—					
1945,	—	—	77	—	77
1946,	—	—	579	—	579
1947,	—	—	634	—	634
1948,	—	—	260	—	260
Scottish Special					
Housing Association—					
1946,	—	—	—	24	24
1947,	—	—	—	98	98
1948,	—	—	—	62	62
1949,	—	—	—	81	81
Grand Totals, ...	312	1,703	7,223	2,644	11,882

*Includes (a) 76 Timber Huts (now demolished) and (b) 52 houses at Johnston Avenue (now Owner-Occupied).

The above Tables show 11,882 houses have been so provided, or an average of 383 per annum over the past 31 years.

TABLE IV.

Houses provided by Private Enterprise.

	1 Room.	2 Rooms.	3 Rooms.	4 Rooms and over.	Total.
1919-28,	—	3	499	657	1,159
1929-38,	14	59	526	1,104	1,703
1939-43,	—	2	145	107	254
1944,	—	—	6	—	6
1945,	—	—	—	2	2
1946,	—	—	10	3	13
1947,	—	—	20	23	43
1948,	—	—	24	38	62
1949,	—	—	4	25	29
Totals,	14	64	1,234	1,959	3,271

TABLE V.

Shops, etc., converted into dwelling-houses; houses reconstructed and re-opened, and large houses sub-divided.

	1 Room.	2 Rooms.	3 Rooms.	4 Rooms and over.	Total.
1919-28,	57	162	42	50	311
1929-38,	132	281	87	161	661
1939-43,	5	81	23	22	131
1944,	1	11	2	11	25
1945,	—	6	4	13	23
1946,	—	6	8	53	67
1947,	2	4	7	54	67
1948,	1	15	30	66	112
1949,	—	4	18	69	91
Totals,	198	570	221	499	1,488

Summary of Houses Provided — Period 1919 to 1949.

Provided by	1 Room.	2 Rooms.	3 Rooms.	4 Rooms & over.	Total.
Table III. — Town Council, Trusts, Scottish Special Housing Association and Temporary Houses,	312	1,703	7,223	2,644	11,882
Table IV. — Private Enter- prise,	14	64	1,234	1,959	3,271
Table V. — Shops, etc., con- verted into houses,	198	570	221	499	1,488
	524	2,337	8,678	5,102	16,641

These tables show a grand total of 16,641 houses provided during the past 31 years, an average of 537 houses per annum over that period.

TABLE VI.

Houses (a) Voluntarily Closed, (b) Closed by Order and Vacated, (c) Demolished, or (d) turned into Business Premises:—

	1	2	3	4 Rooms	
	Room.	Rooms.	Rooms.	and over.	Total.
1919-28,	348	294	74	108	824
1929-38,	1,618	1,764	304	307	3,993
1939-43,	1,219	1,147	128	49	2,543
1944,	58	58	7	9	132
1945,	39	47	5	8	99
1946,	72	58	9	33	172
1947,	47	52	11	37	147
1948,	59	85	13	46	203
1949,	62	63	19	43	187
Totals,	3,522	3,568	570	640	8,300

The total of 8,300 is equal to an average annual figure of 268 houses closed. From the "Houses Provided" total of 16,641, as shown on previous page, we must deduct the above 8,300, being the number of dwellings which have gone out of use as such during the past 31 years; we thus reach a net increase of 8,341 houses in the City, or an average annual contribution of 269.

The following table shows the dwelling-houses within the City which have been dealt with by Clearance Resolutions, and in addition the details of the properties adjoining these areas included by the Local Authority under Section 3 of the Housing (Scotland) Act, 1930, to make the schemes effective:—

Summary in regard to Housing Conditions and Alterations during the year 1949.

I.—Particulars of Houses (71) Improved:—

	1 Room	2 Rooms	3 4 Rooms Rooms & over	
(a) At properties that had been closed by Demolition Order and Undertaking Not to Relet,	4	4	—	—
(b) Undertaking to Render Fit Discharged,	—	1	3	—
(c) At instance of Sanitary Inspector and after Plans had been submitted to and approved of by the Works Committee,	3	4	9	23
(d) Houses divided and improved,	—	—	—	20

II.—Other Premises converted into dwelling-houses:—

	1 Room	2 Rooms	3 4 Rooms Rooms & over	
1 Store,	—	—	1	—
1 Stable,	—	—	—	1
2 Clubrooms,	—	—	1	1

III.—New Houses completed and ready for occupation during this period:—

(a) Under the Corporation Housing Schemes:—

	1 Room	2 Rooms	3 4 Rooms Rooms & over	
Ward 3—Dryburgh 2nd Dev., W.-F., ...	—	—	—	62
Clement Park,	—	—	—	36
Blackshade,	—	—	75	—
St Mary's 1st Dev., Orlit,	—	—	—	14
St Mary's 2nd Dev., Blackburn,	—	—	—	22
Ward 7—Magdalene's Kirkton 1st Dev.,	—	—	4	2
Magdalene's Kirkton 2nd Dev.,	—	—	—	49
Magdalene's Kirkton 3rd Dev.,	—	—	—	48
West Kirkton 2nd Dev., B.I.S.F.,	—	—	—	126
West Kirkton 2nd Dev., W.-F.,	—	—	—	6
	—	—	79	365

Total Houses — 444.

(b) Scottish Special Housing Association:—

	1	2	3	4 Rooms
	Room	Rooms	Rooms	& over
Ward 5—Mains of Fintry, Atholl Steel,	—	—	—	41
Do. do. Orlit,	—	—	—	40
	—	—	—	81
Total Houses — 81.				

(c) Private Enterprise:—

	1	2	3	4 Rooms
	Room	Rooms	Rooms	& over
Ward 1,	—	—	—	—
Ward 4,	—	—	—	8
Ward 5,	—	—	—	10
Ward 7,	—	—	1	—
Ward 8,	—	—	—	2
Ward 9,	—	—	3	1
Ward 10,	—	—	—	1
Ward 11,	—	—	—	3
	—	—	4	25

Total Houses — 29.

Giving a grand total of 554 new houses erected throughout the period. This shows a reduction of 221 compared with the previous year's figures of 775, but it must be remembered that in that year—1948—some 260 Temporary Non-Traditional Type Houses were built.

IV.—Particulars of dwelling-houses closed (187) for human habitation during the year 1949 in whole or in part and vacated:—

	1	2	3	4 Rooms
	Room	Rooms	Rooms	& over
(a) Converted into business premises, offices, shops or workshops, etc., ...	—	—	—	1
(b) By absorption into other houses, ..	2	—	9	41
(c) Closed by Order, Demolition Order or Undertaking,	33	40	5	—
(d) Clearance Areas,	27	23	5	1
Totals,	62	63	19	43

V.—Dwelling-houses Demolished (112) during the year 1949:—

	1 Room	2 Rooms	3 Rooms	4 Rooms & over
(a) Dwelling-houses that had been closed by Order or Demolition Order,	13	5	1	—
(b) Clearance Areas,	44	34	3	1
(c) Dwelling-houses that had been Closed by Undertaking,	6	4	—	—
(d) Site for Business Premises,	—	—	—	1
Totals,	63	43	4	2

In addition to the above 1 shop was demolished.

VI.—Net Result for year 1949:—

The net result for the period is that there are 458 more houses available for human habitation than at 31st December, 1948, i.e., houses of:—

1 Room.	2 Rooms.	3 Rooms.	4 Rooms and over.
62 less	59 less	82 more	497 more

VII.—The total number of Dwelling-houses in course of erection—all stages—at 31st December, 1949, is as follows:—

	1 Room	2 Rooms	3 Rooms	4 Rooms & over
(a) Corporation Houses—				
Ward 3,	—	—	—	502
Ward 6,	—	—	—	30
Ward 7,	—	—	—	854
	—	—	—	1,386
(b) Scottish Special Housing Association—				
Ward 5,	—	—	—	111
(c) Private Enterprise:—				
Ward 1,	—	—	1	—
Ward 3,	—	—	—	1
Ward 4,	—	—	—	1
Ward 5,	—	—	—	6
Ward 7,	—	—	2	—
Ward 9,	—	—	—	1
Ward 11,	—	—	—	4
	—	—	3	13

Visits in connection with housing activities totalled 4,826, the object of which was to check up the position relating to houses closed but still occupied, survey of new houses, squatters, etc.

Overcrowding.

The requests for re-housing under this category are increasing instead of diminishing despite the efforts of the City Factor to deal with as many as possible, but the paucity of houses available for this purpose does not enable him to make the slightest impression on a very long and ever-growing waiting list.

During 1949 in Dundee there were provided, other than by Private Enterprise, 525 new houses for all purposes, i.e., Slum Clearance, Overcrowding, etc. — not sufficient to allow of any palpable betterment being made on the housing question in general and overcrowding in particular.

The solution, and it has been stressed for many years, is a much larger output of houses with a worthwhile percentage earmarked for the relief of overcrowding.

When ill-health further complicates matters such cases qualify for priority, and during this year 180 families included in the Special T.B. Housing List were placed in new homes.

The Rent and Mortgage Interest Restrictions Acts, 1920 to 1939.

BY TENANTS.			BY FACTORS OR OWNERS.		
No. of Applications.	Granted.	Refused.	No. of Applications.	Granted.	In Abeyance.
12	6	6	7	6	1

The above table shows the year's activities under the above Acts.

Common Lodging-Houses.

123 visits were made throughout the year to these premises which cater for male lodgers only.

In April, when applications for re-registration were considered, it was recommended to the Health Committee that re-registration of the premises situated at Craig Street be limited to a period of

four months, as previous inspections had shown that this house was not maintained in as high a standard considered possible. The restriction on registration was suggested as a means towards necessary cleaning and redecoration being carried out. In the autumn all work required was completed and full registration restored.

The owner of the Common Lodging-Houses made representation to the Local Authority for permission to increase the charge for lodgings by 6d to 1s 6d per person per night. The application, made on the plea of greatly increased costs for running the establishment, i.e., wages, heating, rates, replacements, etc., received the assent of the Local Authority.

The accommodation at 25 North Lindsay Street—owing to a sleeping apartment containing 10 beds being converted to a Day Parlour for the use of residents—has been reduced to 51 persons, while at 3/5 Craig Street, a shop provided within the premises for the service of lodgers has reduced the capacity of the house by 5 to 132.

The Seamen's Boarding House (Dundee Sailors' Home and Hostel) continues to cater for those requiring accommodation of this nature, and has been conducted and maintained in a satisfactory manner.

The Salvation Army Home and Metropole for Women temporarily closed down during the year to allow of extensive alterations being carried out, and which are now in progress.

Houses Let in Lodgings.

This type of accommodation was well patronised, and 191 visits to the 72 Registered Houses were paid. Reasonably satisfactory conditions were found to prevail.

Tents and Vans.

120 visits of inspection were made to these mobile dwellings, usually the homes of those engaged at Carnivals or Shows, or in some instances, dwellers taking up winter quarters within the Burgh. Satisfactory sanitary facilities were available on the sites.

During 1949, the Royal Highland and Agricultural Society of Scotland held their show in Dundee. As may be imagined there were many vans and other forms of temporary accommodation in connection therewith. The special arrangements arrived at between the Society and the Local Authority embraced the removal of all refuse at regular intervals throughout the time of the show.

Complaint was received about a converted house-boat placed on vacant ground for use as a week-end home. As there was no convenience or water supply available such an arrangement could not be tolerated. The owner on being informed decided to discontinue his week-end excursions.

Seasonal Workers.

Male and female labour was employed at one farm within the Burgh, and the living quarters were found to be kept in a clean condition.

Factories.

Three intimations under the Factories Act, 1937, were served on millowners — all related to defective sanitary accommodation. At the end of the year the stated work was in progress.

The present-day trend in factory construction that amenities for workers should rank in importance with production efficiency was well illustrated at a new Jute Factory which commenced operations in 1949 and acclaimed as the most modern of its kind in the world.

Notwithstanding the thought, planning, labour and expense that has been put out wholly for the benefit of the employee, it is to be deplored that a certain type of individual does not appear appreciative of the greatly improved conditions enjoyed to-day as compared with a few decades ago. Shortly after the factory in question opened, among other damage and destruction, 14 stoppers and chains were wrenched off wash-hand basins. Such conduct is culpable, and naturally when the question of replacement crops up owners are loth to renew fittings which almost certainly will disappear overnight.

At Kingsway West (Scottish Industrial Estates, Ltd.) four factories were completed during the year, all of which, so far as coming within the jurisdiction of this Department, more than satisfied the requirements of the Act. Other factories are under construction, or work towards that purpose in preparation, including a considerable addition to that of the National Cash Register Co., Ltd., which company have found our city ideal in every respect for the production of their high grade equipment.

Opportunity might be taken here to speak of the benefits from this Industrial Estate embracing many and varied activities which, coupled with the older textile, etc., industries (presently being modernised and extended), places Dundee more prominently on the industrial map, and has added to her already high reputation for workmanship.

Many thousands of workers have been absorbed into the new industries, and as time goes on more will be needed. Let us hope this assures that full employment will be the lot of Dundonians for many years to come.

Factories were inspected on 1,255 occasions and, in general, were found to be well conducted; anything untoward being remedied on notification being made to the appropriate authority.

Throughout the year 18 Intimations were received from H.M. Inspector of Factories relating to:—

No.	Nature of Defect.	Improvements Effected after action by Sanitary Department.
1	Lack of Cleanliness,	In 1 case.
1	Insufficient Water-Closet Accommodation,	In 1 case.
17	Unsuitable Water-Closet Accommodation,	In 13 cases.
1	No Separate Accommodation for Sexes, ...	In 1 case.
1	Leaking Roof,	In 1 case.

21

Where improvements had not been effected by the end of the year remedial measures were in process.

The numbers and trades of the various factories are as detailed in the following table:—

Mechanical and Non-Mechanical Factories.

Trade or Business.	Mechanical Factories.	Non-Mechanical Factories.
Blacksmiths, Cartwrights and Carriage Builders,	10	9
Boot Repairers,	47	9
Clockmakers,	1	—
Cabinetmakers, Joiners and French Polishers,	72	25
Cash Registers,	1	—
Engineers, Cycle and Motor Mechanics, Enamellers and Vulcanisers, ...	137	54
Dental Mechanics,	13	16
Dress, Mantle, Underclothing and Corset Makers,	9	36
Electro-Platers, Wire Workers, Blind Makers and Bellhangers,	7	1
Florists,	—	5
Furriers,	2	8
Granite and Marble Cutters and Masons,	5	26
Hairdressers and Wigmakers,	—	117
Hotels and Restaurants,	1	32
Jute Spinners, Weavers and Calenderers, etc.,	76	—
Milliners,	4	7
Painters,	1	39
Photographers,	2	11
Piano and Gramophone Repairers, ...	1	21
Plastics,	2	1
Picture Framers, Gilders and Glaziers,	2	7
Plasterers,	—	12
Plumbers and Tinsmiths,	8	33
Saddlers and Leather Cutters,	4	5
Slaters,	—	24
Stamp Cutters, Engravers and Ticket Writers,	12	3
Sugar Boilers,	7	4
Tailors,	5	43
Umbrella Makers and Repairers, ...	1	1
Upholsterers and Carpet Sewers, ...	8	15
Waste, Rag and Metal Merchants, ...	10	6
Watch and Jewellery Repairers and Opticians,	4	34
Miscellaneous, i.e., Gut Manufacturer, Mica Makers, Clay Pipe Makers, Paper Bag Makers, Bottlers, Potted Meat Manufacturers, Oil Refiners, Manufacturing Chemists, Sack Repairers, Laundries, Basket Makers, Brush Makers, Scale Makers, Expanded Rubber, Fish Canners, Food Canners, Linoleum Manufacturers, Fish Filleting, Hat Makers, Sausage Makers, Sawmills, Printers, etc.,	310	58
	<u>762</u>	<u>662</u>

Bakehouses.

Occupied mechanical factory bakehouses,	57
(Included in this number are 5 underground.)	
Occupied non-mechanical factory bakehouses,	21
(Included in this number is 1 underground.)	
Bakehouses, empty,	5

The above Table shows there are 83 Bakehouses on the register, 78 of which are operational, the latter figure being an increase of 2 over last year.

Two basement premises (1 Mechanical and 1 Non-Mechanical) which had not been used for a period of not less than one year, and, in accordance with modern standards, are no longer fit for their purpose, were excised from the register.

A new Non-Mechanical Factory, duly approved, commenced operations.

Other changes were the discontinuance of baking in a mechanical factory (the new owners merely carrying on a retail bakery trade, supplies being maintained from their main factory), but this loss was counterbalanced by the opening of a new Mechanical Factory.

Extensive alterations to two Mechanical Factory bakehouses were undertaken during the year.

In one instance, two insanitary dwelling-houses were demolished to make room for the extension which is so constructed

that inspection by the public is possible at any time through the clear glass windows let into the street wall. It is no unusual occurrence to see onlookers following the progress of various processes incidental to the business. Such a step on the part of the proprietor surely indicates his subscribing to the clean food campaign—otherwise he would not have courted such publicity.

A recently constructed Modern Bakehouse on the outskirts of the City almost doubled its size and can justly be claimed by the owners to be among the largest, best equipped and most efficiently

conducted bakehouses in the country. The additions embrace two gas ovens, two gas hot-plates and up-to-date mixing and measuring machinery.

New dressing-rooms and sanitary conveniences for males and females were also incorporated in the scheme.

Basement Bakehouses, 8 in all, were inspected and the Certificates of Suitability renewed in respect of 6 — two having been discontinued as already stated. These premises were given a very stringent examination, and any defects found were remedied so as to enable them to continue in use.

A large portion of our prepared food comes from bakehouses, and it is necessary that these premises be maintained in a clean and efficient manner so as to protect the interests of the populace, and to this end 1,015 visits were made.

Whitewashing or washing down of walls was carried out in the Spring and Autumn.

FOOD INSPECTION

Shops, Stalls, Barrows, etc.

ARTICLES OF FOOD SURRENDERED.

Articles.	Where Sur- rendered.	Quantities or Weights.				Reasons for Sur- render.
		Tons.	Cwts.	Qrs.	Lbs.	
Vegetables (tinned)	Shops, or stalls, or barrows on street, or food or wholesale stores, or railway stations and Ministry of Food Stores, etc.	1	14	—	4	Decomposition, Contamination, etc.
Fruit		—	—	2	12	
M. & V. Ration (tinned)		—	—	2	15	
Milk (tinned)		1	7	2	24	
Beef (tinned)		—	8	3	1	
Fruit (tinned)		—	17	1	15	
Cordials, etc.		—	17	2	7	
Fish and Meat Paste (tinned)		—	—	1	1	
Meat		—	1	1	11	
Fish (tinned)		—	7	1	15	
Tongue (tinned)		—	—	3	7	
Jam		1	5	2	7	
Dried Fruit		—	1	3	8	
Sugar		—	2	—	2	
Luncheon Meat, etc. (tinned)		—	2	3	17	
Soup (tinned)		—	13	3	15	
Spaghetti, etc. (tinned)		—	1	1	27	
Pickles, etc.		—	4	3	16	
Cereals		—	—	2	12	
Fish		3	15	1	9	
Cheese		—	3	1	19	
Sausages (tinned)		—	—	1	15	
Poultry		—	2	—	13	
Peas and Beans		—	—	2	6	
Confectionery, etc.		—	4	1	14	
Rabbits		—	7	—	19	
Ice-cream		—	—	3	23	
Spaghetti		—	—	2	—	
Flour		—	—	1	14	
Coffee, Cocoa, etc.		—	—	1	27	
Milk Pudding Mixture ...		—	—	2	10	
Tripe		—	—	2	10	
Mutton		—	—	3	20	
Eggs		—	—	2	—	
Synthetic Cream		—	1	3	2	
Nuts		—	4	3	18	
Cooking Fat		—	—	1	26	
Miscellaneous		—	2	—	14	

On 377 occasions shopkeepers, etc., sought the aid of the Department in determining whether or not foodstuffs were in a condition of fitness for human consumption. For the goods classified as unsafe 2,799 certificates were issued, and the foregoing Table details the quantity and types of foodstuffs destroyed at the Corporation destructor, or diverted for animal feeding if considered

suitable for that purpose. In addition to the food detailed in the fore-mentioned list some $2\frac{1}{2}$ cwts. of sugar and 86 lbs. of ham, not saleable, were returned via trade channels to wholesalers.

1,342 inspections were made to premises where the business of preparation, storage and/or sale of foodstuffs was carried on, and in general it may be accepted, with the exceptions mentioned in the following paragraph, the conditions found to prevail were such as ensured a clean and wholesome article reaching the public.

Routine inspection of fish and chip shops showed that the preparing rooms of a number were below a standard of cleanliness which is to be expected, while the removal of offal was not being carried out regularly. Irrespective of the nature of the buildings in which many of these businesses are carried on, there is no excuse for conditions arising from apparent neglect and carelessness. Those belonging to this category were apprised of these shortcomings, and in all cases arrangements for satisfactory disposal of offal were made and cleansing carried out.

In recent times much has appeared in the Press relative to a widespread campaign towards ensuring a clean food supply for the nation. Such a laudable project is worthy of utmost encouragement, but in the annals of those closely connected with public health matters and in that respect, particularly the Sanitary Inspector, there has for many years been an aim to secure the best conditions for the production, sale and transport of foodstuffs—whether processed or raw—towards protecting the consumer against those diseases and conditions of ill-health which arise from food prepared in a slovenly and uncleanly manner.

Within the past decade firms in the City engaged in any branch of food manufacture, etc., have generally acquiesced to requirements towards the production of a clean article, but we do not claim to be in a category different from other areas, as there are still the black spots yet to be cleaned up within our midst, and to which some regular attention is given. Unhesitatingly, it can be said, however, that in many branches of the food trade there is evidence of distinct improvement, to some extent due, no doubt, to the never-ending spade work of the Inspectorate of this Department, or to the live interest in such matters now manifest by various trade organisations. As has been said before, cleanliness of internal

premises, equipment and personal habits of staffs are more important than flashy, eye-catching exteriors. The back premises, i.e., preparation rooms, storage space, hotel and restaurant kitchens and similar places should be maintained as attractively as those portions of the building frequented by the public—in fact they ought to be such that they are fit, at any time, for public inspection, reflecting credit on their owners.

The crusade for cleaner food handling does not stop at shops, warehouses, restaurants, etc., open market places, booths and delivery vans also come into the picture, and it is essential that methods which have been accepted in the past be discontinued. These places or vehicles must of necessity be able to afford protection against dust and other dangers to which they are exposed, as also must there be a provision ensuring facilities for the clean handling of the article.

Anent Ice-Cream Vans.—In this City none has been registered unless it was deemed capable of ensuring that the risk of contamination to this confection in the course of distribution was reduced to as low a level as is humanly possible to achieve. Each vehicle had to be entirely enclosed except for an opening service hatch and the interior finished with a smooth impervious washable surface. Hot water, towel, nailbrush, soap and basins were included in the equipment to provide hand-washing facilities for the salesman and also permit frequent washing of servers, thereby contributing to the sale of a clean article.

Participation by the general public in the campaign is very necessary if complete success is to be achieved. They can play their part by boycotting shops, etc., wherein the standard of cleanliness seems low or assistants appear slovenly. Our aims could be still furthered if shoppers would refrain from handling foodstuffs exposed for sale unless it is their intention to purchase the article they have touched.

The Labelling of Food Order, 1946.

During the course of food inspection and sampling activities a sharp watch is kept in order to detect any infringement of the above Order, and, save for the following, no breach was observed.

It was found that a local manufacturer of ice-cream was not labelling his pre-packed product in accordance with legal needs for wholesale disposal by him to a retailer. On being notified of his shortcoming the requisite labelling requirements were duly complied with.

**The Public Health (Meat) Regulations (Scotland), 1932—
Article 15.**

At the end of the year there were in force 4 certificates of approval in relation to storage accommodation for meat sold from off vans on streets.

The Food and Drugs (Whalemeat) (Scotland) Regulations, 1949.

These Regulations came into force on 6th May, 1949, but no action has been necessary thereunder as no whalemeat has been on sale within the City.

**Foodstuffs Arriving at the Port of Dundee, either Directly from
Abroad or by Coastwise Traffic.**

The following two tables show the kind and quantity of foods arriving by waterway at the Port during the year.

The total is 28,875 tons 4 cwts. 1 qr., as against 29,548 tons 19 cwts. 2 qrs. last year, and 13,928 tons 3 cwts. 3 qrs. in 1947.

TABLE No. I.

Shows the foodstuffs arriving coastwise at the Port by steamers plying between Dundee and the Ports of London, Hull, Liverpool, Aberdeen, Newcastle, Belfast, Southampton, Leith, etc.

	Tons.	Cwts.	Qrs.
Baking Soda, Cream of Tartar, etc.	1	5	1
Cereals,	78	19	2
Cheese,	11	6	3
Cocoa and Cocoa Beans,	39	6	—
Coffee,	2	1	2
Confectionery,	39	2	1
Custard Powder, etc.,	4	2	3
Cooking Fat,	571	19	2
Essences, Cordials, etc.,	336	12	2
Fruit,	45	5	—
Fruit (Dried),	8	13	—
Fruit (Juice),	13	3	—
Margarine,	3,347	5	—
Glucose,	1	6	2
Flour and Rice Flour,	13	5	—
Jam,	26	—	2
Meat, etc., Paste (Tinned),	10	18	2
Meat Extract,	20	17	1
Meat (Tinned),	180	19	—
Nuts,	1	—	1
Patent Foods,	4	4	—
Peas, Beans, etc.,	90	15	2
Sugar,	393	13	2
Pickles, etc.,	6	17	—
Pudding (Tinned)	1	3	2
Soups, etc (Tinned),	1,581	7	2
Spaghetti and Macaroni,	7	15	2
Syrup,	33	2	2
Tea,	115	4	3
Treacle,	163	6	1
Vegetables,	8	7	3
	7,159	6	3

TABLE No. II.

Shows the amount of food arriving direct from abroad.

	Tons.	Cwts.	Qrs.
Sugar,	21,715	17	2

Fish Inspection at the Fish Market, Carolina Port.

Regular surveillance is maintained over the precinct of the Fish Dock, and it was unnecessary for this Department to intervene in connection with the manner in which the buildings, etc., were maintained.

No action was called for apropos of the fish landed from trawlers at the Port.

Public Slaughter-House, Meat and Cattle Market.

Thanks are due to the Superintendent of Markets and Slaughter-Houses for the information contained in the undernoted Table:—

Class of Animal.	Slaughtered.	No. of Animals.		Weight (in lbs.) of Condemned Meat.
		Wholly Condemned.	Partially Condemned.	
Cattle,	10,720	247	5,272	161,473
Sheep,	54,436	199	5,030	12,400
Pigs,	613	40	159	6,687

Note.—Calves are included as Cattle.

The Slaughter-Houses have been maintained in a satisfactory condition and call for no criticism.

THERE IS NO PRIVATE SLAUGHTER-HOUSE WITHIN THE CITY.

The Public Health (Preservatives, etc., in Food) Regulations (Scotland), 1925 to 1927.

Mince.—11 official samples were submitted to the Public Analyst for examination, and in 5 instances the presence of preservatives during the prohibited period was discovered. Court proceedings ensued in 4 cases, and fines ranging from 25s to 65s were imposed. A warning was deemed sufficient for the fifth infringement.

Sausages.—12 samples and 1 of sausage meat—also official—were all returned as genuine by the Analyst.

Food and Drugs (Adulteration) Act, 1928.

Undernoted I give a statement of the number of samples purchased under these Acts during the last five years:—

	Purchased.	Genuine.	Adulterated.
1945,	623	611	12
1946,	625	604	21
1947,	639	625	14
1948,	621	617	4
1949,	633	622	11

Synopsis of the Samples Purchased this Year:—

I.—Samples taken in the ordinary course, with a view of following up by prosecution, if necessary, should adulteration be discovered.

	Purchased.	Certified to be	
		Genuine.	Adulterated.
Barley,	2	2	0
Butter,	12	12	0
Coffee,	2	2	0
Cream of Tartar,	1	1	0
Cocoa,	1	1	0
Oatmeal,	1	1	0
Flour,	1	1	0
Gin,	1	0	1
Lard, etc.,	12	12	0
Margarine,	12	12	0
Milk (Sweet),	197	192	5
Mince,	11	6	5
Pepper,	2	2	0
Rum,	1	1	0
Sausages,	13	13	0
Semolina,	1	1	0
Sugar,	1	1	0
Whisky,	6	6	0
	277	266	11

II.—The following sample was taken in terms of Section 8 of the 1928 Act:—

	Taken.	Genuine.	Adulterated.
Sweet or Fresh Butter,	1	1	0

III.—The undernoted “test” samples were purchased or taken:—

	Purchased or Taken.	Certified to be Genuine. Adulterated.	
Baking Powder, etc.,	4	4	0
Baking Soda,	5	5	0
Barley,	6	6	0
Cocoa,	2	2	0
Coffee and Coffee Essence,	6	6	0
Cream of Tartar,	4	4	0
Desserts, Junket, etc.,	20	20	0
Fish Dressing,	1	1	0
Flavouring Essences, etc.,	10	10	0
Fruit Peel,	1	1	0
Flour,	4	4	0
Fish Cakes,	2	2	0
Ice-Cream,	48	48	0
Jams, etc.,	12	12	0
Macaroni (Tinned), etc.,	8	8	0
Meat and Fish Pastes, etc.,	33	33	0
Medicinal Salts, etc.,	16	16	0
Milk (Sweet),	13	13	0
Miscellaneous Foods, etc.,	4	4	0
Mustard,	7	7	0
Oils (Medicinal),	6	6	0
Oatmeal, Barley Flakes, etc.,	4	4	0
Pepper,	11	11	0
Pudding, etc., Mixtures,	6	6	0
Potato Crisps,	11	11	0
Pastry,	5	5	0
Sauce, Pickles, etc.,	12	12	0
Semolina, Sago, etc.,	19	19	0
Soup (Tinned), etc.,	14	14	0
Soya Flour,	1	1	0
Sild, Sardines, etc (Tinned),	11	11	0
Tinned Foods,	3	3	0
Spices (Various),	25	25	0
Vegetables (Tinned and Dried),	14	14	0
Vinegar,	7	7	0
	355	355	0
Add Table I.,	277	266	11
Add Table II.,	1	1	0
	633	622	11

With a population of 180,786, this works out to 3.50 samples for every 1,000 persons.

The average milk fat of the official samples taken each month was as follows:—

	No. of Samples Purchased.	Average Fat.
January,	16	3.75
February,	16	3.50
March,	19	3.65
April,	16	4.06
May,	16	3.81
June,	16	3.44
July,	16	4.03
August,	16	3.72
September,	16	3.93
October,	16	3.70
November,	18	3.53
December,	16	3.57
	<hr/> 197	<hr/> 3.72

The lowest milk fat recorded this year in **Official Samples** was 1.96 per cent., and the highest 8.74 per cent. The number of samples with milk fat of 4 per cent. and over was 38.

Test samples of milk, as supplied to King's Cross Hospital, were submitted on 12 occasions, and the results declared by the City Analyst showed an average of 5.04 per cent. of fat.

The highest fat content was 10.30 per cent. and the lowest 3.32 per cent.

Eleven **Official Samples**, i.e., 5 Milk, 5 Mince and 1 Gin were reported by the Analyst as being adulterated or otherwise irregular.

The action taken in connection with the Mince Samples is already dealt with under the appropriate heading.

Milk.—Four of the samples were deficient in Non-Fatty Solids and the Hortvet Test proved the presence of added water. One sample was low in Fat only.

Legal proceedings involving the five samples ensued. In the case of the fat deficiency the proceedings had to be departed from as the bottle in our possession, containing that portion of the sample for production in Court, burst owing to the long delay in the case being called—reported to the Burgh Prosecutor in July and owing to holidays intervening and other reasons the trial was not fixed till the middle of October.

Two producers were implicated in the other four samples (two from each). Both were prosecuted, and in one case a "Not Proven" verdict was returned and an admonishment administered to a plea of "guilty" for failure to seal cans. The other producer was fined £2 plus £1 for consigning milk in unsealed cans.

The seller of the gin (reduced to 42.15° U.P.) was reported for prosecution and in due course appeared at Court and was fined £3.

All Test Samples satisfied the various standards laid down.

Potato Crisps and Pastry (Tarts, Fruit Cakes and Christmas Pies) were primarily examined for the detection of mineral oil. Negative results were obtained in each of the tests.

In addition to the samples taken under the Food and Drugs (Adulteration) Act, 1928, 8 chemical and 1 bacteriological samples (miscellaneous) were submitted for examination in order to dispel or verify doubt occasioned by appearance.

Eighty-three portions of Meals as served at School Dining Centres were procured for analysis, and the results will doubtless be commented upon by the Schools Medical Officer in her portion of the Medical Officer of Health's Report.

Ice-Cream.—Forty-eight samples of this confection/food were analysed, and the fat content showed an appreciable difference over last year, viz.:—

	Highest.	Lowest.	Average.
1949,	19.15%	0.55%	4.70%
1948,	10.70%	0.15%	3.09%

In view of the lack of a stipulated fat content for Ice-Cream and using the minimum figure of 2.50% mentioned in the Department of Health Circular 32/49 as a datum we find:—

11 Samples were below 2.50%	
6 " " " " 3.00%	
31 " " from 3.00% to 19.15% of which	
19 exceeded 4.00%	

Dried egg was absent in all the samples examined.

Eighty-nine specimens of Ice-Cream were subjected to bacteriological examination, and the results also compare favourably with the preceding year, viz.:—

	1949.	1948.
B. Coli. absent in 3 Tubes,	73	60
„ present in 1 Tube,	4	5
„ „ 2 Tubes,	2	4
„ „ 3 Tubes,	10	15
Bacteria Content—	1949.	1948.
Under and up to 5,000,	31	11
5,001 — 10,000,	10	9
10,001 — 50,000,	19	17
50,001 — 100,000,	2	4
100,001 — 200,000,	4	5
Over 200,000,	23	38

This upward tendency both in quality and cleanliness is most gratifying, and it is hoped that the improvement manifested in 1949 augurs well for the future. In any case it reveals a trend to the proper usage of the fat and sugar allocation by the Ministry of Food. The cleaner product in 1949 was anticipated consequent upon the up-to-date plant and equipment installed to meet the requirements of the 1948 Regulations. There is still the manufacturer who prefers to fill his coffers in preference to giving his customers a fair deal, but ways and means will surely be found to deal with this form of sharp practice.

The request contained in Circular 32 of 16th May, 1949, that the Department of Health be notified in all cases when a fat content of less than 2.5% was discovered was duly complied with as necessity arose.

High bacteriological counts were all investigated at the place of manufacture when locally produced. Otherwise the makers or appropriate official of the area concerned was communicated with. The examination of " follow-up " samples indicated the salutary effect of our action.

553 inspections were made to Ice-Cream Factories and retail shops throughout the year.

Butter and Margarine.

Four factories are registered for the re-working of butter, and there are 33 wholesale dealers in margarine. One sample of re-worked butter submitted for analysis was returned as genuine.

Milk for Bacteriological Examination.

The undernoted samples were purchased or taken for bacteriological examination:—

Sweet Milk,	.....	102
Do. (Pasteurised),	.....	94
Do. (T.T),	.....	50
Do. (Certified),	.....	83
Do. (Sterilized),	.....	12
Do. (Standard),	.....	46
Do. (T.T. Pasteurised),	.....	30
		<hr/>
		417
		<hr/>

These were forwarded to Prof. W. J. Tulloch at the University College, the duly appointed Bacteriologist. The Medical Officer of Health, in his Report for the year, will comment on the results of the examinations.

Rag Flock Acts, 1911—1928.

This commodity was sampled on 4 occasions, and the analyses proved that in each case the terms of the above Acts were complied with.

Mr Andrew Dargie, B.Sc., F.R.I.C., Public Analyst, kindly furnishes the following interesting particulars:—

“ I have pleasure in submitting the following information on the examination of the undernoted samples taken within the City during the year 1949.

Food and Drugs (Adulteration) Act, 1928.

Fertilisers and Feeding Stuffs Act, 1926.

Rag Flock Acts.

Sweet Milks,	210
Mince (11), Sausages (13),	24
Butter (13), Margarine (12),	25
White Pepper (8), Black Pepper (5), Ground Cinnamon (7),	20
Ground Ginger (6),	6
Mixed Spice (8), Mustard (7), Lard and Cooking Fats (12),	27
Ground Coffee (3), Coffee Essence (5), Vinegar (7),	15
Jams and Jellies (12), Condensed Milk (1), Cocoa (3),	16
Baking Soda (5), Baking and Raising Powders (4), Cream of Tartar (5), Ground Nutmeg (2), Curry Powder (2), ...	18
Table Jellies and Gelatine (8), Fish Cakes (2),	10
Whiskies, Rum and Gin (8), Ice-Cream (48),	56
Fish Paste (10), Meat Paste (13), Pickles, Sauces, etc. (12),	35
Tinned Fish (12), Tinned Soup (11),	23
Tinned Vegetables, Beans and Peas, etc. (9),	9
Other Tinned Foods (7), Barley (8), Flour (5),	20
Tapioca (6), Oatmeal (5), Macaroni (5), Semolina (6), ...	22
Rice, etc. (5), Custards, Puddings and Cake Mixtures (19),	24
Split Peas (3), Lentils (2), Sago (2), Soya Flour (1),	8
Spaghetti (1), Meringue Powder (1), Tomato Spread (5), ...	7
Gravy Powder (9), Dessicated Soup (3),	12
Potato Crisps (11), Cakes, Tarts, etc. (5),	16
Sweepfat (1), Olive Oil (3), Castor Oil (3),	7
Syrup of Figs (5), Saccharin Tablets (3),	8
Other Foods and Medicines (15),	15
Miscellaneous,	8
Rag Flock,	4
Total,	645
Fertilisers and Feeding Stuffs,	11
School Meals (portions),	83
Grand Total,	739

The average quality of the public milk supply was as follows:—

Water,	87.50
Total Solids,	12.50
Fat,	3.79
Non-Fatty Solids,	8.71
	<hr/>
	100.00
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The distribution frequencies of Milk Fat and Non-Fatty Solids are given in the following tables:—

Butter Fat		Non-Fatty Solids	
per cent.	Frequencies.	per cent.	Frequencies.
Below 3.00,	1	Below 8.50,	5
3.00—3.09,	8	8.50—8.59,	52
3.10—3.19,	10	8.60—8.69,	40
3.20—3.29,	7	8.70—8.79,	49
3.30—3.39,	13	8.80—8.89,	29
3.40—3.49,	22	8.90—8.99,	24
3.50—3.59,	20	9.00—9.09,	5
3.60—3.69,	30	9.10—9.19,	5
3.70—3.79,	24	9.20 and over,	1
3.80—3.89,	16		<hr/>
3.90—3.99,	12		210
4.00—4.09,	13		<hr/>
4.10—4.19,	2		
4.20—4.29,	7		
4.30—4.39,	6		
4.40—4.49,	2		
4.50 and over,	17		
	<hr/>		
	210		
	<hr/>		

Six of the samples of Milk did not conform to the minimum limits set forth in the Sale of Milk Regulations, 1901. The constituent parts were as follows:—

1.96% Fat	8.72% N.F.S.	= 1.04% deficient in Fat.
3.12% ..	7.92% ..	— .520°C. Freezing Pt. = 1.9% Added Water.
3.01% ..	7.41% ..	— .485°C. = 8.5%
3.20% ..	8.01% ..	— .495°C. = 6.6%
3.06% ..	7.62% ..	— .472°C. = 10.9%
3.73% ..	8.35% ..	— .560°C. abnormal, but genuine.

Ice-Cream.—The full chemical analysis of the Ice-Creams have already been given, but a summary of the results showing the maximum, minimum and average percentages of the various constituents is hereby appended:—

	Maximum.	Minimum.	Average.
Water,	80.62	59.22	74.29
Fat,	19.15	0.55	4.70
Proteins,	3.65	2.04	2.90
Lactose,	4.68	2.79	3.88
Sugar,	13.67	7.20	10.51
Starch,	6.26	1.14	3.12
Ash,	0.77	0.41	0.59
Calories per 100 grams,	257	85	124
Prosphoric Acid (P2O5),	0.24	0.13	0.18

Mince and Sausages.—Sulphur dioxide was absent in six Minces and in three Sausages. Five samples of Mince contained respectively, 160, 96, 160, 1,312 and 400 parts sulphur dioxide per million parts sample during the prohibited period and were therefore reported as contravention of the preservatives, etc. in Food Regulations.

All the Sausages conformed to the Regulations, the amounts present being 128, 96, 128, 80, 120, 256, 128, 80, 192 and 128 parts per million of sulphur dioxide.

Butter and Margarine.—The frequency distribution of water in these articles is given in the following table:—

Water (per cent.)	Butter.	Margarine.
13.50—13.99,	1	—
14.00—14.49,	1	—
14.50—14.99,	7	2
15.00—15.49,	4	10
	—	—
	13	12
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All the Butters and Margarines were found to be genuine, and they also conformed to the Preservatives in Food Regulations.

Spices.—Seven samples of Mustard were submitted and found to conform to the Food Standards Regulations in that they contained between 0.32 and 0.34 per cent. Allyl Iso Thiocyanate; the amount of Mustard Oil varied 29.45% to 30.86%.

The percentages of Mineral Matter in the samples of other spices were within the following ranges:—

Black Pepper (5),	4.22—4.74%
Ground Cinnamon (7),	4.48—5.07%
White Pepper (8),	1.27—1.90%
Ground Ginger (6),	3.94—5.12%
Mixed Spice (8),	4.84—5.15%
Ground Nutmeg (2),	5.31—5.44%
Curry Powder (2),	5.22—6.15%

When examined microscopically these Spices were found to be of normal composition.

Jams and Jellies.—These articles were of different types and of good quality, the percentage of Soluble Solids varied from 68.85%—70.33%, and they conformed to the Preservatives, etc., in Food Regulations.

Tinned Foods, Meat and Fish Pastes.—All these foods were examined for metallic poisons, but only traces of Tin were found; the amounts ranging from 0.04 grains per pound in a Carrot Soup to 0.26 grains per pound in a Sild. The minimum meat content of Meat Paste is 55% and of Fish Paste 70%; all the pastes satisfied these minimum limits. Two Fish Cakes conformed to the minimum limit of 25% of Fish, containing 29.62% and 31.44% respectively.

Lard and Cooking Fats (12).—The Iodine Values of these samples ranged from 62.30%—67.37%. This is normal for such products.

Spirits.—Whisky (6) were examined, and their strengths were 29.6, 29.8, 29.4, 32.8, 33.0 and 29.8 degrees U.P. respectively.

Rum (1) was examined and its strength was 31.2 deg. U.P. All these samples conformed to the prescribed minimum limits. Gin (1) was found to be reduced to 42.15 deg. U.P. and was therefore reported adulterated.

Examination of Foodstuffs for Presence of Mineral Oil.—Potato Crisps (11), Pastry (5), Sweepst (1). These products were examined, but no evidence of added Mineral Oil was detected.

Miscellaneous.—A sample of Tripe showing discolouration (black streaks) was examined, and the cause was attributed to the formation of Iron Sulphide during cooking.

Tablet.—This was examined for irritant poisons, but with negative result.

Evaporated Milk.—This sample showed slight signs of separation of Milk Salts, but on thorough mixing of dilution the condition cleared up. The milk was considered fit for human consumption.

A sample of Cooked Meat suspected of having caused sickness was examined for poisonous substances, but with negative result.

Rag Flocks (4) were examined and found to contain 6.66, 6.60, 13.0 and 15.0 parts Chlorine per 100,000 parts of Rag Flock. These samples conformed to the Rag Flock Act.

Tomato Ketchup.—One sample on examination was found to be in a fermented condition, probably due to age and bad storage; it was therefore reported unfit for human consumption.

Fertilisers and Feeding Stuffs Act, 1926.—7 Fertilisers and 4 Feeding Stuffs were examined, and a summary of the results is as follows:—

London Fertiliser.—Conforms to guarantee.

Bone Meal.—Excess of Nitrogen 0.75%, excess of Phosphoric Acid (P_2O_5) 3.17%.

Tomorite.—Conforms to guarantee.

Growmore Fertiliser.—Excess of Nitrogen 1.05%, excess of Insoluble Phosphoric Acid (P_2O_5) 1.28%, excess of Potash (K_2O) 1.02%.

Special Top Dressing.—Excess of Nitrogen 0.90%, excess of Soluble Phosphoric Acid (P_2O_5) 3.66%.

Tomato Manure.—Conforms to guarantee.

Sangral.—Excess of Nitrogen, 1.09%.

Copra Cake.—Conforms to guarantee.

Dried Grains.—Conforms to guarantee.

Palm Kernel Cake.—Conforms to guarantee.

National Poultry Food.—Conforms to guarantee.

All other samples not specifically mentioned satisfied their respective statutory requirements."

Fertilisers and Feeding-Stuffs Act, 1926.

Seven samples of Fertilisers and four of Feeding-stuffs were taken throughout the year and sent to the City Analyst. The reader is referred to the information provided by Mr Dargie for particulars concerning the analyses.

Pharmacy and Poisons Act, 1933, Etc.

Premises of Listed Sellers of Part II. Poisons were the subject of routine inspection, and it was found that due observance was given to the storage and sale demands of the Act.

At the end of the year 146 registrations were in force.

Merchandise Marks Act, 1926.

177 visits were made for the purpose of ascertaining if shop-keepers were paying due regard to the adequate ticketing of goods exposed for sale. Carelessness with regard to labelling of tomatoes indicating country of origin was again found to be the main cause for admonitions.

Shops Acts, 1912-38.

Some 3,057 premises come under the jurisdiction of the Shops Acts. A precis of the various businesses is given hereunder:—

Bakers (148), Butchers (171), Confectioners (197), Fish and Game Dealers (52), Fruiterers and Florists (108), Grocers, Teamen, etc. (625), Publicans, etc. (182), Restaurants, etc. (170),	1,653
Boot and Shoe Dealers (98), Drapers, Outfitters, Milliners, etc. (213),	311
Barbers and Hairdressers (130), Brokers (73), Chemists (65), Coal Dealers (39),	307
Electrical Accessories (38), Furnishers, China, Crystal, etc., Dealers (95),	133
Fancy Goods, Fine Art Dealers, Toys, etc. (40), Funeral Directors (22),	62
Gun Dealers (2), Glaziers (5),	7
Motor and Cycle Accessories (63), Music and Radio Dealers (43),	106
Newsagents, Stationers and Tobacconists,	197
Paint and Wallpaper Merchants (57), Photographers (15), Plumbers (19),	91
Saddlers (4), Ship Chandler (1), Surgical Instrument Dealers (2),	7
Watchmakers, Jewellers and Opticians (46),	46
Miscellaneous,	137
	<hr/>
	<u>3,057</u>

To ascertain if due regard was being paid to the various statutory obligations placed on shopkeepers, some 3,065 visits of inspection were made to shops during the course of the year. In addition some 662 hours of street patrol were undertaken. 65 contraventions were discovered and in 64 cases warnings issued. One case, a breach of Paras. 3 and 5 of Regulation 60 AB of the Defence (General) Regulations, 1939, formed the subject of information supplied to the Burgh Prosecutor with a view to Court proceedings. The shopkeeper concerned—a persistent offender who had ignored warnings issued over a period—was fined 30s, and it is hoped he has learned his lesson.

Conditions of employment of shop assistants were found to be generally in keeping with legislative demands. Upwards of 7,000 persons are engaged in the distributive trades in the City.

Winter closing hours for shops remained as last year, with one exception—Retail Fruiterers through the medium of a deputation—asked and were granted permission by the Local Authority to remain open till 7 p.m. on week days and 8 p.m. on Saturday.

Places for Public Refreshment.—198 premises are registered as such and all have been regularly inspected. In one instance the conditions were so unsatisfactory that the proprietor was threatened with the termination of his lease.

At the instance of this Department improvements were carried out by both owner and tenant. The premises thereafter were kept under strict observation and no further cause for complaint has arisen.

Ice-Cream (Scotland) Regulations, 1948.

Throughout the year under review 68 applications for Registration in terms of the Regulations were disposed of as follows:—

67 were GRANTED and 1 was REFUSED.

Of the applications granted—

32 were in respect of Manufacture, Storage and/or Sale of Ice-Cream (of which 25 were from the list of Deferred Applications from persons who had been engaged in the Ice-Cream Trade prior to 1/11/48).

23 related to the Storage or Sale of Ice-Cream (and of these 2 were from the Deferred list referred to above).

12 concerned Vans, etc., for the sale of Ice-Cream on the public streets.

Apropos the refusal—this related to an application for the manufacture, etc., of Ice-Cream incorporated in the Deferred List. As the applicant had done nothing whatsoever to comply with the Regulations the Local Authority was recommended to and duly refused the application.

In quite a number of instances where registration has been granted, 1 apartment premises have been approved. These relate to small businesses where it would have been inexpedient to insist on the sub-division of that part of the building set aside for the manufacture of Ice-Cream.

In such cases it is open to doubt if any real benefit accrues by demanding the splitting of a normal-sized back-shop into two apartments which probably would be too cramped to permit of free movement. Moreover, two-apartment premises are generally intercommunicating, and in the case of fixed equipment cleaning and sterilising has to be done in situ. Were any criticisms offered against the one-apartment arrangement perhaps it could be levelled against the methods employed towards the storage of ingredients and on occasions to the unauthorised uses to which the room might be put. In these respects a close watch has to be maintained.

On the whole the members of the Ice-Cream trade within the City have endeavoured to comply with our requirements — an attainment which has been achieved at no little cost to them — and only in a few instances there remain the trader on whom some pressure may require to be applied.

Theatres, Cinemas and Dance Halls.

267 Visits — many of which were undertaken during the late evening — were made to the above places of public resort.

Inspection of theatres, etc., during the early part of the day may satisfy one that cleansing and ventilating operations, etc., are being duly carried out. Night visits, however, made after premises have been occupied for a period of hours show if ventilation (one of our main concerns) is adequate. If humid conditions are encountered the management are contacted and asked to make adjustments or improvements deemed necessary.

In general it may be accepted that satisfactory conditions prevailed.

In many instances these late visits revealed the misuse of sanitary conveniences by patrons. The remedy here lies in the hands of the public.

Complaint of lack of proper ventilation at one cinema was received. Investigation showed that the mechanical ventilation had been temporarily put out of commission due to the change-over from D.C. to A.C. current. New fans were installed which remedied matters. At the same premises new toilet accommodation (part of a scheme of reconstruction) was approaching completion at the end of the year.

Plans have been passed for improved sanitary accommodation for both sexes at a suburban picture house.

PORT INSPECTION.

The foreign-going vessels arriving at this port during the year show a considerable increase in numbers and tonnage, while in the case of coastwise shipping an increase in numbers but a decrease in tonnage is revealed.

Volume of Shipping Entering the Port.

	No.	Tonnage.
1. Foreign,	245	540,031
2. Coastwise,	576	142,466

Vermin Infestation.

It is pleasing to report that during the routine inspection of all vessels arriving at this port no trace of fleas, lice or bugs was found. Disinfestation measures were carried out at a storeroom on one ship infested with cockroaches. An insecticide containing D.D.T. was used and the necessity for systematic spraying emphasised. When the vessel sailed a plentiful supply of insecticide was carried so that regular treatment could be maintained.

Deratization.

Details of Deratization are given in tabulated form at the end of this Report. Rat destructive measures by means of trapping and poison baits are regularly carried out by members of the staff of the Dundee Harbour Trust.

The Parrots (Prohibition of Import) Regulations (Scotland), 1930.

There was no occasion demanding action under the above Regulations.

Throughout the year the work at the Port continued on normal lines and nothing of an unusual nature falls to be recorded, but mention might be made of one ship, the first of three to be so built in Dundee which left on her maiden voyage. She was the M.V. "Wanstead," unique in the fact that before certain revolutionary features to be incorporated in her design could be adopted special permission had to be granted by the international body at Geneva.

Each member of the crew has a single-berth cabin so constructed that it is without direct natural lighting as the cabins are separated from the ship's sides by wide alleways which are utilized for recreational purposes.

Mechanical ventilation is installed to ensure that the living quarters are provided with a plentiful supply of fresh air.

The facilities for dining are on the cafeteria principle, each man collecting his food on a tray and carrying it to specially fitted tables. Taking it all over, the accommodation and facilities surpass anything previously attempted for the comfort and well-being of the crew of a cargo ship.

Total number of verbal intimations,	245
Total number of rat notices issued,	Nil
Number of visits to ships,	549
Number of ships from infected ports (direct),	12
" " " " (indirect),	96
" " " free ports (direct),	116
" " " " (indirect),	21
Total number of ships from foreign ports,	245
Nuisances and defects attended to,	136
Forecastles cleaned,	15
Messrooms cleaned,	33
Galleys cleaned,	7
Storerooms cleaned,	5
Choked or defective water closets,	12
Dirty water closet apartments,	32
Dirty wash basins,	10
Discharge of foul water on quay,	8
Leaking forecastles,	2
Dirty bedding (crew),	3
Excessive smoke emission,	1
Choked scuppers,	2
Dirty lockers,	6

In addition the following work was carried out while the vessels were in port:—

Freshwater tanks cleaned out,	12
Forecastles washed or painted,	9
Bathrooms or washplaces painted,	11
Crew's messrooms washed or painted,	3
Crew's quarters painted,	6
Water closet apartments painted,	8
Bilges emptied,	52

A

No. of vessels subjected to measures of rat destruction,	1
On Ships—No. of dead rats recovered,	Nil
No. of rats examined bacteriologically,	Nil
On Shore—No. of rats destroyed (other than on ships), ...	304
No. of rats examined bacteriologically,	Nil

Species of rats recovered—

On ships—Black, Nil; Brown or Grey, Nil.

On shore—Black, 111; Brown or Grey, 193.

B

No. of vessels fumigated by SO ₂ ,	Nil
No. of vessels fumigated by HCN,	1
No. of dead rats recovered,	Nil
No. of vessels in which poisoning, etc., was employed,	Nil
No. of dead rats recovered,	Nil
Deratization Certificate issued,	1
Deratization Exemption Certificates issued,	28

Section 164 of the Burgh Police (Scotland) Act, 1892.

PROVISION AND RENEWAL OF RAIN WATER SPOUTS AND DOWNPIPES.

Under the above Section the following work was executed, viz.:—

	Lineal Feet.
New rain water conducting channel rhones or gutter pipes used in the renewing or repairing of the same,	2,048
New rain water conducting or downfall pipes used in the same way at the different properties,	1,336

GENERAL PROSECUTIONS.

The prosecutions for the year were as under:—

Preservatives in Food (Mince),	4
Defence (Gen.) Regulations, 1939, Paras. 3 and 5 of Reg. 60 A.B.,	1
Food and Drugs (Adulteration) Act (Milk),	2
Section 115 of Burgh Police (Scotland) Act, 1892,	1
	—
Total,	8

Detailed particulars of each are given under the various heads.

In conclusion I would again express my thanks for the assistance received from other Departments of the Corporation and to my staff for the manner in which they carried out their manifold duties.

I am, Ladies and Gentlemen,

Your obedient servant,

W. M. SMITH,

Chief Sanitary Inspector.

