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CITY OF DUNDEE

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDING DECEMBER, 1950

DUNDEE :

PRINTED BY WILLIAM H. COX, 21 NORTH TAY STREET

INDEX

SUMMARY OF VITAL STATISTICS FOR 1950.

Population, ...	178,349
Number of Deaths (corrected), ...	2,411
Death-rate per 1,000 population, ...	13.5
Deaths of Infants under 1 year, ...	158
Infantile Death-rate per 1,000 births, ...	50
Marriage-rate per 1,000 population, ...	8.9
Number of Births Registered (corrected), ...	3,171
Birth-rate per 1,000 population, ...	17.8
Illegitimate Birth-rate per 100 births, ...	6.6
Still-births per 1,000 births (including still-births), ...	31
Number of Deaths from Pulmonary Tuberculosis, ...	104
Number of Deaths from all forms of Tuberculosis, ...	110
Death-rate per 1,000 pop. from Pulmonary Tuberculosis,	.58
Death-rate from all forms of Tuberculosis, ...	.62
Death-rate from Principal Epidemic Diseases, ...	.03
Deaths from Diphtheria, ...	—
Maternal Mortality per 1,000 births, ...	0.3
Neo-Natal Mortality, ...	29
Number of Deaths from Malignant Diseases, ...	448
Death-rate from Malignant Diseases, ...	2.51

Annual Report—1950

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

LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Public Health Department for the year 1950 on behalf of Dr W. L. Burgess, C.B.E., who retired from the post of Medical Officer of Health in April, 1951.

The entire staff of the Department sincerely regretted having to part company with Dr Burgess, who had won their admiration and affection over many years, and they rejoiced in the honour done to him when he was appointed by the University of St Andrews to be the first Professor of Public Health and Social Medicine.

Death Rates

The general death-rate remained the same as for 1949 at 13.5 per 1,000. There were 2,411 deaths compared with 2,442 the previous year. Conditions of the heart and circulation accounted for 797 compared with 893 in 1949, but there is a further increase in cancer deaths to 448 (384 in 1949).

The infant mortality rate rose to 50 per 1,000 live births from 44, the record low figure in 1949.

Births and their Management

There were 3,171 Dundee births in 1950, compared with 3,385 in 1949 and 3,598 in 1948. The birth-rate showed a further decline to 17.8 from 18.7 (1949).

The section of this report submitted by Dr Fulton, Maternity and Infant Welfare Medical Officer, gives full details as to the births and their management.

The local arrangements have continued unchanged during the year under report. 84.9% of the total confinements in the City took place in institutions (85.3% in 1948).

The number of stillbirths registered was 121 and of these 100 were Dundee cases, giving a rate of 31 per 1,000 total births compared with 28 in 1949.

Infantile Mortality

There were 158 infant deaths in 1950—a death-rate of 50 per 1,000 live births. This compares with the record low rates of 44 in 1949 and 47 in 1948 and 1946. The death-rate in the first month of life rose from 28 (1949) to 29 and in the period from 1 to 12 months from 16 (1949) to 21. Prematurity accounted for 44 deaths (39 in 1949) and pneumonia for 38 (24 in 1949).

Maternal Mortality

Only three deaths were accepted as due to child bearing or childbirth and one of these was not a Dundee case. The maternal mortality was 0.3 compared with 2.3 (8 deaths) in 1949.

School Health Service

This branch of the Department was fortunate in having a full medical staff throughout the session under report, but a medical officer, who resigned at the close of the session could not be replaced for some months and as a result the prescribed programme of work in the current session fell somewhat into arrears.

The report of Dr Dora W. Gerrard, Chief Executive School Medical Officer, for the school session ending 31st July, gives a detailed account of the year's work and records the results of inspection and treatment. There is little change in the scheme because the basis of the service remains the routine medical inspection of the selected age groups. The results of the inspections are fairly consistent from year to year, e.g., 56.92% of all the children (all age groups) submitted were found to be entirely free from defects and a further 12.50% suffering from fairly trivial defects compared with 57.18% and 13.15% respectively for the previous session and the results throughout are very similar.

An Audiometric Technician has been added to the staff and systematic testing of an age group by gramophone audiometer has been initiated in addition to the facility for the careful investigation of the pupil suspected of suffering from deafness.

The average heights and weights recorded show a general upward trend in both sexes and in almost all the age groups and there is no significant change in the figures relating to the nutritional state of the pupils.

The spreading of the school population to new schools in connection with housing schemes brings new problems with regard to the site and hours of consultation and treatment clinic facilities, but no great difficulty has occurred as yet. The need for such provision in the western section of the City is still an urgent matter and there is no progress to report with this project. It is interesting to note that there is no significant further drop in consultation clinic attendances in the session under report as in the previous one which was the first year of the new National Health Service and, as Dr Gerrard indicates in her report, it may be too early yet to say whether the level has been reached at which the two services will co-operate to the best advantage of the children of school age. There is no doubt that there is room for both services, the school health service being primarily concerned with prevention of ill-health and disease and the correlation of education with mental and physical ability.

Dental Services

The Dental Services have continued precisely as outlined in previous reports and no developments, as contemplated in the Proposals of the Authority under the National Health Service (Scotland) Act, 1947, have been possible. The dental staff has been maintained for the most part at senior dental officer and three assistants, but in practice this is hardly adequate to cover the ordinary programme without contemplating any development or covering arrears of school dental inspections from the previous session.

Full particulars are contained in the report by Mr Finlayson, the Senior Dental Officer.

Child Welfare Centres

There has been no change in the number and distribution of the child welfare centres during the year. The Butterburn Church Hall, which was reported as having opened in January, 1950, proves a satisfactory and convenient centre for the north-central area.

Clinics

The clinic arrangements have continued without notable change. The attendances at both infant welfare and school clinics showed slight decreases as recorded in the reports by Dr Fulton and Dr Gerrard.

The specialist clinic services rendered by the Eastern Regional Hospital Board are generally adequate, and the arrangements run smoothly.

Day Nurseries

There is no easing of the demand for places in the Day Nurseries and for the eleven nurseries maintained by the Council the waiting list contained 2,048 names at the end of 1950—an increase of 319.

A third factory nursery, having places for 65 children, was opened in September, 1950.

There is little likelihood, under present conditions, of obtaining authority to add to the Council's facilities to any appreciable extent, but this question is meantime under investigation.

Epidemic Infectious Diseases

During the year 1950 information reached the Department of 6,737 cases of infectious diseases (excluding tuberculosis). In 1949 the figure was 2,867. The difference is accounted for mainly by very considerable increase in the number of cases of measles, rubella and whooping cough. Smaller increases are noted in acute primary pneumonia and mumps. The actual figures are shown in Table XXI.

For the first time on record there was no accepted case of diphtheria in the City during the year and reference is made elsewhere in this report to the immunisation scheme to which this is mainly due.

Notifications of acute primary pneumonia increased by 161 to the high figure of 762 and 255 of these were received in the month of January.

The City, in common with the rest of the country, suffered a further outbreak of acute poliomyelitis during 1950. Notifications of cases subsequently confirmed increased to 94 from 7 in 1949, 11 in 1948 and 40 in 1947. In this outbreak 56 (59.57%) occurred in the age group 1-5 years, and 10 (10.64%) under the age of 1 year. There were 7 deaths, giving a fatality rate of 7.45%.

The first case occurred at the end of May and the peak was reached in September (27 cases).

59 cases (62.76%) had some paralysis but this was slight in about half of these and severe in only 14.

Intestinal infections continued to be fairly common as in 1949, and fortunately of comparatively mild degree of severity. A number of institutions were involved in small outbreaks which were quickly controlled by the normal steps. The number of dysentery cases increased to 498 (101 in 1949) and gastro-enteritis to 309 (252 in 1949).

Vaccination and Immunisation

Satisfactory agreement having now been reached with the medical practitioners with regard to returns of cases vaccinated or immunised, numbers reported to the Medical Officer of Health are probably a more accurate index of the extent of the performance of both procedures. The smallpox outbreak in Glasgow and the west during March and April, 1950, caused a considerable increase in the numbers of vaccinations reported.

According to the records received at this office from all sources, 1,391 persons had primary vaccination and of these 535 were under 1 year. At all ages, 1,165 had typical vaccinia, 21 accelerated vaccinoid, 37 reaction of immunity and 168 no local reaction.

There were 1,220 re-vaccinations, of which 538 had typical vaccinia, 191 accelerated vaccinoid, 378 reaction of immunity and 113 no local reaction. In no case were complications reported.

The sections of this report by Dr Fulton and Dr Gerrard give interesting figures regarding immunisation against diphtheria. According to the record cards returned to this office from all sources, the number of individuals who received a complete course was 2,450 (3,011 in 1949) and 1,701 received maintenance doses (2,240 in 1949).

The number of infants of 1 year or less who were reported as having received a full course of whooping cough prophylactic was 369 (131 in 1949). This procedure was discouraged during the prevalence of poliomyelitis, otherwise the number would have been considerably higher.

Tuberculosis

The death-rate from all forms of tuberculosis in 1950 was 0.62 per 1,000, the lowest figure ever reached in Dundee. The previous low record was 0.72 in 1948, whilst last year the figure was 0.84.

The death-rate from pulmonary tuberculosis fell from 0.75 per 1,000 in 1949 to 0.58 in 1950 and from non-pulmonary tuberculosis from 0.09 to 0.04. For both forms of the disease the 1950 figures are the lowest ever recorded.

Notifications of pulmonary tuberculosis for 1950 were 414, exactly the same number as in 1949, and the number of non-pulmonary rose to 45 from the low record of 42.

There was a marked increase in the number of patients attending chest clinics for the first time. Excluding contacts the number in 1950 was 1,947 compared with 1,329 in 1949.

Mass Radiography

61 surveys were conducted in the City and a total of 11,980 persons examined yielded 70 cases of active pulmonary tuberculosis, an incidence rate of 5.8 per 1,000 examined. This figure is just about the average for the whole country.

B.C.G. Vaccination

A start has been made with the scheme for the tuberculin testing of hospital nurses, medical students and contacts of tuberculous cases so that they might be offered the protection of B.C.G. Vaccination in the event of their giving a negative reaction. During 1950 262 nurses were tested, 27 were negative and 14 of these were vaccinated. 92 medical students gave 7 negative reactors and 1 was vaccinated. 365 contacts gave 229 negative reactors and up to January, 1951, 49 had been vaccinated.

All contacts are being tested as a routine and in appropriate cases they will be offered the vaccination.

The arrangements continued whereby households, members of which suffer from tuberculosis, receive special consideration in the allocation of houses. On 31st December, 1949, there were 130 names on the special tuberculosis priority list. During 1950 154 names were added, 150 families were rehoused, 12 were removed from the list by reason of death and 6 for other reasons. The number remaining on the list on 31st December, 1950, was 116. The City Factor's Department collaborated helpfully with the Health Department in this matter and as more three-roomed houses become available it is expected that there will be reduced waiting time.

Under the " Care and After Care " service for the prevention of tuberculosis, assistance was given in varying forms. In 35 cases home helps were provided; 83 cases received additional daily milk; and over 100 cases were supplied with nursing requisites. Care and After Care

In over 100 instances nursing requisites were also supplied to other than tubercular cases. The British Red Cross Society, as usual, co-operated willingly with us in this work.

The arrangements outlined in the report for 1949 have continued to work smoothly and satisfactorily. A stage has now been reached with regard to mental defectives where the need for more institutional accommodation becomes more urgent, but the Day Centre Scheme at Baldovan, whereby approximately 12 defectives under 12 years of age have been taken by ambulance to that Institution at about 9.30 a.m. daily on week-days, returning to their homes about 6 p.m., has proved of benefit to these cases and considerably relieved the parents or guardians. The arrangement has continued since 1st November, the Local Authority providing the transport and the services of a woman ambulance attendant. Mental Health Service

During 1950 13 cases were certified for admission to institutions and there is a considerable waiting list of cases requiring admission more or less urgently.

The services of the department have been called upon for the certification formalities in 61 cases in hospital and 18 private cases suffering from mental illness.

In her care and after-care supervision of these cases of mental defect or illness, a senior health visitor, acting as psychiatric social worker, paid 219 visits to 52 cases and 120 other visits.

Liaison with the voluntary body, the Dundee Association for Mental Health, has been close and harmonious. No suitable premises for an occupational centre for defectives over 16 years has yet been found, but the search continues. Cases requiring the kindly interest of the ladies' committee of the Association or

materials and instruction in occupational therapy at home have been referred to the Secretary from time to time and have received careful attention.

Domestic Help Service

This scheme has developed as indicated in the report for 1949, and, if the demand for the service were to be met fully, considerable further development would be necessary.

During the year 1,143 applications were received and of these 968 were granted on account of the following conditions:—Tuberculosis 35; confinement cases 186; mothers of children in hospital 7; widowers with young children 3; acute illness 288; chronic conditions (old age, debility, heart conditions, etc.), 449.

Assistance was not granted in 145 cases as other arrangements were or could be made.

Of the 968 persons who received assistance, 99 paid full cost, 547 paid as assessed under the scale of charges, and 318 received additional allowances from the National Assistance Board to enable them to pay the minimum charge, and 4 considered as " special " cases received the service at considerably less than the scale amount.

The average number of domestic helps employed during the year was the equivalent of 122 whole-time helps and the average period of assistance given was 53 days. The actual number of helps at the end of the year was 188—32 full-time and 156 part-time.

The cost of the service, excluding Government grant and monies recovered during the financial year which ended on 15th May last, was almost £31,000, and for the current financial year the estimated cost is £35,950.

Health Visiting

Health visitors paid 83,146 visits to individuals in their own homes during 1950. The distribution of these was as follows:—

Expectant mothers 9,918 (including 2,089 first visits); children under 1 year of age 34,319 (3,303 first visits); children 1 to 5 years 27,071 (2,418 first visits); tuberculosis cases 4,499 (413 first visits); infectious disease 5,143 (3,660 first visits); school health follow-up 2,107 (1,346 first visits) for nursery school purposes 22 visits (15 first visits); for day nursery purposes 105 (79 first visits), and miscellaneous visits 372.

The lectures arranged specially for health visitors during the year were five in number, and the subjects dealt with were the Social Services, Disinfestation of Houses and Breast Feeding.

Home Nursing

The Dundee Sick Nursing Society and the Broughty Ferry Nursing Association continued their work on behalf of the Town Council and the figures show a further increase in the volume of work undertaken.

The total number of visits paid by the nurses of both bodies increased from 47,968 in 1949 to 77,252 in 1950. The Dundee Society nurses paid 69,764 visits to 2,621 cases, the Broughty Ferry Association 7,488 visits to 342 cases.

The male nurse employed by the Dundee Sick Nursing Society continues to give excellent service in suitably selected cases. It is hoped that his difficulty in obtaining adequate housing accommodation for himself with his wife and family will not lead to the loss of his services to the community.

Health Education

The series of health education lectures to various sections of the food trades which took place during the winter and spring 1949-50 was reported in the last annual report. A later meeting for the school meals personnel was addressed by Dr A. G. Mearns, Medical Adviser of the Scottish Council for Health Education, and there was a very large and enthusiastic attendance.

The medical officers of the Department have taken every opportunity of addressing Church Guilds and Clubs, Parent Teacher

Meetings, etc., on health topics usually assisted by films supplied by the Scottish Council for Health Education.

Port Health Administration

There was a decrease in the number of vessels arriving in the Port of Dundee during the year. The vessels were visited by a medical officer and a sanitary inspector. A total of 755 ships were so visited, 201 foreign going and 554 coastwise vessels. There was little of importance in regard to infectious disease. Three cases of dysentery, one case of non-specific gastro-enteritis and one case of infective hepatitis were removed to King's Cross Hospital.

Action was taken under the Parrots (Prohibition of Import) Regulations (Scotland), 1930, on one occasion. The bird was landed at this port and put in quarantine at the Edinburgh Zoological Gardens.

The Chief Sanitary Inspector's report contains details of work done in dealing with vermin, including rat destructive measures, in and around the dock area.

Throughout the year special attention has again been given by the visiting medical and sanitary officers to the crews' quarters during the inspection of ships.

The large jute liners with their coloured crews without exception were of a high order in respect of cleanliness of crews' quarters. Small British vessels with fewer amenities were found on many occasions to be untidy and even unclean. Foreign ships of similar size had better amenities and more ingenuity was shown in the use of space and a higher standard of cleanliness emerged.

New British ships arriving in this port during the year show that greater attention has been paid to the construction of crews' quarters, and it is obvious that the better the accommodation the higher the standard of cleanliness.

The main details relating to the housing position are to be found in the report of the Chief Sanitary Inspector. Housing and Sanitation

During the year 1950 there were completed 898 new houses compared with 554 in 1949, 775 in 1948 and 998 in 1947.

I am, your obedient servant,

JAMES A. CUTHBERT,
Medical Officer of Health.

Central Public Health Office,
9 West Bell Street,
Dundee, September, 1951.

LIST OF TABLES AND CHARTS

13. Infant Mortality Rates from all causes at various age periods, 1942-50.

14. Number of Illegitimate Births, Number of Deaths (under 1 year) of Illegitimate Infants, and Death-rate per 1,000 Illegitimate Births since 1942.

15. Number of Stillbirths and rate per 1,000 Births, 1942-50.

16. Annual Death-Rate per 100,000 population and Case Mortality, per cent., from Measles and Whooping Cough each year since 1942.

17. Maternal Mortality Rates — Number of Deaths per 1,000 Registered Births, 1942-50.

18. Death-rates per 100,000 each year since 1942 from Respiratory diseases (including Bronchitis, Pneumonia (all forms), Pleurisy, Laryngitis, etc.).

19. Deaths in which Influenza was given as a cause of death each month, January, 1944, to December, 1950.

20. Deaths in which Influenza appeared as a cause in Death Certificate, 1944-50, classified in age periods.

21. INFECTIOUS DISEASES—Number of Cases of each Disease Notified and Accepted in Dundee during the year 1950. Also number removed and number not removed to Hospital.

22. Monthly Notifications and Intimations of Infectious Diseases, Dundee, 1950.

23. TUBERCULOSIS — Notifications and Deaths, with corresponding rates per 1,000 population at various age periods each year since 1942.

24. TUBERCULOSIS — Notifications and Deaths with corresponding rates per 1,000 population for each year since 1942.

25. PULMONARY TUBERCULOSIS—Notifications and Deaths with corresponding rates per 1,000 population for each sex each year since 1942.

26. Pulmonary Tuberculosis — Deaths in Institutions each year since 1944.

27. MALIGNANT DISEASES—Number of Deaths and Death-rates per 10,000 population each year since 1942.

28. Age and Sex Distribution of Deaths from Malignant Diseases during 1950, showing parts of the body affected.

29. Number of Births per 1,000 population, Illegitimate Births per 100 Registered Births and Marriages per 1,000 population, each year since 1942.

TABLE I.

Return Showing Causes of Death (corrected for transfers at the Different Age Periods during 1950.

Cause of Death.	ALL AGES. Total.	Males.	Females.	—1	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85 & over
Tuberculosis of Respiratory System,	104	58	46	—	1	—	—	16	25	18	16	14	10	3	1
Tuberculosis, Other Forms, ...	7	6	1	—	2	—	—	—	1	2	—	1	1	—	—
Syphillis and its sequelae, ...	14	12	2	—	—	—	—	—	—	—	3	2	7	2	—
Typhoid Fever (incl. paratyphoid),	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery, all forms, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever and streptococcal sore throats, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough, ...	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis, ...	7	6	1	1	4	—	—	—	—	—	—	—	—	—	—
Measles, ...	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—
Other infective and parasitic diseases, ...	3	2	1	—	1	—	—	—	—	—	—	—	—	—	—
Malignant neoplasms, ...	448	227	221	—	2	1	1	5	4	1	—	—	—	1	—
Benign and unspecified neoplasms,	6	2	4	—	—	—	—	—	—	27	78	105	122	87	16
Diabetis mellitus, ...	21	5	16	—	—	—	—	—	—	1	1	2	1	1	—
Anaemias, ...	16	6	10	—	—	—	—	—	—	1	2	3	9	6	—
Other general diseases, ...	25	9	16	1	—	—	—	—	—	—	1	2	7	5	1
Vascular lesions affecting central nervous system, ...	274	116	158	—	—	—	—	—	—	—	4	8	10	2	—
Non-meningococcal meningitis, ...	5	3	2	2	—	—	—	2	1	5	13	38	96	98	21
Other diseases of nervous system,	34	12	22	1	—	1	—	—	—	—	1	1	1	—	—
Rheumatic fever, ...	3	—	3	—	—	—	—	3	1	6	3	7	7	4	1
Chronic Rheumatic heart disease,	48	17	31	—	—	—	—	1	—	—	—	1	1	—	—
Arteriosclerotic and degenerative heart disease, ...	695	324	371	—	—	—	—	1	4	6	13	7	8	8	1
Other diseases of heart, ...	43	24	19	—	—	—	—	—	3	12	35	96	199	256	94
Hypertension with heart disease,	9	5	4	—	—	—	—	—	—	1	2	10	12	11	7
Hypertension without heart disease,	9	5	4	—	—	—	—	—	—	1	1	1	4	1	1
Other circulatory disease, ...	41	23	18	—	—	—	—	—	—	1	—	3	1	3	1
Influenza, ...	5	2	3	—	1	—	—	—	—	—	4	4	13	12	8
Pneumonia, ...	115	63	52	35	5	—	—	—	—	1	—	—	1	1	1
Bronchitis, ...	45	23	22	—	—	—	—	1	—	3	6	16	21	23	5
Other respiratory diseases, ...	25	13	12	—	—	—	—	—	—	1	5	13	11	11	4
Ulcer of stomach and duodenum,	37	35	2	—	—	—	1	2	—	1	3	9	3	5	1
Appendicitis, ...	7	5	2	—	—	—	—	1	1	5	4	11	11	4	—
Intestinal obstruction and hernia,	15	8	7	1	1	—	—	2	1	—	1	2	—	—	—
Gastritis and duodenitis, ...	1	—	1	1	—	—	—	—	—	—	4	3	2	3	1
Diarrhœa except of newborn, ...	17	8	9	7	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver, ...	8	6	2	—	—	—	—	—	1	—	2	3	2	1	1
Other diseases of liver, ...	13	1	12	—	—	—	—	—	—	—	2	3	3	—	—
Other digestive diseases, ...	8	3	5	—	—	—	—	—	—	1	1	—	9	2	—
Nephritis and Nephrosis, ...	10	3	7	—	—	—	—	—	—	2	2	—	3	1	—
Hyperplasia of prostate, ...	19	19	—	—	—	—	—	—	1	—	2	2	3	2	—
Other diseases of genito-urinary system, ...	22	11	11	—	—	—	—	—	—	—	—	—	5	13	1
Puerperal sepsis, including post-abortive sepsis, ...	1	—	1	—	—	—	—	—	1	1	2	4	8	6	—
Other puerperal causes, ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Diseases of skin and organs of locomotion, ...	5	1	4	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations	22	11	11	22	—	—	—	—	—	—	—	2	2	1	—
Birth injuries, post-natal asphyxia, and atelectasis, ...	34	22	12	34	—	—	—	—	—	—	—	—	—	—	—
Pneumonia of newborn, ...	11	7	4	11	—	—	—	—	—	—	—	—	—	—	—
Diarrhœa of newborn, ...	5	4	1	5	—	—	—	—	—	—	—	—	—	—	—
Other infections of the newborn, ...	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Other diseases peculiar to early infancy, ...	23	10	13	23	—	—	—	—	—	—	—	—	—	—	—
Senility, ...	9	2	7	—	—	—	—	—	—	—	—	—	—	—	—
Cause ill defined and unknown,	3	2	1	—	—	—	—	—	—	—	—	—	—	2	7
Suicide, ...	22	18	4	—	—	—	—	—	—	—	—	—	2	1	—
Motor vehicle accidents, ...	11	7	4	—	2	1	1	2	1	—	2	1	—	1	—
Other road transport accidents, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other violence, ...	104	48	56	13	3	—	2	3	2	8	7	9	15	29	13
	2,411	1,196	1,215	158	24	3	5	42	50	109	228	389	610	607	186

TABLE II.

Death-rates at Various Age-periods (from all causes each year, 1944-1950.)

Age Periods.	1944.		1945.		1946.		1947.		1948.		1949.		1950.	
	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.	No. of Deaths.	Death-Rate.
All Ages,	2,257	14.6	2,143	13.6	2,381	14.1	2,467	13.7	2,292	12.6	2,442	13.5	2,411	13.5
0—5,	226	16.3	186	13.1	230	16.6	333	22.5	196	13.2	170	11.5	182	12.4
5—10,	32	1.1	32	1.1	42	1.5	30	1.0	20	0.7	21	0.7	8	0.3
10—15,														
15—25,	58	3.1	60	3.2	52	2.3	54	2.2	61	2.5	49	2.0	42	1.7
25—35,	56	2.9	65	3.4	77	2.9	61	2.2	66	2.3	64	2.2	50	1.8
35—45,	95	4.3	79	3.5	107	4.3	122	4.6	94	3.5	105	4.0	109	4.2
45—55,	210	10.5	213	14.9	217	10.9	197	9.3	218	10.0	195	9.2	228	10.9
55—65,	351	20.7	328	18.5	348	19.5	328	17.2	351	18.3	406	21.4	389	20.6
65—75,	1,229	77.0	1,180	72.7	1,308	82.3	1,342	79.4	1,286	75.6	1,432	85.2	1,403	83.6
75—85,														
85+,														

TABLE III.

Death-rate (from all causes) each month during the years 1944-50.

Month,	1944.	1945.	1946.	1947.	1948.	1949.	1950.
January, ...	18.3	19.5	20.3	18.7	15.4	16.4	14.8
February, ...	13.9	15.6	16.3	19.2	14.1	21.3	15.5
March, ...	14.5	14.1	18.1	17.9	14.3	14.8	14.9
April, ...	12.7	12.6	15.6	14.0	13.4	13.7	12.2
May, ...	15.0	12.1	12.8	14.2	13.6	12.7	12.3
June, ...	12.9	11.7	13.0	12.4	10.8	11.2	10.9
July, ...	12.7	11.5	11.8	12.6	11.0	9.2	12.6
August, ...	12.3	9.5	11.7	12.8	11.8	11.2	12.4
September, ...	13.7	10.0	10.8	11.2	12.8	10.1	10.4
October, ...	13.4	10.5	10.6	11.3	10.6	11.4	12.0
November, ...	11.4	12.7	14.9	13.2	13.2	12.6	14.3
December, ...	14.8	17.3	17.8	16.9	12.9	16.0	17.1

TABLE IV.

Death-rate (from all causes) in various Wards each year, 1942-50.

Year	Whole City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.	12.
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	16.8	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	16.9	19.4	8.9	19.0	11.6	11.3	17.9	11.5
1950,	13.5	9.9	11.1	15.3	15.9	18.1	8.9	21.4	11.1	13.9	16.9	11.3

TABLE V.

Birth-rate in Various Wards Each Year, 1942-50.

Year	Whole City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.	12.
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
1950,	17.8	13.5	11.2	26.1	24.5	19.6	15.1	23.2	14.6	15.9	13.8	11.6

TABLE VI.

Infantile Death-rate (per 1,000 births) in Various Wards Each Year, 1942-50.

Year	Whole City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.	12.
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
1950,	50	48	67	46	49	35	68	60	35	78	20	44

TABLE VII.

Death-Rate in Various Wards from Principal Epidemic Diseases Each Year, 1942-50.

Year	Whole City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.	12.
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
1950,	.03	06	—	—	.06	—	.11	—	—	.05	—	.05

TABLE VIII.

Pulmonary Tuberculosis Death-rate in Various Wards Each Year, 1942-50.

Year	Whole City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.	12.
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
1950,	.58	.29	.67	.66	.96	.68	.52	1.67	.31	.31	.28	.31

TABLE IX.

Tuberculosis (all forms) Death-rate in Various Wards Each Year, 1942-50.

Year	Whole City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.	12.
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	.85	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
1950,	.62	.29	.75	.72	1.08	.75	.52	1.67	.42	.31	.28	.31

TABLE X.

Deaths and Death-rates from various groups of causes each year since 1944 (all ages).

Disease Group.	1944. Pop., 154,845.		1945. Pop., 156,999		1946. Pop., 169,197.		1947. Pop., 180,730.		1948. Pop., 181,805		1949. Pop., 180,786		1950. Pop., 178,349	
	No. of Deaths.	Rate per 1,000 Pop.	No. of Deaths.	Rate per 1,000 Pop.	No. of Deaths.	Rate per 1,000 Pop.	No. of Deaths.	Rate per 1,000 Pop.	No. of Deaths.	Rate per 1,000 Pop	No. of Deaths.	Rate per 1,000 Pop.	No. of Deaths.	Rate per 1,000 Pop.
Congenital, ...	101	.72	100	.64	105	.62	117	.65	64	.35	93	.52	96	.53
Digestive, ...	90	.58	104	.66	101	.60	184	1.02	152	.83	110	.61	106	.60
Respiratory, ...	222	1.43	158	1.01	210	1.24	246	1.36	196	1.08	234	1.24	190	1.07
Infective, ...	195	1.26	158	1.01	198	1.17	195	1.08	150	.82	156	.87	116	.65
Circulatory, ...	703	4.54	653	4.16	855	5.05	762	4.22	782	4.30	893	4.95	845	4.74
Genito-urinary, ...	92	.59	105	.67	75	.44	79	.44	86	.47	76	.42	51	.29
Malignant, ...	337	2.18	341	2.17	333	1.97	328	1.81	376	2.07	384	2.13	448	2.52
Nervous, ...	282	1.82	280	1.78	277	1.64	326	1.80	265	1.46	311	1.73	313	1.76
Other Causes, ...	235	1.52	244	1.55	227	1.34	230	1.27	221	1.22	185	1.03	246	1.38
	2,257	14.64	2,143	13.65	2,381	14.1	2,467	13.7	2,292	12.6	2,442	13.5	2,411	13.54

Certified Causes of Death at Various Ages Under 1 Year During 1930.

Cause of Death.	WEEKS Under 1	1/2	2/3	3/4	Tl.	MONTHS Under 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	2
Tuberculosis—											
Lung,	—	—	—	—	—	—	—	—	—	—	—
General,	—	—	—	—	—	—	—	—	—	—	—
Abdominal,	—	—	—	—	—	—	—	—	—	—	—
Brain,	—	—	—	—	—	—	—	—	—	—	—
Other forms,	—	—	—	—	—	—	—	—	—	—	—
Influenza,	—	—	—	—	—	—	—	—	—	—	—
Other infectious diseases,	—	—	—	—	—	—	—	—	—	1	1
Pneumonia (all forms),	6	2	1	2	11	8	7	14	3	3	46
Bronchitis,	—	—	—	—	—	—	—	—	—	—	—
Laryngitis,	—	—	—	—	—	—	—	—	—	—	—
Other diseases of respiratory system,	—	—	—	—	—	—	—	—	—	—	—
Diarrhœa and enteritis,	—	2	1	2	5	1	2	3	1	—	12
Other diseases of digestive system,	—	—	—	—	—	2	—	—	—	—	2
Meningitis (not T.B.),	—	—	—	—	—	—	—	—	—	—	—
Convulsions,	—	—	—	—	—	—	—	—	—	—	—
Other diseases of nervous system,	—	—	—	—	—	—	—	1	—	—	1
Congenital Malformations,	15	3	1	1	20	2	—	—	—	—	22
Congenital Debility, Icterus, Sclerema, Marasmus,	1	1	—	—	2	2	1	—	—	—	5
Premature birth,	15	1	2	—	18	—	—	—	—	—	18
Injury at Birth,	18	1	—	—	19	—	—	—	—	—	19
Other Diseases peculiar to early infancy,	14	—	—	—	14	1	1	—	—	—	16
Suffocation, overlaying,	2	—	—	—	2	5	1	3	1	—	12
Rickets,	—	—	—	—	—	—	—	—	—	—	—
Syphilis,	—	—	—	—	—	—	—	—	—	—	—
Violence,	—	—	—	—	—	—	—	—	1	—	1
All other causes,	—	—	—	—	—	—	—	1	—	—	1
TOTAL,	71	10	5	5	91	21	12	23	6	5	158

TABLE XII.

Infant Mortality Rates from various groups of causes each year, 1942-50.

Year.	Congenital.	Digestive	Respiratory.	Infectious Disease.	All Other Causes.	Rate per 1,000.
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
1950,	25	4	15	1	5	50

TABLE XIII.

Infant Mortality Rates from all causes at various age periods 1942-50.

		DEATH-RATES			
Year.	Births.	Under 1 Week.	Under 1 Month.	Under 3 Months.	Under 1 Year.
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
1950,	3,171	22	29	39	50

TABLE XIV.

Number of Illegitimate Births, Number of Deaths (under 1 year) of Illegitimate Infants, and Death-rate per 1,000 Illegitimate Births since 1942.

Year.	Illegitimate Births.	Deaths of Illeg. Infants.	Rate per 1,000 Illeg. Births.
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
1950, ...	208	23	110

TABLE XV.

Table showing Number of Still-Births and rate per 1,000 Births. 1942-50.

Year.	No. of. Still-Births.	Total of Live Births and Still-Births.	Rate per 1,000 total Births (Live & Still).
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
1950, ...	100	3,271	30.58

TABLE XVI.

Annual Death-Rate per 100,000 population and Case Mortality, per cent., from Measles and Whooping Cough each year since 1942.

	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.
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	—	—	—
1950, ...	1,097	—	—	—	1,203	1	.56	.08

TABLE XVII.

Maternal Mortality Rates — Number of Deaths per 1,000 Registered Births, 1942-50.

1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.
3.61	3.51	3.47	3.5	2.0	.96	1.4	2.3	0.3

TABLE XVIII.

Death-rates per 100,000 each year since 1942, from the Respiratory Diseases (including Bronchitis, Pneumonia (all forms), Pleurisy, Laryngitis, etc.).

Year.	Total Deaths.	Death-rate per 100,000.
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
1950, ...	185	103.1

TABLE XIX.

Deaths in which Influenza was given as a cause of death each month, January, 1944, to December, 1950.

Months.	1944.	1945.	1946.	1947.	1948.	1949.	1950.
January, ...	2	0	10	1	2	1	1
February, ...	0	2	8	1	1	12	1
March, ...	1	0	1	0	1	1	1
April, ...	0	0	0	0	0	0	1
May, ...	1	1	0	1	0	0	1
June, ...	0	0	0	0	0	0	0
July, ...	0	0	0	0	0	0	0
August, ...	0	0	0	0	0	0	0
September, ...	0	0	0	0	0	0	0
October, ...	0	0	0	0	0	0	0
November, ...	0	0	1	0	3	0	0
December, ...	2	0	0	4	2	1	0
	6	3	20	7	9	15	5

TABLE XX.

Deaths in which Influenza appeared as a cause in death certificate, 1944-50, classified in age periods.

Age Periods.	1944.	1945.	1946.	1947.	1948.	1949.	1950.
Under 1 year, ...	0	0	0	1	0	0	0
1—5 years, ...	0	0	1	0	1	0	1
5—15 years, ...	0	0	1	0	0	0	0
15—25 years, ...	0	0	0	0	0	0	0
25—45 years, ...	0	0	3	0	1	1	1
46—65 years, ...	2	0	4	1	0	3	0
65 and upwards,	4	3	11	5	7	11	3
	6	3	20	7	9	15	5

TABLE XXI.

INFECTIOUS DISEASES.—Number of Cases of each disease notified and accepted in Dundee during the year 1950. Also number removed and number not removed to hospital.

		All Ages.	Under 1 Year.	1-5 Years.	5-15 Years.	15-25 Years.	25-35 Years.	35-45 Years.	45-65 Years.	65+.	Cases Removed to Hospital.	Cases Not Removed to Hosp.
Cerebro-Spinal Fever,	M	11	2	5	2	1	—	1	—	—	11	—
	F	4	1	1	2	—	—	—	—	—	4	—
Chickenpox,	M	357	7	63	286	—	1	—	—	—	16	341
	F	357	6	33	314	2	2	—	—	—	6	351
Cholera,	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Continued Fever,	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Diphtheria,	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Dysentery,	M	236	14	115	51	10	19	12	10	5	171	65
	F	262	17	121	46	19	21	11	20	7	184	78
Encephalitis Lethargica,	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Erysipelas,	M	38	1	—	2	—	3	6	17	9	21	17
	F	44	—	—	2	—	2	6	20	14	26	18
Jaundice, Acute Infective,	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Malaria,	M	1	—	—	—	1	—	—	—	—	—	1
	F	1	—	—	—	—	—	—	—	1	—	1
Measles,	M	543	16	177	349	—	1	—	—	—	66	477
	F	554	14	158	375	5	—	1	1	—	71	483
Ophthalmia Neonatorum,	M	128	128	—	—	—	—	—	—	—	128	—
	F	96	96	—	—	—	—	—	—	—	96	—
Plague,	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal,	M	6	—	1	3	—	—	—	2	—	—	6
	F	4	—	—	1	—	1	—	—	2	—	4
Pneumonia, Acute Primary,	M	382	87	176	52	11	10	12	27	7	175	207
	F	380	92	161	64	7	11	7	24	14	163	217
Pneumonia (not otherwise notifiable),	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, Acute,	M	59	9	39	7	3	1	—	—	—	59	—
	F	35	1	17	8	5	4	—	—	—	35	—
Puerperal Fever,	M	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	2	—	—	—	2	—
Puerperal Pyrexia,	M	—	—	—	—	—	—	—	—	—	—	—
	F	35	—	—	—	14	14	7	—	—	35	—
Scarlet Fever,	M	172	—	48	110	7	3	2	2	—	136	36
	F	209	—	48	137	17	4	3	—	—	152	57
Smallpox,	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever,	M	1	—	—	—	1	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A,	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B,	M	1	—	—	1	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	1	1	—
Typhus Fever,	M	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough,	M	605	52	290	261	2	—	—	—	—	46	559
	F	598	56	266	274	1	1	—	—	—	44	554
Measles — Rubella,	M	540	17	172	351	—	—	—	—	—	7	533
	F	574	16	157	394	5	1	—	1	—	8	566
Mumps,	M	50	—	3	46	—	1	—	—	—	—	50
	F	46	1	6	38	1	—	—	—	—	—	46
Enteritis,	M	52	23	21	5	1	—	—	1	1	47	5
	F	44	12	16	9	4	2	1	—	—	42	2
Gastro-Enteritis,	M	149	69	60	8	1	3	5	3	—	139	10
	F	160	71	50	10	5	9	6	6	3	146	14
TOTAL,	M	3,351	425	1,170	1,534	38	42	38	62	22	1,024	2,307
	F	3,406	383	1,034	1,674	85	74	42	72	42	1,015	2,391

TABLE XXII.

Monthly Notifications and Intimations of Infectious Diseases, Dundee, 1950.

Disease.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.	Accepted Totals.
Cerebro-Spinal Fever,	2	1	4	1	1	2	3	3	1	3	—	1	22	15
Chickenpox,	126	93	142	72	78	55	4	8	14	23	42	33	690	714
Continued Fever (undulant),	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria,	12	4	2	2	4	2	4	3	7	4	7	2	53	—
Dysentery,	22	76	64	71	93	39	23	24	20	17	40	80	569	498
Erysipelas,	11	5	9	2	6	10	7	6	2	7	15	8	88	82
Mataria,	—	—	—	—	—	1	—	—	—	1	—	—	2	2
Measles (Morbilli),	2	3	—	16	79	136	33	11	55	106	295	355	1,091	1,097
Measles (Rubella),	384	209	2	2	16	39	14	2	2	27	130	222	1,049	1,114
Ophthalmia Neonatorum,	10	13	14	27	14	24	24	32	13	14	22	17	224	224
Pneumonia, acute Influenzal,	6	—	1	1	—	1	—	—	—	—	—	2	11	7
Pneumonia, acute Primary,	255	62	85	60	43	54	28	15	27	19	59	56	763	762
Poliomyelitis, Acute,	—	—	1	—	—	5	17	26	27	13	1	—	90	94
Puerperal Fever,	—	—	—	1	1	—	—	—	—	—	—	—	2	2
Puerperal Pyrexia,	3	1	2	5	6	7	3	1	3	2	—	2	35	35
Scarlet Fever,	46	27	24	18	15	8	16	17	25	44	80	107	427	381
Paratyphoid B.,	—	—	—	—	—	—	—	1	—	—	—	1	2	2
Whooping Cough,	37	34	78	162	199	180	72	67	54	81	118	114	1,196	1,203
Typhoid Fever,	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Enteritis,	16	8	15	8	3	5	4	—	8	8	6	21	102	96
Gastro Enteritis,	25	16	27	27	60	30	24	43	26	32	18	17	345	309
Mumps,	—	4	1	2	8	11	3	6	5	21	49	57	167	96
	937	556	471	477	626	609	279	265	290	422	882	1,095	6,929	6,737

TABLE XXIII.

TUBERCULOSIS—Notifications and Deaths, with corresponding rates per 1,000 population at various age periods each year since 1942.

		PULMONARY TUBERCULOSIS												NON-PULMONARY TUBERCULOSIS.									
		0—5		5—15		15—25		25—45		45—65		65 & over.		0—5		5—15		15—25		25—45		45—65		65 & over.	
Year.		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
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		103		101		30		5		12		29		18		12		3		0	
	Deaths, ..	2		3		27		45		23		6		11		7		7		2		2		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	.58	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	Notificiations,	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
1950	Notifications,	22	1.50	19	.65	217	9.01	160	2.91	78	1.96	15	.89	12	.82	8	.27	13	.54	8	.15	3	.08	1	.06
	Deaths, ..	1	.07	—	—	16	.66	43	.80	30	.75	14	.84	2	.14	—	—	—	—	3	.06	1	.03	1	.06

TABLE XXIV.

TUBERCULOSIS.—Notifications and Deaths, with corresponding rates per 1,000 population for each year since 1942.

Year.	Estimated Population.	NOTIFICATION AND CASE RATE						DEATHS AND DEATH-RATES					
		Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Tuberculosis (all forms).		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.	No.	per 1,000.
1942, ...	158,500	236	1.49	171	1.08	307	2.57	122	.77	40	.25	162	1.02
1943, ...	154,703	227	1.47	89	.57	316	2.04	95	.61	27	.18	122	.79
1944, ...	154,845	248	1.61	57	.37	305	1.97	113	.73	23	.15	136	.88
1945, ...	156,999	274	1.75	77	.50	351	2.24	106	.68	29	.18	135	.86
1946, ...	169,197	270	1.60	51	.30	321	1.90	118	.70	29	.17	147	.87
1947, ...	180,730	359	1.98	77	.43	436	2.41	149	.82	20	.12	169	.94
1948, ...	181,805	358	1.96	59	.32	417	2.29	118	.65	12	.07	130	.72
1949, ...	180,786	414	2.29	42	.23	456	2.52	136	.75	15	.09	151	.84
1950, ...	178,349	414	2.32	45	.25	459	2.57	104	.58	7	.04	111	.62

TABLE XXV.

PULMONARY TUBERCULOSIS.—Notifications and Deaths with corresponding rates per 1,000 population for each sex each year since 1942.

	NOTIFICATIONS.				DEATHS.			
	Males.		Females.		Males.		Females.	
Year.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.	No.	Per 1,000.
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	—
1950,	219	—	195	—	58	—	46	—

TABLE XXVI.

Pulmonary Tuberculosis — Deaths in Institutions each year since 1944.

	1944.	1945.	1946.	1947.	1948.	1949.	1950.
Total Deaths from Pulmonary Tuberculosis, ...	113	106	118	149	118	136	104
No. of Deaths from Pulmonary Tuberculosis in Institutions,	79	52	44	78	48	49	52
Percentage of Total Deaths from Pul. Tuberculosis dying in Institutions, ...	69.9	49.1	37.3	52.3	40.7	36.0	50.0

TABLE XXVII.

MALIGNANT DISEASES

Number of Deaths and Death-rates per 10,000 population each year since 1942.

Year	Males.	Females.	Total.	Rates.
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
1950, ...	227	221	448	25.12

TABLE

Age and Sex Distribution of Deaths from Malignant

MALES

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	85 & over
All Sites	227	2	2	3	2	1	7	14	29	32	30	38	23	24	16	4
Lip	3											2		1		
Mouth, Palate	2											2				
Tongue	3									1			1	1		
Jaw, Maxilla, Antrum	1											1				
Salivary Glands, Parotid																
Tonsils	1											1				
Pharynx, Fauces	2										1				1	
Nasopharynx, Nose-Internal	1				1											
Cheek																
Buccal Cavity, etc. Total	13				1					1	1	6	1	2	1	
Oesophagus, Gullet	7									3	1	1		2		
Stomach, Pylorus	50	1	2				3	7	3	6	5	7	7	7	2	
Intestine	37			1			1	3	6	4	2	8	2	3	5	2
Abdomen	1										1					
Rectum	12									2	2	2	3	1	2	
Liver, Gall Bladder	6									4			1		1	
Pancreas	6									2	1			1		2
Peritoneum, Omentum, Mesentery	2			1											1	
Digestive Organs, etc. Total	121	1	2	2			4	10	9	21	12	18	13	14	11	4
Larynx	6								1	2			3			
Lung, Bronchus, Pleura	51					1	2	3	13	7	11	7	3	3	1	
Mediastinum																
Respiratory Organs. Total	57					1	2	3	14	9	11	7	6	3	1	
Breast																
Prostate	9								2		1	2	2	1	1	
Testis	1				1											
Penis	1										1					
Scrotum																
Male Genital Organs Total	11				1				2		2	2	2	1	1	
Kidney	4							1	1				1	1		
Bladder, Urethra	6										1	1		2	2	
Urinary Organs Total	10							1	1		1	1	1	3	2	
Anus																
Ear																
Nose (external)																
Scalp, Face (rodent ulcer)																
Skin																
Skin Total																
Brain	5	1		1			1		1		1					
Spinal Cord																
Brain and Nervous System Total	5	1		1			1		1		1					
Adrenals	1											1				
Arm, Leg																
Bones																
Eye																
Heart	1										1					
Lymphatic																
Pelvis																
Rib, Sternum																
Spine																
Spleen																
Thorax																
Throat																
Thyroid	1											1				
Others	2								1			1				
Not Stated	5								1	1	1	1		1		
Other or Unspecified Organs Total	10								2	1	2	4		1		

XXVIII.

Diseases during 1950, 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	85 & over
All Sites	185	...	...	2	2	6	13	16	19	22	20	24	37	33	14	12
Lip	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mouth, Palate	3	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...
Tongue	2	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
Jaw, Maxilla, Antrum	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Salivary Glands, Parotid... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tonsils	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Pharynx, Fauces	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasopharynx, Nose—Internal ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cheek	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Buccal Cavity, Etc. Total	7	...	...	...	...	...	...	1	...	...	1	1	4	...	...	...
Oesophagus, Gullet	10	...	...	...	...	...	1	...	2	...	...	...	1	5	1	...
Stomach, Pylorus	40	...	...	1	1	2	2	2	2	...	5	2	12	4	4	3
Intestine	34	...	...	...	...	...	...	3	4	1	3	8	4	6	3	2
Abdomen	4	...	...	...	...	...	...	1	...	...	...	...	...	1	...	2
Rectum	9	...	...	...	...	...	...	...	2	2	...	1	1	2	...	1
Liver, Gall Bladder	4	...	...	...	...	...	...	...	...	1	...	...	1	1	...	1
Pancreas	7	...	...	...	...	1	...	...	...	1	1	2	...	1	1	...
Peritoneum, Omentum, Mesentery	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Digestive Organs, etc. Total	109	...	...	1	1	3	3	6	10	5	10	13	19	20	9	9
Larynx	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Lung, Bronchus, Pleura	13	...	...	...	...	...	...	...	1	3	2	2	1	3	...	1
Mediastinum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Respiratory Organs. Total	14	...	...	...	...	...	...	...	1	3	3	2	1	3	...	1
Cervix	12	...	...	...	...	1	3	2	2	2	1	...	1	...	...	...
Uterus, Other or Unspecified ...	12	...	...	...	...	...	...	2	2	4	1	1	1	1	...	...
Uterus. Total	24	...	...	...	...	1	3	4	4	6	2	1	2	1	...	...
Ovary, Fallopian Tube	5	...	...	1	...	...	...	...	...	3	...	...	...	1	...	...
Vagina, Vulva	2	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
Other Female Genital Organs. Total	7	...	...	1	...	...	...	...	...	3	1	...	1	1	...	...
Breast	...	...	...	...	1	1	5	3	4	4	1	4	8	3	...	1
Kidney, ...	2	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...
Bladder, Urethra	3	...	...	...	...	1	1	...	...	...	...	1	...	...	...	...
Urinary Organs. Total	5	...	...	...	...	1	2	...	...	...	...	1	...	1	...	...
Anus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ear	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nose (external)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scalp, face (rodent ulcer) ...	3	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1
Skin	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Skin Total	3	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1
Brain	2	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
Spinal Cord	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Brain and Nervous System Total	3	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...
Adrenals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Arm, Leg	2	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...
Bones	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Eye	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lymphatic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pelvis	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Rib, Sternum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Spine	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Spleen	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thorax	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Throat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thyroid	2	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
Others	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Not Stated	7	...	...	...	...	...	...	1	...	1	...	1	...	1	3	...
Other or Unspecified Organs. Total	13	...	...	...	...	...	...	1	...	1	1	2	2	2	4	...

TABLE XXIX.

Number of Births per 1,000 population, Illegitimate Births per 100 Registered Births, and Marriages per 1,000 population, each year Since 1942.

Year.	Birth-rate.	Illegitimate-rate.	Marriage-rate.
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
1950, ...	17.8	6.6	8.9

MATERNITY AND INFANT WELFARE SERVICES

Registration of Births.

There were 3,648 live births registered in Dundee during 1950, of which 503 were transferred out and 26 transferred in, giving a corrected total of 3,171 registered live births (1,621 males and 1,550 females). This represents a birth-rate of 17.8 per 1,000 of the population, as compared with 18.7 in 1949 and 19.8 in 1948.

After correction for transfers (96 outward and 10 inward) the number of registered illegitimate births was 208 (122 males and 86 females), which is equivalent to an illegitimate rate of 6.6% of all births, compared with 6.9% in 1949 and 5.9% in 1948.

Still Birth Rate.

The number of still births registered during the year was 121, and after correction for transfers 100 (51 males, 48 females and 1 where the sex was indeterminable); this represents 31 per 1000 total births.

Year.	Live Birth-Rate. (per 1,000 pop.)		Illegitimate Rate. (per 100 births)		Still Birth-Rate. (per 1,000 births)	
	Dundee.	Scotland.	Dundee.	Scotland.	Dundee.	Scotland.
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
1950, ...	17.8	17.9	6.6	5.2	31	27

Notification of Births.

Under the Notification of Births Act 3,639 live births and 117 still births were notified. Twenty-six live births were unnotified. 235 live births and 55 stillbirths were notified as premature; no unnotified birth was premature. 252 notified live births, 12 still births and 1 unnotified live birth were illegitimate.

Number of Births Occuring in the Area.*

No. of Live Births—			
Notified, ...	3,639		
Unnotified, ...	26		
		3,665	
No. of Still Births—			
Notified, ...	117		
Unnotified, ...	0		
		117	
Total No. of Births, ...		3,782	
No. Illegitimate ..... Live, ...	253		
Still, ...	12		
		265	(7.07%)
No. Premature ..... Live, ...	235		
Still, ...	55		
		290	(7.67%)

*The number of births occurring in the area during the year is not the same as the numbered 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.

Domiciliary Cases—	Notified.		Unnotified.		Total.	Percentage of Births.
Doctor and/or Midwife,	233		12		245	6.48
Royal Infir. (outdoor),	323		2		325	8.59
	556	(97.5%)	14	(2.5%)	570	15.07
Institutional Cases—						
Royal Infir. (indoor),	1,269		2		1,271	33.61
Maryfield Hospital, ...	1,229		5		1,234	32.62
Clement Park, ...	328		2		330	8.73
Other Nursing Homes,	372		3		375	9.92
King's Cross Hospital,	2		0		2	0.05
	3,200	(99.6%)	12	(0.4%)	3,212	84.93
	3,756	(99.3%)	26	(0.7%)	3,782	100.00

Year.	Total Births.	Percentage Notified	Institutional Confinements.		Domiciliary Confinements (including D.R.I. Outdoor Cases).	
			No.	Percentage	No.	Percentage
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)
1950,	3,782	99.3	3,212	(84.9)	570	(15.1)

The actual number of **institutional births** showed a decrease from 3,389 in 1949 to 3,212 in 1950, and the proportion of hospital confinements in relation to the total number of births fell from 85.3% to 84.9%. There was a decrease in the number of births in the Royal Infirmary from 1,362 (34.3%) to 1,271 (33.6%), in Clement Park from 353 (8.9%) to 330 (8.7%), and from 456 (11.5%) to 375 (9.9%) in other nursing homes. The number of births in Maryfield Hospital rose from 1,218 (30.7%) to 1,234 (32.6%). This information is detailed in the following table:—

Domiciliary	1947		1948	
Doctor and/or Midwife, ...	406	(8.4%)	287	(6.8%)
Royal Infirmary (outdoor),	418	(8.7%)	393	(9.3%)
Unattended, ...	1	(0.02%)	0	(0.0%)
	1949		**1950**	
Doctor and/or Midwife, ...	250	(5.3%)	245	(6.5%)
Royal Infirmary (outdoor),	329	(8.3%)	325	(8.6%)
Unattended, ...	3	(0.1%)	0	(0.0%)
Institutional	**1947**		**1948**	
Royal Infirmary (indoor),	1,658	(34.5%)	1,533	(36.4%)
Maryfield Hospital, ...	1,220	(25.4%)	1,107	(26.3%)
Clement Park, ...	494	(10.3%)	394	(9.4%)
Other Nursing Homes, ...	611	(12.7%)	493	(11.7%)
King's Cross Hospital, ...	1	(0.02%)	0	(0.0%)
	1949		**1950**	
Royal Infirmary (indoor),	1,362	(34.3%)	1,271	(33.6%)
Maryfield Hospital, ...	1,218	(30.7%)	1,234	(32.6%)
Clement Park, ...	353	(8.9%)	330	(8.7%)
Other Nursing Homes, ...	456	(11.5%)	375	(9.9%)
King's Cross Hospital, ...	0	(0.0%)	2	(0.1%)

1947, ...	4,809
1948, ...	4,207
1949, ...	3,971
1950, ...	3,782

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. 221 confinements were dealt with under the Act, and in 220 of these a doctor was also engaged. Of the 221 cases 125 (56.6%) applied to the Local Authority before the sixth month of pregnancy and 50 (22.6%) during the sixth month. More than half the women booked before the sixth month and more than three-fourths before the seventh month. This compares favourably with 1948, when only 5.4% of bookings were made before the sixth month, and with 1949, when 50.9% booked during the first five months. 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	5	18	36	66	50	27	10	7	2	221

	Total.	
(a) Total number of births (including still births) **occurring in the area** during year — that is **before** correction for mother's residence, ...	3,782*	(3,721)
(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,	88*	(86)
(b) Doctor engaged but not present at confinement, ...	134*	(133)
(c) Midwife alone (no doctor engaged), ...	1	(1)

(ii.)	Other domiciliary cases—		
	(a) Doctor engaged, ...	22	(22)
	(b) Midwife alone (no doctor engaged), ...	0	
	(c) Conducted by outdoor staff of institution (includes 1 confinement booked under (i.)),	325*	(324)
	(d) Unattended, ...	0	
(iii.)	Cases attended at institutions (including private maternity and nursing homes) **in the area of the Local Health Authority,**	3,212*	(3,155)
		3,782	

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

Still Births.

The still birth rate was 31 compared with 28 for the previous year. 117 infants were stillborn, and of these 12 (10.26%) were illegitimate and 55 (47.01%) were premature. During 1950 3.3% of infants born in institutions, i.e. 107, and 1.8% of those born at home, i.e., 10, were stillborn. The parents of 19 of the dead born infants (8 males and 11 females) were normally resident outwith the city.

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

Still Births (1).

	Legitimacy.				
Sex.	Legitimate.		Illegitimate.		Total.
Males, ...	49	(87.5%)	7	(12.5%)	56
Females, ...	55	(91.7%)	5	(8.3%)	60
Sex indeterminable,	1	(100.0%)	0	(0.0%)	1
	105	(89.7%)	12	(10.3%)	117

Still Births (2).

	Prematurity.				
Sex.	Full-Time.		Premature.		Total.
Males, ...	32	(57.1%)	24	(42.9%)	56
Females, ...	30	(50.0%)	30	(50.0%)	60
Sex indeterminable,	0	(0.0%)	1	(100.0%)	1
	62	(53.0%)	55	(47.0%)	117

Stillbirths (3).

Sex.	Place of Delivery. Institution.		At Home.		Total.
Males, ...	50	(89.3%)	6	(10.7%)	56
Females, ...	56	(93.3%)	4	(6.7%)	60
Sex indeterminable,	1	(100.0%)	0	(0.0%)	1
	107	(91.5%)	10	(8.5%)	117

Stillbirths (3a).

Place of Delivery.	Total Births.	No. Stillborn.	Percentage.
Institutional—			
Royal Infirmary (indoor), ...	1,271	55	
Maryfield Hospital, ...	1,234	38	
Nursing Homes, ...	705	14	
King's Cross Hospital, ...	2	0	
	3,212	107	3.3 (2.8)
Domiciliary—			
Royal Infirmary (outdoor),	325	5	
Midwife and/or Doctor, ...	245	5	
	570	10	1.8 (3.6)
	3,782	117	3.1 (2.9)

Percentages in brackets give the corresponding information for 1949.

Stillbirths (3b).

Place of Delivery.	No. of Dundee Births.	No. of Dundee Stillbirths.	Rate per 1,000 Births.
Institutional—			
Royal Infirmary (indoor),	1,056	41	38.8
Maryfield Hospital, ...	1,162	35	30.1
Nursing Homes, ...	547	12	21.9
King's Cross Hospital, ...	1	0	0.0
Domiciliary—			
Royal Infirmary (outdoor),	325	5	15.4
Midwife and/or Doctor, ...	243	5	20.6
	3,334	98	29.4

Stillbirths (4).

Age of Mother.							
15-19 yrs.	20-24 yrs.	25-29 yrs.	30-34 yrs.	35-39 yrs.	40 yrs. & over.	Unknown.	Tl.
4	24	23	24	10	10	22	117

Stillbirths (5).

Parity of Mother.

1	2	3	4	5	6	7	8	9	10	11	12	Unknown	Total.
41	15	12	8	5	4	6	3	0	1	0	1	21	117

Stillbirths (6).

Employment of Mother During Pregnancy.

Working.	Not Working.	Unknown.	Total.
35	60	22	117

Stillbirths (6a).

Type of and Duration of Employment of Mother During Pregnancy.

Duration of Employment.

Months.

Type of Employment.	1	2	3	4	5	6	7	8	9	Unknown.	Total.
Jute Worker, ...	0	0	1(1)	2(1)	2(2)	1	0	0	2(1)	1(1)	9(6)
Light Engineering worker, ..	0	1	0	1(1)	1(1)	2(1)	2(1)	1(1)	0	1(1)	9(6)
Shop assistant, ...	1	0	0	1(1)	1(1)	0	0	0	0	0	3(2)
Domestic worker, ...	0	0	1	0	1(1)	0	1(1)	0	0	0	3(2)
Laundry worker, ...	0	1	1(1)	0	0	0	0	0	0	0	2(1)
Office (cashier, typist, etc.),	0	1	0	2(1)	0	0	0	0	0	0	3(1)
Fish cannery worker, ...	0	0	1(1)	0	0	0	0	0	0	0	1(1)
Dispenser, ...	0	1	0	0	0	0	0	0	0	0	1
Miscellaneous, ...	0	0	1	0	1(1)	0	0	1	0	0	3(1)
Unknown, ...	0	0	1	0	0	0	0	0	0	0	1
	1	4	6(3)	6(4)	6(6)	3(1)	3(2)	2(1)	2(1)	2(2)	35(20)

The figures in brackets show the number of premature deliveries.

Stillbirths (6b).

Parity — Dundee Cases.

Employment.	1	2	3	4	5	6	7	8	9	10	11	12	Unknown.	Total.
Working,	24(12)	4(2)	2(1)	1(1)	1(1)	2(2)	1(1)	0	0	0	0	0	0	35(20)
Not working,	17(6)	11(6)	10(5)	7(4)	4(1)	2(1)	5(2)	3	0	1	0	0	0	60(25)
Not known,	0	0	0	0	0	0	)	0	0	0	0	1(1)	2	3(1)
	41(18)	15(8)	12(6)	8(5)	5(2)	4(3)	6(3)	3	0	1	0	1(1)	2	98(46)

Figures in brackets show the number of premature deliveries.

Stillbirths (6c).

Age of Mother — Dundee Cases.

Employment.	15-19 yrs.	20-24 yrs.	25-29 yrs.	30-34 yrs.	35-39 yrs.	40 yrs. & over.	Un-known	Tl.
Working, ...	3	14(6)	9(7)	5(4)	1(1)	3(2)	0	35(20)
Not working,	1(1)	10(6)	14(5)	19(9)	8(2)	7(1)	1(1)	60(25)
Not known,	0	0	0	0	1(1)	0	2	3(1)
	4(1)	24(12)	23(12)	24(13)	10(4)	10(3)	3(1)	98(46)

Figures in brackets show the number of premature deliveries.

Infant Mortality.

Year.	Infant Mortality Rate. Scotland.	Infant Mortality Rate. Dundee.	Neo-Natal Rate. Dundee.	Rate from 1-12 Months. Dundee	Still Birth Rate. Scotland.	Still Birth Rate. Dundee.	Still Birth Rate + Infant Mortality Rate. Scotland.	Still Birth Rate + Infant Mortality Rate. Dundee.
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)*
1950, ...	39	50	29	21	27	31	66	81 (79)*

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

During 1950 there were 158 registered infant deaths (92 males and 66 females), and the infant mortality rate per 1,000 live births was 49.8. Of the total mortality, male infants were responsible for 58.2%. Ninety-one infants (50 males and 41 females) died before reaching the age of four weeks, and 67 infants (42 males and 25 females) died between the ages of one and twelve months. The neo-natal mortality rate per 1,000 live births was 29 compared with 28 in 1949 and 19 in 1948. The mortality rate between four weeks and twelve months per 1,000 live births was 21, compared with 16 in the previous year. The proportion of the total infant deaths which occurred in the first month was 58% (54% for males and 62% for females), as compared with 64% in the previous year.

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

Neo-Natal Deaths (see appendix Table II.).

There were 91 deaths in the neo-natal period compared with 95 in 1949, giving a neo-natal mortality rate of 29 per 1,000 live births. The comparable rate for 1949 was 28, and for 1948 was 19. There is a close affinity between stillbirths 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.

Year.	Stillbirths. No.	Stillbirths. Rate.	Neo-natal Deaths. No.	Neo-natal Deaths. Rate.	Total. No.	Total. S.B. rate plus neo-natal rate.
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
1950, ...	117	31	91	29	208†	60

*109 (51.9%) were premature. †111 (53.4%) 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. Forty-four (48.4%) neo-natal deaths were ascribed to prematurity compared with 39 (41.05%) in 1949. Sixty-five (41.1%) of all the infants who died and 56 (61.5%) of those dying in the neo-natal period were considered to be premature, while only 7.7% 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.	
1945, ...	3,365	198	5.9%	162	49	30.2%
1946, ...	4,633	322	7.0%	186	94	50.5%
1947, ...	4,809	243	5.1%	291	112	38.5%
1948, ...	4,207	252	6.0%	170	52	30.6%
1949, ...	3,971	334	8.4%	148	65	43.9%
1950, ...	3,782	290	7.7%	158	65	41.1%

Atelectasis, asphyxia, birth injury and congenital malformation accounted for 35.2% of the neo-natal deaths. Six (6.6%) neo-natal deaths were ascribed to pneumonia, and one infant under one month was certified as dying from gastro-enteritis. Eighty-one (89.0%) died in the first two weeks of life, and 71 (78.0%) neo-natal deaths occurred in the first week of life, 50 (55.0%) 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), ...	1,015	45	44.3
Maryfield Hospital, ...	1,127	24	21.3
Nursing Homes, ...	535	8	15.0
King's Cross Hospital, ...	1	0	0.0
Domiciliary—			
Royal Infirmary (outdoor), ...	320	8	25.0
Midwife and/or Doctor, ...	238	6	25.2
	3,236	91	28.1

Neo-Natal Deaths (2).

Employment of Mother during Pregnancy.

Working.	Not Working.	Unknown.	Total.
32	58	1	91

Neo-Natal Deaths (2a).

Type of and Duration of Employment of Mother during Pregnancy.

Duration of Employment.

Months.

Type of Employment,	1	2	3	4	5	6	7	8	9	Unknown.	Total.
Jute and allied worker,	0	2(1)	7(4)	2(2)	3(3)	3(1)	5(4)	0	0	0	22(15)
Domestic worker, ...	0	0	0	0	1(1)	0	0	0	1	0	2(1)
Waitress, ...	0	0	0	0	0	1(1)	0	0	0	0	1(1)
Shop Assistant, ...	0	0	2(1)	0	0	0	1(1)	0	0	1(1)	4(3)
Hairdresser, ...	0	0	0	0	0	0	1	0	0	0	1
Nurse, ...	0	1	0	0	0	0	0	0	0	0	1
Fish cannery worker, ..	0	0	0	0	0	1	0	0	0	0	1
	0	3(1)	9(5)	2(2)	4(4)	5(2)	7(5)	0	1	1(1)	32(20)

Figures in brackets refer to mothers who had premature deliveries.

Neo-Natal Deaths (2b).

Parity of Mother.

Employment,	1	2	3	4	5	6	7	8	9	10	11	Total.
Working, ...	19(12)	2(1)	3(2)	3(2)	2(1)	0	1(1)	1(1)	0	0	1	32(20)
Not working, ...	15(9)	8(5)	16(13)	6(3)	4(1)	2	4(1)	1(1)	2(2)	0	0	58(35)
Not known, ...	0	0	1(1)	0	0	0	0	0	0	0	0	1(1)
	34(21)	10(6)	20(16)	9(5)	6(2)	2	5(2)	2(2)	2(2)	0	1	91(56)

Figures in brackets refer to mothers who had premature deliveries.

Neo-Natal Deaths (2c).

Age of Mother.

Employment.	15- 19 yrs.	20-24 yrs.	25-29 yrs.	30-34 yrs.	35-39 yrs.	40 + yrs.	Unknown.	Total.
Working, ...	2(1)	7(5)	11(6)	5(3)	3(3)	3(1)	1(1)	32(20)
Not working,	3(2)	16(14)	13(7)	10(5)	13(6)	2	1(1)	58(35)
Not known, .	0	0	1(1)	0	0	0	0	1 (1)
	5(3)	23(19)	25(14)	15(8)	16(9)	5(1)	2(2)	91(56)

Figures in brackets show the number of premature deliveries.

In 1950, 57.6% of infant deaths occurred in the neo-natal period. Obviously prematurity played an important part in the cause of death as almost half of the neo-natal deaths were associated with premature birth. It is well recognized that multiple pregnancies are more likely to give rise to small babies and therefore the incidence of multiple births has been recorded. In 1950 the incidence of multiple births was 1.61% of total births, as compared with 1.96% in 1949. Out of 3,782 births in 1950 there were 61 twin pregnancies. There were 49 (1.47%) twin births where the parents normally resided in Dundee, i.e., excluding those who left institutions, etc., soon after birth, of these 8 were still born, 13 died under one month, and 7 died later in the first year; 14.3% of the neo-natal deaths were associated with multiple pregnancy.

Incidence of Multiple Births.

	1948.		1949.		1950.	
Total births, ...	4,207		3,971		3,782	
Twin pregnancies, ...	60	1.43%	77	1.96%	61	1.61%
Triple pregnancies, ...	0		1		0	

Deaths from 4 Weeks-12 Months. (See Appendix Table III.).

In 1950 there were 32 deaths (almost 50%) certified as due to pneumonia (all forms) and 7 as due primarily to gastro-enteritis, compared with 15 from pneumonia and 13 from gastro-enteritis in 1949. The percentage of deaths certified as due to gastro-enteritis was 10.4%, as compared with 24.5% in 1949.

Year.	Deaths from 4 Weeks—12 Months. Pneumonia.	Gastro-Enteritis.
1946, ...	39	7
1947, ...	30	64
1948, ...	22	49
1949, ...	15	13
1950, ...	32	7

An investigation was made with regard to the type of feeding of the infants between the ages of four weeks and one year who died from pneumonia and from gastro-enteritis. Of the 7 babies of that age period who died from gastro-enteritis none was receiving

breast milk up to the time of death and none 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 32 babies of that age period who died from pneumonia only one was breast fed up to the time of death and only one for three months or more.

The duration of breast feeding among all infants born in 1950 has been contrasted with the duration of breast feeding among those infants who died of gastro-enteritis and among those who died of pneumona.

	No. of Cases.	Never Breast Fed.	Breast Fed at			
			2 wks.	1 mth.	3 mths.	6 mths.
Babies born in 1950 in whom type of feeding was known, ...	3,118*	337	2,398	1,870	1,145	824
		(10.8%)	(76.9%)	(60.0%)	(36.7%)	(26.4%)
Babies dying of gastro-enteritis between the ages of 4 wks. and 1 yr.,	7	1	5	3	0	0
		(14.3%)	(71.4%)	(42.9%)	(0.0%)	(0.0%)
Babies dying of pneumonia between the ages of 4 wks. and 1 yr.,	32	11	19	13	1	0
		(34.4%)	(59.4%)	(40.6%)	(3.1%)	(0.0%)

*In addition 144 were not visited, died, were transferred out of Dundee or particulars of feeding were not known.

It will be seen that more than half of the babies dying from gastro-enteritis and 59.4% of those dying from pneumonia were artificially fed before they reached the age of one month.

41% of babies dying from pneumonia 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 Four Weeks and Twelve Months.

	All Infants who Died.	Infants who Died of Gastro-enteritis.	Infants who Died of Pneumonia.	Infants who Died of Accidental Suffocation
Breast	5 (7.5%)	0 (0.0%)	1 (3.1%)	1 (10.0%)
Mixed*	1 (1.5%)	0 (0.0%)	0 (0.0%)	1 (10.0%)
Partly breast† ..	45(5) (67.2%)	6(1) (85.7%)	20(1) (62.5%)	7 (70.0%)
Artificial, ...	16 (23.8%)	1 (14.3%)	11 (34.4%)	1 (10.0%)
	67	7	32	10

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.

Thirty-two babies died of pneumonia after the age of one month, and of these only one was fully breast fed at the time when the pneumonia developed.

Of ten babies dying from some form of artificial suffocation one was breast fed but receiving a complementary artificial feed at the time of death and 8 were entirely bottle fed.

Illegitimate Mortality.

Year.	No. of Registered Live Births (corrected).	No. Illegit.	No. of Infant Deaths.	No. Illegit.	I.M.R.	Illegit. Deaths per 1,000 Illegit. Births.
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
1950, ...	3,171	208 (6.6%)	158	22 (13.9%)	50	105.7

Of the 208 illegitimate births 22 infants died before reaching the age of one year, and this is equivalent to a mortality rate of 106 per 1,000 illegitimate births. 13.9% of the infants who died before the age of one year were illegitimate.

		No. Illegit.	Percentage.
No. of Still Births, ...	117	12	10.3
No. of Neo-natal Deaths, ...	91	10	11.0
No. of Deaths (1-12 mths.),	67	12	17.9

DEATHS OF CHILDREN OVER ONE YEAR.

In addition to deaths of children under one year of age, 24 deaths of children (16 males and 8 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 still births (corrected for transfers) for 1950 was 0.3, compared with 2.3 in 1949 (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.
1945, ...	3,365	16
1946, ...	4,633	21
1947, ...	4,809	14
1948, ...	4,207	12
1949, ...	3,971	8
1950, ...	3,782	3

In 1950 three women died during pregnancy or during the puerperium and two normally resided in the city.

The attendants at delivery were:—

Royal Infirmary (indoor), ...	2 (1 abortion)
Maryfield Hospital, ...	1
	3

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.
1945, ...	8	55	46
1946, ...	10	48	191
1947, ...	3 (+2 unnotified)	42	148
1948, ...	6	45	162
1949, ...	1	30	155
1950, ...	2	35	216

There is an increase in the notifications of ophthalmia neonatorum, but it has to be borne in mind that notifications do not necessarily correspond with incidence. It is significant that more than half the cases of ophthalmia neonatorum were first notified by the staff of the Maternity and Infant Welfare Department.

Analysis of the 1950 Figures.

Eleven cases notified as Puerperal Pyrexia were ultimately diagnosed as Puerperal Sepsis, and one case of Puerperal Sepsis was not notified. One case notified as Puerperal Pyrexia was not confirmed. It should again be stressed that notifications do not necessarily correspond with incidence. The corrected figures for 1950 were therefore 14 cases of Puerperal Sepsis and 23 cases of Puerperal Pyrexia, and they are analysed as follows:—

	Puerperal Sepsis.			Puerperal Pyrexia.		
Place of Delivery.	Full-time Birth.	Premature.	Abortion.	Full-time Birth.	Premature.	Abortion.
Royal Infirmary, ...	2	0	5*	2	0	0
Maryfield Hospital, ...	6	1	0	14	1	0
Nursing Home, ...	0	0	0	3	0	0
At Home, D.R.I.(O.P.),	0	0	0	3	0	0
	8	1	5	22	1	0

*One case was unnotified.

Place of Treatment.

King's Cross Hospital, ...	4	0	4	7	0	0
Royal Infirmary, ...	0	0	1	0	0	0
Maryfield Hospital, ...	4	1	0	14	1	0
Nursing Home, ...	0	0	0	1	0	0
	8	1	5	22	1	0

Parity.						
Primiparous, ...	6	0	0	11	0	0
Multiparous, ...	2	1	3	10	1	0
Not known, ...	0	0	2	1	0	0
	8	1	5	22	1	0
Age Group.						
15-24 years, ...	2	0	2	9	0	0
25-34 years, ...	5	1	2	8	1	0
35 years and over, ...	1	0	1	5	0	0
	8	1	5	22	1	0
Result.						
Recovery, ...	8	1	4	22	1	0
Death, ...	0	0	1	0	0	0
	8	1	5	22	1	0

Ophthalmia Neonatorum.

	Source of Notification.		Nature of Attendance at Birth.	
Doctor, ...	6	(2.8%)	0	(0.0%)
Midwife, ...	7	(3.2%)	13*	(6.0%)
Doctor and Midwife, ...	0	(0.0%)	4	(1.9%)
Royal Infirmary (outdoor), ...	7	(3.2%)	26	(12.0%)
Royal Infirmary (indoor), ...	55	(25.5%)	90	(41.7%)
Maryfield Hospital, ...	17	(7.9%)	71	(32.9%)
Nursing Homes, ...	1	(0.5%)	9	(4.2%)
Maternity and Infant Welfare Dept.	123	(56.9%)	0	(0.0%)
Maternity Homes outwith Dundee,	0	(0.0%)	2	(0.9%)
Doctor and/or Midwife outwith Dundee, ...	0	(0.0%)	1	(0.5%)
	216		216	

*In each case 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 152 women attended for the first time compared with 130 in 1949 and 1,025 attendances were made, compared with 1,027 in the previous year. The average number of attendances made by each woman was 6.7, compared with 7.9 in 1949.

	Lochee (Ancrum Rd.)		Broughty Ferry		Total	
Year.	New Cases.	Total Attend.	New Cases.	Total Attend.	New Cases.	Total Attend.
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
1950,	120	754	32	271	152	1,025

*Includes two not pregnant.

New Cases.

Stage of Pregnancy.	Lochee.	Broughty Ferry.	Total.
2nd month, ...	8	5	13
3rd month, ...	18	7	25
4th month, ...	19	12	31
5th month, ...	26	4	30
6th month, ...	30	3	33
7th month, ...	12	0	12
8th month, ...	7	1	8
9th month, ...	0	0	0
	120	32	152
Total attendances, ...	754	271	1,025

Conditions Found.

	Lochee. No. of Cases.	Broughty Ferry. No. of Cases.	Total.
Malposition, ...	5	1	6
Twin pregnancy, ...	7	3	10
Albuminuria, ...	0	1	1
Hyperpiesis, ...	14	8	22
Oedema, ...	4	1	5
Phlebitis, ...	0	1	1
Vaginal discharge, ...	5	4	9
Pyelitis, ...	1	0	1
Cardiac affections, ...	4	0	4
Bronchitis and other chest conditions, ...	9	0	9
Wassermann positive, ...	1	0	1
Rhesus negative, ...	20	5	25
	70	24	94

(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. 2,712 women attended these clinics during 1950, compared with 2,756 in 1949, and they made 19,349 attendances, compared with 19,115 total attendances during the previous year. The average number of attendances made by each woman was 7.1, compared with 6.9 in 1949.

	Maryfield Hosp.		Royal Infirmary.		Total.	
Year.	New Cases.	Total Attendances.	New Cases.	Total Attendances.	New Cases.	Total Attendances.
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
1950,	922	6,218	1,790	13,131	2,712	19,349

Advice Centre for Expectant Mothers.

There was an increase in the number of women attending the Advice Centre for expectant mothers. 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 275 women have attended for this purpose.

Year.	Attendance for booking. (Maryfield Hosp.).	Attendance for booking. (Midwife).	Advice Only.	Total.
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
1950, ...	963	275	10	1,248

POST-NATAL CLINICS.

(a) Provided by Local Authority.

(1) **Ancrum Road Clinic.** The post-natal clinic is held once a month, and 30 women attended and two re-visits were made.

(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. Thirty-one women attended and six re-visits were made.

	New Cases.		Total Attendances.	
	1949.	1950.	1949.	1950.
Ancrum Road, ...	24	30	24	32
Fort Street, ...	26	31	32	37

(b) Provided by Regional Hospital Board.

(1) A post-natal clinic is held once weekly at Maryfield Hospital. During the year 252 mothers attended for the first time, i.e., 20.4% of all confinements occurring in the Hospital, compared with 27.2% in 1949, and with 35.2% in 1948.

(2) A weekly post-natal clinic is held at the Dundee Royal Infirmary. 595 mothers attended for the first time and made 1,023 attendances. The number of mothers attending represents 37.3% of all those confined in the Royal Infirmary or by the outdoor staff of that institution.

	Maryfield Hospital.		Royal Infirmary.		Total.	
Year.	New Cases.	Total Attendances.	New Cases.	Total Attendances.	New Cases.	Total Attendances.
1949, ...	329	480	642	1,086	971	1,566
1950, ...	252	411	595	1,023	847	1,434

INFANT AND CHILD WELFARE CLINICS.

The total number of attendances at those clinics shows a decrease on the corresponding figure for 1949, and the number of new cases has also decreased. It cannot be over-stressed 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.

The centre previously held at Caldrum Street Baths was transferred on 16th January, 1950, to Butterburn Church Hall, a more convenient centre for the mothers in that part of the town.

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 all the clinics, 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 yr.	Over 1 yr.	Mothers.	Total.	Under 1 yr.	Over 1 yr.	Mothers.	Total.
1945, ...	1,028	86	12	1,126	10,426	4,566	394	15,386*
1946, ...	1,377	69	40	1,486	10,552	2,486	239	13,277
1947, ...	1,668	94	188	1,950	14,439	2,533	378	17,350
1948, ...	1,560	59	258	1,877	13,774	2,818	625	17,217
1949, ...	1,628	103	528	2,259	14,905	3,020	1,409	19,334
1950, ...	1,477	77	670	2,224	14,345	2,674	1,481	18,500

*Includes children examined for admission to nurseries.

ATTENDANCES AT INFANT WELFARE CENTRES.

	Babies.		Children 1-5.		Mothers.				
	New Cases.	Re-visits.	New Cases	Re-visits.	New Cases A.N.	New Cases P.N.	Revisits. A.N.	Revisits. P.N.	Total.
Central, ...	216	1,716	21	461	5	77	1	164	2,661
Lochee, ...	270	2,309	6	334	3	110	5	87	3,124
Hawkhill, ...	282	2,042	12	407	9	111	4	135	3,002
Maryfield, ...	244	2,042	6	348	7	114	2	111	2,874
Ferry Road, ..	153	1,480	6	339	4	68	0	67	2,117
Butterburn, ..	109	910	11	227	4	49	2	80	1,392
Bro. Ferry, ...	85	971	6	207	1	41	0	93	1,404
King's X W.,	118	1,398	9	274	2	65	0	60	1,926
	1,477	12,868	77	2,597	35	635	14	797	18,500

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

	Breast.	Mixed.*	Artificial.	Partly Breast.†	Total.
Males, ...	386	42	298	18	744
Females, ...	376	48	279	30	733
Total, ...	762 (51.6%)	90 (6.1%)	577 (39.1%)	48 (3.2%)	1,477

*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 1,477 children under 1 year of age attending the clinics for the first time, 596 (40.4%) showed no disease or congenital defect. The remaining 881 (59.6%) showed diseases or defects, classified as follows:—

Diseases of the digestive system, ...	187
Diseases of the respiratory system, ...	69
Diseases of nutrition, ...	48
Diseases of the skin, ...	365
Diseases of the eye, ...	123
Diseases of the ear, nose and throat, ...	6
Congenital defects, ...	402
Surgical conditions, ...	8
Infectious diseases, ...	3
Various, ...	38
	1,249

(592 had one disease, 225 had 2, 49 had 3 and 15 had 4.)

(2) Children Over 1 Year of Age.

Of the 77 children between one and five years of age attending the clinics for the first time, 30 (39.0%) showed no disease or congenital defect. The remaining 47 (61.0%) showed diseases or defects, classified as follows:—

Diseases of the digestive system, ...	3
Diseases of the respiratory system, ...	7
Diseases of nutrition, ...	25
Diseases of the skin, ...	9
Diseases of the eye, ...	4
Diseases of the ear, nose and throat, ...	8
Congenital defects, ...	14
Surgical conditions, ...	2
Various, ...	1
	73

(27 children had one disease or defect, 14 had 2, and 6 had 3.)

SPECIAL CLINICS.

Breast Feeding and Mothercraft Classes.

A mothercraft class is held once a week at 1 Nelson Street and a health visitor who has the Mothercraft Teaching Certificate from Cromwell House is in charge. 96 women attended the class in 1950 and made 224 attendances.

Dental Clinic.

	Expectant Mothers.	Nursing Mothers.	Pre-School Children. (Emerg. Cases)	Children in Day Nurseries.
(1) No. inspected by dental officers, ...	81	0	113	265
(2) No. found to require treatment, ...	73	0	113	142
(3) No. actually treated by dental officers, ...	11	0	113	98
(4) No. of attendances for treatment, ...	45	0	139	131

A routine examination by a dentist of patients attending Lochee ante-natal clinic was carried out and facilities for treatment were offered when required. 90% of the expectant mothers were found to require treatment, and 15% of these attended for treatment.

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

Routine dental examinations were carried out at 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 1950 23 children (10 under one year and 13 between one and five years of age) attended, and among conditions found were:—Vomiting, pyloric stenosis, marasmus, convulsions, bronchial asthma, faulty routine, optic atrophy, circulatory disturbance, head nodding with rotary nystagmus, idiopathic epilepsy.

	Babies.		Children 1-5 Years.		
Year.	New Cases.	Revisits.	New Cases.	Revisits.	Total.
1946, ...	63	6	34	12	115
1947, ...	41	9	13	8	71
1948, ...	43	13	62	28	146
1949, ...	27	11	47	45	130
1950, ...	10	5	13	7	35

Orthopædic Clinic.

The services of a consultant orthopædic surgeon are available once a week, and during 1950 394 children (72 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, calcaneo-valgus, calcaneo-varus, Erb's paralysis, intoeing, torticollis, scoliosis, asymmetry of skull, osteo-chondritis of hip, anterior poliomyelitis and post-anterior poliomyelitis paralysis, spastic paralysis, deformity of sternum.

	Babies.		Children 1-5 Years.		
Year.	New Cases.	Revisits.	New Cases.	Revisits.	Total.
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
1950, ...	72	73	322	317	784

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 1950 218 children (79 under one year and 139 between the

ages of one and 5 years) were examined for the first time by the consultant ophthalmologists. Among conditions found were:—Ophthalmia neonatorum, purulent conjunctivitis, tear duct obstruction, hordeola, blepharitis, epiphora, mucocele, strabismus and blindness.

	Babies.		Children 1-5 Years.		
Year.	New Cases.	Revisits.	New Cases.	Revisits.	Total.
1948, ...	71	90	125	169	455
1949, ...	83	125	130	99	437
1950, ...	79	141	139	191	550

Specialist Ear, Nose and Throat Clinic.

During 1950, 97 children (4 under one year and 93 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, nasal discharge and nasal obstruction.

	Babies.		Children 1-5 Years.		
Year.	New Cases.	Revisits.	New Cases.	Revisits.	Total.
1948, ...	8	2	105	9	124
1949, ...	16	3	83	13	115
1950, ...	4	1	93	14	112

Specialist Skin Clinic.

During 1950, 38 children under the age of five years (15 infants and 23 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, papular eruption, pityriasis, angioma, psoriasis.

	Babies.		Children 1-5 Years.		
Year.	New Cases.	Revisits.	New Cases.	Revisits.	Total.
1948, ...	21	17	56	71	165
1949, ...	24	31	32	82	169
1950, ...	15	22	23	24	84

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.

	Babies.		Children 1-5 Years		
Year.	New Cases.	Revisits.	New Cases.	Revisits.	Total.
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
1950, ...	123	103	363	1,015	1,604

Diphtheria Immunization.

The following table shows that 90.1% of children had completed a course of inoculation by the time they reached the age of one year or soon after.

Year.	Total No. of children reaching the age of 1 year.	No. of these completing inoculation at the age of 1 year or soon after.	Percentage.	No. completing inoculation before 1st birthday.	Percentage.
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
1950, ...	3,119	2,810	90.1	2,496	80.0

Diphtheria Immunizations at Infant Welfare Clinics.

During 1950 courses of immunization against diphtheria were completed by 1,215 children at the various infant welfare centres, and 84.8% 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.
1,185	204	1,030	185

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 1950 was 23, and the number who completed the course of four injections was 36. Owing to the outbreak of anterior poliomyelitis during the summer of 1950 immunization against whooping cought was suspended for a time.

Vaccination.

Facilities are also provided at infant welfare clinics for vaccination of babies who attend the centres. During 1950 393 babies were successfully vaccinated at infant welfare clinics. 801 vaccinations were carried out compared with 461 in the previous year, 559 in 1948 and 697 in 1947 .

Home Visitation by Health Visitors.

Altogether the health visitors made 74,775 home visits during the year; and the number of visits to infants under one year of age was 34,319 and to children between one and five years 27,071; 9,918 visits were made to expectant mothers. These totals include special visits made to cases of ophthalmia neonatorum, infantile diarrhœa, puerperal fever and puerperal pyrexia, infectious diseases and for inquiries with regard to housing, maternal deaths, infant deaths and absences from day nurseries.

	Mothers A.N.			Mothers P.N.		
Year.	1st Visits.	Revisits.	Total.	1st Visits.	Revisits.	Total.
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
1950, ...	2,089	7,829	9,918	3,195	272	3,467

	Babies.			Children 1-5 Years.		
Year.	1st Visits.	Revisits.	Total.	1st Visits.	Revisits.	Total.
1945, ...	4,733	14,541	19,274	.....	.....	.....
1946, ...	3,641	18,159	21,810	2,430	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
1950, ...	3,302	31,017	34,319	2,418	24,653	27,071

Special Visits.	1st Visits.	Return Visits.	Total.
Ophthalmia Neonatorum, ...	168	903	1,071
Puerperal Pyrexia and Puerperal Sepsis, ...	25	12	37
Day Nurseries, ...	79	26	105
	272	941	1,213

Year.	Ophthalmia Neonatorum.	Puerperal Pyrexia and Puerperal Sepsis.
1945, ...	264	42
1946, ...	1,280	42
1947, ...	669	35
1948, ...	852	27
1949, ...	873	23
1950, ...	1,071	37

Day Nurseries.

(a) Provided by Local Authority.

There are eleven Corporation day nurseries as follows:—

	No. of Places.			No. of Children Attending.			No. of Children on waiting lists at end of 1950.		
	0-2 yrs.	2-5 yrs.	Tl.	0-2 ys.	2-5 yrs.	Tl.	0-2 yrs.	2-5 yrs.	Tl.
Bellfield Babies, ...	10	0	10	26	6	32	0	0	0
Burgess Street, ...	15	30	45	36	50	86	56	135	191
Dudhope Street, ...	15	30	45	35	64	99	85	155	240
Fairbairn Street, ...	15	30	45	43	47	90	85	163	248
Flight's Lane, ...	15	30	45	39	39	78	120	102	222
Harefield Road, ...	15	30	45	39	38	77	77	83	160
Isles' Lane, ...	12	18	30	29	53	82	79	156	235
Lilybank, ...	20	30	50	55	48	103	76	127	203
Linlathen, ...	15	30	45	37	44	81	44	125	169
N. George Street,	12	18	30	27	37	64	86	106	192
Polepark, ...	15	30	45	51	50	101	90	98	188
	159	276	435	417	476	893	798	1250	2048

The hours are from 7 a.m. to 6.30 p.m., and, as there is very little demand for accommodation apart from industrial hours, the nurseries are closed on Saturdays. The demand for accommoda-

tion is still very great and the number on the waiting lists far exceeds the number of places. The total attendances have fallen, and it is to be noted that the decrease has been mainly in the 2-5 year group. This may be accounted for by a higher incidence of infection amongst this age group.

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

	Under 2 yrs.	Over 2 yrs.	Total.
Bellfield Babies, ...	1,621	255	1,876
Burgess Street, ...	2,056	6,342	8,398
Dudhope Street, ...	2,926	6,939	9,865
Fairbairn Street, ...	2,195	5,048	7,243
Flight's Lane, ...	2,258	5,286	7,544
Harefield Road, ...	2,199	5,690	7,889
Isles' Lane, ...	928	4,481	5,409
Lilybank, ...	3,658	5,760	9,418
Linlathen, ...	2,545	5,987	8,532
No. George Street, ...	1,632	4,592	6,224
Polepark, ...	4,091	4,864	8,955
	26,109	55,244	81,353

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
1950, ...	26,109	55,244	81,353

*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.

At the end of 1950 there were three industrial nurseries in Dundee. In addition to the existing nurseries at Camperdown

Works (Jute Industries) and at Dens Works (Low & Bonar's, Ltd.) a nursery with 65 places was opened by Jute Industries at Manhattan Works in September, 1950.

	No. of Places.		
	0-2 Yrs.	2-5 Yrs.	Total.
Camperdown Nursery, ...	28	42	70
Low & Bonar Nursery, ...	24	36	60
Manhattan, ...	38	27	65

	Attendances.		
	0-2 Yrs.	2-5 Yrs.	Total.
Camperdown Nursery, ...	4,966	13,061	18,027
Low & Bonar Nursery, ...	3,789	8,199	11,988
Manhattan Nursery, ...	1,327*	1,506*	2,833*
	10,082	22,766	32,848

*Attendances from September, 1950.

Training of Nursery Students.

Twelve candidates from the Corporation nurseries were presented for examination during the year and eleven were successful in gaining the Nursery Nurses Certificate. One candidate failed and did not resit. Of the successful candidates two are now employed as staff nurses in Dundee Corporation nurseries, two in other day nurseries, four are in hospital training for the S.R.N. Certificate, and three are employed as private nannies.

Grateful acknowledgement 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.

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 Assocns.	Number of Beds. Ante-natal.	Post-natal.	Total ante-natal and post-natal.	Cots.	No. of girls during 1950.
St Ronan's, ...	6	12	18	11	24
Florence Booth House,	10	20	30	20	58

Duncarse Children's Home.

A medical officer visits once a week and also when called in by the Matron. 75 visits were made during 1950. Routine medical inspections were carried out and 68 minor ailments received treatment in the Home. Twelve children were admitted to general hospitals for surgical or medical treatment, and 21 children suffering from infectious diseases were admitted to King's Cross Hospital. Prophylactic measures such as inoculation against diphtheria and vaccination against smallpox, diagnostic tests for tuberculosis infection and anti-syphilitic treatment were carried out by the medical officer. 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 where the mother is in hospital and when 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 1950 56 midwives notified their intention to practise midwifery in Dundee, five as midwives in private practice.

The midwives in private practice attended a total of 226 confinements (229 births) that is 6.1% of the total births in the City as compared with 7.4% in 1947, 5.9% in 1948, and 5.6% in 1949. All the confinements were attended by three midwives (attending 103, 81 and 42 confinements respectively). Of these all but six were carried out for the local authority on a fee per case basis. The six private cases were all attended by the midwife with 103 cases.

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

Eighty-six notifications were received from midwives during the year as follows:—

Application for medical assistance—	
(a) Mother, ...	3
(b) Child, ...	4
Notification of ophthalmia neonatorum,	4
Notification of artificial feeding, ...	60
Notification of stillbirth, ...	8
Notification of death of infant, ...	4
Notification of infectious disease, ...	1
Notification of laying out a dead body, ...	2
	86

Although only seven medical aid notifications were received, including one case under Section 22 of the Midwives (Scotland) Act, 1915, medical aid was actually summoned in 33 cases where a doctor had been engaged under the National Health Service (Scotland) Act, 1947.

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., Manhattan Works (Jute Industries), Dundonald Street, was registered in 1950. 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.	No. of 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	3	173	121	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 98 children who had been adopted or were awaiting legal adoption, to 16 children who were under the care of foster parents, and to 524 illegitimate children.

Lectures, etc.

Lectures were given during the year to health visitors, to Downfield and Strathmartine Woman's Guild and to St Salvador's Woman's Guild. Lectures were also given to pupil-midwives in Maryfield Hospital and practical instruction at the clinics to pupil-midwives from the Royal Infirmary.

APPENDIX

TABLE I.

Still Births — Cause of Pre-natal Death.

1. Disease in or accident to mother.	Males.	Females.	Total.	
Eclampsia and pre-eclampsia,	2	3(2)	5(2)	
Placenta praevia,	1	0	1	
Accidental hæmorrhage,	4	9(6)	13(6)	
Other ante-partum hæmorrhages,	4(1)	1(1)	5(2)	
Other abnormalities of placenta,	7(3)	8(4)	15(7)	
Renal hypertension,	1(1)	0	1(1)	
Hyperemesis gravidarum,	1	0	1	
Hydramnios,	0	4(3)	4(3)	
Thyrotoxicosis,	1	0	1	
				46(21)
2. Difficulties in labour.				
Abnormal presentation of fœtus	0	3	3	
Pressure on cord due to prolapse, torsion, etc.,	1(1)	6	7(1)	
True knot in cord,	1	1	2	
Delayed or obstructed labour,	3	1	4	
Intracranial hæmorrhage,	4(1)	2(1)	6(2)	
				22(3)
3. Fœtal anomalies and deformities.				
Hæmolytic disease,	2	1	3	
Hydrocephalus,	3(2)	3(1)	6(3)	
Anencephalus,	1(1)	6(6)	7(7)	
Multiple deformities,	2(1)	1	3(1)	
Other deformities,	0	3(2)	4(3)*	
Congenital lues,	0	1	1	
				24(14)
4. Ill-defined or unknown cause.				
Macerated fœtus,	9(5)	3(2)	12(7)	
Atelectasis,	0	1(1)	1(1)	
Asphyxia,	1(1)	2	3(1)	
Prematurity,	7(7)	1(1)	8(8)	
Post-maturity,	1	0	1	
				25(17)
	56(24)	60(30)		117(55)

Figures in brackets denote the number of premature births.

*Includes 1 where sex was indeterminable.

TABLE II.

Neo-natal Deaths — Cause of Death.

Cause of Death.	MALES—50. Under 1 day.	1-2 dys.	2-3 dys.	3-4 dys.	1-2 wks.	2-3 wks.	3-4 wks.	FEMALES—41. Under 1 day.	1-2 dys.	2-3 dys.	3-7 dys.	1-2 wks.	2-3 wks.	3-4 wks.	TOTAL—91. Total.	Percentage.
Prematurity,	13(13)	1(1)	1(1)	3(3)	3(3)	2(2)	2(2)	8(8)	6(6)	2(2)	1(1)	1(1)	0	1(1)	44(44)	48.4
Atelectasis,	1	0	0	0	0	0	0	1(1)	0	0	1(1)	0	0	0	3(2)	3.3
Asphyxia,	2	0	1	0	0	1	0	1	0	0	0	0	0	0	5	5.5
Injury at birth, incl. cerebral hæmorrhage,	0	4	0	2(2)	1(1)	0	0	2(1)	0	0	0	0	0	0	9(4)	9.9
Congenital malformation,	1	3(1)	0	0	1	0	0	3(1)	1	0	3(1)	1	1	1	15(3)	16.5
Pneumonia (all forms),	0	0	0	1	2	0	0	0	1	1	0	0	1	0	6	6.6
Diseases of digestive system,	0	0	1	0	1(1)	0	0	0	0	0	0	0	0	1	3(1)	3.3
Hæmolytic disease of the newborn,	1	0	0	0	0	0	0	0	0	1(1)	0	0	0	0	2(1)	2.2
Accidental asphyxia,	0	0	0	1	0	0	0	0	0	0	1	0	0	0	2	2.2
All other causes,	0	0	1	0	0	0	0	1(1)	0	0	0	0	0	0	2(1)	2.2
	18(13)	8(2)	4(1)	7(5)	8(5)	3(2)	2(2)	16(12)	8(6)	4(3)	6(3)	2(1)	2	3(1)	91(56)	100.1
	37 (74.0%)				13 (26.0%)			34 (82.9%)				7 (17.1%)				

78% of neo-natal deaths and 45% of all infant deaths occurred in the first week of life.
55% of neo-natal deaths occurred in the first two days of life.

	Males.	Females.	Total.	Percentage.
Full-time,	20	15	35	38.5
Premature,	30	26	56	61.5
	—50	—41	—91	
Legitimate.	47 (19 F.T. 28 Prem.)	34 (13 F.T. 21 Prem.)	81	89.0
Illegitimate,	3 (1 F.T. 2 Prem.)	7 (2 F.T. 5 Prem.)	10	11.0
	—50	—41	—91	
Prematurity associated with cause of death but not the primary cause of death,	3(3)	1(1)		
Gastro-enteritis associated with cause of death but not the primary cause of death,	3(3)	1(1)		
Broncho pneumonia associated with cause of death but not the primary cause of death,	6(5)	3(2)		
Atelectasis associated with cause of death but not the primary cause of death,	5(4)	7(4)		
Asphyxia neonatorum associated with cause of death but not the primary cause of death,	3(1)	2(2)		
Cerebral hæmorrhage associated with cause of death but not the primary cause of death,	9(7)	5(4)		

Figures in brackets denote premature births.

TABLE III.

Deaths of Infants between Four Weeks and One Year.

Cause of Death.	MALES—42. 4 wks.-2 mths.	2-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	FEMALES—25. 4-wks. 2 mths.	2-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	TOTAL—67. Total	Percentage.
Pneumonia (all forms),	5(1)	4(1)	8(2)	1	0	3(1)	3	4	1	3	32(5)	47.8
Other diseases of respiratory system,	0	0	1	0	0	0	0	0	1	0	2	3.0
Gastro-enteritis,	1	1	1	0	0	0	2	1(1)	1	0	7(1)	10.4
Other diseases of digestive system,	2	0	1	0	0	0	0	1	0	0	4	6.0
Congenital malformations,	2	0	0	0	0	0	0	0	0	0	2	3.0
Meningitis (all forms),	0	0	1	0	1	0	0	0	0	0	2	3.0
Prematurity,	2(2)	0	0	0	0	0	0	0	0	0	2(2)	3.0
Marasmus,	1	0	0	0	0	0	1	0	0	0	2	3.0
Accidental suffocation,	4	1	1	1(1)	0	1	0	2	0	0	10(1)	14.9
All other causes,	0	0	2	0	1	0	0	0	1	0	4	6.0
	17(3)	6(1)	15(2)	2(1)	2	4(1)	6	8(1)	4	3	67(9)	100.1

	Males.	Females.	Total.	Percentage.
Full-time,	35	23	58	86.6
Premature,	7	2	9	13.4
	—42	—25	—67	
Legitimate,	33 (29 F.T. 4 Prem.)	22 (20 F.T. 2 Prem.)	55	82.1
Illegitimate,	9 (6 F.T. 3 Prem.)	3 (3 F.T. 0 Prem.)	12	17.9
	—42	—25	—67	
Gastro-enteritis associated with cause of death but not the primary cause of death,	5(1)	0		
Pneumonia associated with cause of death but not the primary cause of death,	4(1)	2		
Marasmus associated with cause of death but not the primary cause of death,	1	0		

Figures in brackets denote premature births.

TABLE IV.

Deaths of Children over One Year.

Cause of Death.	Males—16. 1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	Females—8. 1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	Total—24.
Whooping Cough, ...	1	0	0	0	0	0	0	0	1
Anterior poliomyelitis, ...	2	2	0	0	0	0	0	0	4
Pneumonia (all forms), ...	2	0	1	0	3	0	0	0	6
Tuberculosis (all forms), ...	0	1	0	0	1	0	1	0	3
Perforation of appendix, ...	0	0	1	0	0	0	0	0	1
Acute intestinal obstruction, ...	0	0	0	0	0	0	1	0	1
Malignant neoplasm, ...	1	0	1	0	0	0	0	0	2
Septicæmia, ...	0	0	1	0	0	0	0	0	1
Accidental asphyxia, ...	0	0	0	0	0	0	0	1	1
Drowning, ...	0	1	0	0	0	0	0	0	1
Road accidents and other violence, ...	0	2	0	0	0	0	1	0	3
	6	6	4	0	4	0	3	1	24

TABLE V.

MATERNAL DEATHS.

Classification of Certified Causes of Death of the Three Women who Died During Pregnancy or During the Puerperim.

Directly due to child-bearing—	Yrs. 15-25.	25-35.	35+.	Total.
Septic abortion, ...	0	1	0	1
Toxæmia of pregnancy followed by obstetric shock (infant stillborn), ...	0	0	1*	1
Deaths due to causes aggravated by child-bearing—				
Acute pulmonary oedema following mitral stenosis, ...	0	1	0	1
				3

*Normally resident outwith Dundee.

TABLE VI.

Analysis of Feeding in Infants who Died between the Ages of Four Weeks and Twelve Months.

MALES AND FEMALES

Age at Death.

	4 wks.-2 mths.	2-3 mths.	3-4 mths.	4-5 mths.	5-6 mths.	6-7 mths.	7-8 mths.	8-9 mths.	9+ mths.	Tl.	Percentage.
Breast	4	0	0	0	0	0	1	0	0	5	7.5
Mixed*	1	0	0	0	0	0	0	0	0	1	1.5
Partly Breast†	11(2)	10(1)	5(1)	6(1)	5	2	2	0	4	45(5)	67.2
Artificial, ...	5	2	1	3	3	0	1	0	1	16	23.8
	21(2)	11(1)	7(1)	9(1)	8	2	4	0	5	67(5)	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 between the Ages of Four Weeks and Twelve Months (Gastro-enteritis Cases).

MALES AND FEMALES

Age at Death.

	4 wks.-2 mths.	2-3 mths.	3-4 mths.	4-5 mths.	5-6 mths.	6-7 mths.	7-8 mths.	8-9 mths.	9+ mths.	Tl.	Percentage.
Breast, ...	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
Partly Breast†	1	3(1)	1(1)	0	0	0	1	0	0	6(2)	85.7
Artificial, ...	0	0	0	0	1	0	0	0	0	1	14.3
	1	3(1)	1(1)	0	1	0	1	0	0	7(2)	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 VIII.

Analysis of Feeding in Infants who Died between the Ages of Four Weeks and Twelve Months (Pneumonia Cases).

MALES AND FEMALES

Age at Death.

	4 wks.-2 mths.	2-3 mths.	3-4 mths.	4-5 mths.	5-6 mths.	6-7 mths.	7-8 mths.	8-9 mths.	9+ mths.	Tl.	Percentage.
Breast	1	0	0	0	0	0	0	0	0	1	3.1
Mixed*	0	0	0	0	0	0	0	0	0	0	0.0
Partly Breast†	5	5	2	3(1)	2	0	1	0	2	20(1)	62.5
Artificial, ...	2	2	1	3	1	0	1	0	1	11	34.4
	8	7	3	6(1)	3	0	2	0	3	32(1)	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.

PRE-SCHOOL AND SCHOOL HEALTH SERVICE

1.—LIST OF STAFF.

(a) Whole Time.

School Medical Officers.

Chief Executive School Medical Officer.
Four Assistant Medical Officers.

School Dental Officers.

Senior Dental Officer.
Three Assistant Dental Officers.

School Nurses.

The combined staff of Superintendent, two Deputy Superintendents and 39 Health Visitors all have duties in the Pre-School and School Health Service.

Clerkesses, 5.
Dental Attendants, 4.
Nurse (part-time duty) 1, and Clinic Attendant 1, for treatments in the Cleansing Station.
Medical Room Assistant in the Special School for Physically and Mentally Handicapped Children.
Audiometric Technician.
Orthoptist.
Orthoptic Clinic Assistant.
Clinic Porters, 2.

Changes in Whole-time Staff.

The appointment of Dr Dora W. Gerrard as Chief Executive School Medical Officer was confirmed by the Health Committee at its meeting in September, 1949, to date as from 16th May, 1949.

Dr James D. Ramsay tendered his resignation as Assistant Medical Officer (Schools) to take effect at 14/8/50 on being appointed Assistant Medical Officer to Dumfriesshire County Council. The post, created vacant by his resignation, so far, has not been filled.

Dental Officers.

Miss Elizabeth H. Thornton, L.D.S., was appointed Assistant Dental Officer on 1/9/49, and resigned from the post on 15/12/49. Miss Margaret H. Caithness was appointed Temporary Assistant Dental Officer on 27/2/50.

Nursing Staff.

There has been a number of changes in the Nursing Staff during the year, but the establishment has been maintained by the temporary employment of uncertificated Health Visitors at 39.

Audiometric Technician.

Miss Alice Flynn was appointed to the post in November, 1949, by the Health Committee and, following a course of training in this work, under the Edinburgh Education Committee, commenced duty in January, 1950.

The **Orthoptic Clinic Assistant,** who continued in her previous post on a temporary basis, following her marriage, resigned on 25/5/50. One dental attendant, who had been engaged in general School Health Service work, was appointed to this post on 27/4/50 following a satisfactory experimental period for experience and training.

The **Medical Room Assistant** in the Special School, who had been trained for Occupational Therapy, preparatory to the opening of an Occupational Centre, was transferred from the staff of this Department to employment under the Education Committee on 31/10/49. An Assistant, with considerable Voluntary Red Cross and Hospital experience, was appointed temporarily, on account of age, to this post on 1/11/49.

(b) Part-time.

All the Specialist Clinics, as previously reported, were maintained throughout the year with the addition of one extra ophthalmic session weekly from 13/12/49, which was conducted by an Ophthalmic Registrar, delegated to the work by the Administrative Medical Officer, Eastern Regional Hospital Board.

One part-time Clinic Nurse resigned as from 15/4/50 and was not replaced.

2.—GENERAL STATISTICS.

Population of the Area,		178,300
Number of Schools—		
(a) Primary Education	Under Education Authority	37
(b) 1. Secondary Education		8
2. Pre-Vocational Education		2
(c) 1. Special Schools,		4
2. Nursery Schools,		6
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
(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,		27,294
Number of children in average attendance,		24,804

3.—SANITARY CONDITION OF SCHOOLS.

Medical Officers have inspected the sanitary arrangements in schools from time to time and have paid particular attention to the ventilation and hygienic conditions of classrooms on their regular visits to schools. The group of schools specially reported on are providing conditions adequate and satisfactory.

The programme of painting and redecorating schools has been proceeded with, and bright, colourful schemes create a happy environment for the children. Schools in the central congested areas are not now taxed to capacity, and accommodation is adequate as the result of the rehousing of families in the new housing areas.

Attention must be drawn to repair and replacements much needed in certain lavatory arrangements where seats are missing from many closets, and one school calls for immediate attention to the masonry of the outside building and resurfacing of the partitions between individual compartments.

Satisfactory standard of cleanliness was found on inspection.

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 1940
3. ,, ,, 1936
4. ,, ,, 1933
5. ,, ,, 1942 (vision and hearing).

Summary of the Work of the Medical Officers.

Consultation Clinic Sessions,	462
Systematic Inspection Sessions,	371
Special Visits to Ordinary Schools,	52
,, ,, ,, ,, for purpose of immunisation,	43
Special Clinic Sessions for purpose of immunisation,	14
Special Consultation Clinic Sessions (C.E.S.M.O.),	104
Visits to Special Schools,	91
Nursery Schools and Classes,	59
Pre-Nursing School,	15
Day Nurseries (Holiday Relief),	6
Special Visits to Ordinary Schools for Camps,	22
Holiday Home Sessions,	32

Other Special Examinations by Medical Officers.

Children as to fitness for Belmont Camp School,	1,138
,, ,, Holiday Camps,	517
Applicants for Licences for Employment,	625
Superannuation Examinations (Male),	107
Medical Examination of Children requiring general anæsthetic for dental treatment,	179
	2,566

Systematic Medical Inspection in school of children in the prescribed age groups has been carried out as in former years, mainly at forenoon sessions, but an occasional afternoon session has been introduced when employment of the time of both Medical Officer and Health Visitor was economically advantageous. With the larger schools the consecutive number of sessions has been limited and visits repeated at shorter intervals in order to avoid reducing the time spent in home visiting by the Health Visitor over

an extended period. This is important with a staff combining the duties of Infant Welfare and School Health as is in operation in Dundee. It also allows the Medical Officers more frequent visitation to the schools and in consequence more familiarity with the teaching staff and pupils, and provides the contact for consultation of special problems and the supervision of general hygiene and environmental conditions in the schools.

Ordinary Consultation and Medical Treatment Clinics have been organised on the same lines as detailed in 1947-48 annual report and commented upon in last year's report.

Following representation to the Administrative Medical Officer, Eastern Regional Hospital Board, one additional weekly session, conducted by an Ophthalmic Registrar, was commenced on 13/12/49. He has carried out re-examinations of children who had previously had consultant advice and been recommended for review. The number of these cases had reached a high figure, and it was impossible for the ophthalmologists to overtake the number due for this re-examination at the prescribed intervals. The additional session has improved the position, but many are still overdue.

Premises have not yet been found to permit of a Consultation Clinic being held in the west end of the city. There is, however, a considerable transference of families from the densely populated central and west central areas to the new housing schemes to the north of the City, and clinic facilities are ready to be utilised for consultation and treatment at King's Cross Hospital West, where already an Infant Welfare Clinic is held, as soon as the new infant schools, Blackshade, Gillburn at St Columba's are opened. It is anticipated that this will happen early in the next session.

Medical Inspection of all pupils attending for pre-vocational education either at Trades College or the Pre-Nursing School has been carried out with the same organisation as reported last year.

Dundee Trades College.

Medical examination of all boys accepted for training in Dundee Trades College for the pre-apprenticeship courses in the building and engineering industries has again been carried out by the Assistant Medical officer of Health (General) as soon after en-

rolment as possible, and all students attended the Mass Radiography Unit for radiological examination. Examination in greater detail, when considered advisable, was made at the Chest Clinic.

During the session 183 boys were medically examined. Classification of fitness according to Table III. is as follows:—

Grade.	Number.	Percentage.
I.	53	28.96
II.a	7	3.83
II.b	12	6.56
II.c	—	——
III.	64	34.97
IV.a	30	16.39
IV.b	17	9.29

Eleven of the pupils classified as IV.b are in this group on account of colour blindness. Adjusting this table to conform to the practice carried out at school routine medical inspection where this is not classified as a defect, the grading would be, Grade I., 64 (34.97%); and Grade IV.b, 6 (3.28%).

As a result of the examinations a number of the boys attended for treatment under School Health Service for minor aliments, orthopaedic conditions, vision defects, and ear, nose and throat consultation.

Seymour Lodge Pre-Nursing School.

The number of girls in the Pre-Nursing School having pre-vocational training for part one of the preliminary examination of the General Nursing Council for Scotland this session is 86.

Thirty-two commenced their training, of whom 11 were from Dundee. Twenty were examined by one of the Assistant Medical Officers of this Department before commencing the course and 12 by Medical Officers of the areas from which the girls came.

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

Grade.	Number.	Percentage.
I.	6	54.55
II.a	2	18.18
II.b	—	——
II.c	—	——
III.	3	27.27
IV.a	—	——
IVb.	—	——

One of the Assistant Medical Officers paid 15 visits to the School during the session and made a routine examination of 59 of the senior students. This is felt to be important, especially for those nearing the end of the course.

During the session all the students had a radiological examination by Mass Miniature Radiography, and all were pronounced satisfactory with the exception of one girl who was kept under supervision at the Chest Clinic and excluded from the School for the last month of term in order to rest at home.

Nursery Schools and Classes.

The medical inspection of 413 children in the 6 nursery schools and 4 nursery classes in primary schools was made by the medical officers as soon after the commencement of the session as possible. 168 re-examinations were carried out during the second and third terms.

The medical officers visited the nursery schools regularly and whenever asked by the teacher-in-charge for consultation on any particular problem. The health visitor for the area served by the nursery school is delegated to visit weekly. Her knowledge of the home and family conditions of the children and also the fact that she is familiar with the school problems in the area and also visits the day nursery, should there be one in her area, gives her a unique position of liaison between the home and the services provided by the Local Authority for the care, training and education of the children.

Those schools which have nursery classes have proved that, far from creating a problem in the school life, the small nursery community, in its transformed classroom accommodation, harmonises into the pattern of the whole. The timid five-year-old, on his first day at school, is at a serious disadvantage with these experienced school attenders. The nursery school teachers, infant mistresses and the trained nursery staffs show great enthusiasm, initiative, patience and understanding of the purpose of nursery school education, and the regret of all concerned is that present conditions necessarily relegate nursery school building low priority.

B — System and Extent of Dental Inspection and Treatment.

Details of the work of the Dental Service will be found in the report of the Senior Dental Officer which follows this report.

C — School Nursing and Arrangements for Follow-up.

The health visitors in their capacity of school nurses have maintained the nursing duties of School Health Service efficiently and have shown determination and perseverance in their campaign to acquire and maintain a high standard of personal hygiene and cleanliness among the pupils. Health visitor sessions in the schools are accepted in the school timetables, and in most schools they have organised a system of class supervision by rotation. The advice and instruction given then has proved valuable and in most instances effective and fruitful as estimated at later re-examinations. These regular visits also provide the opportunity, at an expected time, for class teachers to present any problems regarding the health of their pupils, for discussion or action, and the health visitor's advice and help is supplied with great acceptance.

The efficacy of her work in the schools depends on her prime duty as a visitor in the homes of the people and requires that she should have the confidence of the parents and influence them to obtain the necessary advice and to carry out the prescribed treatment. This follow-up work is carried out most satisfactorily by the health visitors in their respective districts. The school nursing duties in the Special School for Physically and Mentally Handicapped Children requires the full-time of one health visitor assisted by a medical room attendant. Medical care in the school, be it carrying out minor treatments, administering prescribed medicines, U.V.R. therapy and rest room supervision, dietary care and dealing with any emergency that may arise, and the routine supervision of personal hygiene and cleanliness, clothing, footwear and apparatus, is ably given, while, after school hours, much valuable co-operation with the parents of the children, by visits to the homes, is obtained. This health visitor has continued to organise and personally assist at the weekly orthopaedic clinics throughout the session.

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.

Statistically the Work of the Health Visitors in this Branch of the Public Health Department is summarised as follows:—

Sessions on Medical Inspection,	501
Additional Visits to Schools,	1,465
Follow-up Visits paid to Homes of—	
1,633 school children,	2,715
13 nursery school children,	25
69 children (orthopaedic),	101
Sessions at—	
Consultation and Treatment Clinics,	2,039
Ultra-Violet Ray Clinics,	66
Orthopaedic Clinics,	60
Specialist Consultation Clinics,	404

D — Co-operation with Other Health Services and with Other Departments of the Local Authority who render Service to Children.

The co-operation with previously established Health Services in the City as mentioned in last year's annual report continues to exist most satisfactorily. Added to these we have frequently combined with the Home Help and the After Care Services mutually benefiting each service's particular functions. We have also been happy to co-operate with the Hospitals' Medical and Surgical Staffs for the care of convalescent children on discharge from hospital when immediate return home could not supply the necessary conditions. There is also the need for the care of healthy children during hospitalisation of the mothers, but facilities do not exist meantime for this to be undertaken to anything like the extent that requests are received.

Close liaison has been maintained with the School Welfare Officer and the Officers of the Children's Department, and we have been able to help both departments by medically examining children under their supervision and care to eliminate physical or mental abnormality which might be a contributory factor to the social problem. We have valued their co-operation where children presented for health reasons were found to have some underlying maladjustment at school or in the home.

At informal meetings of the Children's Council with these and other Officers, concerned with the wellbeing of children, insight was gained into the co-operative efforts made on behalf of children who, by reason of circumstances, are deprived of a secure and happy home life.

Diphtheria Immunisation.

This service continues to further the campaign for the full immunisation of all children against diphtheria. The first routine medical inspection of the child, as soon as can be carried out after the commencement of school life, affords the opportunity both to assess the overall state of protection acquired by this age group and also to advise and explain the importance of immunisation, if not already carried out, and of maintaining a high level of resistance, which will be ensured by repeating the initial dose of prophylactic serum at this age. For these reasons an informative leaflet emphasising the safeguard such treatment gives to the unprotected child, describing the simple procedure and making available the service of this Department if the parents wish to avail themselves of it, is enclosed with the medical history form, just prior to the first medical inspection. At the actual examination, if the mother is present, this is further amplified by conversation which, in many cases, is most helpful, and the figures recorded below show in general the satisfactory position obtained by this propaganda.

The practice has been for the school medical officers to organise sessions either in the schools or in adjacent clinics, if considered more desirable, within a few days of the completion of school medical inspection so that the parents' wishes are fulfilled with no delay. Approximately 1,889 injections have been given this session.

For the relatively small number of children, 257 of a total entrance group of 2,504, who reached school age without having been protected, despite the persistence and encouragement of the health visitors in the course of their home visitations throughout the pre-school years, the consent rate is 61.48%. It must be borne in mind, however, that some parents prefer to consult their family doctors and have the treatment privately, so that the actual figures for children who will be protected will be higher than can be recorded in this statement. There remains only the same small minority who have consistently refused all advice offered. The number of children entering school who have been protected con-

tinues to rise. The percentage this session is 89.74%—last year we recorded 88.11%— of the school entrants previously protected. When we add to this the percentage (6.31%) protected by two inoculations given by the school medical officers we know that 96.05% of children in the first year of school life are protected against diphtheria.

Of the 2,504 school entrants examined at systematic medical inspection, 2,247 (89.74%) had already had the course of injections.

For 158 (6.31% of the total examined) of the remaining 257 parents consented for the course.

For 1,573 (70% of those previously " immunised ") consent was given for a further maintenance dose.

218 (9.7% of those previously " immunised ") had already had a maintenance dose.

34 (1.51% of those previously " immunised ") did not require maintenance dose, having completed the course within the previous year.

Thus 1,825 (72.88% of the total examined) children entered school either fully protected or consenting to have maintenance dose.

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

It is again a pleasure to record the valuable work carried on by various voluntary organisations for the benefit of children in Dundee, and we are indeed fortunate that their committees are so wholeheartedly enthusiastic and so beneficent in the provision of convalescent and holiday home facilities.

The Dundee Invalid and Cripple Children's Aid Association in their home at Auchterhouse accommodated groups of children fortnightly throughout the year, who benefited greatly from the country environment and from the excellent care given by the matron. It so happened that waiting time was almost eliminated

and this form of treatment given just when it was required. The same can be said of Comerton Home made available to us for Dundee children in need of convalescence in the country by the Newport Children's Holiday Home Committee and of the Convalescent Home, St Andrews, maintained by the St Leonard's School Senior Society, and their co-operation with this Department is greatly appreciated.

The Invalid and Cripple Children's Aid Association demonstrated their interest in the children of the Special Schools by making their premises available for recreational activity and enjoyment one evening weekly, and the appreciation of the children was amply expressed by the number who took advantage of the Club.

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

The good relations existing between the Head Teachers and teaching staffs and members of this Department have contributed greatly to the smooth running and efficiency of our work, and we would acknowledge the help and consideration we receive at all times and repeat our willingness to be of service in return. Health and the ability of the child to benefit educationally are indivisible, and it is by the continued efforts of both departments that greatest benefit is derived by the child. When parents are expressly invited to attend for consultation regarding the health of their children we find them co-operative, and many mothers come voluntarily to seek advice, but the attendance of parents at routine medical inspection in school is not yet satisfactory although we are able to record a small increase percentage of mothers accompanying the children at their first inspection. It is our endeavour to emphasise the importance of health and a routine examination of an apparently healthy child provides the occasion for discussion should any minor deviation from what is accepted as normal health be found and the presence of the mother is most helpful to the doctor.

Parents Present.

Entrants Group, ...	1,822	72.76%
1940 Age Group, ...	695	29.76%
1936 Age Group, ...	70	2.84%
1933 Age Group, ...	1	0.41%

1942 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 7,547 at 370 sessions, an average of 20-21 per session.

As stated in the previous report, 7,533 children were systematically examined at 368 sessions, the average per session being the same as for the present year.

A — General Review.

Table II., at the end of this report, shows in statistical form the findings of systematic medical inspection which are dealt with in greater detail in the following paragraphs and a comparison made with incidence of the same conditions as reported in session 1948-49.

Recordings of Heights and Weights of School Children Examined at Routine Medical Inspection In the Prescribed Age Groups for the Session 1949-50.

	Entrants.		Second Age Group.		Third Age Group.		Secondary Age Group.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Total No. of Children Examined,	1,267	1,237	1,118	1,217	1,253	1,209	143	103
Average Age, ...	5 4/12	5 3½/12	9 5¾/12	9 5½/12	13 7¼/12	13 6¾/12	16 8/12	16 8/12
Average Height, ...	42.3″	41.7″	51.4″	50.8″	59.0″	59.5″	67.5″	63.5″
Average Weight, ...	42.4 lb.	41.0 lb.	62.5 lb.	60.9 lb.	91.8 lb.	92.3 lb.	132.6 lb.	123.65 lb.

The figures compare very closely with the recording published in last year's report with the exception of average weight, which, this year, shows an overall increase except for girls in the third age group.

1948-49 recording was as follows:—

	Entrants.		Second Age Group.		Third Age Group.		Secondary Age Group.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Total No. of Children Examined,	1,260	1,204	1,194	1,077	1,274	1,268	128	128
Average Age, ...	5 3/12	5 4/12	9 4½/12	9 4½/12	13 7/12	13 7/12	16 9/12	16 8/12
Average Height, ...	42.5″	42.0″	51.0″	51.0″	58.5″	59.5″	67.5″	63.75″
Average Weight, ...	41.5 lb.	39.0 lb.	61.5 lb.	58.0 lb.	90.0 lb.	93.0 lb.	125.0 lb.	122.0 lb.

1-2.—Clothing and Footwear Unsatisfactory.

Of the total number of children examined, 7,547, only 5 (0.07%) are reported with unsatisfactory clothing and 5 (0.07%) with unsatisfactory footwear. When 7,533 children were examined last session, the corresponding figures were 4 (0.05%) unsatisfactory clothing and 3 (0.04%) unsatisfactory footwear.

944 Children were provided with 1,182 pairs of boots or shoes by the Local Authority.

3.—Cleanliness.

Results this year show a marked improvement in the care and cleanliness of the hair, which is undoubtedly attributable to the persistent attention and training given by the health visitors to the pupils in the schools and to the stricter handling and exclusion of infested cases for medical treatment.

Of 7,547 examinations, 645 (8.55%) showed evidence of nits or vermin — 532 (14.13%) in girls and 113 (2.99%) in boys.

Last year we had to record 10.81% of the total, with nits or vermin — 17.81% girls and 4.25% boys.

The number of children showing lack of cleanliness of the body is 35 (0.46%), compared with 25 (0.33%) last year.

4.—Skin, Head and Body.

One case was recorded as ringworm of the scalp at routine inspection, but this was a case which had undergone prolonged treatment and had been certified non-contagious and allowed to return to school early in the present session while continuing to be re-examined under Wood's Glass for several weeks.

As will be seen from the report of the Consultant Dermatologist, only this one case was under treatment at the beginning of the session and was finally discharged in November, 1949. Since then no cases of ringworm of the scalp have occurred among Dundee children.

One entrant boy is reported as having ringworm of the body (0.01% of the total examined).

The decrease in the incidence of impetigo of the scalp which has been evident in the last two years has continued in the present session. Of the total number of children examined, 7,547, 11 (0.15%) were found to be suffering from this contagious condition. Last year the percentage was 0.38% and the previous year 0.56%.

Impetigo of the body is reported in 7 cases (0.09% of the total examined), the figure in last year's report being 8 (0.11%).

Other diseases of the skin, head and body are respectively 82 (1.09 %) and 190 (2.52%) of the total 7,547 examined.

Only three girls were found to be suffering from scabies when systematically examined in school, being 0.03% of the total 7,547. This disease, which caused so much ill-health and absenteeism from school in the war years, is fortunately now a rare occurrence.

5.—Nutritional State.

There is no significant change in the assessment of defective nutrition to record during systematic inspection this year. Of the total examined 7,547, 106 (1.40%) are reported to be slightly defective and 1 (0.01%) nutritionally bad. The figures reported last session were 117 (1.55%) slightly defective and 1 (0.01%) bad, out of total of 7,533.

2,299,553 meals were provided for school children by the School Meals Service, of which 577,638 were supplied to children free of cost to the parents. 4,533,500 bottles of milk were supplied.

6.— Mouth and Teeth Unhealthy.

Of the 7,547 children examined, 90 (1.19%) are classified as having conditions of the mouth and teeth detrimental to good health and requiring hygienic treatment. This is substantially the same percentage as was recorded last year.

7.—Naso-Pharynx.

Examination of the naso-pharynx revealed a higher percentage of children recommended for specialist advice and possibly operative treatment for nasal obstruction, and it will be noted in the Report of the cases seen by the Ear, Nose and Throat Consultant that a considerable number were further referred for X-ray examina-

tion of the nasal sinuses. Of the total examined, 7,547, 80 (1.06%) were noted for observation and re-examination and 29 (0.38%) as requiring operation. Last year this figure was 14 (0.18%) of the total, 7,533. Other conditions of the nose are recorded as 106 (1.40%).

Children with tonsils listed for observation number 482 (6.38%), which indicates a small increase from the 1948-49 figure of 534 (5.76%), while the number recommended for removal remains practically the same as last year — 153 (2.02% of the total, 7,547).

A decrease in the incidence of enlarged cervical glands, 105 (1.39%) is recorded. During session 1948-49, 140 (1.86%) children required to be kept under observation.

8.—Eyes.

External eye disease found to be present at systematic inspection approximates very closely under each heading the incidence of these conditions last year.

Blepharitis, 152 (2.01%) of the total examined, 7,547. Conjunctivitis 74 (0.98%) and corneal opacities in three cases (0.03%) are the figures recorded.

In the early months of 1950 the occurrence of purulent conjunctivitis was noted to be increasing. All cases found at routine inspection or in the clinics had smears taken before treatment commenced, and these were sent for bacteriological examination with a view to isolating the causal organism. The conditions were not proved to be due to one particular micrococcus, but the majority were pneumococci.

Cases of strabismus number 349 (4.62%), while the percentage last year was 4.47%.

The number found to have fair vision, 1,138 (22.57%)—boys 527 (20.96%) and girls 611 (24.16%), and bad vision 126 (2.50%) —boys 51 (2.03%) and girls 75 (2.97%) of the age groups who have systematic vision testing with standard test types remains a fairly constant figure. The number referred for refraction was 292

of the age groups systematically tested and 23 entrants, a percentage for the tested age groups of 5.79%. Colour vision is thoroughly tested by the complete Ishihara tests for all children in the third age group and in the fourth group, if not previously recorded—5.43% boys in third group and 2.8% boys in fourth group are recorded with defective colour vision, and 0.17% girls in third group were found also to have colour vision defect.

Systematic inspection of the 1942 age group for visual acuity and hearing was carried out as prescribed by the Department. In seven schools, where the number of children in this age group is large, the testing has been overtaken by the health visitor at her weekly sessions in advance of the doctor's visit, and all cases showing a defect are then assessed and appropriately referred for refraction or treatment by notification to the parents.

The number of children tested in this age group was 2,114—1,084 boys and 1,030 girls. Of the total number examined, 28.76%—298 (27.49%) boys and 320 (31.07%) girls—are reported to have fair vision, and 3.69% — 39 boys (3.6%) and 39 girls (3.79%) had bad vision. 95 boys (8.86%) and 96 girls (9.32%) were referred for refraction—a percentage of 9.03% of the total examined. 41 boys (3.78%) and 44 girls (4.37%) had strabismus.

The significant figures from this examination are the high percentage, for both sexes, of fair vision defects and a higher than average percentage of bad vision. The continuance of this early assessment and consequent correction of vision defect will result in more satisfactory corrected visual acuity in the later age groups and exclude a possible handicap to educational advancement for a number of children.

9.—Ears.

Of the total number of children examined, 7,547, the figures of 66 (0.87%) suffering from otorrhœa, and 43 (0.57%) with other diseases give approximately the same percentage as was recorded last year. The assessment of hearing, carried out by the oral method using whispering voice, shows the number classified as having Grade 1. defect to be 24 (0.32%), substantially the same as recorded last year, and no cases of the other grades are reported. The same method of oral testing carried out with the 2,114 children in the

1942 age group shows 5 boys (0.46%) and 6 girls (0.58%) Grade I. hearing loss and 2 boys (0.18%) and 1 girl (0.10%) Grade II.a hearing loss. All cases found to have a defect are referred for further investigation, and the majority had an auroscope examination in the treatment clinic to eliminate external auditory conditions followed by examination by the E.N.T. Specialist where necessary.

From the beginning of February we were able to have all cases of hearing defect, found at routine and special examination in school, tested individually by the gramophone audiometer, as this service was then available following the appointment of a technician to this department.

For the remaining months of the session the audiometric technician undertook group examinations of as many of the 1940 age group, selectings schools representing a cross section of the school population, as was possible in the time, in addition to individual tests of new cases referred for testing and re-examination of cases previously known to have a defect.

The report of the survey is as follows:—

Summary of Tests Completed During Period 1/2/50 to 30/6/50.

	Listed.	Tested	Re-tested.	Normal.	Defective.	Grades. I.	Grades. II.a	Grades. II.b	Absent.	Trans.	Left.	*Ref. E.N.T.	*Ref. D.C.
1940 Age Group, ...	1,085	982	169	967 98.47%	15 1.53%	13 86.67%	2 13.33%	—	71	15	17	2	2
Previous Defectives, ...	310	263	46	241 91.6%	22 8.4%	16 72.73%	5 22.73%	1 4.54%	25	14	8	1	1
New Cases, ...	497	479	110	430 89.77%	49 10.23%	33 67.35%	13 26.53%	3 6.12%	18	—	—	9	13
Cases tested in Clinic, ...	12	12	9	5 41.67%	7 58.33%	5 71.43%	2 28.57%	—	—	—	—	—	—
	1,904	1,736	334	1,643 94.64%	93 5.36%	67 72.04%	22 23.65%	4 4.31%	114	29	25	12	16

*Ref. E.N.T. — Referred to Ear, Nose and Throat Specialist.

*Ref. D.C. — Referred to Deafness Clinic.

During this session School Health Service has benefited by the facilities of the Deafness Clinic established by the Board of Management at the Dundee Royal Infirmary and subsequently transferred to Eastern Region Hospital Board's specially equipped premises in May, 1950, for the examination of children suffering from degrees of deafness. Cases brought forward to the Consultant Aurist at the Specialist Clinic were referred by him for pure-tone audiometric test, peep show or other examination, and detailed reports and advice received was of great value in determining the educational needs of the children.

Details are given under this section of the report dealing with medical treatment, since a number of these cases required, and were given treatment.

10.—Speech.

Of the total number of children examined, 7,547, 32 (0.42%) were found to have defective articulation and 13 (0.17%) to stammer.

From the beginning of the session the speech therapist and the newly appointed assistant have been able to examine cases brought to their notice by the teaching staffs and medical officers and have organised speech training for individual children and groups covering all ages and all schools in the City. The younger children who had, of necessity, to be excluded under the previous sessional organisation of the scheme have been examined and given their training by the assistant speech therapist in their own schools.

11.—Mental or Nervous Conditions.

(a) Using the classification, retarded, as defined in the School Code to indicate educational backwardness, directly the result of irregular attendance at school, the number of children reported is 16 (0 21%) of the total examined, 7,547.

(b) Mentally backward, due to intrinsic dullness was diagnosed in 11 (0.15%) cases.

(c) No cases, graded as mentally handicapped but educable, are recorded.

(d) One nine-year-old girl is classified as ineducable and had been allowed to continue school as the setting up of the Occupational Centre was imminent. This child was transferred when the Centre opened in the last month of the session.

(e and f) Emotional and behaviour disorders and disturbances were recorded in 23 (0.30%) and 10 (0.13%) respectively.

In all grades, with the exception of nervous and unstable conditions, the boys outnumber the girls. This sex proportion is borne out in the statistics presented by the Child Guidance Clinic, a summary of which appears later in this report and the Educational Psychologist which is incorporated in the annual report of the Director of Education. These figures detailed above are considerably higher than those recorded last year, and the increase is especially noticeable in the entrants age group. The help of the Clinic Psychologist with psychological problems, the Educational Psychologist with educational problems and the Welfare Officer with domestic and environmental conditions, causing maladjustment and habit disorders, has been willingly put at our disposal, and the co-operation of the team with the medical officer has meant that the individual problems have been fully investigated from all viewpoints, thereby ensuring the best treatment of the children.

12.—Circulatory System.

In the age groups examined systematically this session, the number of children with congenital heart lesions is 11 (0.15%), the same figure as published last year. 7 (0.09%) children had signs of acquired heart disease, maintaining the more favourable figure recorded in last year's report. Functional disorders number 21 (0.28%), a reduction from 28 (0.37%) last session. The value of chemotherapeutic treatment over a prolonged period would appear to be established and responsible for the decrease in incidence of sequelae of the acute rheumatic and other infective conditions.

13.—Lungs.

The figures recorded under this heading show practically no variation from those reported last year. The only significant fact to record concerns cases of suspected tuberculosis. The number, 27 (0.36%) shows a further increase from last year 24 (0.32%), and it will be noted that the sex distribution is reversed, boys 12 (0.32%) and girls 15 (0.40%) while 18 boys (0.47%) and 6 girls (0.16%) were recorded last year.

14.—Deformities.

Of the total number of children examined, 7,547, 30 (0.40%) had congenital deformities—the incidence of acquired deformity

due to Anterior Poliomyelitis has increased from 2 (0.03%) last year to 10 (0.13%) this year, a not unexpected recording in view of the epidemic outbreaks in recent years; 8 (0.21%) boys are affected.

133 (1.76%) children with deformities due to other causes is considerably higher than the previously recorded figure of 91 (1.21%) and is probably partially accounted for by the more accurate assessment of postural and other orthopaedic conditions.

15.—Infectious Diseases.

The number of children suffering from infections at the time of the medical inspection was 9 (0.12%), in keeping with the relative freedom from the infectious diseases affecting the child population in general.

16.—Other Diseases or Defects.

The cases recorded under this heading, which do not appropriately fit into any of the other defined conditions, remains a relatively constant number, 424 (5.62%) is the recording for this year.

Special Examinations in Schools.

	1,330 children examined 855 defective.	2,079 children re-examined. 759 still defective.
Head—Vermin,	8	2
Nits,	64	75
Other conditions,	16	5
Body—Vermin,	2	—
Other conditions,	19	13
Diseases of tonsils,	13	151
Defective vision,	104	258
Diseases of eye,	30	32
Defective hearing,	57	11
Diseases of ear,	11	8
Speech defect,	51	6
Mental or nervous conditions,	67	20
Infectious Disease,	9	—
Other conditions,	548	174

83 children were reported to the Director of Education as requiring special educational treatment in special schools.

The following table classifies the conditions on which the recommendations were made:—

Mentally Handicapped — Educable,	42
Pyogenic Joint Infections,	3
Tuberculous Joint Infections,	4
Cerebral Palsy,	4
Anterior Poliomyelitis,	3
Epiphyseal Abnormality, Knee,	1
Bilateral Congenital Deformity, Hips,	1
Bilateral Talipes Equino Varus,	1
Post Pulmonary Tuberculosis,	3
Bronchiectasis,	1
Asthma and Bronchitis,	1
Debility,	3
Post Rheumatic Heart Lesion,	4
Post Scarlet Fever Heart Lesion,	1
Major and Minor Epilepsy,	2
Post Encephalitis,	1
Grade III. Deafness,	1
Myopia,	4
Optic Atrophy,	1
Congenital Choroidal Colobomata,	1
Disseminated Choroido-Retinitis,	1

34 mentally handicapped children (4 physically and mentally handicapped) were reported to the Director of Education as unsuitable for special educational treatment in a special school, but suitable for training in an occupational centre.

25 children were referred for special educational treatment to the Child Guidance Clinic. The following table classifies the conditions on which the referrals were made:—

Eneuresis or bowel incontinence,	12
Difficult behaviour,	7
Neurotic complaint,	1
Temperamental disorders,	4
Habit disorders,	1

6. — MEDICAL TREATMENT

A — Minor Ailments.

Organisation for Consultation and Minor Ailments Treatments Clinics has been continued during the present session on the same lines as was stated in last year's annual report. It is most unfortunate that I am not yet able to report that premises have been acquired or built to allow of a consultation clinic being held in the

west end of the City, nor have the City Architect's plans for repair of the Nelson Street Centre been found possible to execute under present conditions. Medical advice and treatment is not always the complete answer on these visits by patients and parents. The greatest help is often instruction and education to establish good habits and healthy living and every opportunity is taken, but a tired or uncomfortable person is not the most recipient, and teaching is more forceful where illustrated by satisfactory conditions. The anticipated removal of the Maryfield Clinic from the Probationary Block of the Hospital to other premises to allow of reconstruction did not have to be undertaken, and the session closed with the district clinics operating as usual.

Consultation Clinic Attendances.

	Children 2-5 Years.		Children 5-15 Years.	
Clinic.	Cases.	Consultations.	Cases.	Consultations.
Central, ...	180	248	2,281	5,254
West, ...	51	64	558	1,039
Lochee, ...	67	100	1,037	1,637
Ferry Road, .	41	57	639	1,306
Bro. Ferry, ..	49	119	312	707
Maryfield, ...	46	76	1,614	2,679
Special Clinic at Central,	33	51	306	777
	467	715	6,747	13,399

The conspicuous drop in the figures of attendances at the Consultation Clinics recorded in last year's annual report for the first year of the National Health Service has not been repeated this year. While the number of children brought for consultation is still further reduced—6,747 (1949-50) from 6,997 (1948-49)—the difference between the two sessions is small, and the indication is that parents come for advice and guidance in health matters and are attending their own family doctors when requiring specific treatment. It is early yet to say if the level has been reached where the two services co-operate according to their established traditions for the welfare of the school child, but the signs are suggestive and the prime function of School Health Service to inculcate prevention of ill-health and disease and to correlate education with physical and mental ability can be more fully performed.

A proportional decrease in the certificates issued to Head Teachers and the Attendance Department exempting children from

varying periods from school attendance is reported—1,369 certificates granted while 1,831 were issued last year. Taken in conjunction with the total attendances figure of 13,399, a further proof is given that ill children are not being brought to clinics. The head teachers still regret that general practitioners are not obligated to issue cerificates of exemption as this creates problems both of attendance and of exclusion of contacts for infectious illness.

940 intimations of infectious diseases were sent to the head teachers from this department with guidance for the exclusion of cases and contacts.

The number of children who attended for treatment at one or other of the treatment clinics is shown in tabular form as follows. There are six sessions weekly for minor ailments and daily treatment for scabies and cleansing at the one special centre.

Treatment Clinic Attendances.
Totals for 6 Clinics and 1 Scabies Treatment Centre.

	Children 2-5 Years.			Children 5-15 Years.		
		Attendances.			Attendances.	
	Cases.	No.	Av.	Cases.	No.	Av.
Cuts, bruises, sprains, minor injuries, etc., ...	27	151	5.59	5,453	18,194	5.27
Diseases of ear, ...	5	47	9.40	457	3,163	6.92
Diseases of eye (ex. Def. Vision), ...	13	30	2.31	843	4,712	5.59
Diseases of skin—						
Ringworm (Scalp):						
X-ray treatment, ...	—	—	—	—	—	—
Other treatment, ...	—	—	—	1	7	7.00
Ringworm (Body), ...	—	—	—	13	62	4.77
Scabies—						
Clinic treatment, ...	2	2	1.00	6	23	3.83
Baths treatment, ...	14	93	6.64	75	691	9.21
Impetigo, ...	8	46	5.75	231	1,593	6.90
Other Diseases, ...	11	26	2.36	340	856	2.52

B — Defective Vision and Squint.

The school year began with two ophthalmologists, appointed to this work by the Eastern Regional Hospital Board, each conducting three clinics weekly, but in December, 1949, an additional session was made possible by the appointment of a registrar for ophthalmic work in the region, and for the remainder of the school year we were able to have seven weekly clinics. All cases brought

forward for first consultation were dealt with without undue delay, and the proportion of cases for re-examination dealt with at the appointed time has increased, although there is still a considerable waiting list.

When glasses were prescribed they have been obtained through the Supplementary Ophthalmic Service under the Executive Council as was arranged in January, 1949, and the supply latterly caused very little inconvenience. 2,288 children had refraction and 1,507 retests were made. 1,194 children were provided with glasses.

The number of children who had refraction and for whom glasses were prescribed outwith this Local Authority scheme is not known.

Before the end of the session the Eastern Regional Hospital Board, through the Board of Management of the General Hospitals, approved a scheme, following consultation with the ophthalmologists in the City, for the appointment of a dispensing optician to be in attendance at all Eye Service Clinics for children and entered into contract with a firm of dispensing opticians for the supply of glasses conforming to the regulations of the National Health Service, and this scheme will be put into operation when an appointment is made and when premises and equipment for the conduct of the service are obtained.

The treatments of squint have continued with the same organisation as was detailed in this section of last year's report at the eminently satisfactory Orthoptic Clinic which has been operating now in this City for 11 years. The resources of the one orthoptist are heavily taxed as each patient requires her personal attention and the training of young children to co-operate in the exercises needs very special qualities of patience and understanding. Very satisfactory results are obtained, but it will be seen from the figures quoted that a large number of cases referred for this specialised treatment have to remain on a waiting list till the more fortunates, having treatment, can be discharged. Additional trained staff is urgently required to permit of the expansion of this service.

The following table gives the statistical record of the work undertaken:—

Cases brought forward from previous year—					
Waiting List, ...		395			
Under treatment, ...		286			
Postponed, ...		171			
			852		
New Cases, ...		310			
Returned Cases, ...		2			
			312		
			1,164		
Cases examined but not requiring treatment, ...	44	Dundee children 5 yrs.+		14	
Unsuitable for treatment, ...	23	,, ,, ,,		15	
	—	67		—	29
Cases discharged—					
Cured, ...	71	,, ,, ,,		53	
Improved, ...	34	,, ,, ,,		32	
Failed to improve, ...	9	,, ,, ,,		7	
Failed to attend, ...	58	,, ,, ,,		54	
Left Dundee, ...	1	,, ,, ,,		1	
Died, ...	1	,, ,, ,,		1	
	—	174		—	148
		241			177
Carried forward to next session—					
Waiting List—					
Ready for treatment, ...	389	,, ,, ,,		370	
Too young for treatment, ...	86	,, ,, under 5 yrs.		84	
	—	475		—	454
Under Treatment—					
By occlusion, ...	150	,, ,, ,,		142	
		,, ,, under 5 yrs.		2	
By clinic treatment, ...	131	,, ,, 5 yrs.+		105	
	—	281		—	249
Postponed, ...		167	,, ,,		164
		1,164			1,044
Attendances made—					
By children under 5 years, ...	230	Dundee children, ...			212
By children over 5 years, ...	5,973	,, ,, ...			5,893
By adults, ...	254				
	6,457				6,105

A number of children have had operative treatment for squint in the hospitals by the Consultant Ophthalmic Surgeons.

C — Nose and Throat (Operative Treatment).

One clinic session weekly has been maintained throughout the session when consultation with an Aural Surgeon was available for children found at routine medical inspection or in the consultation clinics suffering from ear, nose or throat complaints. Cases recommended for operation by him were intimated to the Medical Superintendents of the general hospitals and admitted according to urgency and otherwise as accommodation was available. Both hospitals have long waiting lists, and the number of operations performed is far short of the number of cases recommended from this service.

Children treated by operation for adenoids or enlarged tonsils in Dundee Royal Infirmary numbered 22 (5-15 years).

Cases treated at Maryfield Hospital for adenoids and enlarged tonsils numbered 147-109 (5-15 years) and 38 (2-5 years).

During the session 20 children were referred from the Ear, Nose and Throat Specialist Clinic for investigation for deafness. This work was carried on in the E.N.T. Department of the Royal Infirmary until May, 1950, when the special deafness clinic was installed in the E.R.H.B. Board of Management premises in Commercial Street. Audiometric testing has been followed by local or operative treatment where necessary, and hearing aids have been supplied to two of the number for use in ordinary school.

Other operative treatments are detailed in the report of the Ear, Nose and Throat Specialist Clinic at the end of this report.

D — Orthopaedic and Postural Defects (Specialist Treatment).

As mentioned in last year's annual report, treatment of orthopaedic and postural defects became the responsibility of the National Service from the appointed day, but in practice the organisation for consultation by the orthopaedic surgeon has continued under School Health Service, and practically all children in the City up to school leaving age are referred for inclusion in the scheme. The facilities are also made available for children from the neighbouring counties in the Eastern Region for whom Dundee is the most accessible centre at the request of the respective Medical Officers of Health.

Cases were seen by the Orthopaedic Surgeon at forenoon and afternoon sessions one day per fortnight in the Local Authority Clinic at Maryfield, continuing the arrangement of previous years until the beginning of October, 1949, when the Surgical Out-Patients' Department of the Royal Infirmary was made available to the Orthopaedic Surgeon by permission of the Board of Management and the Clinic was transferred there, operating on one session weekly since that date.

X-ray facilities are readily available, and the technician with mobile workshop from Bridge of Earn Hospital is in attendance to do small adjustments and repairs to apparatus and measurements for new appliances.

Until the orthopaedic department in the Infirmary is ready and this work undertaken as an out-patient hospital service, the present arrangement is likely to continue. One session weekly is quite inadequate to maintain the follow-up of cases at the prescribed intervals, and very close supervision is required of the case records. The Health Visitor attached to the special school makes all arrangements on an appointment system and assists the Surgeon at each session.

Physiotherapy and remedial treatments are given at the Orthopaedic and Rheumatic Clinic in Kemback Street as formerly. One of the staff attends the weekly clinic for advice and to give reports.

The Orthopaedic Surgeon continues his monthly visit to the special school for the supervision of children under his care. The number of children in the school with orthopaedic conditions is large and the two physiotherapists, seconded from Kemback Street Clinic, are fully engaged with treatments, plaster work and supervising exercises.

The number of treatments given in the school has increased very considerably, whereas there were 56 children requiring physiotherapy in 1948-49 when the present staffing arrangement for the work was first instituted, the number of cases at the close of the present session under treatment was 70.

Facilities have not improved in keeping with the increased work. In April, 1950, the large bathroom with its apparatus for

under-water treatments and accommodation for plaster work was dismantled and converted into a Domestic Science room. The Education Committee had approved this reconstruction in August, 1948, and had subsequently under discussion the erection of a prefabricated hut in the grounds of the school for the physiotherapy department, the final decision to await inspection of the completed hut purchased for the Occupational Centre. While the one project advanced and was equipped and in use before the Exhibition "Handicapped at Work," held in the school at the end of May, 1950, the other still awaits the decision of the Committee. As an immediate, temporary measure the Committee sanctioned the conversion of one of the cloakrooms off the main corridor into a small bathroom fitted with plunge bath, foot-bath and hand-basin and enough floor space to accommodate the plinth for plaster work.

Somewhat modified but very necessary sling suspension apparatus has been provided and other improvisations made to existing fitments in the present physiotherapy room to allow for several children doing remedial exercises at the same time, but the capacity of this room is now taxed to the utmost. It is hoped that a well-equipped unit, spacious enough for all the requirements of this essential service, will be added to the school in the near future.

All cases requiring hospital treatment are reported to Bridge of Earn Hospital, and arrangements made by this department for admission when intimation is received that accommodation is available. A number subsequently attend hospital as out-patients, as advised by the Surgeons.

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

Number of Sessions.	Total Consultations.	Av. Per Session.
48	1,786	37.21

Consultations.

0-2 Years.		2-5 Years.		5-15 Years.		15+ Years.	
Cases.	Consulta.	Cases.	Consulta.	Cases.	Consulta.	Cases.	Consulta.
190	296	361	528	507	915	21	47

Referrals.

	0-2	2-5	5-15	15+
Children recommended for hospital treatment—				
On Waiting List at 31/7/49, ...	1	3	35	2
Added during Session, ...	4	12	29	3
Total,	5	15	64	5

Children admitted to hospital, ...	2	12	43	2
Cases for hospital treatment cancelled as at 31/7/50, ...	—	—	2	—
Children recommended for Physiotherapeutic treatment at Dundee Orthopaedic and Rheumatic Clinic, ...	28	101	127	4
Actual treatments given at the Clinic during session 1949-50, ...	930	6,270	8,263	715

E — Speech Defects.

As reported in last year's annual report, the Education Committee had appointed an assistant speech therapist to commence duty at the beginning of the present session. The speech therapist and her assistant were therefore able to make a survey of the cases requiring treatment immediately after the summer vacation and organise their time to the best advantage in order to deal with the maximum number of children of all ages with speech defects in all schools in the City.

The Senior Therapist continued her scheme on a sessional basis at nine centres where children from schools in the near vicinity attended for training twice weekly. A programme for the assistant was devised so that she visited individual schools and gave treatment to the pupils in their own schools. This plan was designed mainly for the benefit of young children. It has always been recognised that treatment given early when language and vocabulary are being learned is especially important, but hitherto it had been impossible to get these little children to the teaching centres. The assistant also undertook the training of pupils in Junior Secondary Schools.

Unfortunately it has not been possible to include the Nursery Schools, but the teachers in charge have approached the problem with the same patience and understanding that they show to all phases in the development of the young children under their care.

The following is the report by the Senior Speech Therapist:—

Cases treated at the following centres —

Ancrum Road Clinic.
Maryfield Clinic.
Eastern School, Broughty Ferry.
St Joseph's Boys' School.

Hawkhill School.
Tay Street School.
S.S. Peter and Paul School.
Liff Road School.
Harris Academy.
Mitchell Street School.

Number of Children—	Boys.	Girls.	Total.
Brought forward from previous year, ...	47	17	64
New Cases examined in present session,			193
Actually treated, ...	119	45	164
Discharged in present session, ...	56	19	75
Carried forward to continue treatment next session, ...	63	26	89
Total attendances, ...			7,383
Number of Children treated for—			
Stammer, ...	62	10	72
Dyslalia, ...	22	10	32
Welsh L, ...	10	9	19
Lisp, ...	12	6	18
Defective R, ...	3	3	6
Cleft Palate, ...	3	2	5
Idioglossia, ...	1	3	4
Spastic, ...	1	1	2
Rhinolalia, ...	1	1	2
Defective L, ...	2	—	2
Burr, ...	1	—	1
Deaf Speech, ...	1	—	1
	119	45	164
Discharged:—			
Stammer, ...	26	1	27
Dyslalia, ...	10	6	16
Lisp, ...	8	5	13
Welsh L, ...	6	5	11
Defective R, ...	1	1	2
Idioglossia, ...	1	1	2
Defective L, ...	2	—	2
Deaf Speech, ...	1	—	1
Cleft Palate, ...	1	—	1
	56	19	75

Report by the Assistant Speech Therapist:—

As the work was carried out in schools this facilitates the treatment of infant classes. The preponderance of infants explains the unusually high proportion of dyslalia cases.

Treatment has been given in:—

9 Primary Schools.
3 Junior Secondary.
Lawside Academy.

Number of Children:—	Boys.	Girls.	Total.
Examined at commencement of session,			243
Examined during session,			48
Actually treated,	176	65	241
Discharged during the session,	44	27	71
Carried forward to continue treatment next session,	132	38	170
Total Attendances,			5,664

Number of Children treated for:—	Boys.	Girls.	Total.
Stammer,	59	6	65
Nasal,	2	—	2
Cleft Palate,	2	6	8
Deaf Speech,	1	1	2
Physically Handicapped (with speech defect),	3	2	5
Dyslalia,	107	47	154
Dysphonia,	3	1	4
Clutter,	1	—	1
	178	63	241

Discharged:—	Boys.	Girls.	Total.
Stammer,	15	4	19
Dyslalia,	27	21	48
Cleft Palate,	—	1	1
Dysphonia,	2	—	2
Deaf Speech,	—	1	1
	44	27	71

Application was made by the Secretary, Board of Management for the Dundee Mental Hospitals for the services of the Authority's Speech Therapist to be made available one Saturday morning per month at Baldovan Institution. The Education Committee agreed to the secondment at the meeting on 18/10/49 and instructed accordingly.

F — Ultra-Violet Ray Treatment.

The Local Health Authority have three clinics equipped for Ultra-Violet Ray Therapy, but partly owing to staffing difficulty and partly to no outstanding evidence of the need for this particular type of recuperative treatment, it was decided to concentrate the treatment of recommended cases at the Central Clinic and to limit its use to the four winter months — November to March.

The statistical record is as follows:—

	Children 2-5 Years.			Children 5-15 Years.		
		Attendances.			Attendances.	
	Cases.	No.	Av.	Cases.	No.	Av.
Central Clinic, ...	12	273	22.75	58	1,403	24.19

Reports are appended of the cases seen and conditions detailed for which treatments were prescribed by Regional Hospital Board Specialists at their respective School Health Service Clinics. While the majority of such treatments are given in the clinics and are recorded in the statistical table at the beginning of this section of the report, the Administrative Medical Officer, E.R.H.B., authorised the prescribing on Form R.B.P. (Scotland) under the Board of Management Hospital Service for special treatment not included in the stock clinic supplies.

This facility was made available from February, 1950. Prescriptions for such treatment were given to pre-school and school children as follows:—

30 for diseases of the skin.
17 ,, ,, ,, eye.
7 ,, ,, ,, ear, nose or throat.

The Paediatrician in charge of the children's ward at Dundee Royal Infirmary, who holds a fortnightly consultation clinic, under the Infant Welfare Service, has given consultations to 24 children of school age and re-examined 14 subsequently. Treatment was prescribed by prescriptions for 12 of them and 12 were referred to the Infirmary for further investigation or for in-patient treatment.

7. — DENTAL INSPECTION AND TREATMENT.

The report of the Senior Dental Officer is appended.

8. — SPECIAL SCHOOLS AND CLASSES.

Education for exceptional children who require special educational treatment in special schools with facilities and specialist teaching to suit the individual need has been provided by this Local Authority with the same organisation as stated in previous reports. Expanse of the curriculum at Fairmuir Special School for Physically and Mentally Handicapped Children designed to widen the scope of vocational training was approved and put into effect by the appointment of specialist teachers in art, commercial subjects, domestic science, handcrafts and physical education. The new, well-equipped domestic science room was opened towards the end of the session, and the whole work of the school with exhibitions from the other special schools was displayed to interested employers in industry and trade and to the general public at an exhibition of the " Handicapped at Work " in the School during three days in May.

In June the Occupational Centre for the training of ineducable mentally handicapped children was opened and 43 children, some transferred from the schoolroom and others who had not, till then, experienced practical training with other children in an organised group, were enrolled and had the advantage of a few weeks in which to adjust themselves and settle down. The success was apparent from the start, and a very happy community of young children was constituted.

Physically handicapped pupils are reviewed from time to time with a view to assessing whether their physical condition has improved sufficiently to allow them to be transferred to ordinary schools, and, wherever possible, this is recommended. All children are particularly examined just prior to their school leaving dates to assess their fitness for work so that in collaboration with the head teacher and with officers of the Ministry of Labour they are guided to satisfying employment appropriate to their health and capability.

For those mentally handicapped children who will require supervision and care after leaving school, medical examination and psychological testing are carried out for reporting as prescribed by the Handicapped Children (Scotland) Order, 1947, in terms of the Education (Scotland) Act, 1946.

(a) Fairmuir Special School (Physical Department).

	Boys.	Girls.
On roll at 31/7/49,	82	86
Admitted,	17	14
Transferred to ordinary school,	4	4
,, ,, other special school,	2	—
,, ,, occupational centre,	1	—
Left,	14	17
On roll at 31/7/50,	78	79

Three Dundee children, physically handicapped to a degree requiring residental special education were educated in Challenger Lodge Children's Home, Edinburgh, by arrangement with the Edinburgh Cripple and Invalid Children's Aid Society and Edinburgh Education Committee.

(b) School for Blind and Partially Sighted Children.

	Boys.	Girls.
On roll at 31/7/49,	29	24
Admitted,	3	4
Transferred to ordinary school,	—	—
,, ,, other special school,	1	—
Admitted to hospital and transferred to school roll of hospital,	—	1
Suspense Roll,	1	—
Left,	1	3
On roll at 31/7/50,	29	24

Three children were receiving residential education in the Royal Blind School, Edinburgh; one boy reached the age of 18 years on 6/2/50, but continued to attend for further education in preparation for commencing the course of training as a teacher of the blind. One pre-school child was discharged home on 6/4/50.

(c) School for the Deaf.

	Boys.	Girls.
On roll at 31/7/49,	21	31
Admitted,	2	3
Transferred to ordinary school,	4	3
Left,	2	5
On roll at 31/7/50,	17	26

Three of the Dundee pupils reside, along with children from other areas, in Dudhope Bank, the Hostel maintained by the Dundee Institute for the Deaf.

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

(d) Fairmuir Special School (Mentally Handicapped).

On roll at 31/7/49, ...	94	45
Admitted, ...	29	27
Transferred to other special school, ...	5	4
,, ,, Occupational Centre, ...	13	9
Suspense Roll, ...	—	—
Left, ...	14	4
On roll at 31/7/50, ...	91	55

One child was admitted to Bridge of Weir Colony for Epileptics Residential School on 7/2/50.

Two boys were receiving residential education in Camphill (Rudolf Steiner) Schools.

The proposed scheme to centralise in homogeneous groups pupils who had not shown the ability to profit from a full three years' secondary course, mentioned in this section of last year's annual report, has been in operation throughout the session, and from the report submitted by the Director of Education to the Education Committee, the wisdom of the experiment was fully apparent. For these children who by reason of poor mental capacity, educational retardation due to irregular attendance, temperamental instability and other causes, the modified secondary course, whereby half the time was devoted to scholastic subjects, the children being grouped according to their abilities, and half to practical instruction, has not only helped them to advance educationally and to become more skilled practically, but has developed a responsiveness and sense of self-confidence most necessary to the less able pupil.

King's Cross Hospital School.

Education of the hospital patients undergoing prolonged in-patient treatment is now fully organised, and children are transferred to the register of the particular hospital for the duration of their residence. The special school in King's Cross Hospital caters for children suffering from tuberculosis. In February, 1950, it was decided to transfer orthopaedic cases to Bridge of Earn Hospital, and that in future children suffering from bone and joint tubercu-

losis would be admitted to the latter hospital for treatment. In consequence the ward at King's Cross Hospital provides for children with glandular or pulmonary disease. The teaching staff gives daily instruction according to the age and educational standard of the patients, individually or in small groups.

The average on the roll for the session was 18.2.

Domiciliary Teaching.

Five children have received educational instruction in their homes throughout the year as they suffered from disabilities which did not allow of school attendance. Conditions by which they were handicapped were, two children with marked cardiac lesions, two disabled by cerebral palsy and one requiring graduated convalescence following tuberculous pleural effusion.

Child Guidance Clinic.

Although mentioned earlier in this report in connection with mental and nervous disorders found in children at routine medical inspection, I would recognise here the valuable assistance and co-operation we have had from the Educational Psychologist and the Clinic Psychologist, and acknowledge the advice given by the Psychiatrist on cases seen by him either at the Clinic or at the Dundee Royal Infirmary.

The Educational Psychologist has willingly tested all cases referred to him, and has been most helpful in assessing the educability of certain children who, by reason of defect, have been unable to commence school at the statutory age. The great majority of the children tested by him are, however, pupils referred by the Head Teachers, and when his conclusion is that special educational treatment is advisable, his reports are sent to the School Medical Officer who investigates the history of the child and makes a thorough medical examination. The collective results determine the recommendation made for the educational treatment of the child.

The Child Guidance Clinic Staff have been most helpful with their investigation and assessment of problems underlying habit, temperamental and behaviour disorders and in most cases by securing the confidence and sustained co-operation of both parent and child have been able to treat successfully the symptoms and give guidance to adjust the circumstances influencing the case.

During the year the Medical Officers of this department referred 25 children to the Child Guidance Clinic and 32 children for psychological report and intelligence testing to the Educational Psychologist.

Comprehensive reports of the work undertaken during the session by both the Clinic Psychologist and the Educational Psychologist were submitted to the Director of Education and presented 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, 1949—		
Current, ...	41	
On waiting list, ...	15	
		56
New cases referred, ...	97	
Old cases re-opened, ...	2	
		99
		155
Cases dealt with during 1949-50—		
Closed, ...	98	
Current carried forward to 1950-51, ...	38	
		136
Waiting list carried forward to 1950-51, ...		19
		155

Of the 99 cases referred during the session, 59 boys and 40 girls, 13 were under school age and 23 from areas outwith Dundee.

Of the 98 cases closed during the session, 44 were dealt with in a diagnostic or advisory capacity, 35 were improved by the treatment given, while 7 did not respond satisfactorily.

Reasons for Referral:—	Boys.	Girls.
Intellectual Disorders, ...	6	1
Behaviour Disorders, ...	19	7
Temperamental Disorders, ...	12	10
Habit Disorders, ...	15	17
Neurotic Illness, ...	2	1
Psychological Examination, ...	5	4
	59	40

Three Dundee boys are receiving residential education in Barns School, Roxburghshire, for maladjusted boys.

Nursery Schools and Classes.

The provisions made by the Local Authority for the training and education of children in the 2-5 years age group is as stated in last year's annual report. Head teachers all have long waiting lists showing the desire there is by parents for nursery school education, but with nursery school building prohibited at present and accommodation in infant departments of primary schools taxed to capacity, additional facilities are meanwhile impossible.

	Av. No. on the Roll.		Av. No. in Attendance.	
Nursery Schools.	**Boys.**	**Girls.**	**Boys.**	**Girls.**
Polepark, ...	18	13.2	15.9	12
Wesley House, ...	15.4	13.3	13.7	11.6
Bellfield, ...	22	23	19	21
Grey Lodge, ...	12.5	9.5	10.4	8
Ellangowan, ...	22	18	19	17
Cotton Road, ...	47.5	37.2	41.1	32
Nursery Classes.				
Dens Road School, ...	17.6	8.5	15.7	7.5
Ancrum Road School,	10.5	8.9	9.7	8
Liff Road School, ...	10	15.8	8.6	14.4
Training Coll. School,	9.3	10.7	8.9	10

Holiday and Convalescent Homes.

Reference has been made earlier in this report to the holiday and convalescent homes made available for Dundee children by voluntary organisations.

319 children spent 2 weeks in Auchterhouse Holiday Home.

303 children spent 2 weeks in Comerton Children's Home, Newport.

21 children spent 4 weeks in St Leonard's Convalescent Home, St Andrews.

A number of children on discharge from hospital benefited from these provisions.

9. — ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

Physical training and recreational activities organised by the Superintendent of Physical Education appears in the report of the Director of Education. Additional playing field accommodation has been approved by the Education Committee, and during the summer vacation an experiment in organised games in certain public parks in the City, supervised by trained staff, which the Committee authorised to keep children off the busy thoroughfares, proved very successful.

School Camps.

Holiday Camps for school children were arranged on similar lines to last year by the Governors of Dundee School Children's Holiday Fund. The canvas camp for older boys was this year accommodated on Middlehill Farm, Glenclova, and 52 boys enjoyed a fortnight camping. The Protestant children were taken to Dounan's Camp, Aberfoyle, and two parties of approximately 100 spent one week each at this well-equipped permanent camp.

Three parties of 50 boys and girls from the Roman Catholic schools spent their holiday week in Edzell, accommodation for them being provided in Edzell School.

All three locations proved highly satisfactory, and when excellent appetising meals, excursions and recreational activities provided the daily routine, the holiday was an ensured success for all.

These children were all medically examined by the staff of this department before leaving for the camps as were also smaller parties proceeding to camps organised by the Boys' Brigade and Grey Lodge Settlement and a rather more adventurous party of Harris Academy pupils making a visit to France.

Belmont Camp School.

The facilities of this school were again made available to the Education Committee for Dundee children covering a period of ten weeks during April, May and June. School children from seven schools, in parties of approximately 200, were in residence for 2 weeks each. Accompanied by teachers of their own schools, their

education proceeds uninterrupted, but is enhanced by out-of-door activities, experiences of rural environment and training in community living.

As evidence of the enthusiasm which both staff and children feel for this privilege, two of the groups had to report for medical examination during school vacations, and the response was full attendance.

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

The midday meal supplied by the School Meals Service contributes notably to the health of the school children, and at present the demand is greater than the supply. The new kitchens, scheduled in the approved school building programme, are not yet erected so that the Service has been maintained by the five at present operating, and the satisfactory output is due to the competence of the personnel engaged in this important work. That the children are given a highly nutritious, appetising meal is not only the objective of all concerned in its production, but the Education Committee have been most desirous to ensure that the standard of nutrition of school meals should conform to the accepted needs of the children for growth and energy. For this reason the Committee instructed that sample meals supplied to two schools from each Cooking Depot in rotation were to be analysed monthly, and they further invited H.M. Inspector of School Meals to meet with them to discuss the subject in February, 1950.

H.M. Inspector referred to the energy value of food required by children of different ages and explained some of the difficulties in maintaining these standards. She agreed with the Committee's instructions that analyses should continue, but that samples be taken from the Cooking Depots, and this was carried out for the remainder of the session.

At the request of the Medical Officer, Provincial Training College, students again attended this department one afternoon weekly. The organisation of School Health Service was explained,

and they had frequent opportunities to observe the actual work done by attending consultation and treatment clinics and on visits to special schools and nursery schools.

Members of the medical staff have been pleased to accept invitations to talk to Parent-Teacher Associations and mothers' clubs and have been impressed by the interest shown in topics of health education.

In conclusion we would express our thanks to the Director of Education and to other officials of the Education and other Departments, and to Head Teachers and their Staffs, whose help and co-operation at all times has been freely given.

OPHTHALMIC SPECIALISTS' REPORT, 1949-50

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 1949-50.

Dr Allister M. MacGillivray.

	New Cases.	Attendances.
Refractions, ...	965	1,844
Corneal Ulcers, ...	20	80
Blepharitis, ...	11	51
Conjunctivitis, ...	35	106
Anophthalmos, ...	5	9
Follicular Conjunctivitis, ...	6	20
Chalazion, ...	1	5
Blow, ...	3	4
Cong. Tear Duct Obstruction,	20	57
Congenital Cataract, ...	1	6
Ophthalmia Neonatorum, ...	20	56
Traumatic Cataract, ...	1	1
Hordeolum, ...	8	18
Buphthalmos, ...	1	3
Optic Atrophy, ...	—	2
Choroido-retinitis, ...	1	1
Epicanthus, ...	2	4
Burns of Lid, ...	1	2
Interstitial Keratitis, ...	1	2
Foreign Body, ...	1	1
Congenital Ptosis, ...	2	2
	1,105	2,274

(Signed) ALLISTER M. MacGILLIVRAY.

Dr R. M. Mathers.

	New Cases.	Attendances.
Refractions, ...	1,323	1,951
Corneal Ulcer, ...	1	1
Blepharitis, ...	4	12
Conjunctivitis, ...	18	38
Follicular Conjunctivitis, ...	1	3
Lid Abscess, ...	3	4
Choroidal Degeneration (Cong.)	1	1
Chalazion, ...	1	1
Blow, ...	1	2
Foreign Body, ...	2	2
Phlyctenular Kerato-Conjunctivitis, ...	7	18
Cong. Tear Duct Obstruction,	8	15
Optic Atrophy, ...	1	1
Ophthalmia Neonatorum, ...	1	1
Choroidal Rupture, ...	1	1
Congenital Ptosis, ...	1	1
	1,374	2,052

(Signed) R. M. MATHERS.

Total of New Cases Seen, ...	2,479
Total of Attendances, ...	4,326

EAR, NOSE AND THROAT SPECIALIST CLINIC

Session 1949-50.

	2-5 yrs.	5-15 yrs.
New Cases,	85	372
Return Cases,	17	109
Total Consultations,	102	481

DIAGNOSES WERE MADE AS FOLLOWS:—

	2-5 yrs.	5-15 yrs.
Negative Examinations,	7	31

	New Cases.		Return Cases.	
	2-5	5-15	2-5	5-15
Ear Conditions—				
Deafness,	1	31	—	22
A.O.M.S. (1 ear),	3	1	1	6
C.O.M.S. (1 ear),	2	11	—	18
(both),	1	2	—	1
Catarrhal Changes (1 ear),	1	3	—	2
Retracted Drum (1 ear),	—	1	—	—
(both),	—	2	—	1
Dry Perforation (1 ear),	—	1	—	1
(both),	—	1	—	—
Wax,	—	4	1	1
Otitis Externa (1 ear),	2	2	1	2
(both),	—	1	—	1
Furuncle External Auditory Meatus,	1	—	—	—
Polypus,	—	1	—	3
Attic Suppuration,	—	1	—	—
Pus in Mastoid Cavity,	—	—	—	1
Nose Conditions—				
Obstruction,	1	4	—	1
Sinusitis,	—	5	—	12
Catarrh,	5	1	—	2
Purulent Rhinitis,	—	7	1	2
Allergic Rhinitis,	—	4	—	1
Atrophic Rhinitis,	—	—	—	1
Eustachian Catarrh,	—	7	—	—
Pus in Inferior Meatus,	—	5	—	2
Deviated Septum,	1	10	—	1
Inferior Turbinals enlarged,	—	5	—	1
Epistaxis,	—	5	—	2
Foreign Body in Nose,	1	—	—	—

Throat Conditions—

	New Cases.		Return Cases.	
	2-5	5-15	2-5	5-15
Tonsils and Adenoids,	60	218	2	6
Tonsils,	2	13	—	—
Adenoids,	2	16	—	4
Singer's Node R.V.C.,	—	2	—	—
Acute Tonsillitis,	2	3	—	1
Chronic Granular Pharyngitis,	—	3	—	—
Laryngitis,	—	3	—	4
Adenitis,	1	3	2	—

General Conditions—

Debility, Headache, etc.,	—	2	—	1
Phlyctenular Conjunctivitis,	2	1	1	—
Speech Defect,	1	4	1	—
Teeth,	—	1	—	—
Chronic Blepharitis,	—	1	—	—
Asthma,	—	1	—	1

Referrals—

	2-5 yrs.	5-15 yrs.
Tonsils and Adenoids,	62	221
Adenoids,	3	15
X-Ray Sinuses (Maryfield Hospital),	—	22
Proof Puncture,	—	10
Sub-mucous Resection,	—	2
Antrum Drainage,	—	6
Deafness Clinic,	2	20
Dental Examination,	—	7
Turbinectomy,	—	1
Laryngoscopy,	—	2
Nasopharyngeal Examination,	—	6
Speech Therapy,	—	3
Chest Clinic Examination,	1	2

Operative Treatment—

Removal of Tonsils and Adenoids—		
Dundee Royal Infirmary,	—	22
Maryfield Hospital,	38	109
Removal of Tonsils,	—	14
Removal of Adenoids,	3	6
Antrum Drainage,	—	3
Proof Puncture,	—	5
Examination under Anæsthesia,	—	2

DERMATOLOGIST'S CLINIC

Session 1949-50.

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, ...	—	—	—	1	—	9
Reported for review, ...	—	2	1	—	1	2
	—	2	1	1	1	11

New cases — none.

X-ray Treatment.

As there were no new cases and none of the return cases required X-ray, no treatment was given.

Thallium Treatment.

No thallium treatment was given.

Outside Areas—

	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 for review, ...	—	1	—	1	—	3
New cases, ...	1	1	1	—	2	1
	1	2	1	1	2	4

Arrangements for total X-ray Epilation were made with the Medical Officer of Health of the County, and this was carried out by a Consultant Radiologist in Dundee.

Other Skin Diseases—

	Children 2-5 years.	Children 5-15 years.
Pityriasis (Simplex),	1	5
Body Ringworm,	—	2
Eczema,	5	19
Dermatitis,	1	13
Scabies,	2	3
Psoriasis,	1	10
Alopecia,	1	8
Warts,	2	12
Impetigo,	—	6
Urticaria,	4	1
Other Diseases,	9	35
	26	114

Attendances—

	Boys.	Girls.	Total.
Children 2-5 years,	56	26	82
Children 5-15 years,	109	150	259
	165	176	341

TABLE I.

1949-50.

Total number of children examined at:—

	(a) Systematic Examinations.	Other Systematic Examinations.
Ordinary Schools—		
Entrants, ...	2,504	—
Second Age Group, ...	2,312	23
Third Age Group, ...	2,440	22
Senior Secondary Schools—		
Age Group, ...	237	9
	7,493	54
1942 Age Group, ... (Visual Acuity and Hearing only)	2,114	

(b) Other Examinations—

Special Cases, ...	8,439
Re-inspections by Medical Officers, ...	9,569

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

Entrants, ...	619
Second Age Group, ...	447
Third Age Group, ...	358
Secondary Age Group, ...	31
Other Systematic Examinations, ...	14
1942 Age Group, ...	173

TABLE II.

1949-50.

SYSTEMATIC EXAMINATIONS

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

	AGE GROUP.										
	Entrants.		Second.		Third.		Secondary.		All Ages.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Total.
Number Examined,	1,267	1,237	1,118	1,217	1,253	1,209	143	163	3,781	3,766	7,547
Nature of Defect—											
1. Clothing unsatisfactory,	2	2	—	—	1	—	—	—	3	2	5
	0.16	0.16	—	—	0.08	—	—	—	0.08	0.05	0.07
2. Footgear unsatisfactory,	1	—	1	1	2	—	—	—	4	1	5
	0.08	—	0.09	0.08	0.16	—	—	—	0.11	0.03	0.07
3. Cleanliness—											
(a) Head: dirty, nits or vermin,	53	132	45	190	15	210	—	—	113	532	645
	4.18	10.67	4.03	15.61	1.20	17.37	—	—	2.99	14.13	8.55
(b) Body: dirty or verminous,	8	3	7	10	6	1	—	—	21	14	35
	0.63	0.24	0.63	0.82	0.48	0.08	—	—	0.56	0.37	0.46
4. Skin—											
(a) Head: Ringworm,	—	—	—	1	—	—	—	—	—	1	1
	—	—	—	0.08	—	—	—	—	—	0.03	0.01
Impetigo,	5	2	—	1	1	2	—	—	6	5	11
	0.39	0.16	—	0.08	0.08	0.17	—	—	0.16	0.13	0.15
Other Diseases,	15	8	9	6	18	19	2	5	44	38	82
	1.18	0.65	0.81	0.49	1.44	1.57	1.40	4.85	1.16	1.01	1.09
(b) Body: Ringworm,	1	—	—	—	—	—	—	—	1	—	1
	0.08	—	—	—	—	—	—	—	0.03	—	0.01
Impetigo,	2	—	2	1	2	—	—	—	6	1	7
	0.16	—	0.18	0.08	0.16	—	—	—	0.16	0.03	0.09
Scabies,	—	2	—	1	—	—	—	—	—	3	3
	—	0.16	—	0.08	—	—	—	—	—	0.08	0.03
Other Diseases,	40	22	29	22	34	30	11	2	114	76	190
	3.16	1.78	2.59	1.81	2.71	2.48	7.69	1.94	3.02	2.02	2.52
5. Nutritional State: Slightly defective,	23	29	14	13	16	11	—	—	53	53	106
	1.82	2.34	1.25	1.07	1.28	0.91	—	—	1.40	1.41	1.40
Bad,	—	—	1	—	—	—	—	—	1	—	1
	—	—	0.09	—	—	—	—	—	0.03	—	0.01
6. Mouth and Teeth Unhealthy,	10	17	17	13	18	15	—	—	45	45	90
	0.79	1.37	1.52	1.07	1.44	1.24	—	—	1.19	1.19	1.19
7. Naso-pharynx: (a) Nose:											
(1) Obstruction requiring observation,	23	22	12	12	4	6	1	—	40	40	80
	1.82	1.78	1.07	0.99	0.32	0.50	0.70	—	1.06	1.06	1.06
(2) Requiring operation,	8	9	3	4	3	1	—	1	14	15	29
	0.63	0.73	0.27	0.33	0.24	0.08	—	0.97	0.37	0.40	0.38
(3) Other conditions,	23	13	15	18	16	17	2	2	56	50	106
	1.82	1.05	1.34	1.48	1.28	1.41	1.40	1.94	1.48	1.33	1.40
(b) Throat:											
(1) Tonsils requiring observation,	116	99	55	96	53	69	1	2	225	257	482
	9.16	7.28	4.92	7.89	4.23	5.71	0.70	1.94	5.95	6.82	6.38
(2) Requiring operation,	35	31	23	31	9	23	—	1	67	86	153
	2.76	2.51	2.06	2.55	0.72	1.90	—	0.97	1.77	2.28	2.02
(c) Glands:											
(1) Requiring observation,	35	22	13	17	9	9	—	—	57	48	105
	2.76	1.78	1.16	1.40	0.72	0.74	—	—	1.51	1.27	1.39
(2) Requiring operation,	2	—	—	2	—	—	—	—	2	2	4
	0.16	—	—	0.16	—	—	—	—	0.05	0.05	0.05
8. Eyes: (a) External diseases—											
Blepharitis,	21	13	30	26	30	30	1	1	82	70	152
	1.66	1.05	2.68	2.14	2.39	2.48	0.70	0.97	2.17	1.86	2.01
Conjunctivitis,	7	8	10	6	24	17	2	—	43	31	74
	0.55	0.65	0.89	0.49	1.92	1.41	1.40	—	1.14	0.82	0.98
Corneal Opacities,	—	—	1	1	—	1	—	—	1	2	3
	—	—	0.09	0.08	—	0.08	—	—	0.03	0.05	0.04
Strabismus,	56	70	47	71	58	46	1	—	102	187	349
	4.42	5.66	4.20	5.83	4.63	3.80	0.70	—	4.28	4.97	4.62
Other diseases,	13	10	7	5	11	11	—	—	29	26	55
	0.87	0.81	0.63	0.41	0.88	0.91	—	—	0.77	0.69	0.73
(b) Visual Acuity: (Snellen)											
Fair,	5	3	236	311	261	275	30	25	532*	614*	1,146*
	0.39	0.24	21.11	25.55	20.83	22.75	20.98	24.27	20.96*	24.16*	22.57*
Bad,	—	—	25	28	23	43	3	1	51*	75*	126*
	—	—	2.23	2.30	1.84	3.56	2.10	0.98	2.03*	2.97*	2.50*
Recommended for refraction,	13	10	58	69	59	80	19	7	149*	166*	315*
	1.03	0.81	5.19	4.93	4.71	7.36	13.29	6.80	5.41*	6.17*	5.79*
Colour defective,	—	—	—	—	68	2	1	—	—†	—†	—†
	—	—	—	—	5.43	0.17	2.80	—	—†	—†	—†
9. Ears: (a) Diseases—											
Otorrhœa,	13	8	7	9	14	14	1	—	35	31	66
	1.03	0.65	0.63	0.74	1.12	1.16	0.70	—	0.93	0.79	0.87
Other Diseases,	6	7	6	7	5	11	1	—	18	23	43
	0.47	0.57	0.54	0.58	0.40	0.91	0.70	—	0.48	0.66	0.57
(b) Defective Hearing—											
Grade I.,	3	—	5	3	8	4	1	—	17	7	24
	0.24	—	0.45	0.25	0.64	0.33	0.70	—	0.45	0.19	0.32
Grade II.a,	—	—	—	—	—	—	—	—	—	—	—
Grade II.b,	—	—	—	—	—	—	—	—	—	—	—
Grade III.,	—	—	—	—	—	—	—	—	—	—	—
10. Speech—Defect. Articulation,	12	5	1	2	12	—	—	—	25	7	32
	0.95	0.40	0.09	0.16	0.96	—	—	—	0.66	0.19	0.42
Stammering,	—	2	1	—	7	—	3	—	11	2	13
	—	0.16	0.09	—	0.56	—	2.10	—	0.29	0.05	0.17
11. Mental and Nervous Conditions—											
(a) Backward (due to irregular attendance, etc.,	7	3	3	1	1	1	—	—	11	5	16
	0.55	0.24	0.27	0.08	0.08	0.08	—	—	0.29	0.13	0.21
(b) Dull (intrinsically),	2	1	3	4	1	—	—	—	6	5	11
	0.16	0.08	0.27	0.33	0.08	—	—	—	0.16	0.13	0.15
(c) Mentally defective (educable),	—	—	—	—	—	—	—	—	—	—	—
(d) .. .. (ineducable),	—	—	—	—	—	—	—	—	—	—	—
(e) Highly nervous or excitable,	—	—	—	1	—	—	—	—	—	1	1
	6	10	3	0.08	—	—	—	—	—	0.03	0.01
(f) Difficult in behaviour,	0.47	0.81	0.27	2	1	1	—	—	10	13	23
	5	3	2	0.16	0.08	0.08	—	—	0.26	0.29	0.39
12. Circulatory System—	0.39	0.24	0.18	—	—	—	—	—	7	3	10
									0.19	0.08	0.13
(a) Organic heart disease—											
(1) Congenital,	2	2	—	1	1	4	1	—	4	7	11
	0.16	0.16	—	0.08	0.08	0.33	0.70	—	0.11	0.19	0.15
(2) Acquired,	—	—	1	1	2	2	—	1	3	4	7
	—	—	0.09	0.08	0.16	0.17	—	0.97	0.08	0.11	0.09
(b) Functional conditions,	2	2	2	6	2	6	—	1	6	15	21
	0.16	0.16	0.18	0.49	0.16	0.50	—	0.97	0.16	0.40	0.28
13. Lungs—Chronic Bronchitis,	14	22	4	9	6	6	—	—	24	37	61
	1.10	1.78	0.36	0.74	0.48	0.50	—	—	0.63	0.98	0.81
Suspected Tuberculosis,	6	5	2	6	4	4	—	—	12	15	27
	0.47	0.40	0.18	0.49	0.32	0.33	—	—	0.32	0.40	0.36
Other Diseases,	59	41	18	16	24	13	—	1	101	71	172
	4.66	3.31	1.61	1.31	1.92	1.08	—	0.97	2.67	1.88	2.28
14. Deformities—											
(a) Congenital,	6	4	6	4	3	7	—	—	15	15	30
	0.47	0.32	0.54	0.33	0.24	0.58	—	—	0.40	0.40	0.40
(b) Acquired (Anterior Poliomyelitis),	2	2	2	—	4	—	—	—	8	2	10
	0.16	0.16	0.18	—	0.32	—	—	—	0.21	0.05	0.13
(c) Acquired (probably rickets),	17	16	3	2	4	1	1	1	25	20	45
	1.34	1.29	0.27	0.16	0.32	0.08	0.70	0.97	0.66	0.50	0.60
(d) Acquired (other causes),	28	24	15	19	21	21	2	3	66	67	133
	2.21	1.94	1.34	1.56	1.68	1.74	1.40	2.91	1.75	1.77	1.76
15. Infectious diseases,	5	3	—	—	—	1	—	—	5	4	9
	0.39	0.24	—	—	—	0.08	—	—	0.13	0.11	0.12
16. Other diseases or defects,	92	88	63	60	58	52	3	3	221	203	424
	7.66	7.11	5.64	4.93	4.63	4.30	2.10	2.91	5.85	5.39	5.62

*These percentages are calculated by omitting the entrant group, for which routine visual testing is not carried out.

†Colour vision testing is carried out on the third age group systematically.

SYSTEMATIC MEDICAL EXAMINATIONS

Classification.	Entrants.		Second Age-Group.		Third Age-Group.		Secondary Age-Group.		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.	No. of Children.	Percentage of the children examined at Systematic Medical Examinations.
I. Children free from defects, ...	1,540	61.50	1,217	52.12	1,378	55.97	161	65.45	4,296	56.92
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	50	2.00	390	16.70	411	16.69	45	18.29	896	11.88
(b) Conditions of the mouth and teeth requiring treatment, ...	13	0.53	16	0.69	12	0.49	—	—	41	0.54
(c) Both (a) and (b), ...	—	—	2	0.09	4	0.16	—	—	6	0.08
	63	2.52	408	17.47	427	17.34	45	18.29	943	12.50
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks, ...	597	23.84	494	21.16	462	18.77	31	12.60	1,584	20.99
IV. Children suffering from (or suspected to be suffering from) defect less remediable than defects specified in II. or III., distinguishing cases—										
(a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible, ...	294	11.74	198	8.48	169	6.86	8	3.25	669	8.86
(b) Where improvement only is considered possible, e.g., without complete restoration of function, ...	10	0.40	18	0.77	26	1.06	1	0.41	55	0.73
	304	12.15	216	9.25	195	7.92	9	3.66	724	9.59
Total number of children examined, ...	2,504	100.01	2,335	100.00	2,462	100.00	246	100.00	7,547	100.00

TABLE IV.

Return of ALL Exceptional Children of School Age in the Area

Session 1949-50.

Disability.	At Ordinary Schools.	At Special Schools or Classes.	At no School or or Institution.	Tl.
1. Blind,	—	8	1	9
2. Partially sighted—				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition,	1	11	—	12
(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.,	65	—	—	65
Grade II.a,	32	—	—	32
Grade II.b,	2	5	—	7
Grade III.,	—	16	—	16
4. Defective Speech—				
(a) Defects of articulation requiring special educational measures,	212	2	—	214
(b) Stammering requiring special educational measures,	133	—	—	133
5. Mentally Defective (children between 5 and 16 years)—				
(a) Educable (I.Q. approx. 50-70),	7	121	16	144
(b) Ineducable (I.Q. generally less than 50),	—	30	31	61
6. Epilepsy—				
(a) Mild and occasional,	15	7	1	23
(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),	14	21	9	44
(b) General orthopaedic conditions,	755	48	9	812
(c) Organic heart disease,	49	22	2	73
(d) Other causes of ill health,*	—	60	1	61
8. Multiple Defects—				
(i.) 5b and 7b,	—	2	6	8
(ii.) 5b and 6a,	—	1	2	3
(iii.) 5b and 6b,	—	—	1	1
(iv.) 5b and 1,	—	—	1	1
(v.) 5a and 7b,	1	8	5	14
(vi.) 5a and 6a,	—	4	1	5
(vii.) 5a and 6b,	—	—	1	1
(viii.) 5a and 7d,	—	8	1	9
(ix.) 5a and 3,	—	2	1	3
(x.) 5a and 1,	—	—	—	—
(xi.) Other multiple defects,	11	26	3	40
(xii.) 5b and 3,	—	—	1	1
(xiii.) 5b and 2b,	—	—	1	1

*Definition of ill-health — "Children who by reason 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, 1950.

I have pleasure in submitting the report for the year just ended, from which it will be noted that, despite shortage of staff, etc., a satisfactory year's work was carried out.

Staff.—During the year one Assistant Dental Officer resigned and three months elapsed before the vacancy was filled. Consequently, one surgery was closed for that period.

School Dental Service.—The number of children who were dentally examined was 15,344, but when one considers that this is only 55% of the school population, and that in the year 1948-49 a much depleted staff were able to examine only 37%, the gravity of the situation is clearly shown. The remedy is an increase in the number of Dental Clinics and staff, and it is hoped immediate action will be taken in this direction. We have, therefore, been reluctantly compelled to reduce still further the time devoted to orthodontia in order to carry out routine dental inspection and treatment, attendances for which were 6,337, compared with 5,047 in 1948-49.

It will be noted that the ratio of permanent teeth filled to those extracted is 4.4, as compared with 2.14 in 1944-45.

Ante- and Post-Natal Clinics, Lochee.—At these clinics 70 patients were examined and 57 attendances were made for dental treatment.

Day Nurseries, Nursery Schools and Classes.—The children were examined at least once and 176 attendances were made for dental treatment. Of those examined for a second time during the year another 50 attendances were made. With an increased staff more attention could be devoted to this group.

Sodium Fluoride.—Claims have been made in the press that topical application of Sodium Fluoride arrests the development of dental decay. This, however, is awaiting confirmation, as the reports from U.S.A. and elsewhere are at variance.

To test this for ourselves we selected 223 children whose four first permanent molars had recently erupted and these teeth received four applications of Sodium Fluoride. As a control, a similar number of children of the same age, etc., were chosen, and at regular intervals examinations will be made to check the condition of the treated teeth and the untreated.

It is interesting to note that the Fluorine content of the Dundee water supply is 0.10 parts per million, which is negligible.

DAVID A. FINLAYSON,

Senior Dental Officer.

Dental Inspection and Treatment — Year Ending 31st July, 1950.

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

Age.	Systematic Inspection.	Emergency Cases.	Total.
5, ...	1,363	105	1,468
6, ...	1,248	183	1,431
7, ...	1,149	182	1,331
8, ...	1,272	177	1,449
9, ...	1,279	182	1,461
10, ...	1,276	115	1,391
11, ...	1,288	84	1,372
12, ...	1,767	52	1,819
13, ...	1,818	47	1,865
14, ...	1,881	28	1,909
15, ...	582	11	593
16, ...	231	3	234
17, ...	137	2	139
18, ...	53	2	55
	15,344	1,173	16,517

1949-50.

Systematic and Emergency Treatment

Boys and Girls, Age 5-18 Inclusive.

		Systematic.	Emergency.	Total.
(1)	No. Inspected,	15,344	1,173	16,517
(2)	No. Requiring Treatment,	9,809	1,173	10,982
(2a)	No. Accepting Treatment,	4,372	1,173	5,545
(3)	No. Actually Treated,	3,616	1,173	4,789
(4)	No. of Attendances,	6,337	1,501	7,838
(5)	Fillings (a) Permanent Teeth,	3,509	279	3,788
	(b) Temporary Teeth,	818	56	874
(6)	Extractions (a) Permanent Teeth,	798	220	1,018
	(b) Temporary Teeth,	3,800	1,148	4,948
(7)	General Anæsthetics,	97	58	155
(8)	Other Operations,	1,109	355	1,464
	Cleaning,	366	29	395
(9)	Half-Days Devoted to Inspection,	107½		107½
	Half-Days Devoted to Treatment,	1,252		1,252
(10)	No. of Children Treated Privately,	785		785
(11)	No. of Children Absent at Inspection,	1,543		1,543
(12)	No. of Dental Notices not Returned,	624		624
	No. of Dentures Inserted,	38		38
	No. of Dentures Repaired,	2		2
	No. of Inlays Inserted,	4		4
	No. of Cases Referred for X-ray,	44	20	64

ORTHODONTIA

Consultations,	5
Impressions,	19
Appliances Fitted,	8
Appliances Repaired,	1
Extractions (a) Permanent Teeth,	63
(b) Temporary Teeth,	9
Attendances for Adjustments,	53

Lochee — Ante-Natal.

No. Inspected,	70
No. Requiring Treatment,	64
No. Treated,	14
No. of Attendances,	57
Fillings (Permanent Teeth),	20
Extractions (Permanent Teeth),	12
Other Operations,	30
Scaling,	5
Dentures Inserted,	4
Dentures Repaired,	2

1949-50.

PRE-SCHOOL

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

	Systematic.	Emergency.	Total.
No. of Children Inspected, ...	265	1	266
No. of Children Requiring Treatment,	118	1	119
No. of Children Accepting Treatment,	89	1	90
No. of Children Treated, ...	74	1	75
No. of Attendances, ...	110	1	111
Fillings (Temporary Teeth), ...	121	—	121
Extractions (Temporary Teeth, ...	16	1	17
Cleaning, ...	17	—	17
Other Operations, ...	36	—	36
General Anæsthetics, ...	1	—	1

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

	Systematic.	Emergency.	Total.
No. of Children Inspected, ...	216	7	223
No. of Children Requiring Treatment,	104	7	111
No. of Children Accepting Treatment,	72	7	79
No. of Children Treated, ...	59	7	66
No. of Attendances, ...	66	7	73
Fillings (Temporary Teeth), ...	84	6	90
Extractions (Temporary Teeth), ...	19	5	24
Cleaning, ...	1	—	1
Other Operations, ...	10	1	11
General Anæsthetics, ...	—	1	1

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

No. Inspected, ...	52
No. Requiring Treatment, ...	35
No. Accepting Treatment, ...	26
No. Treated, ...	23
No. of Attendances, ...	23
Fillings (Temporary), ...	30
Other Operations, ...	3

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

No. Inspected,	41
No. Requiring Treatment,	31
No. Accepting Treatment,	28
No. Treated,	25
No. of Attendances,	27
Fillings (Temporary),	29
Extractions (Temporary),	1
Cleaning,	1
Other Operations,	5

Pre-School — Others.

No. Inspected,	95
No. Requiring Treatment,	95
No. Accepting Treatment,	95
No. Treated,	95
No. of Attendances,	110
Fillings (Temporary Teeth),	47
Extractions (Temporary Teeth),	84
Cleaning,	2
Other Operations,	25
General Anæsthetics,	22