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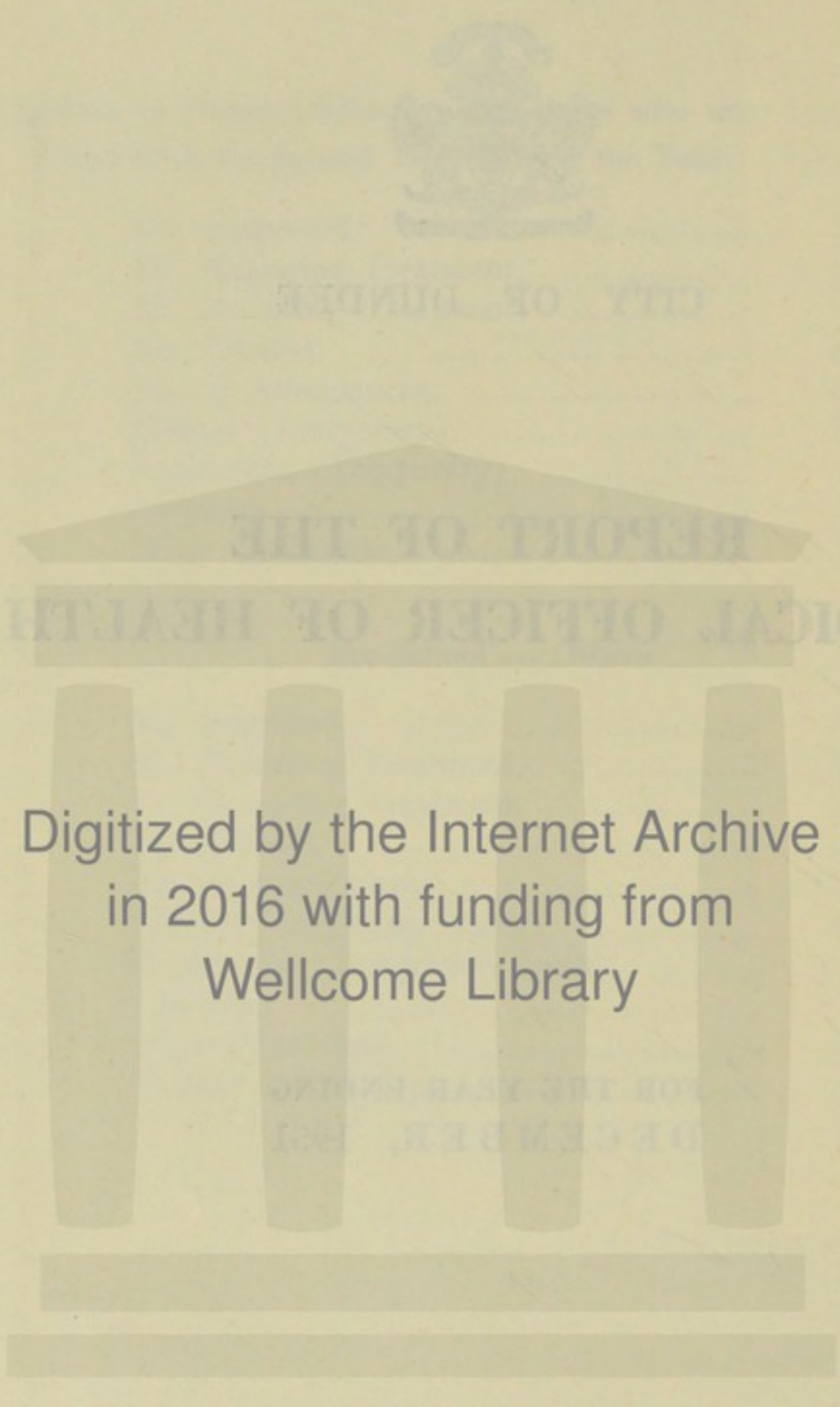


CITY OF DUNDEE

# REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDING  
DECEMBER, 1951

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# INDEX

	PAGE
Summary of Vital Statistics ... ..	4
Death Rates ... ..	5
Births and their Management ... ..	5
Infant Mortality ... ..	6
Maternal Mortality ... ..	6
School Health Service ... ..	6
Dental Services ... ..	7
Child Welfare Centres ... ..	8
Clinics ... ..	8
Day Nurseries ... ..	8
Epidemic Infectious Diseases ... ..	9
Vaccination and Immunisation ... ..	9
Tuberculosis ... ..	10
Mass Radiography ... ..	10
B.C.G. Vaccination ... ..	10
Housing Priority ... ..	11
T.B. Care and After Care ... ..	11
Mental Health Service ... ..	11
Domestic Help Service ... ..	12
Health Visiting ... ..	13
Home Nursing ... ..	14
Health Education ... ..	14
Port Health Administration ... ..	14
Housing and Sanitation ... ..	15
Statistical Tables ... ..	16

## Sectional Reports:—

Maternity and Infant Welfare Services ... ..	41
Pre-School and School Health Service ... ..	82
Dental Services—Mr D. A. Finlayson ... ..	143



## SUMMARY OF VITAL STATISTICS FOR 1951

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Population,	...	...	...	...	...	...	178,220
Number of Deaths (corrected),	...	...	...	...	...	...	2,498
Death-rate per 1,000 population,	...	...	...	...	...	...	14.0
Deaths of Infants under 1 year,	...	...	...	...	...	...	128
Infantile Death-rate per 1,000 births,	...	...	...	...	...	...	41
Marriage-rate per 1,000 population,	...	...	...	...	...	...	8.9
Number of Births Registered (corrected),	...	...	...	...	...	...	3,142
Birth-rate per 1,000 population,	...	...	...	...	...	...	17.6
Illegitimate Birth-rate per 100 births,	...	...	...	...	...	...	6.7
Still-births per 1,000 births (including still-births),	...	...	...	...	...	...	25
Number of Deaths from Pulmonary Tuberculosis,	...	...	...	...	...	...	71
Number of Deaths from all forms of Tuberculosis,	...	...	...	...	...	...	79
Death-rate per 1,000 pop. from Pul. Tuberculosis,	...	...	...	...	...	...	.40
Death-rate from all forms of Tuberculosis,	...	...	...	...	...	...	.44
Death-rate from Principal Epidemic Diseases,	...	...	...	...	...	...	.15
Deaths from Diphtheria,	...	...	...	...	...	...	—
Maternal Mortality per 1,000 births,	...	...	...	...	...	...	1.6
Neo-Natal Mortality,	...	...	...	...	...	...	25
Number of Deaths from Malignant Diseases,	...	...	...	...	...	...	409
Death-rate from Malignant Diseases,	...	...	...	...	...	...	2.30



# Annual Report—1951

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

LADIES AND GENTLEMEN,

I have the honour to submit this report on the work of the Health Department for the year 1951 in course of which Dr W. L. Burgess, C.B.E., retired from the post of Medical Officer of Health. Suitable reference was made to this event in the last annual report but it is fitting that grateful acknowledgment should be made of the opportunities for the continued happy association with Professor Burgess in the teaching at the University of St Andrews of students for the M.B. degree and the Diploma in Public Health.

The year under review has been one of steady work in all branches without any specially notable incident in the field of public health or social medicine.

The general death rate rose by 0.5 to 14.0 per 1,000. There were 2,498 deaths compared with 2,411 the previous year. The considerable reduction in the number of deaths from pulmonary tuberculosis (33) and malignant tumours (39) was more than made up by an increase in deaths from conditions of the heart and circulation (74) and respiratory infections and diseases (79) occurring almost entirely in age group over 65 years and during the spell of severely cold weather in January, February and March. At the top of the list are diseases of the heart and circulation with 919 deaths (845 in 1950) followed by cancer with 409 (448 in 1950).

Death Rates

The infant mortality rate fell to 41 per 1,000 live births and the decline affects both the under one month and the one to twelve months groups. Maternal mortality rate rose considerably.

There were 3,124 Dundee births in 1951 compared with 3,171 in 1950 and 3,385 in 1949. The birth rate shows a further slight fall to 17.6 from 17.8.

Births  
and their  
Management

Included in this report will be found a section submitted by Dr Fulton, the Maternity and Infant Welfare Medical Officer, giving detailed information with regard to where and by



whom the births were conducted. It will be noted that 85.09% of the total confinements took place in institutions, the actual number showing a slight decrease but the proportions remaining about the same as in 1950. There is no significant change to note during the year. The needs of the women applying to the local authority for the services of a domiciliary midwife have been met as previously by the employment of private practising midwives on a fee per case basis and there has been no indication of development of a full scheme by the Regional Hospital Board in terms of the proposals approved by the Secretary of State, the Regional Hospital Board and the local authority for the discharge of the Authority's functions under Section 23 of the National Health Service (Scotland) Act, 1947. Indeed, certain difficulties have been encountered which will probably lead to the submission of fresh proposals for the development of a complete scheme of domiciliary midwifery by the local health authority itself.

The number of stillbirths fell to 101 of which 82 were Dundee cases, giving a rate of 25 per 1,000 registered births compared with 31 for 1950 and this equals the lowest figure recorded (1947).

#### Infantile Mortality

There were 128 infant deaths giving a rate of 41 per thousand live births which is the lowest ever recorded for Dundee. The rate was 50 the previous year and 44, the lowest figure previously recorded in 1949. 80 infants died in the neonatal period giving a neonatal mortality rate of 25 (29 in 1950) and 48 in the period between 4 weeks and 12 months, a rate of 15 (21 in 1950). Prematurity was ascribed as the cause of 36 (44.4%) of the neonatal deaths and 27 (33.3%) of the infants died in the first day of life, 64, (79%) in the first week.

In the post neonatal period the most striking reduction is in the number of deaths ascribed to pneumonia viz., 21 compared with 32 in 1950.

#### Maternal Mortality

Eight deaths were accepted by the Registrar General as being due to child-bearing or childbirth, five more than in 1950, and five normally resided within the city. The maternal mortality rate was 1.6 per 1,000 registered births.

#### School Health Service

Dr Dora W. Gerrard, Chief Executive School Medical Officer gives a full account of the work of this service during the school session ended 31st July, 1951, in a section of this report. The programme of work was somewhat curtailed by the fact that one post of Assistant Medical Officer was vacant for nine months of the session but special effort ensured that most of the prescribed routine inspections were overtaken.



The results of medical inspection are quite consistent with those of previous years. 55.2% entirely free from defect and 12.90% suffering from trivial defects compare with 56.9% and 12.50% respectively in the last report and suggest no deterioration in the health of the school children. There is no significant change in the average heights and weights, but the 13-14 age group examined in this session show an average height greater by fully half an inch and weight greater by 2 lbs for boys and 3 lbs for girls than the group of that age the previous session.

A start has been made with the mass miniature radiography examination of the chest of all pupils of 13 years and over in collaboration with the Eastern Regional Hospital Board and it is intended to carry out such a survey annually if possible. The mobile unit was taken to the school or to a convenient centre to serve a number of schools. The arrangements required a considerable amount of careful planning but on the whole they worked very satisfactorily with a minimum loss of time in travelling. 4,863 pupils were examined of whom 99 or 2.04% were recalled for large film photographs. 13 boys and 18 girls, or 0.64% of the total, have been kept under further supervision by the unit and 10 boys and 6 girls, or 0.31%, were referred for further care to the Chest Clinic. 7 boys and 2 girls, or 0.18% of the total, were found to be suffering from active postprimary tuberculosis while 4 boys and 6 girls, or 0.20%, had active primary tuberculosis. 8 boys and 13 girls showed evidence of inactive tuberculosis and a number of others showed abnormalities or evidence of diseases of lungs or heart some of which called for treatment or further care.

The teachers of the selected age groups were invited to avail themselves of the opportunity for examination and many of them did so as a voluntary and private arrangement. In future surveys it is hoped to extend the scope of the invitation to all teachers and that many will co-operate.

A further decline in numbers attending consultation and treatment clinics is reported and the conclusion is that more children receive any necessary care and attention as members of the family unit at the hands of the general practitioner.

The report by Mr D. A. Finlayson, Senior Dental Officer for the school year ending 31st July, 1951, stresses the need for additional facilities and staff to enable the department to meet the commitments in respect of expectant and nursing mothers and children of school age and under. The urgency of the need is indicated by the high percentage (68%) of the children inspected who require dental attention and the fact

Dental  
Services



that only 55% of the school population was covered by the inspection arrangements during the year. It is interesting to note that the consent rate—the percentage of those requiring treatment desiring to have it at the hands of the local authority dental officers has risen in the past five years from 41% to 55%.

Additional fixed surgery premises are very difficult to secure and it may be possible to overcome the difficulty to some extent in a satisfactory way by providing a mobile dental clinic of the caravan trailer type. There is no doubt that there is room and need for considerable development of the Local Health Authority's comprehensive scheme for dental supervision and treatment although these so-called "priority groups" are exempted from the charges for dental treatment under the National Health Scheme imposed by recent legislation.

#### Child Welfare Centres

The number and distribution of child welfare centres are as previously reported but search for a suitable centre to serve the new housing areas to the north towards the end of the year led to the arrangements for the use of West March Church Hall in Magdalen's Kirkton early in the current year. No centre has yet been found for school clinic purposes in the west end nor is there any early prospect of securing a dual purpose centre for the Mid Craigie and Linlathen area.

#### Clinics

The clinic arrangements have continued to run smoothly and to meet in a fashion the demands made on them. The details are to be found in the appropriate sections of this report. Some adjustments were necessary at Maryfield Hospital premises to enable the necessary alterations to be made on the premises used for School Health consultations and treatment of minor ailments. On completion of the alterations the premises will become outpatient departments for the hospital and adequate facilities will be afforded by arrangement with the Regional Hospital Board, for School Health purposes.

#### Day Nurseries

The eleven nurseries maintained by the Authority have been fully operated during the year and the waiting list for places contained 2,055 names at the end of the year, an increase of 7.

A fourth industrial nursery with accommodation for 65 children has been opened during the year.

The Council has now been advised by the Department of Health for Scotland that no extension of the Authority's Day Nursery provision can be approved meantime as the present provision is adequate to meet the needs of the mothers



whose circumstances are such that they must seek employment or whose children must for other reasons have day time care.

The Department received information regarding 4,512 cases of infectious disease (excluding tuberculosis) during the year 1951 compared with 6,737 in 1950. The lower figure resulted mainly from a reduced incidence of measles and from excluding cases of rubella, mumps and of gastro enteritis from the number of infections. The actual figures are shown in Table XXI. Of the total, 4,012 were under 15 years and 500 were over that age.

Epidemic  
Infectious  
Diseases

For the second successive year there was not a single accepted case of diphtheria. Three confirmed cases of paratyphoid fever yielded on investigation no conclusive evidence of the source of their infection.

There were 593 notifications of acute primary pneumonia and 62 of acute influenzal pneumonia compared with 762 and 10 respectively in 1950.

Acute poliomyelitis accounted for 16 notifications compared with 94 the previous year and 7 in 1949.

The arrangements with the medical practitioners in connection with the returns of patients vaccinated or immunised are now running smoothly but it cannot be claimed that the returns are complete.

Vaccination  
and  
Immunisation

According to the records received at this office from all sources, 1,295 persons had primary vaccination and of these 655 were under 1 year. At all ages 1,184 had typical vaccinia, 20 accelerated vaccinoid, 12 reaction of immunity and 79 no local reaction. No case had complications requiring to be reported.

There were 497 re-vaccinations of which 270 had typical vaccinia, 86 accelerated vaccinoid, 112 reaction of immunity and 29 no local reaction. No case had any complications.

With regard to diphtheria immunisation further information is given in subsequent sections of this report. Record cards returned to this office from all sources show that 2,663 individuals received a complete course (2,450 in 1950) and 2,291 received maintenance doses (1,701 in 1950).

The number of infants given a full course of whooping cough prophylactic was 328 compared with 369 in 1950. A considerable proportion of these cases are dealt with by the medical practitioners by the use of combined diphtheria and whooping cough prophylactic.



The number of primary vaccinations in infancy is disappointing and the number of children receiving a full course of injections against diphtheria shows a rise of 213 from the 1950 figure. It is gratifying, however, to note from Dr Gerrard's report that such an effective proportion of the school entrants have received a full course and, in many cases, maintenance doses.

#### Tuberculosis

The deaths from all forms of tuberculosis in 1951 were reduced to 79 as compared with 110 in 1950 giving a death rate of 0.44 per 1,000 of the population compared with 0.62 in 1950, which was the lowest ever recorded in Dundee.

Pulmonary tuberculosis accounted for 71 of the 79 deaths giving a death rate of 0.40 for this form of the disease compared with the record low figure of 0.58 in 1950.

There was a slight reduction in the number of notifications of pulmonary tuberculosis in which the diagnosis was confirmed to 326 from 414 in 1950 and of non pulmonary to 44 from 45.

There is no doubt that all the measures adopted in the campaign against tuberculosis contribute something to the marked improvement in the above figures but most of the credit must go to the modern methods of treatment—the antibiotics and chemotherapy and more active surgical treatment in conjunction with these.

#### Mass Radiography

Reference has already been made to the survey of the senior school population by mass miniature radiography and the results.

In the City during 1951 a total of 50 surveys were made and a total of 17,555 persons examined yielded 57 cases of active pulmonary tuberculosis, an incidence rate of 3.2 per 1,000 examined compared with 5.8 last year.

#### B.C.G. Vaccination

During the year 157 hospital nurses who were tuberculin tested yielded 38 negative reactors of whom 17 were vaccinated. 50 medical students yielded 12 of whom 7 were vaccinated. Of 400 contacts tested 260 were negative reactors and 116 of them were vaccinated and 278 other persons yielded 188 of whom only 9 accepted vaccination. The total number of individuals vaccinated was 149.

As the procedure becomes better known and the advantages established in this country it is probable that this valuable form of protection will be more widely accepted.



Cases recommended by the Senior Chest Physician have received special consideration from the Housing Committee through the City Factor in the allocation of corporation houses. 116 names were on the waiting list at 31st December, 1950, and during the year 153 names were added, 113 cases were rehoused. 7 cases died and 15 cases were removed from the list for other reasons. At 31st December, 1951, there remained 134 names on the waiting list.

Housing  
Priority

Assistance of various sorts was given to tuberculous families and to others although there is no approved scheme to cover the needs of any but tuberculous cases. A total of 196 applications included 42 in respect of tuberculosis cases, 153 in non-tuberculosis cases and 1 case of hardship.

TB. Care  
and Aftercare

Considerably more than 200 nursing accessories ranging from sputum mugs to complete beds were supplied to these cases and clothing and bed clothes gifted for this service have been supplied when available to tuberculosis cases.

83 cases of tuberculosis were granted free supplies of fresh milk in addition to 64 carried forward from the previous year. The supply is continued for varying periods subject to review at three monthly intervals.

There is a regrettable shortage of institutional accommodation for mental defectives of all ages and grades whose names have been added to a list of cases awaiting more or less urgent admission. The circumstances with regard to some twelve of these cases under 13 years of age have been eased by the Baldovan Day Centre scheme described in last year's report. The parents appreciate the relief from the burden of constant care of the defective but in certain cases, as the child becomes older and less amenable, the residual burden is still too heavy for the parents and they press for early admission.

Mental  
Health  
Service

Eight defectives were certified for admission during the year.

The search has continued for premises suitable for an occupational centre for defectives above the age of 16 in an attempt to find a substitute for "sheltered" employment lacking for persons handicapped by mental defect who have attained wage-earning age. Close liaison has been maintained with the Disablement Resettlement Officer, Ministry of Labour, and at the regular clinic sessions held on two afternoons each



month Dr Robert Gibson, Medical Superintendent, Baldovan Institution, has seen, among others, such cases referred by the D.R.O. for specialist opinion and some requiring reference to the D.R.O. for registration under the Disabled Persons (Employment) Act.

Arrangements for the investigation of home circumstances and the after-care of patients discharged from mental hospitals have continued satisfactorily. The senior health visitor has continued the work of the psychiatric social worker and has assisted materially in ensuring adequate care and satisfactory rehabilitation of the patient. In the course of the year this health visitor paid 185 visits to 123 cases and 178 other visits.

For the formalities of certification the services of the department have been called upon in 79 cases in hospital and 42 in their own home or elsewhere.

Close and harmonious relationship has continued with the Dundee Association for Mental Health who are ready and willing as a voluntary body to assist in every possible way.

Domestic  
help  
service

Of the various schemes devolving upon the Local Health Authority under the National Health (Scotland) Act, 1947, this one has advanced most and entails a tremendous amount of work. It requires very strict supervision on account of its popularity and of the wide section of the community who can claim the advantages of the scheme. Requests for assistance are received from doctors, hospitals, etc., and these are considered strictly on their merits and in accordance with prevailing conditions.

The aged and chronic sick call for special consideration, and once such cases receive assistance the need continues for protracted periods. Requests are received from hospitals in respect of premature discharges or cases for whom further medical attention is of no avail, so that the list of aged and chronic sick is being maintained, if not enlarged. Priority is given to maternity cases and to acute conditions—particularly so in respect of mothers with young children. On a number of occasions, it was necessary to deprive some of the old people of assistance for short periods or to reduce the number of hours of service in order to accommodate more urgent cases.

The Corporation authorised the employment of the equivalent of 135 whole time helps during the financial year, 1951/52, and this number had to be exceeded by almost 3—not actually on account of the demands but more on account of sickness among the home helps. In the course of the year, quite



a number of applications received were on account of influenza in the homes, and in many of these cases the home helps contracted the infection with the result the sickness rate among them was very high and other helps were engaged to overtake the work.

During the year 1951, 1,080 applications were received and of these 969 were granted. Alternative arrangements were made in respect of 111 applicants through relatives, removal to hospital, etc.

Of the new applications 35 were in respect of tubercular cases; 197 were maternity cases; 320 were acute cases and 417 were senile and/or chronic sick cases. Altogether 1,299 cases received assistance under the scheme during the year (1951).

The average number of home helps employed during 1951 was the equivalent of just over 131 working 48 hours per week, and the average period of service to each home was 52 days.

Of the 969 new applicants, 85 paid full cost; 581 paid the scale allowance, and 303 received an allowance from the National Assistance Board to meet the expense.

During the financial year (1951/52) 20,925 accounts were issued amounting in all to £7,859. Certain of these, on account of changed circumstances, adjustments, errors, etc., amounting in all to £65 2s 4d were cancelled. Taking into account the amount outstanding at the commencement of the financial year, a total of £7,940 was recovered from those availing themselves of the service.

On account of the continuing growth of this service, the responsible officials were a little apprehensive regarding several points of detail, and, with a view to comparing our methods of working with other cities, visits were made to Edinburgh, Glasgow and Aberdeen. The visits proved very helpful and as a result certain suggestions will be made to the Committee for revising or clarifying some of our existing methods.

Health visitors paid 89,888 visits to individuals in their own homes to advise on health matters. The distribution of these visits was as follows:—Expectant mothers 13,253 (including 2,290 first visits), children under 1 year, 33,402 (3,175 first visits), children 1 to 5 years 26,280 (2,163 first visits), tuberculosis cases 4,369 (314 first visits), infectious diseases 5,768 (4,899 first visits), school health follow-up 2,253 (1,244 first visits) for day nursery purposes 60 (56 first visits) and miscellaneous visits 127.



The Health Visitor staff has been maintained in number to within two or three of the full establishment but there has been of necessity considerable dilution by temporary uncertificated personnel. The question of suitable and adequate premises from which to operate is still outstanding but it is hoped with some degree of confidence that some progress to that end is being made.

Refresher lectures on various subjects including tuberculosis and infectious diseases were arranged from time to time.

**Home Nursing** The Home Nursing needs of the city have been met by the two voluntary bodies—Dundee Sick Nursing Society and Broughty Ferry Nursing Association—on behalf of the Local Health Authority. During 1951, 76,023 visits were paid to 2,995 cases, a small reduction in the number of visits required by a slightly increased number of cases. The figures in 1950 were 77,252 visits and 1949, 67,968 visits.

Dundee is fortunate in having been able to retain the services of one of the few male district nurses in the service. The Superintendent reports that he is invaluable for attendance on selected cases of a heavy type and mostly males.

**Health Education** There is little comment to be made on the subject of health education beyond the fact that the whole medical and nursing personnel of this department is engaged in this work day in day out in the ordinary course of their duties which bring them into contact with children and adults in schools and clinics and also in their own homes. There has been no special series of meetings or lectures arranged during the year, but many talks have been given to clubs for both men and women, parent teacher associations and other similar bodies, some of the talks illustrated by films supplied on loan by the Scottish Council for Health Education. Such arrangements are made on request whenever possible.

**Port Health Administration** A total of 275 foreign going ships were visited during the year by a medical officer and a sanitary inspector. This was an increase of 74 on the figures for 1950. Inspection of 541 coastwise vessels was carried out by the Port Sanitary Inspector.

One case of chickenpox in an adult male British seaman, and one case of amoebic dysentery were removed by the Medical Officer from foreign going ships and sent to the Infectious Diseases Hospital.

✕ In 1948 the Medical Officer and Port Sanitary Inspector paid special attention to the state of cleanliness of Crews Quarters



during their inspection of ships arriving at the Port. This interest has been continued year by year. The crews quarters were examined in all kinds of ships using the port—the jute liner, a pilgrim ship—an unusual visitor to Dundee—the oil tanker, coaster sugar boat and even the trawler. The first impressions gathered in 1948 still hold, that the Captain and the first officer are the motivating force in maintaining the cleanliness of the ship. The large liner with its coloured crew is invariably clean while the small British ship is often untidy and sometimes even unclean. Small foreign vessels, particularly Dutch and Norwegian, have better amenities than small British ships and a higher standard of cleanliness is maintained. ✕

Information on the work done in dealing with vermin and rat infestation is contained in the Chief Sanitary Inspector's report. It is of interest to note that bed bugs were found in one vessel during the systematic inspection.

Particulars with regard to the work of providing new houses will be found in the report by the Chief Sanitary Inspector now issued as a separate volume. Housing and Sanitation

The number of new houses completed in 1951 was 787 compared with 898 in 1950, 554 in 1949 and the rate of progress was disappointingly slow. There is no doubt that the housing campaign has a long way to go and speeding up by every possible means is urgently necessary.

I am, your obedient servant,

JAMES A. CUTHBERT,

Medical Officer of Health.

Central Public Health Office,

9 West Bell Street,

Dundee, October, 1952.



## LIST OF TABLES AND CHARTS

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1. Causes of Death (Corrected for Transfers) at the Different age Periods during 1951.
2. Death-rates at Various Age Periods (from all causes) each year, 1945-51.
3. Death-rate (from all causes) each month during the years 1945-51.
4. Death-rate (from all causes) in various Wards each year, 1943-51.
5. Birth-rate in Various Wards each year, 1943-51.
6. Infantile Death-rate (per 1,000 births) in Various Wards each year, 1943-51.
7. Death-rate in Various Wards from Principal Epidemic Diseases each year, 1943-51.
8. Pulmonary Tuberculosis Death-rate in Various Wards each year, 1943-51.
9. Tuberculosis (all forms) Death-rate in Various Wards each year, 1943-51.
10. Deaths and Death-rates from Various Groups of Causes each year since 1945 (all ages).
11. Certified causes of death at various ages under 1 year during 1951.
12. Infant Mortality Rates from Various Groups of Causes each year, 1943-51.

13. Infant Mortality Rates from all causes at various age periods, 1943-51.
14. Number of Illegitimate Births, Number of Deaths (under 1 year) of Illegitimate Infants, and Death-rate per 1,000 Illegitimate Births since 1943.
15. Number of Stillbirths and rate per 1,000 Births, 1943-51.
16. Annual Death-Rate per 100,000 population and Case Mortality, per cent. from Measles and Whooping Cough each year since 1943.
17. Maternal Mortality Rates—Number of Deaths per 1,000 Registered Births, 1943-51.
18. Death-rates per 100,000 each year since 1943 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, 1945, to December, 1951.
20. Deaths in which Influenza appeared as a cause in Death Certificate, 1945-51, classified in age periods.
21. Infectious Diseases — Number of Cases of each Disease Notified and Accepted in Dundee during the year 1951. Also number removed and number not removed to Hospital.
22. Monthly Notifications and Intimations of Infectious Diseases, Dundee, 1951.
23. Tuberculosis — Notifications and Deaths, with corresponding rates per 1,000 population at various age periods each year since 1943.
24. Tuberculosis — Notifications and Deaths with corresponding rates per 1,000 population for each year since 1943.



25. Pulmonary Tuberculosis — Notifications and Deaths with corresponding rates per 1,000 population for each sex each year since 1943.

26. Pulmonary Tuberculosis—Deaths in Institutions each year since 1945.

27. Malignant Diseases—Number of Deaths and Death-rates per 10,000 population each year since 1943.

28. Age and Sex Distribution of Deaths from Malignant Diseases during 1951, 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 1943.

Return Showing Causes of Death (corrected for transfers) at the different age periods during 1951.

Cause of Death	ALL AGES		UNDER 4 WKS.										85 and over			
	Total	Males	Females	4 WKS.	TO 1 YEAR	1-5	5-10	10-15	15-25	25-35	35-45	45-55	55-65	65-75	75-85	
Tuberculosis of Respiratory System, .....	71	45	26	—	2	—	—	11	14	9	13	14	7	1	—	
Tuberculosis, other forms, .....	8	5	3	—	—	1	—	1	1	2	1	1	1	—	—	
Syphilis and its sequelae, .....	5	3	2	—	—	—	—	—	—	—	1	1	2	1	—	
Typhoid Fever, .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery, all forms, .....	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	
Scarlet Fever and streptococcal sore throats, .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diphtheria, .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough, .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal Infections, .....	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	
Acute Poliomyelitis, .....	2	—	2	—	—	1	1	—	—	—	—	—	—	—	—	
Measles, .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other infective & parasitic diseases, .....	2	—	2	—	—	—	1	1	7	19	61	100	113	91	11	
Malignant neoplasms, .....	409	186	223	—	—	—	—	—	—	—	2	1	3	2	1	
Benign and unspecified neoplasms, .....	8	2	6	—	—	—	—	—	—	1	1	1	2	6	1	
Diabetes mellitus, .....	21	10	11	—	—	—	—	—	1	1	1	1	2	7	2	
Anaemias, .....	15	6	9	—	—	1	—	—	—	1	4	9	3	2	—	
Other general diseases, .....	20	6	14	—	1	—	—	—	—	—	—	—	—	—	—	
Vascular lesions affecting central nervous system, .....	274	105	169	—	1	—	1	1	2	3	16	30	97	102	21	
Non-meningococcal meningitis, .....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of nervous system, .....	28	13	15	—	4	1	1	3	3	3	—	4	2	7	—	
Rheumatic fever, .....	2	1	1	—	—	—	1	1	1	—	—	—	—	—	—	
Chronic rheumatic heart disease, .....	52	18	34	—	—	—	—	3	4	8	13	11	2	11	—	
Arteriosclerotic and degenerative heart disease, .....	769	357	412	—	—	—	—	1	2	8	41	92	203	301	121	
Other diseases of heart, .....	32	16	16	—	1	—	—	—	1	1	—	7	7	13	2	
Hypertension with heart disease, .....	22	13	9	—	—	—	—	—	—	1	2	3	10	7	—	
Hypertension without heart disease, .....	13	9	4	—	—	—	—	—	—	1	1	2	1	6	1	
Other circulatory disease, .....	31	13	18	—	—	—	—	—	1	1	6	2	8	8	6	
Influenza, .....	25	11	14	—	—	—	2	1	1	—	2	15	44	46	17	
Pneumonia, .....	149	54	95	20	3	—	1	—	—	2	3	12	22	16	4	
Bronchitis, .....	60	34	26	—	—	—	—	—	—	2	5	14	9	4	1	
Other respiratory diseases, .....	35	20	15	—	—	—	—	—	—	2	4	5	11	6	—	
Ulcer of stomach and duodenum, .....	30	24	6	—	—	—	—	—	2	1	1	1	5	8	—	
Appendicitis, .....	4	2	2	—	1	—	—	—	1	1	—	3	—	—	—	
Intestinal obstruction and hernia, .....	19	8	11	—	1	—	1	—	—	—	—	—	—	—	—	
Gastritis and duodenitis, .....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diarrhoea (except of newborn), .....	17	9	8	—	6	—	—	—	1	—	1	1	5	3	—	
Cirrhosis of liver, .....	12	9	3	—	—	—	—	—	1	—	4	6	—	—	—	
Other diseases of liver, .....	14	4	10	—	—	—	—	—	1	1	3	3	4	3	—	
Other digestive diseases, .....	16	8	8	—	—	—	—	—	1	—	3	3	4	3	2	
Nephritis and nephrosis, .....	17	7	10	—	—	—	—	—	1	1	6	2	4	2	1	
Hyperplasia of prostate, .....	30	30	—	—	—	—	—	—	—	—	—	2	9	14	5	
Other diseases of genito-urinary system, .....	23	12	11	—	1	—	—	—	—	—	5	1	8	7	1	
Puerperal sepsis, including post-abortive sepsis, .....	3	—	3	—	—	—	—	1	2	—	—	—	—	—	—	
Other puerperal causes, .....	2	—	2	—	—	—	—	2	—	—	—	—	—	—	—	
Diseases of skin and organs of locomotion, .....	8	5	3	—	—	—	—	—	1	1	2	2	—	2	—	
Congenital malformations, .....	23	16	7	12	4	3	2	—	—	—	—	—	—	—	—	
Birth injuries, post-natal asphyxia and atelectasis, .....	30	21	9	29	1	—	—	—	—	—	—	—	—	—	—	
Pneumonia of newborn, .....	19	14	5	18	1	—	—	—	—	—	—	—	—	—	—	
Diarrhoea of newborn, .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other infections of the newborn, .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other diseases peculiar to early infancy, .....	22	14	8	20	2	—	—	—	—	—	—	—	—	—	—	
Senility, .....	9	6	3	—	—	—	—	—	—	—	—	—	—	6	3	
Causes ill defined and unknown, .....	21	12	9	—	1	—	—	—	—	—	2	1	7	7	3	
Suicide, .....	10	6	4	—	—	—	—	—	2	1	4	2	6	2	—	
Motor vehicle accidents, .....	26	18	8	—	4	2	4	2	2	6	—	—	—	—	—	
Other road transport accidents, .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other violence, .....	86	45	41	1	7	1	—	3	7	5	5	12	13	26	6	
	2498	1198	1300	80	48	21	4	7	43	62	78	217	373	629	726	210



1. *Chrysomelidae* (beetles)  
 2. *Curculionidae* (weevils)  
 3. *Chrysomelidae* (beetles)  
 4. *Chrysomelidae* (beetles)  
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 49. *Chrysomelidae* (beetles)  
 50. *Chrysomelidae* (beetles)



TABLE II.

Death-rates at Various Age-periods (from all causes each year, 1945-1951).

Age Periods.	1945.		1946.		1947.		1948.		1949.		1950.		1951.	
	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,	2,143	13.6	2,381	14.1	2,467	13.7	2,292	12.6	2,442	13.5	2,411	13.5	2,498	14.0
0-5,	186	13.1	230	16.6	333	22.5	196	13.2	170	11.5	182	12.4	149	10.2
5-10,	32	1.1	42	1.5	30	1.0	20	0.7	21	0.7	8	0.3	11	0.4
10-15,														
15-25,	60	3.2	52	2.3	54	2.2	61	2.5	49	2.0	42	1.7	43	1.8
25-35,	65	3.4	77	2.9	61	2.2	66	2.3	64	2.2	50	1.8	62	2.2
35-45,	79	3.5	107	4.3	122	4.6	94	3.5	105	4.0	109	4.2	78	2.9
45-55,	213	14.9	217	10.9	197	9.3	218	10.0	195	9.2	228	10.9	217	10.4
55-65,	328	18.5	348	19.5	328	17.2	351	18.3	406	21.4	389	20.6	373	19.7
65-75,														
75-85,	1,180	72.7	1,308	82.3	1,342	79.4	1,286	75.6	1,432	85.2	1,403	83.6	1,565	93.4
85 plus,														



TABLE III.

Death-rate (from all causes) each month during the years  
1945-51.

<i>Month</i>	1945	1946	1947	1948	1949	1950	1951
January, .....	19.5	20.3	18.7	15.4	16.4	14.8	23.2
February, ...	15.6	16.3	19.2	14.1	21.3	15.5	19.5
March, .....	14.1	18.1	17.9	14.3	14.8	14.9	16.4
April, .....	12.6	15.6	14.0	13.4	13.7	12.2	11.7
May, .....	12.4	12.8	14.2	13.6	12.7	12.3	12.1
June, .....	11.7	13.0	12.4	10.8	11.2	10.9	12.4
July, .....	11.5	11.8	12.6	11.0	9.2	12.6	10.2
August, .....	9.5	11.7	12.8	11.8	11.2	12.4	12.0
September, ...	10.0	10.8	11.2	12.8	10.1	10.4	10.9
October, .....	10.5	10.6	11.3	10.6	11.4	12.0	12.4
November, ...	12.7	14.9	13.2	13.2	12.6	14.3	11.3
December, ...	17.3	17.8	16.9	12.9	16.0	17.1	12.5

TABLE IV.

Death-rate (from all causes) in various Wards each year,  
1943-51

<i>Year</i>	<i>Whole City</i>	1	2	3	4	5	6	7	8	9	10 & 11	12
1943, .....	15.0	13.1	13.3	16.0	18.8	21.6	11.9	17.3	11.7	15.0	15.2	13.0
1944, .....	14.6	11.5	12.2	14.8	18.1	21.9	11.3	19.8	12.9	13.3	15.7	11.6
1945, .....	13.6	10.0	12.0	14.0	17.1	20.5	8.4	19.0	11.4	12.6	17.2	11.6
1946, .....	14.1	11.6	13.1	14.2	15.6	21.8	10.8	18.5	11.8	12.4	16.1	12.1
1947, .....	13.7	11.3	12.6	12.9	14.7	19.0	9.9	20.3	11.9	12.9	16.3	11.6
1948, .....	12.6	8.3	12.6	13.4	17.5	17.5	9.2	14.7	10.1	11.1	14.3	12.3
1949, .....	13.5	10.2	13.5	12.6	16.9	19.1	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
1951, .....	14.0	7.8	10.8	14.6	19.5	21.6	9.4	13.6	11.3	11.7	17.2	12.8

TABLE V.

Birth-rate in Various Wards Each Year, 1943-51.

<i>Year</i>	<i>Whole City</i>	1	2	3	4	5	6	7	8	9	10 & 11	12
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, .....	23.1	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
1951, .....	17.6	13.2	12.1	27.9	25.6	18.0	13.6	31.5	13.3	15.3	10.5	14.4



TABLE VI.

Infantile Death-rate (per 1,000 births) in Various Wards  
Each Year, 1943-51.

Year	Whole City	1	2	3	4	5	6	7	8	9	10 & 11	12
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
1951, ...	41	31	69	45	35	46	61	32	62	20	34	35

TABLE VII.

Death-Rate in Various Wards from Principal Epidemic  
Diseases Each Year, 1943-51.

Year	Whole City	1	2	3	4	5	6	7	8	9	10 & 11	12
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
1951, .....	.15	.12	.17	.06	.17	.20	.17	.15	.05	.21	.28	.10

TABLE VIII.

Pulmonary Tuberculosis Death-rate in Various Wards  
Each Year, 1943-51.

Year	Whole City	1	2	3	4	5	6	7	8	9	10 & 11	12
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
1951, .....	.40	.06	.17	.54	.79	.48	.17	.87	.46	.31	.18	.31

TABLE IX.

Tuberculosis (all forms) Death-rate in Various Wards  
Each Year, 1943-51.

Year	Whole City	1	2	3	4	5	6	7	8	9	10 & 11	12
1943, .....	.79	1.48	.39	.55	1.11	1.18	.53	.59	.78	.89	.42	.53
1944, .....	.88	.87	.77	.96	.85	1.60	.72	1.09	1.02	.65	.42	.65
1945, .....	.86	.46	1.43	.68	1.48	1.63	.19	.83	.83	.70	.63	.76
1946, .....	.87	.74	.35	1.07	1.37	1.01	.60	.77	.88	.98	.87	.70
1947, .....	.94	.92	1.32	.76	1.01	1.42	.79	2.16	.31	.81	.82	.46
1948, .....	.72	.41	.49	.53	.89	1.34	.73	.93	.61	.66	.45	.76
1949, .....	.84	.40	.99	.71	1.23	1.61	1.07	1.59	.56	.36	.45	.46
1950, .....	.62	.29	.75	.72	1.08	.75	.52	1.67	.42	.31	.28	.31
1951, .....	.44	.11	.17	.66	.85	.55	.17	.95	.46	.31	.37	.31



TABLE X.

Deaths and Death-rates from various groups of causes each year since 1945 (all ages).

<i>Disease Group</i>	1945		1946		1947		1948		1949		1950		1951	
	<i>Pop., 156,999</i>	<i>No. of Deaths</i>	<i>Pop., 169,197</i>	<i>No. of Deaths</i>	<i>Pop., 180,730</i>	<i>No. of Deaths</i>	<i>Pop., 181,805</i>	<i>No. of Deaths</i>	<i>Pop., 180,786</i>	<i>No. of Deaths</i>	<i>Pop., 178,349</i>	<i>No. of Deaths</i>	<i>Pop., 178,220</i>	<i>No. of Deaths</i>
	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>	<i>Rate per 1000 Pop.</i>
Congenital, .....	100	.64	105	.62	117	.65	64	.35	93	.52	96	.53	75	.43
Digestive, .....	104	.66	101	.60	184	1.02	152	.83	110	.61	106	.60	113	.64
Respiratory, .....	158	1.01	210	1.24	246	1.36	196	1.08	234	1.24	190	1.07	263	1.42
Infective, .....	158	1.01	198	1.17	195	1.08	150	.82	156	.87	116	.65	100	.56
Circulatory, .....	653	4.16	855	5.05	762	4.22	782	4.30	893	4.95	845	4.74	867	4.78
Genito-urinary, ..	105	.67	75	.44	79	.44	86	.47	76	.42	51	.29	70	.40
Malignant, .....	341	2.17	333	1.97	328	1.81	376	2.07	384	2.13	448	2.52	409	2.30
Nervous, .....	280	1.78	277	1.64	326	1.80	265	1.46	311	1.73	313	1.76	303	1.70
Other Causes .....	244	1.55	227	1.34	230	1.27	221	1.22	185	1.03	246	1.38	298	1.68
	2,143	13.65	2,381	14.1	2,467	13.7	2,292	12.6	2,442	13.5	2,411	13.54	2,498	14.00



TABLE XI.

Certified Causes of Death at Various Ages Under 1 Year During 1951.

CAUSE OF DEATH.	Weeks.				Total	Under	Months.					Total
	Under 1	1 1/2	2/3	3/4			2/3	3/6	6/9	9/12		
Enteric Fever .....	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever .....	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox .....	—	—	—	—	—	—	—	—	—	—	—	—
Measles .....	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever .....	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough .....	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria .....	—	—	—	—	—	—	—	—	—	—	—	—
Infantile Paralysis .....	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Meningitis .....	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—												
{ Lung .....	—	—	—	—	—	—	—	—	—	—	—	—
{ General .....	—	—	—	—	—	—	—	—	—	—	—	—
{ Abdominal .....	—	—	—	—	—	—	—	—	—	—	—	—
{ Brain .....	—	—	—	—	—	—	—	—	—	—	—	—
{ Other Forms .....	—	—	—	—	—	—	—	—	1	—	1	—
Influenza .....	8	5	2	3	18	4	6	8	3	—	39	—
Other Infectious Diseases .....	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia (all forms) .....	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis .....	—	—	—	—	—	—	—	—	—	—	—	—
Laryngitis .....	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Respiratory System .....	—	—	—	—	—	—	2	2	2	—	6	—
Diarrhoea and Enteritis .....	—	—	—	—	—	—	—	—	1	—	1	—
Other Diseases of Digestive System .....	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (not T.B.) .....	—	—	—	—	—	—	—	—	—	—	—	—
Convulsions .....	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Nervous System .....	9	2	—	1	12	—	1	1	2	—	4	—
Congenital Malformations .....	2	—	—	—	2	—	—	1	2	1	16	—
Congenital Debility, Icterus, Sclerema, Marasmus .....	14	1	—	—	15	—	—	—	—	—	3	—
Premature Birth .....	27	1	1	—	29	1	—	—	—	—	15	—
Injury at Birth, Post Natal Asphyxia, Atelectasis .....	3	—	—	—	3	—	1	—	—	—	30	—
Other Diseases peculiar to Early Infancy .....	—	—	—	1	1	2	1	2	1	—	7	—
Suffocation, Over-laying .....	—	—	—	—	—	—	—	—	—	—	—	—
Rickets .....	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis .....	—	—	—	—	—	—	—	1	—	—	1	—
Violence .....	—	—	—	—	—	—	—	—	—	—	—	—
All other Causes .....	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL.	63	9	3	5	80	8	11	15	13	1	128	—



TABLE XII.

Infant Mortality Rates from various groups of causes each year, 1943-51.

<i>Year</i>	<i>Congenital</i>	<i>Digestive</i>	<i>Respiratory</i>	<i>Infectious Disease</i>	<i>All Other Causes</i>	<i>Rate per 1,000</i>
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
1951	21.6	2.2	12.4	0.3	4.2	40.7

TABLE XIII.

Infant Mortality Rates from all causes at various age periods, 1943-51.

<i>Year</i>	<i>BIRTHS</i>	<i>DEATH-RATES</i>			
		<i>Under 1 Week</i>	<i>Under 1 Month</i>	<i>Under 3 Months</i>	<i>Under 1 Year</i>
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
1951	3,142	20	25	32	41

TABLE XIV.

Number of Illegitimate Births, Number of Deaths (under 1 year) of Illegitimate Infants, and Death-rate per 1,000 Illegitimate Births since 1943.

	<i>Illegitimate Births</i>	<i>Deaths of Illeg. Infants</i>	<i>Rate per 1,000 Illeg. Births</i>
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
1951	210	13	62



TABLE XV.

Table showing Number of Still Births and rate per 1,000 Births, 1943-51.

<i>Year</i>	<i>No. of Still-Births</i>	<i>Total of Live Births and Still-Births</i>	<i>Rate per 1,000 total Births (Live &amp; Still)</i>
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
1951 .....	82	3,224	25.43

TABLE XVI.

Annual Death-Rate per 100,000 population and Case Mortality, per cent., from Measles and Whooping Cough each year since 1943.

<i>MEASLES</i>				<i>WHOOPIING COUGH</i>			
<i>Cases</i>	<i>Deaths</i>	<i>Death-Rate per 100,000</i>	<i>Case Mortality per cent.</i>	<i>Cases</i>	<i>Deaths</i>	<i>Death-Rate per 100,000</i>	<i>Case Mortality per cent.</i>
1943 ... 669	4	2.6	.6	518	14	9.0	2.7
1944 ... 1,188	10	6.5	.84	352	—	—	—
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
1951 ... 503	—	—	—	1,198	—	—	—

TABLE XVII.

Maternal Mortality Rates — Number of Deaths per 1,000 Registered Births, 1943-51.

1943	1944	1945	1946	1947	1948	1949	1950	1951
3.51	3.47	3.5	2.0	.96	1.4	2.3	0.3	1.6



TABLE XVIII

Death-rates per 100,000 each year since 1943, from the Respiratory Diseases (including Bronchitis, Pneumonia (all forms), Pleurisy, Laryngitis, etc.)

<i>Year</i>	<i>Total Deaths</i>	<i>Death-rate per 100,000</i>
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
1951 .....	263	147.6

TABLE XIX.

Deaths in which Influenza was given as a cause of death each month, January, 1945, to December, 1951.

<i>Months</i>	1945	1946	1947	1948	1949	1950	1951
January, .....	0	10	1	2	1	1	16
February, .....	2	8	1	1	12	1	6
March, .....	0	1	0	1	1	1	1
April .....	0	0	0	0	0	1	0
May .....	1	0	1	0	0	1	0
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	1
October .....	0	0	0	0	0	0	0
November .....	0	1	0	3	0	0	1
December .....	0	0	4	2	1	0	0
	3	20	7	9	15	5	25

TABLE XX.

Deaths in which Influenza appeared as a cause in death certificate, 1945-51, classified in age periods.

<i>Age Periods</i>	1945	1946	1947	1948	1949	1950	1951
Under 1 year .....	0	0	1	0	0	0	1
1—5 years .....	0	1	0	1	0	1	0
5—15 years .....	0	1	0	0	0	0	0
15—25 years .....	0	0	0	0	0	0	2
25—45 years .....	0	3	0	1	1	1	1
45—65 years .....	0	4	1	0	3	0	8
65 and upwards .....	3	11	5	7	11	3	13
	3	20	7	9	15	5	25



TABLE XXI.

INFECTIOUS DISEASES.—Number of cases notified and accepted in Dundee during the year 1951.

Also number removed and number not removed to hospital.

	All Ages										Cases Removed to Hosp.	
	Under 1 Year	1-5 Years	5-15 Years	15-25 Years	25-35 Years	35-45 Years	45-65 Years	65 plus	Cases Hospital	Cases Not Re-		
Cerebro-Spinal Fever, .....	5	5	—	—	—	—	—	—	—	—	5	—
Chickenpox, .....	6	3	315	—	—	—	—	—	—	—	18	376
Cholera, .....	407	9	66	1	—	—	—	—	—	—	19	388
Continued Fever, .....	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria, .....	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery, .....	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica, .....	198	110	47	3	4	5	4	5	154	44	—	—
Erysipelas, .....	224	15	91	18	21	12	11	9	148	76	—	—
Jaundice, Acute Infective, .....	2	1	—	—	—	—	—	—	—	—	2	—
Malaria, .....	—	—	—	—	—	—	—	—	—	—	—	—
Measles, .....	25	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum, .....	57	—	—	—	—	—	—	—	—	—	—	—
Plague, .....	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal, .....	21	1	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Primary, .....	322	68	116	13	15	10	33	17	134	188	—	—
Pneumonia (not otherwise notifiable), .....	271	40	121	35	15	14	8	16	22	109	162	—
Polio-myelitis, Acute, .....	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever, .....	6	1	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia, .....	10	2	3	4	1	—	—	—	—	—	—	—
Scarlet Fever, .....	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox, .....	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever, .....	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A, .....	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B, .....	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever, .....	3	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough, .....	—	—	—	—	—	—	—	—	—	—	—	—
Croup, .....	574	68	331	171	1	1	1	—	59	515	—	—
Food Poisoning, .....	623	72	362	182	3	2	—	—	89	544	—	—
Leprosy, .....	2	1	—	—	—	—	—	—	—	—	—	—
Food Poisoning, .....	2	—	—	—	—	—	—	—	—	—	—	—
Leprosy, .....	3	—	—	—	—	—	—	—	—	—	—	—
TOTAL, .....	2211	325	791	906	37	23	29	53	37	662	1519	—
	2301	252	785	953	86	62	37	65	61	725	1576	—

TABLE XXII.

Monthly Notifications and Intimations of Infectious Diseases, Dundee, 1951.

DISEASE	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Cerebro-Spinal Fever, .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Chickenpox, .....	4	4	5	3	1	2	—	2	4	6	37	11	11
Continued Fever (undulant), .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Croup, .....	134	68	101	77	74	51	69	8	11	72	55	61	801
Diphtheria, .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery, .....	—	3	8	3	5	1	2	1	4	4	2	—	35
Encephalitis Lethargica, .....	125	75	56	38	38	31	37	27	28	19	18	18	510
Erysipelas, .....	12	10	21	6	8	2	4	7	5	10	2	3	90
Food Poisoning, .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Leprosy, .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria, .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles, .....	289	61	59	29	9	5	11	12	5	3	23	509	503
Ophthalmia Neonatorum, .....	16	23	19	17	28	17	16	17	20	25	19	16	233
Pneumonia, Acute Influenzal, .....	35	15	5	—	—	—	—	—	—	2	1	2	60
Pneumonia, Acute Primary, .....	71	120	65	48	39	36	25	20	31	39	44	47	585
Polio-myelitis Acute, .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever, .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia, .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever, .....	—	4	1	2	—	2	3	1	—	—	—	—	16
Paratyphoid B, .....	107	73	82	51	40	27	24	22	36	35	49	53	599
Typhoid Fever, .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough, .....	125	73	40	65	56	86	88	194	117	150	97	103	1194
	919	531	463	344	302	282	295	312	261	370	237	343	4659



TABLE XXIII.

TUBERCULOSIS—Notifications and Deaths, with corresponding rates per 1,000 population at various age periods each year since 1943.

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					
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				
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 Notifications, 23	1.55	45	1.51	138	5.65	136	2.47	50	1.25	22	1.31	16	1.08	9	.30	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				
1951 Notifications, 14	.96	24	.82	107	4.44	118	2.19	57	1.43	11	.60	8	.55	5	.17	18	.75	11	.20	4	.10	—	—				
Deaths, ..... 2	.14	—	—	11	.46	23	.43	27	.68	8	.48	—	—	1	.03	—	—	3	.06	2	.05	1	.06				



TABLE XXIV.

TUBERCULOSIS—Notifications and Deaths, with corresponding rates per 1,000 population for each year since 1943.

	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
1943,	154,703	227	89	316	95	27	122
1944,	154,845	248	57	305	113	23	136
1945,	156,999	274	77	351	106	29	135
1946,	169,197	270	51	321	118	29	147
1947,	180,730	359	77	436	149	20	169
1948,	181,805	358	59	417	118	12	130
1949,	180,786	414	42	456	136	15	151
1950,	178,349	511	45	556	104	7	111
1951,	178,220	331	46	377	71	8	79
		2.32	.25	2.57	.04	.04	.44
		2.87	.26	3.12			



TABLE XXV.

**PULMONARY TUBERCULOSIS.**—Notifications and Deaths with corresponding rates per 1,000 population for each sex each year since 1943.

Year	NOTIFICATIONS					DEATHS		
	Males		Females		No.	Males		Females
	No.	Per 1,000	No.	Per 1,000		No.	Per 1,000	No.
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	—
1951	168	—	163	—	45	—	26	—

TABLE XXVI.

**Pulmonary Tuberculosis — Deaths in Institutions**  
each year since 1945.

	1945	1946	1947	1948	1949	1950	1951
Total Deaths from Pulmonary Tuberculosis, .....	106	118	149	118	136	104	79
No. of Deaths from Pul. Tuberculosis in Institutions, .....	52	44	78	48	49	52	49
Percentage of Total Deaths from Pul. Tuberculosis dying in Institutions, .....	49.1	37.3	52.3	40.7	36.0	50.0	62.0

TABLE XXVII.

**MALIGNANT DISEASES**

**Number of Deaths and Death-rates per 10,000 population**  
each year since 1943.

Year	Males	Females	Total	Rates
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
1951	186	223	409	22.95



TABLE XXVIII.

Age and Sex Distribution of Deaths from Malignant Diseases during 1951, showing parts of the body affected.

## FEMALES

LOCATIONS	All Ages	85 & Over
All Sites	223	8
Lip	...	...
Mouth, Palate	...	...
Tongue	2	1
Jaw, Maxilla, Antrum	...	...
Salivary Glands, Parotid	1	...
Tonsils	...	...
Pharynx, Fauces	...	...
Nasopharynx, Nose-Internal	2	1
Cheek	...	...
Buccal Cavity, etc.	Total 6	1 1 1 1
Oesophagus, Gullet	...	...
Stomach, Pylorus	40	1 2 1 2
Intestine	35	1 3 1 6 9 3 9 6 2
Abdomen	...	...
Rectum	7	2 1 1 1
Liver, Gall Bladder	...	...
Pancreas	9	1 2 1 1 1
Peritoneum, Omentum, Mesentery	...	...
Digestive Organs, etc.	Total 108	1 2 3 5 5 15 17 18 19 18 5
Larynx	...	...
Lung, Bronchus, Pleura	18	1 1 2 1 2 5 2 1 1 2
Mediastinum	3	2 1
Respiratory Organs	Total 21	1 1 2 1 4 6 2 1 1 2
Cervix	8	1 1 1
Uterus, Other or Unspecified	14	1 1 2 2 5 2
Uterus	Total 22	1 3 2 2 5 3 1 1 1
Ovary, Fallopian Tube	8	1 1 4 1 1
Vagina, Vulva	3	3
Other Female Genital Organs	Total 11	1 1 4 4 1
Breast	30	1 1 3 3 3 3 4 1 1
Kidney	1	1
Bladder, Urethra	3	2 1
Urinary Organs	Total 4	1 2 1
Anus	...	...
Ear	...	...
Nose (External)	...	...
Scalp, face (rodent ulcer)	1	1
Skin	1	1
Skin	Total 2	1 1
Brain	3	1 1
Spinal Cord	...	...
Brain & Nervous Sys.	Total 3	1 1 1
Adrenals	...	...
Arm, Leg	1	1
Bones	1	1
Eye	...	...
Heart	...	...
Lymphatic	5	2 1 1
Pelvis	...	...
Rib, Sternum	...	...
Spine	...	...
Spleen	...	...
Throat	...	...
Thyroid	2	1 1
Others	6	1 1 1 1
Not Stated	...	...
Other or Unspecified Organs	Total 16	2 1 3 1 2 1

## MALES

LOCATIONS	All Ages	85 & Over
All Sites	186	8 3
Lip	...	...
Mouth, Palate	...	...
Tongue	2	1 1
Jaw, Maxilla, Antrum	...	...
Salivary Glands, Parotid	1	1 1
Tonsils	3	1 1 1
Pharynx, Fauces	...	...
Nasopharynx, Nose-Internal	1	1
Cheek	...	...
Buccal Cavity, etc.	Total 12	1 1 2 3 2
Oesophagus, Gullet	9	1 2 1 1 2
Stomach, Pylorus	35	1 4 8 2 4 3 4 5 1 3
Intestine	17	1 2 3 1 3 3 2 1
Abdomen	1	1
Rectum	11	2 1 2 1 1
Liver, Gall Bladder	7	1 2 2 1
Pancreas	7	2 2 2
Peritoneum, Omentum, Mesentery	...	...
Digestive Organs, etc.	Total 87	2 1 3 8 11 9 8 11 12 15 4 3
Larynx	4	1 2 1
Lung, Bronchus, Pleura	43	2 1 2 7 6 12 5 5 3
Mediastinum	1	1
Respiratory Organs	Total 48	1 2 1 2 7 6 12 6 7 4
Breast	1	1
Prostate	10	2 1 2 3 2
Testis	1	1
Penis	2	1
Scrotum	...	...
Male Genital Organs	Total 14	1 2 1 1 2 5 2
Kidney	1	1
Bladder, Urethra	5	2 1 1 1
Urinary Organs	Total 6	2 1 1 1
Anus	1	1
Ear	1	1
Nose (external)	...	...
Scalp, Face (rodent ulcer)	...	...
Skin	...	...
Skin	Total 2	1 1
Brain	3	1 1
Spinal Cord	...	...
Brain & Nervous Sys.	Total 3	1 1 1
Adrenals	...	...
Arm, Leg	1	1
Bones	1	1
Eye	...	...
Heart	6	2 1
Lymphatic	1 1 1	...
Pelvis	...	...
Rib, Sternum	...	...
Spine	...	...
Spleen	...	...
Throat	...	...
Thyroid	1	1
Others	3	1 1
Not Stated	1	1
Other or Unspecified Organs	Total 13	1 1 1 2 4 2 1 1



TABLE XXIX.

Number of Births per 1,000 population, Illegitimate Births per 100 Registered Births, and Marriages per 1,000 population, each year since 1943.

<i>Year</i>		<i>Birth-rate</i>	<i>Illegitimate-rate</i>	<i>Marriage rate</i>
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
1951	.....	17.6	6.7	8.9



## MATERNITY AND INFANT WELFARE SERVICES

### Registration of Births

There were 3586 live births registered in Dundee during 1951, of which 465 were transferred out and 21 transferred in, giving a corrected total of 3142 registered live births (1655 males and 1487 females). This represents a birth rate of 17.6 per 1000 of the population as compared with 17.8 in 1950 and 18.7 in 1949.

After correction for transfers (89 outward and 8 inward) the number of registered illegitimate births was 210 (105 males and 105 females) which is equivalent to an illegitimate rate of 6.7% of all live births compared with 6.6% in 1950 and 6.9% in 1949.

### Stillbirth Rate.

The number of stillbirths registered during the year was 101 and after correction for transfers 82 (45 males and 37 females); this represents 25 per 1000 total births.

Year	Live Birth Rate		Illegitimate Rate		Stillbirth Rate	
	Dundee. Scotland (per 1000 pop.)		Dundee. Scotland (per 100 births)		Dundee. Scotland (per 1000 births)	
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
1951, .....	17.6	17.7	6.7	5.1	25	27



## Notification of Births Acts.

Under the Notification of Births Acts, 3592 live births and 103 stillbirths were notified. Twelve live births were unnotified, 289 live births and 51 stillbirths were notified as premature. 267 live births and 8 stillbirths were illegitimate.

### Number of Births Occurring in the Area \*

#### No. of Live Births—

Notified, .....	3,592	
Unnotified, .....	12	
	—	3,604

#### No. of Stillbirths—

Notified, .....	103	
Unnotified, .....	0	
	—	103

Total No. of Births, .....	3,707
----------------------------	-------

No. Illegitimate, .....	Live, .....	267	
	Still, .....	8	
		—	275 (7.42%)
No. Premature, .....	Live, .....	289	
	Still, .....	51	
		—	340 (9.17%)

\* The number of births occurring in the area during the year is not the same as the number registered during the year owing to the period of 21 days being given for registration. The figures include children born in institutions whose parents normally were outwith the city.

### Classification of Births According to Nature of Attendance at Confinement.

<i>Domiciliary Cases—</i>	<i>Notified</i>	<i>Unnotified</i>	<i>Total</i>	<i>Percentage of Births</i>
Doctor and/or Midwife	251	6	257	6.93
Royal Infr. (outdoor)	295	1	296	7.98
	—	—	—	—
	546 (98.7%)	7 (1.3%)	553	14.91



*Institutional Cases—*

Royal Infir. (indoor)	1,301	0	1,301	35.10
Maryfield Hospital ...	1,266	3	1,269	34.23
Clement Park, .....	258	1	259	6.99
Other Nursing Homes	324	1	325	8.77
	<hr/> 3,149 (96.7%)	<hr/> 5 (0.16%)	<hr/> 3,154	<hr/> 85.09
	<hr/> 3,695 (99.7%)	<hr/> 12 (0.32%)	<hr/> 3,707	<hr/> 100.00

Year	Total Births	Percentage Notified	<i>Domiciliary Confinements (including D.R.I. Outdoor Cases)</i>			
			<i>Institutional Confinements</i>		<i>No. Percentage</i>	
			No.	Percentage	No.	Percentage
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
1951,	3,707	99.7	3,154	85.1	553	14.9

The actual number of **institutional births** showed a decrease from 3,212 in 1950 to 3,154 in 1951 but the proportion of hospital confinements in relation to the total number of births was about the same as in 1950, viz., 85.1%. There was an increase in the number of births in the Royal Infirmary from 1,271 (33.6%) to 1,301 (35.1%) and in Maryfield Hospital from 1,234 (32.6%) to 1,269 (34.2%). There was a decrease in the number of births in Clement Park from 330 (8.7%) to 259 (7.0%) and in other nursing homes from 375 (9.9%) to 325 (8.8%). This information is detailed in the following table:—



	1947	1948	1949	1950	1951
<i>Domiciliary</i>					
Doctor and/or Midwife, .....	406 (8.4)	287 (6.8)	250 (5.3)	245 (6.5)	257 (6.9)
Royal Infirmary (outdoor), .....	418 (8.7)	393 (9.3)	329 (8.3)	325 (8.6)	296 (8.0)
Unattended, .....	1 (0.02)	0 (0.0)	3 (0.1)	0 (0.0)	0 (0.0)
<i>Institutional</i>					
Royal Infirmary (indoor) .....	1,658 (34.5)	1,533 (36.4)	1,362 (34.3)	1,271 (33.6)	1,301 (35.1)
Maryfield Hospital, .....	1,220 (25.4)	1,107 (26.3)	1,218 (30.7)	1,234 (32.6)	1,269 (34.2)
Clement Park, .....	494 (10.3)	394 (9.4)	353 (8.9)	330 (8.7)	259 (7.0)
Other Nursing Homes, .....	611 (12.7)	493 (11.7)	456 (11.5)	375 (9.9)	325 (8.8)
King's Cross Hospital, .....	1 (0.02)	0 (0.0)	0 (0.0)	2 (0.1)	0 (0.0)
	<hr/> 4,809	<hr/> 4,207	<hr/> 3,971	<hr/> 3,782	<hr/> 3,707

Figures in Parenthesis are Percentages.



## Midwifery Service.

The local authority carries out the statutory duty under the National Health Service Act of providing a domiciliary midwifery service by employing midwives in private practice on a fee per case basis. 240 women applied to the local authority for the services of a midwife and in every case a doctor was also engaged. Of the 240 women 130 (54.2%) applied to the local authority before the sixth month of pregnancy and 52 (21.7%) during the sixth month. More than half the women booked before the sixth month and more than three-fourths before the beginning of the seventh month, and the percentages are almost the same as for 1950.

### Month of Pregnancy at Time of Booking

1	2	3	4	5	6	7	8	9	Not booked.	Total
0	5	23	40	62	52	30	15	11	2	240

#### Total

- (a) Total number of births (including stillbirths) occurring in the area during year—that is before correction for mother's residence, ..... 3,707\* (3,645)

- (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, .....	84*	(83)
(b) Doctor engaged but not present at confinement, .....	158*	(156)
(c) Midwife alone (no doctor engaged), ...	0	(0)

- (ii) Other domiciliary cases—

(a) Doctor engaged, .....	14	(14)
(b) Midwife alone (no doctor engaged),	1	(1)
(c) Conducted by outdoor staff of institution (includes 1 confinement booked under (i), .....	296*	(293)
(d) Unattended, .....	0	(0)

- (iii) Cases attended at institutions (including private maternity and nursing homes) in the area of the local health authority, ..... 3,154\* (3,098)

3,707

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



## Stillbirths.

The stillbirth rate was 25 compared with 31 for the previous year. 103 infants were stillborn and of these 8 (7.8%) were illegitimate and 51 (49.5%) were premature. During 1951 3.0% of infants born in institutions (i.e. 96) and 1.3% of those born at home, (i.e. 7) were stillborn. The parents of 19 of the dead born infants (12 males and 7 females) were normally resident outwith the city.

### Causes of Prenatal Death (See appendix Table I).

#### Stillbirths (1)

<i>Sex</i>	<i>Legitimacy</i>		<i>Total</i>
	<i>Legitimate</i>	<i>Illegitimate</i>	
Males, .....	56 (96.6%)	2 (3.4%)	58
Females, .....	39 (86.7%)	6 (13.3%)	45
	95 (92.2%)	8 (7.8%)	103

#### Stillbirths (2)

<i>Sex</i>	<i>Prematurity</i>		<i>Total</i>
	<i>Fulltime</i>	<i>Premature</i>	
Males, .....	31 (53.5%)	27 (46.6%)	58
Females, .....	21 (46.7%)	24 (53.4%)	45
	52 (50.5%)	51 (49.5%)	103

#### Stillbirths (3)

<i>Sex</i>	<i>Place of Delivery</i>		<i>Total</i>
	<i>Institution</i>	<i>At Home</i>	
Males, .....	54 (93.1%)	4 (6.9%)	58
Females, .....	42 (93.3%)	3 (6.7%)	45
	96 (93.2%)	7 (6.8%)	103

#### Stillbirths (3a)

<i>Place of Delivery</i>	<i>Total Births</i>	<i>No. Stillborn</i>	<i>Percentage</i>
<b>INSTITUTIONAL—</b>			
Royal Infirmary (indoor), .....	1,301	54	
Maryfield Hospital, .....	1,269	35	
Nursing Homes, .....	584	7	
	3,154	96	3.0 (3.3)
<b>DOMICILIARY—</b>			
Royal Infirmary (outdoor), .....	296	7	
Midwife and/or Doctor, .....	257	0	
	553	7	1.3 (1.8)
	3,707	103	2.8 (3.1)

Percentages in brackets give the corresponding information for 1950.



### Stillbirths (3b)

<i>Place of Delivery</i>	<i>No. of Dundee Births</i>	<i>No. of Dundee Stillbirths</i>	<i>Rate per 1,000 Births</i>
<b>INSTITUTIONAL—</b>			
Royal Infirmary (indoor), .....	1,124	39	34.7
Maryfield Hospital, .....	1,186	33	27.8
Nursing Homes, .....	426	5	11.7
<b>DOMICILIARY—</b>			
Royal Infirmary (outdoor), .....	296	7	23.6
Midwife and/or Doctor, .....	254	0	0.0
	<hr/> 3,286	<hr/> 84	<hr/> 25.6

### Stillbirths (4)

#### Age of Mother (Dundee Cases)

<i>15-19 yrs.</i>	<i>20-24 yrs.</i>	<i>25-29 yrs.</i>	<i>30-34 yrs.</i>	<i>35-39 yrs.</i>	<i>40 yrs. &amp; over</i>	<i>Total</i>
5	11	27	19	15	7	84

### Stillbirths (5)

#### Parity of Mother (Dundee Cases)

1	2	3	4	5	6	7	8	9	10	11	12	13	Total
28	13	15	13	5	3	3	3	0	0	0	0	1	84

### Stillbirths (6)

#### Employment of Mothers During Pregnancy (Dundee Cases)

<i>Working</i>	<i>Not Working</i>	<i>Unknown</i>	<i>Total</i>
45	39	0	84

### Stillbirths (6a)

#### Type of and Duration of Employment of Mother During Pregnancy

Type of Employment	Duration of Employment Months										Total
	1	2	3	4	5	6	7	8	9		
Workers in Jute & allied trades,	1(1)	1(1)	1(1)	2(1)	7(5)	8(5)	5(2)	2	0	27(16)	
Workers in light industries, ....	0	0	0	1(1)	1(1)	3(1)	0	1	0	6(3)	
Shop assistants, waitresses, etc.,	0	0	0	0	3(1)	0	0	0	0	3(1)	
Farm workers, .....	0	0	0	1(1)	0	0	0	0	0	1(1)	
Conductresses, .....	0	0	0	0	1	0	0	0	0	1	
Laundry Workers, .....	0	0	0	0	1(1)	0	1	0	0	2(1)	
Domestic workers, cleaners, etc.,	0	0	1(1)	0	1	2	0	0	0	4(1)	
Clerkesses, .....	0	0	0	0	0	1(1)	0	0	0	1(1)	
	1(1)	1(1)	2(2)	4(3)	14(8)	14(7)	6(2)	3	0	45(24)	

The figures in brackets show the number of premature deliveries.



## Stillbirths (6b)

### Parity (Dundee Cases)

<i>Employment</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	<i>Total</i>
Working, ...	21(13)	6(4)	5(2)	6(2)	4(2)	1	1	1(1)	0	0	0	0	0	45(24)
Not working,	7(1)	7(4)	10(5)	7(3)	1(1)	2(2)	2(1)	2	0	0	0	0	1(1)	39(18)
	28(14)	13(8)	15(7)	13(5)	5(3)	3(2)	3(1)	3(1)	0	0	0	0	1(1)	84(42)

The figures in brackets show the number of premature deliveries.

## Stillbirths (6c)

### Age of Mother (Dundee Cases)

	15-19	20-24	25-29	30-34	35-39	40 yrs.	
<i>Employment</i>	<i>yrs.</i>	<i>yrs.</i>	<i>yrs.</i>	<i>yrs.</i>	<i>yrs.</i>	<i>&amp; over</i>	<i>Total</i>
Working, .....	4(3)	10(7)	13(7)	8(2)	6(3)	4(2)	45(24)
Not working, .....	1	1	14(7)	11(5)	9(4)	3(2)	39(18)
	5(3)	11(7)	27(14)	19(7)	15(7)	7(4)	84(42)

The figures in brackets show the number of premature deliveries.

## Infant Mortality

<i>Year</i>	<i>Infant Mor- tality Rate</i>	<i>Neo-Natal Rate</i>	<i>Rate from 1-12 Mths.</i>	<i>Stillbirth Rate</i>	<i>Stillbirth Rate plus Infant Mor.</i>	<i>Rate plus Rate</i>
	<i>Scot. Dundee</i>	<i>Dundee</i>	<i>Dundee</i>	<i>Scot. Dundee</i>	<i>Scot. Dundee</i>	<i>Scot. Dundee</i>
1945, ...	56	57	34	23	33	31
1946, ...	54	47	27	20	32	34
1947, ...	56	70	33	37	31	25
1948, ...	45	47	19	28	29	29
1949, ...	41	44	28	16	27	28
1950, ...	39	50	29	21	27	31
1951, ...	37	41	26	15	27	25

During 1951 there were 128 registered infant deaths (81 males and 47 females) and the infant mortality rate per 1,000 live births was 40.7. Of the total mortality, male infants were responsible for 63.2%. Eighty infants (55 males and 25 females) died before reaching the age of four weeks and 48 infants (26 males and 22 females) died between the ages of one and twelve months. The neo-natal mortality rate per 1,000 live births was 25 compared with 29 in 1950. The mortality rate between four weeks and twelve months per 1,000 live births was 16 compared with 21 in the previous year. The proportion of the total infant deaths which occurred in the first month was 62.5% (69% males and 53% females) as compared with 58% in the previous year.

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



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

N.B.—The number of neo-natal deaths occurring during the year is not the same as the number registered.

There were 81 deaths in the neo-natal period compared with 91 in 1950, giving a neo-natal mortality rate of 25 per 1,000 live births. The comparable rate for 1950 was 29. 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		Neo-natal deaths		No.	Total S.B. rate plus neo-natal rate
	No.	Rate	No.	Rate		
1946, .....	162	34	107	27	269	69
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
1951, .....	103	25	81	25	184***	50

\* 109 (51.9%) were premature. \*\* 111 (53.4%) were premature.

\*\*\* 103 (56.0%) were premature.

It will be seen from the appendix (Table II) that the chief single cause of death in the neo-natal period was prematurity. Thirty-six (44.4%) neo-natal deaths were ascribed to prematurity compared with 44 (48.4%) in 1950. Fifty-six (43.4%) of all the infants who died and 52 (64.2%) of these dying in the neo-natal period were considered to be premature while only 9.2% 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 38.3%
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%
1951, .....	3,707	340 9.2%	129	56 43.3%

Atelectasis, birth injury and congenital malformation accounted for 32.1% of the neo-natal deaths. Thirteen (16.0%) neo-natal deaths were ascribed to pneumonia. Seventy-three (90.1%) died in the first two weeks of life and 64 (79.0%) neo-natal deaths occurred in the first week of life, 27 (33.3%) in the first day.



## Neo-Natal Deaths (1)

### Neo-Natal Rate According to Place of Delivery

<i>Place of Delivery</i>	<i>No. of Dundee live births</i>	<i>No. of Dundee neo-natal deaths</i>	<i>Rate per 1,000 live births</i>
<b>INSTITUTIONAL—</b>			
Royal Infirmary (indoor), ...	1,085	37	34.1
Maryfield Hospital, .....	1,153	26	22.5
Nursing Homes, .....	421	4	9.5
<b>DOMICILIARY—</b>			
Royal Infirmary (outdoor), ...	289	9	31.1
Midwife and/or Doctor, .....	254	5	19.7
	3,202	81	25.3

## Neo-Natal Deaths (2)

### Employment of Mother During Pregnancy

<i>Working</i>	<i>Not Working</i>	<i>Unknown</i>	<i>Total</i>
25	55	1	81

## Neo-Natal Deaths (2a)

### Type of and Duration of Employment of Mother During Pregnancy

Type of Employment	Duration of Employment										Un- known	Total
	Months											
	1	2	3	4	5	6	7	8	9			
Jute and allied workers,	0	1(1)	4(2)	0	0	3(1)	3(2)	0	0	1(1)	12(7)	
Light industry workers, ...	0	1(1)	4(3)	2(2)	0	1(1)	1(1)	1(1)	0	0	10(9)	
Shop assistants, .....	0	0	1	0	0	0	0	0	0	0	1	
Clerkesses, .....	0	0	0	0	0	1(1)	0	0	0	0	1(1)	
Hawkers, .....	0	0	0	0	0	0	0	0	1	0	1	
	0	2(2)	9(5)	2(2)	0	5(3)	4(3)	1(1)	1	1(1)	25(17)	

Figures in brackets refer to mothers who had premature deliveries.

## Neo-Natal Deaths (2b)

### Parity of Mother

<i>Employment</i>	1	2	3	4	5	6	7	8	9	10	<i>Total</i>
Working, .....	14(12)	3(1)	2(1)	1	0	1(1)	2(1)	0	1(1)	1	25(17)
Not working, .....	6(3)	22(12)	13(8)	6(5)	4(4)	0	0	2(1)	1	1(1)	55(34)
Not known, .....	0	1(1)	0	0	0	0	0	0	0	0	1(1)
	20(15)	26(14)	15(9)	7(5)	4(4)	1(1)	2(1)	2(1)	2(1)	2(1)	81(52)

Figures in brackets refer to mothers who had premature deliveries.



## Neo-Natal Deaths (2c)

### Age of Mother

	15-19	20-24	25-29	30-34	35-39	40+	
<i>Employment</i>	<i>yrs.</i>	<i>yrs.</i>	<i>yrs.</i>	<i>yrs.</i>	<i>yrs.</i>	<i>yrs.</i>	<i>Total</i>
Working, .....	3(3)	6(4)	6(4)	6(4)	3(2)	1	25(17)
Not working, ...	1(1)	13(8)	15(9)	15(10)	9(4)	2(2)	55(34)
Not known, .....	0	0	1(1)	0	0	0	1(1)
	4(4)	19(12)	22(14)	21(14)	12(6)	3(2)	81(52)

Figures in brackets show the number of premature deliveries.

In 1951 62.8% of infant deaths occurred in the neo-natal period. Obviously prematurity played an important part in the cause of death as more than half (64.2%) of the neo-natal deaths were associated with premature birth. It is well recognised that multiple pregnancies are more likely to give rise to small babies and therefore the incidence of multiple births has been recorded. In 1951 the incidence of multiple births was 1.6% of total confinements; there were 56 twin and 3 triple pregnancies, and 46 twin births and 2 triple births where the parents normally resided in Dundee. 13 died under one month and 4 died later in the first year; 16.0% of the neo-natal deaths were associated with multiple pregnancy.

### Incidence of Multiple Births

	1948	1949	1950	1951
Total confinements, .....	4147	3892	3721	3645
Twin pregnancies, .....	60} (1.4%)	77} (2.0%)	61} (1.6%)	56} (1.6%)
Triple pregnancies, .....	0}	1}	0}	3}

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

In 1951 there were 21 deaths (43.8%) certified as due to pneumonia (all forms) and 6 (12.5%) as due primarily to gastro-enteritis compared with 32 from pneumonia and 7 from gastro-enteritis in 1950.



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
1951, .....	21	6

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 six babies of that age period who died from gastro-enteritis, although all were originally breast fed, only three were breast fed at the age of one month. Of the twenty-one babies of that age period who died from pneumonia, only eleven were breast fed at one month and only one at three months.

The duration of breast feeding among all infants born in 1951 has been contrasted with the duration of breast feeding among those infants who died of gastro-enteritis and among those who died of pneumonia.

	No. of Cases	Never Breast Fed	Breast Fed at			
			2 wks.	1 mth.	3 mths.	6 mths.
Babies born in 1951 in whom type of feeding was known, ....	3,039*	343 (10.9%)	2,425 (79.8%)	1,856 (61.1%)	1,145 (37.7%)	778 (25.6%)
Babies dying of gastro-enteritis between the ages of 4 wks & 1 yr.	6	0 (0.0%)	6 (100.0%)	3 (50.0%)	2 (33.3%)	1 (16.6%)
Babies dying of pneumonia between the ages of 4 weeks and 1 year, .....	21	2 (9.5%)	15 (71.4%)	11 (52.4%)	1 (4.8%)	0 (0.0%)

\* In addition 114 were not visited, died, were transferred out of Dundee or particulars of feeding were not known.



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

71.4% 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.

	<i>All Infants who Died</i>	<i>Infants who Died of Gastro-enteritis</i>	<i>Infants who Died of Pneumonia</i>	<i>Infants who Died of Accidental Suffocation</i>
Breast, .....	5(10.4%)	0 (0.0%)	3 (14.3%)	1 (16.7%)
Mixed*, .....	1(2.1%)	1(16.7%)	0 (0.0%)	0 (0.0%)
Partly breast**,	33(68.8%)	5(83.3%)	16(1) (76.2%)	3 (50.0%)
Artificial, .....	9(18.8%)	0(0.0%)	2 (9.5%)	2 (33.3%)
	48	6	21	6

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.

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

### Illegitimate Mortality

<i>Year</i>	<i>No. of Registered Live Births (corrected)</i>	<i>No. Illeg.</i>	<i>No of Infant Deaths</i>	<i>No. Illegit.</i>	<i>Illegit. Deaths per 1,000 Illegit. I.M.R. Births</i>
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
1951, ...	3,142	210 (6.7%)	129	14 (10.9%)	41 66.7



Of the 210 illegitimate births 14 infants died before reaching the age of one year and this is equivalent to a mortality rate of 66.7 per 1,000 illegitimate births. 10.9% of the infants who died before the age of one year were illegitimate.

		<i>No. Illegit.</i>	<i>Percentage</i>
No. of Stillbirths, .....	103	8	7.6
No. of Neo-natal deaths, .....	81	9	11.1
No. of Deaths (1-12 mths.), ...	48	5	10.4

## DEATHS OF CHILDREN OVER ONE YEAR

In addition to deaths of children under one year of age 21 deaths of children (10 males and 11 females) from 1-5 years were noted by the department. (See appendix Table IV.)

## MATERNAL MORTALITY

The maternal mortality rate per 1,000 live and stillbirths (corrected for transfers) for 1951 was 1.6 compared with 0.3 in 1950 (Registrar-General).

*Maternal Deaths associated  
with pregnancy or childbirth  
including women whose homes  
were outwith Dundee but who  
died in the City*

<i>Year</i>	<i>Total Births</i>	
1945, .....	3,365	16
1946, .....	4,633	21
1947, .....	4,809	14
1948, .....	4,207	12
1949, .....	3,971	8
1950, .....	3,782	3
1951, .....	3,707	8

In 1951 eight women died during pregnancy or during the puerperium and three normally resided outwith the city.



The attendants at delivery were:—

Royal Infirmary (indoor), .....	6 (3 abortions)
Maryfield Hospital, .....	0
Delivered outwith city area, .....	1
Undelivered, .....	1
	<hr/> 8

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

### Notifications of Special Conditions

<i>Year</i>	<i>Puerperal Sepsis</i>	<i>Puerperal Pyrexia</i>	<i>Ophthalmia Neonatorum</i>
1945, .....	8	55	46
1946, .....	10	48	191
1947, .....	3 (+ 2 un- notified)	42	148
1948, .....	6	45	162
1949, .....	1	30	155
1950, .....	2	35	216
1951, .....	2	16	233

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 almost half of the cases of ophthalmia neonatorum were first notified by the staff of the Maternity and Infant Welfare Department.

### Analysis of the 1951 Figures

Ten cases notified as Puerperal Pyrexia were ultimately diagnosed as Puerperal Sepsis and two cases of Puerperal Sepsis were not notified. It should again be stressed that notifications do not necessarily correspond with incidence. The corrected figures for 1951 were therefore 14 cases of Puerperal Sepsis and 6 cases of Puerperal Pyrexia and they are analysed as follows:—



## PUERPERAL SEPSIS

## PUERPERAL PYREXIA

<i>Place of Delivery</i>	<i>Full-time Birth</i>	<i>Premature</i>	<i>Abortion</i>	<i>Full-time Birth</i>	<i>Premature</i>	<i>Abortion</i>
Royal Infirmary, .....	2	0	3*	2	0	0
Maryfield Hospital, .....	2	1	1	3	0	0
Nursing Home, .....	2	0	0	0	0	0
At home [D.R.I. (O.P)], .....	2	0	0	0	1	0
Born out of bounds, .....	1*	0	0	0	0	0
	9	1	4	5	1	0
* One case was unnotified.						
<i>Place of Treatment</i>						
King's Cross Hospital, ...	4	0	2	2	1	0
Royal Infirmary, .....	2	0	2	1	0	0
Maryfield Hospital, .....	2	1	0	1	0	0
Nursing Home, .....	1	0	0	0	0	0
At home, .....	0	0	0	1	0	0
	9	1	4	5	1	0
<i>Parity</i>						
Primiparous, .....	2	1	0	2	0	0
Multiparous, .....	7	0	4	3	1	0
	9	1	4	5	1	0
<i>Age Group</i>						
15-24 years, .....	3	0	2	2	1	0
25-34 years, .....	6	1	1	2	0	0
35 years and over, .....	0	0	1	1	0	0
	9	1	4	5	1	0
<i>Result</i>						
Recovery, .....	8	1	2	5	1	0
Death, .....	1	0	2	0	0	0
	9	1	4	5	1	0

## Ophthalmia Neonatorum

	<i>Source of Notification</i>	<i>Nature of Attendance at Birth</i>
Doctor, .....	2 (0.9%)	0 (0.0%)
Midwife, .....	7 (3.0%)	11* (4.7%)
Doctor and Midwife, .....	0 (0.0%)	2 (0.9%)
Royal Infirmary (outdoor), .....	8 (3.4%)	17 (7.3%)
Royal Infirmary (indoor), .....	92 (39.5%)	132 (56.7%)
Maryfield Hospital, .....	11 (4.7%)	62 (26.6%)
Nursing Homes, .....	2 (0.9%)	8 (3.4%)
Maternity & Infant Welfare Dept.	110 (47.2%)	0 (0.0%)
Maternity Homes outwith Dundee,	0 (0.0%)	1 (0.4%)
Doctor and/or Midwife outwith Dundee, .....	0 (0.0%)	0 (0.0%)
King's Cross Hospital, .....	1 (0.4%)	0 (0.0%)
	233	233

\* In each case a doctor had been engaged but was not present at the confinement.



## ANTE-NATAL CLINICS

### 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 141 women attended for the first time compared with 152 in 1950 and 1,133 attendances were made compared with 1,025 in the previous year. The average number of attendances made by each woman was 8.0 compared with 6.7 in 1950.

<i>Year</i>	<i>Lochee (Ancrum Road)</i>		<i>Broughty Ferry</i>		<i>Total</i>	
	<i>New Cases</i>	<i>Total Attend.</i>	<i>New Cases</i>	<i>Total Attend.</i>	<i>New Cases</i>	<i>Total Attend.</i>
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
1951, .....	103*	845	38	288	141	1,133

\* Includes two not pregnant.



## New Cases

<i>Stage of Pregnancy</i>	<i>Lochee</i>	<i>Broughty Ferry</i>	<i>Total</i>
2nd month, .....	0	4	4
3rd month, .....	20	9	29
4th month, .....	27	11	38
5th month, .....	19	5	24
6th month, .....	12	4	16
7th month, .....	17	4	21
8th month, .....	6	1	7
9th month, .....	0	0	0
Not pregnant, .....	2	0	2
	103	38	141
Total Attendances, .....	845	288	1,133

## Conditions Found

	<i>Lochee</i> <i>No. of Cases</i>	<i>Broughty Ferry</i> <i>No. of Cases</i>	<i>Total</i>
Malposition, .....	11	0	11
Twin pregnancy, .....	4	0	4
Albuminuria, .....	1	1	2
Hyperpiesis, .....	13	3	16
Hydramnios, .....	5	0	5
Oedema, .....	3	0	3
Cardiac affections, .....	2	1	3
Bronchitis and other chest conditions, .....	0	0	0
Anæmia, .....	1	0	1
Skin condition, .....	0	1	1
Wassermann positive, .....	0	0	0
Rhesus negative, .....	32	14	46
	72	20	92

## Advice Centre for Expectant Mothers

There was a decrease in the number of women attending the Advice Centre for expectant mothers but this was accounted for by the fact that during the year attendance for booking for Maryfield Hospital confinements was discontinued.



It was considered that it was anomalous to require women to book at the Public Health Office for one hospital and not for the other. Both hospitals are now under the control of the Regional Hospital Board and Maryfield Hospital is no longer a local authority institution.

When the booking at the Public Health Office was discontinued it was considered more economical from the staff point of view to transfer the Centre to Nelson Street.

All the 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 258 women have attended for this purpose.

As in the past the opportunity is taken to offer advice to 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.

<i>Year</i>	<i>Attendance for booking (Maryfield Hosp.)</i>	<i>Attendance for booking (Midwife)</i>	<i>Total</i>
1945, .....	780	0	780
1946, .....	1,082	0	1,082
1947, .....	1,158	0	1,158
1948, .....	951	193	1,144
1949, .....	826	226	1,052
1950, .....	963	275	1,238
1951, .....	449*	258	707

\* Up to 8th June, 1951, when attendance for booking at Maryfield Hospital was discontinued.



## POST-NATAL CLINICS

### Provided by Local Authority.

(1) **Ancrum Road Clinic.** The post-natal clinic is held once a month and 44 women attended during the year and 17 re-visits were made. One woman was referred to Maryfield Hospital for operative treatment.

(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-four women attended and two re-visits were made.

	<i>New Cases</i>			<i>Total Attendances</i>		
	1949	1950	1951	1949	1950	1951
Ancrum Road, .....	24	30	44	24	32	61
Fort Street, .....	26	31	34	32	37	36

## INFANT AND CHILD WELFARE CLINICS

The total number of attendances at these clinics shows a decrease on the corresponding figure for 1950 but the number of new cases was almost the same. 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 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.

<i>Year</i>		<i>New Cases</i>				<i>Attendances</i>			
		<i>Under 1 yr.</i>	<i>Over 1 yr.</i>	<i>Mothers</i>	<i>Total</i>	<i>Under 1 yr.</i>	<i>Over 1 yr.</i>	<i>Mothers</i>	<i>Total</i>
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
1951, ...		1,460	73	621	2,154	13,588	2,559	1,194	17,341



## ATTENDANCES AT INFANT WELFARE CENTRES

	<i>Babies</i>		<i>Children 1-5</i>		<i>Mothers</i>				
	<i>New Cases</i>	<i>Re-visits</i>	<i>New Cases</i>	<i>Re-visits</i>	<i>New Cases</i>		<i>Revisits</i>		<i>Total</i>
					<i>A.N.</i>	<i>P.N.</i>	<i>A.N.</i>	<i>P.N.</i>	
Central, .....	217	1,897	13	370	8	72	4	100	2,681
Lochee, .....	279	1,972	7	300	3	105	1	61	2,728
Hawkhill, .....	230	2,011	10	396	11	94	6	119	2,877
Maryfield, .....	239	1,970	11	325	5	105	0	67	2,722
Ferry Road, ..	167	1,311	8	327	5	68	3	31	1,920
Butterburn, ...	95	910	7	220	3	38	3	77	1,353
Bro. Ferry, ..	100	945	10	254	2	36	0	68	1,415
King's X W.,	133	1,112	7	294	2	64	0	33	1,645
	1,460	12,128	73	2,486	39	582	17	556	17,341

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

	<i>Breast</i>	<i>Mixed*</i>	<i>Artificial</i>	<i>Partly Breast**</i>	<i>Total</i>
Males, .....	400	44	298	33	775
Females, ..	367	31	242	45	685
Total, .....	767 (52.5%)	75 (5.1%)	540 (37.0%)	78 (5.3%)	1,460

\* 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 1,460 children under 1 year of age attending the clinics for the first time, 631 (43.2%) showed no disease or congenital defect. The remaining 829 (56.8%) showed diseases or defects, classified as follows:—

Diseases of the digestive system, .....	169
Diseases of the respiratory system, .....	81
Diseases of nutrition, .....	43
Diseases of the skin, .....	316
Diseases of the eye, .....	105
Diseases of the ear, nose and throat, .....	4



Congenital defects, .....	387
Surgical conditions, .....	8
Infectious diseases, .....	2
Various, .....	47
	<hr/>
	1,162

(572 had one disease, 195 had 2, 48 had 3 and 14 had 4).

## (2) Children Over 1 Year of Age.

Of the 73 children between one and five years of age attending the clinics for the first time, 28 (38.4%) showed no disease or congenital defect. The remaining 45 (61.6%) showed diseases or defects, classified as follows:—

Diseases of the digestive system, .....	4
Diseases of the respiratory system, .....	3
Diseases of nutrition, .....	19
Diseases of the skin, .....	7
Diseases of the eye, .....	2
Diseases of the ear, nose and throat, .....	8
Congenital defects, .....	22
Surgical conditions, .....	0
Various, .....	3
	<hr/>
	68

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

## SPECIAL CLINICS

### Breast Feeding and Mothercraft Classes.

A mothercraft class is held at 1 Nelson Street and during the year there were 64 sessions. A health visitor who has the Mothercraft Teaching Certificate from Cromwell House is in charge. 143 women attended the class in 1951 and made 554 attendances.



## Dental Clinic.

	<i>Expectant Mothers</i>	<i>Nursing Mothers</i>	<i>Pre-School Children</i>	<i>Children in Day Nurseries</i>
(1) No. inspected by dental officers, .....	60	1	120	228
(2) No. found to require treatment, .....	54	1	120	95
(3) No. actually treated by dental officers, .....	15	1	120	60
(4) No. of attendances for treatment, .....	64	1	129	74

A routine examination by a dentist of patients attending Lochee ante-natal clinic was carried out and facilities for treatment were offered when required. 90.0% of the expectant mothers were found to require treatment and 28% 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 1951, 29 children (11 under one year and 18 between one and five years of age) attended and among conditions found were:—Vomiting, possetting, marasmus, anæmia, nervous debility, teething disturbances, asthma, circulatory disturbance, head nodding with rotary nystagmus, laryngeal stridor, pyelitis, enuresis, congenital lymphatic obstruction, mental retardation.



<i>Year</i>	<i>Babies</i>		<i>Children 1-5 Years</i>		<i>Total</i>
	<i>New Cases</i>	<i>Revisits</i>	<i>New Cases</i>	<i>Revisits</i>	
1946, .....	63	6	34	12	115
1947, .....	41	9	13	8	71
1948, .....	42	13	62	28	146
1949, .....	27	11	47	45	130
1950, .....	10	5	13	7	35
1951, .....	11	2	18	0	31

### Orthopædic Clinic.

The services of a consultant orthopædic surgeon are available under the Dundee children's orthopædic service at the Royal Infirmary and during 1951 435 children (73 under one year and 362 between one and five years of age) attended for the first time. Among conditions found were:—Talipes, equino varus, metatarsus varus, calcaneo-valgus, calcaneo-varus, pes planus, bow-legs, knock-knees, intoeing, torticollis, scoliosis, anterior poliomyelitis and post anterior poliomyelitis, spastic paralysis, facial paralysis, congenital absence of toes, overlapping toes, congenital flexion of fingers, bifid thumb, congenital amputation of arm, telescoping of hip, fractures and fracture dislocation.

<i>Year</i>	<i>Babies</i>		<i>Children 1-5 Years</i>		<i>Total</i>
	<i>New Cases</i>	<i>Revisits</i>	<i>New Cases</i>	<i>Revisits</i>	
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
1951, .....	73	118	362	302	855

### Special Eye Clinic.

The service of ophthalmologists consulting at Nelson Street is available for children under the age of five years and during 1951 190 children (126 under one year and 64 between the ages of one and five years) were examined for the first time by the consultant ophthalmologists. Among conditions found were:—Ophthalmia neonatorum, purulent conjunctivitis, follicular conjunctivitis, keratitis, tear duct obstruction, hordeola, blepharitis, epiphora, congenital ptosis, nystagmus, myopia, exophthalmos, photophobia, strabismus, blindness.



<i>Year</i>	<i>Babies</i>		<i>Children 1-5 Years</i>		<i>Total</i>
	<i>New Cases</i>	<i>Revisits</i>	<i>New Cases</i>	<i>Revisits</i>	
1948, .....	71	90	125	169	455
1949, .....	83	125	130	99	437
1950, .....	79	141	139	191	550
1951, .....	126	226	64	240	656

### **Specialist Ear, Nose and Throat Clinic.**

During 1951, 43 children (1 under one year and 42 between the ages of one and five years of age) attended this clinic for the first time and were examined by consultants. Among conditions found were:—Mouth breathing, tonsilitis, enlarged tonsils and adenoids, otitis media, nasal discharge, sinusitis and deafness.

<i>Year</i>	<i>Babies</i>		<i>Children 1-5 Years</i>		<i>Total</i>
	<i>New Cases</i>	<i>Revisits</i>	<i>New Cases</i>	<i>Revisits</i>	
1948, .....	8	2	105	9	124
1949, .....	16	3	83	13	115
1950, .....	4	1	93	14	112
1951, .....	1	3	42	21	67

### **Specialist Skin Clinic.**

During 1951, 53 children under the age of five years (23 infants and 30 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:—Seborrhoea, infantile eczema, ringworm, scabies, pityriasis, angioma, psoriasis, streptococcal dermatitis, ichthyosis, molluscum, contagiosum, alopecia, impetigo.

<i>Year</i>	<i>Babies</i>		<i>Children 1-5 Years</i>		<i>Total</i>
	<i>New Cases</i>	<i>Revisits</i>	<i>New Cases</i>	<i>Revisits</i>	
1948, .....	21	17	36	71	165
1949, .....	24	31	32	82	169
1950, .....	15	22	23	24	84
1951, .....	23	38	30	94	185



## Nursery Clinic.

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

Year	New Cases	Babies	Children		Total
		Revisits	New Cases	Revisits	
1946, .....	119	174	186	1,182	1,661
1947, .....	250	585	97	697	1,629
1948, .....	226	424	109	583	1,342
1949, .....	123	124	316	835	1,398
1950, .....	123	103	363	1,015	1,604
1951, .....	126	113	482	1,046	1,767

## Diphtheria Immunization.

The following table shows that 88.2% of children had completed a course of inoculation by the time they reached the age of one year or soon afterwards.

Year	Total No. of children reaching the age of 1 year	No. of these com- pleting inocu- lation at the age of 1 year or soon after	Per- cent- age	No completing inoculation before 1st birthday	Per cent- age
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
1951, ...	2,946	2,599	88.2	2,363	80.2

## Diphtheria Immunization at Infant Welfare Clinics.

During 1951 courses of immunization against diphtheria were completed by 1321 children at the various infant welfare centres and 80.3% 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
1,114	274	1,061	260



## 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 inoculations against whooping cough at the infant welfare clinics during 1951 was 56 and the number who completed the course of four injections was 36. Owing to the outbreak of anterior poliomyelitis during 1950 immunization against whooping cough was suspended for a time.

## Vaccination Against Smallpox.

Facilities are also provided at infant welfare clinics for vaccination of babies who attend the centres. During 1951 416 babies were successfully vaccinated at infant welfare clinics and 562 vaccinations were carried out.

## Home Visitation by Health Visitors.

Altogether the health visitors made 82,294 home visits during the year; the number of visits to infants under one year of age was 34,401 and to children between one and five years 28,148; 13,253 visits were made to expectant mothers. Special visits were made to cases of ophthalmia neonatorum, infantile diarrhoea, puerperal fever and puerperal pyrexia, infectious diseases and for inquiries with regard to housing, maternal deaths, infant death and absences from day nurseries.

Year	<i>Mothers A.N.</i>			<i>Mothers P.N.</i>		
	<i>1st Visits</i>	<i>Revisits</i>	<i>Total</i>	<i>1st Visits</i>	<i>Revisits</i>	<i>Total</i>
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
1951, ....	2,290	10,963	13,253	3,104	267	3,371



Year	1st Visits	Babies		Total	Children 1-5 Years		
		Revisits			1st Visits	Revisits	Total
1945, ....	4,733	14,541	19,274	.....	.....	.....	.....
1946, ....	3,641	18,159	21,810	2,439	13,784	16,223	
1947, ....	4,076	26,110	30,186	2,893	16,801	19,694	
1948, ....	3,773	28,952	32,725	3,072	20,246	23,318	
1949, ....	3,521	32,254	35,775	2,746	22,181	24,927	
1950, ....	3,302	31,017	34,319	2,418	24,653	27,071	
1951, ....	3,178	31,223	34,401	2,164	25,984	28,148	

### Special Visits.

	1st Visits	Return Visits	Total
Ophthalmia Neonatorum, .....	166	703	869
Puerperal Pyrexia and Puerperal Sepsis, .....	13	4	17
Infectious diseases, .....	1,702	473	2,175
Day Nurseries, .....	56	4	60
	<u>1,937</u>	<u>1,184</u>	<u>3,121</u>

	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
1951, .....	869	17



## DAY NURSERIES

### (a) Provided by Local Authority.

There are eleven Corporation Day Nurseries as follows:—

	No. of Places			No. of Children on Reg. at end of 1951			Total Attendances for 1951			No. of Children on Waiting Lists at end of 1951		
	0-2 years	2-5 years	Total	0-2 years	2-5 years	Total	0-2 years	2-5 years	Total	0-2 years	2-5 years	Total
Bellfield Babies, .....	10	0	10	7	2	9	1,331	552	1,883	0	0	0
Burgess Street, .....	15	30	45	13	29	42	2,219	5,675	7,894	16	137	153
Dudhope Street, .....	15	30	45	13	30	43	2,628	6,450	9,078	62	100	162
Fairbairn Street, .....	15	30	45	13	34	47	2,879	6,253	9,132	72	174	246
Flight's Lane, .....	15	30	45	17	27	44	2,564	5,259	7,823	151	140	291
Harefield Road, .....	15	30	45	17	24	41	2,874	4,942	7,816	60	108	168
Isles Lane, .....	12	18	30	2	28	30	219	5,393	5,612	50	219	269
Lilybank, .....	20	30	30	19	24	43	3,632	5,730	9,362	72	124	196
Linlathen, .....	15	30	45	12	30	42	2,468	6,251	8,719	39	107	146
North George Street, .....	12	18	30	6	22	28	1,342	4,221	5,563	60	154	214
Polepark, .....	15	30	45	21	26	47	3,294	4,581	7,875	98	112	210
Total	159	276	435	140	276	416	25,450	55,307	80,757	680	1,375	2,055

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 accommodation is still very great and the number on the waiting lists far exceeds the number of places. The total attendances have fallen slightly and it is to be noted that the decrease has been in the 0-2 year group.



## NURSERY ATTENDANCES

<i>Year</i>	<i>Under 2 Yrs.</i>	<i>Over 2 Yrs</i>	<i>Total Attendances</i>
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
1951, .....	25,450	55,307	80,757

### (b) Provided by Firms of Manufacturers.

At the end of 1951 there were four industrial nurseries in Dundee. In addition to the existing nurseries at Camperdown Works (Jute Industries), at Dens Works (Low & Bonar's, Ltd.) and at Manhattan Works (Jute Industries), a nursery with 65 places was opened by Jute Industries at Tay Works in March, 1951.

	<i>No. of Places</i>		<i>Total</i>
	<i>0-2 Yrs.</i>	<i>2-5 Yrs.</i>	
Camperdown Nursery, .....	28	42	70
Low & Bonar Nursery, .....	24	36	60
Manhattan Nursery, .....	38	27	65
Tay Nursery, .....	42	23	65

	<i>Attendances</i>		<i>Total</i>
	<i>0-2 Yrs.</i>	<i>2-5 Yrs.</i>	
Camperdown Nursery, .....	4,639	12,004	16,643
Low & Bonar Nursery, .....	3,614	10,790	14,404
Manhattan Nursery, .....	6,015	6,948	12,963
Tay Nursery*, .....	4,442	4,595	9,037
	<hr/> 18,710	<hr/> 34,337	<hr/> 53,047

\* Attendances from March, 1951.

### Training of Nursery Students.

Nine candidates from the Corporation nurseries were presented for examination during the year and eight were suc-



cessful in gaining the Nursery Nurses Certificate; one candidate failed in the practical examination. Of the successful candidates six are now employed as staff nurses in Dundee Corporation nurseries, one is in hospital training for the S.R.N. certificate and one has gone to private employment in America.

Grateful acknowledgment is made to the generous donors of money and gifts at Christmas 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.

<i>Name of Home provided by Voluntary Associations</i>	<i>Number of Beds</i>			<i>Cots</i>	<i>No of girls during 1951</i>
	<i>Ante- natal</i>	<i>Post- natal</i>	<i>Total ante-natal and post-natal</i>		
St Ronan's, .....	6	12	18	11	26
Florence Booth House,	10	20	30	20	78

### **Duncarse Children's Home.**

A medical officer visits at least once a week and also when called in by the Matron. 106 visits were made during 1951. Routine medical inspections were carried out and 34 minor ailments received treatment in the Home. Six children were admitted to general hospitals for surgical or medical treatment and 27 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 antisyphilitic 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 1951, 60 midwives notified their intention to practice midwifery in Dundee, four as midwives in private practice.

The midwives in private practice attended a total of 244 confinements (247 births) that is 6.7% of the total births in the City as compared with 6.1% in 1950. All confinements were attended by three midwives (attending 103, 89 and 52 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 one midwife.

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

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

Notification of ophthalmia neonatorum, .....	8
Notification of pyrexia, .....	2
Notification of artificial feeding, .....	81
Notification of stillbirth, .....	0
Notification of death of infant, .....	4
Notification of infectious disease, .....	1
	—
	96

Although no medical aid notification was received, medical aid was actually summoned in 71 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 Fern-Brae 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., Tay Works (Jute Industries), Lochee Road, was registered in 1951. One application was received for registration as a child minder during the year.

	<i>No. of Applica- tions received.</i>	<i>Certificates issued.</i>	<i>Certificates refused.</i>	<i>Certificates cancelled.</i>	<i>Certificates in force at end of year.</i>	<i>No. of Children being cared for at end of year.</i>	<i>No. of inspections made.</i>	<i>No. of Cases in which no inspec- tion made.</i>
Nursery premises,	1	1	0	0	4	285	200	0
Child minders, ...	1	0	1	0	0	0	1	0

**Foster Children, Adopted Children and Illegitimate Children.**

During the year the health visitors paid special attention to 102 children who had been adopted or were awaiting legal adoption, to 16 children who were under the care of foster parents, and to 556 illegitimate children.

**Lectures, etc.**

Lectures were given during the year to health visitors, and also to St Paul's Woman's Guild, St Ninian's Woman's Guild and St John's Young Mother's Guild. Lectures were given to pupil-midwives at Royal Infirmary and at Maryfield Hospital and practical instruction at the clinics to pupil-midwives from the Royal Infirmary.



# APPENDIX

## TABLE I

### Stillbirth—Cause of Pre-natal Death

1. <i>Diseases in or accident to mother—</i>	Males	Females	Total
Eclampsia, pre-eclampsia, and toxæmia, .....	7 (3)	6 (4)	13 (7)
Placenta prævia, .....	1	0	1
Accidental hæmorrhage, .....	6 (4)	0	6 (4)
Placental infarction, .....	3 (3)	2 (2)	5 (5)
Placental insufficiency, .....	1 (1)	2	3 (1)
Hypertension, .....	1 (1)	0	1 (1)
Hydramnios and twin pregnancy, .....	0	1 (1)	1 (1)
Diabetes mellitus, .....	2 (2)	0	2 (2)
			32 (21)
2. <i>Difficulties in labour—</i>			
Abnormal presentation of foetus, .....	3 (1)	3 (1)	6 (2)
Pressure on cord due to prolapse, torsion, etc.,	4	2	6
True knot in cord, .....	1	0	1
Delayed or obstructed labour, .....	3	2	5
Intracranial hæmorrhage, .....	5	3	8
			26 (2)
3. <i>Foetal anomalies and deformities—</i>			
Hæmolytic disease, .....	2	1 (1)	3 (1)
Hydrocephalus, .....	2 (1)	0	2 (1)
Anencephalus, .....	2 (2)	8 (7)	10 (9)
Multiple deformities, .....	2 (1)	3 (3)	5 (4)
Other abnormalities and deformities, .....	1	1	2
			22 (15)
4. <i>Ill-defined or unknown cause—</i>			
Macerated foetus, .....	10 (7)	7 (4)	17 (11)
Asphyxia, .....	0	3 (1)	3 (1)
Prematurity, .....	1 (1)	0	1 (1)
Unknown cause, .....	1	1	2
			23 (13)
	58 (27)	45 (24)	103 (51)

Figures in brackets denote the number of premature births.



TABLE II

## Neo-natal Deaths — Causes of Death

Cause of Death—	Males — 56							Females — 25							Total — 81		
	Under 1 day	1-2 days	2-3 days	3-7 days	1-2 wks.	2-3 wks.	3-4 wks.	Under 1 day	1-2 days	2-3 days	3-7 days	1-2 wks.	2-3 wks.	3-4 wks.	Total	Percent- age	
Prematurity, .....	13 (13)	3 (3)	2 (2)	4 (4)	3 (3)	1 (1)	0	4 (4)	2 (2)	1 (1)	2 (2)	0	1 (1)	0	36 (36)	44.4	
Congenital debility, .....	1 (1)	0	0	0	0	0	0	1 (1)	0	0	0	0	0	0	2 (2)	2.5	
Atelectasis, .....	1 (1)	1	1 (1)	0	0	0	0	1	0	1 (1)	1 (1)	1	0	0	7 (4)	8.6	
Asphyxia, .....	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1.2	
Injury at birth incl. cere- bral hæmorrhage, .....	4 (1)	1	0	1	0	0	0	0	2	0	0	0	0	0	8 (1)	9.9	
Congenital malformations, .....	1	0	1 (1)	3 (1)	2 (1)	0	0	0	0	0	2 (1)	1	0	0	11 (4)	13.6	
Pneumonia (all forms), ...	0	0	0	4 (1)	2 (1)	1 (1)	3 (1)	0	0	1	2 (1)	0	0	0	13 (5)	16.0	
Hæmolytic disease of the new born, .....	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1.2	
Accidental asphyxia, .....	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1.2	
All other causes*, .....	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1.2	
	20 (16)	7 (3)	4 (4)	12 (6)	7 (5)	2 (2)	4 (1)	7 (5)	4 (2)	3 (2)	7 (5)	2	1 (1)	1	81 (52)	99.8	
	43 (76.8%)							13 (23.2%)							21 (84%)		4 (16%)

79% of neo-natal deaths and 49% of all infant deaths occurred in the first week of life.

33.33% of neo-natal deaths occurred in the first day of life.

	Males	Females	Total	Percentage
Full-time, .....	19	10	29	35.8
Premature, .....	37	15	52	64.2
Legitimate, .....	—56	—25	—81	
Illegitimate, .....	50 (18 F.T. 32 Prem.)	22 (10 F.T. 12 Prem.)	72	88.9
	6 (1 F.T. 5 Prem.)	3 (0 F.T. 3 Prem.)	9	11.1
	—56	—25	—81	
Prematurity associated with cause of death but not the primary cause of death, .....	6 (6)	4 (4)		
Gastro-enteritis associated with cause of death but not the primary cause of death, .....	0 (0)	0 (0)		
Broncho pneumonia associated with cause of death but not the primary cause of death, .....	7 (6)	2 (2)		
Atelectasis associated with cause of death but not the primary cause of death, .....	14 (10)	4 (2)		
Asphyxia neonatorum associated with cause of death but not the primary cause of death, .....	3 (2)	0 (0)		
Hæmolytic disease associated with cause of death but not the primary cause of death, .....	1	1 (1)		
* All other causes—internal hæmorrhage, .....	0	1		

Figures in brackets denote premature births.



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Measles Deaths - Census of Death

Measles - 20

Measles - 30

Measles - 21



TABLE III

## Deaths of Infants Between Four Weeks and One Year

Cause of Death—	Males—26						Females—22				Total—48	
	4 wks.- 2 mths.	2-3 mths.	3-6 mths.	6-8 mths.	9-12 mths.	4 wks.- 2 mths.	2-3 mths.	3-6 mths.	6-8 mths.	9-12 mths.	Total	Percentage
Pneumonia (all forms), .....	1	1	4	1	0	1	5	4 (1)	3	1	21 (1)	43.8
Gastro-enteritis, .....	0	2	1	2	0	0	0	1 (1)	0	0	6 (1)	12.5
Other diseases of digestive system, .....	0	0	0	0	0	0	0	0	1	0	1	2.1
Congenital malformations, .....	0	0	0	1	0	1 (1)	0	0	1	0	3 (1)	6.3
Atelectasis, .....	1	0	0	0	0	0	0	0	0	0	1	2.1
Prematurity, .....	1 (1)	0	0	0	0	0	0	0	0	0	1 (1)	2.1
Marasmus and Congenital debility, .....	0	1	0	0	0	0	0	1	0	0	2	4.2
Accidental Suffocation, .....	1	1	2	1	0	1	0	0	0	0	6	12.5
All other causes*, .....	1	0	2	2	0	0	1	0	1	0	7	14.5
5 (1)	5	9	7	7	0	3 (1)	6	6 (2)	6	1	48 (4)	100

	Males		Females		Total		Percentage	
	25	19	44	91.7	4	8.3	—48	
Full-time, .....	1	3	4					
Premature, .....	—26	—22	—48					
Legitimate, .....	23 (20 F.T. 1 Prem.)	20 (17 F.T. 3 Prem.)	43	89.6				
Illegitimate, .....	3 (3 F.T. 0 Prem.)	2 (2 F.T. 0 Prem.)	5	10.4				
	—26	—22	—48					
Pneumonia associated with cause of death but not the primary cause of death, .....	5 (1)	1						
Marasmus associated with cause of death but not the primary cause of death, .....	2	0						
* All other Causes—								
Intracranial hæmorrhage, .....	1	0						
Erythroedema, .....	1	0						
Bacterial endocarditis, .....	0	1						
Otitis media, .....	1	1						
Asphyxia and otitis media, .....	1	0						
Anthrax Poisoning, .....	1	0						

Figures in brackets denote premature births.



# III EIGHT

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RA-10107		23-101007		23-101007		23-101007		23-101007		23-101007	
Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month
1971	10	1971	10	1971	10	1971	10	1971	10	1971	10
1972	11	1972	11	1972	11	1972	11	1972	11	1972	11
1973	12	1973	12	1973	12	1973	12	1973	12	1973	12
1974	1	1974	1	1974	1	1974	1	1974	1	1974	1
1975	2	1975	2	1975	2	1975	2	1975	2	1975	2
1976	3	1976	3	1976	3	1976	3	1976	3	1976	3
1977	4	1977	4	1977	4	1977	4	1977	4	1977	4
1978	5	1978	5	1978	5	1978	5	1978	5	1978	5
1979	6	1979	6	1979	6	1979	6	1979	6	1979	6
1980	7	1980	7	1980	7	1980	7	1980	7	1980	7
1981	8	1981	8	1981	8	1981	8	1981	8	1981	8
1982	9	1982	9	1982	9	1982	9	1982	9	1982	9
1983	10	1983	10	1983	10	1983	10	1983	10	1983	10
1984	11	1984	11	1984	11	1984	11	1984	11	1984	11
1985	12	1985	12	1985	12	1985	12	1985	12	1985	12
1986	1	1986	1	1986	1	1986	1	1986	1	1986	1
1987	2	1987	2	1987	2	1987	2	1987	2	1987	2
1988	3	1988	3	1988	3	1988	3	1988	3	1988	3
1989	4	1989	4	1989	4	1989	4	1989	4	1989	4
1990	5	1990	5	1990	5	1990	5	1990	5	1990	5
1991	6	1991	6	1991	6	1991	6	1991	6	1991	6
1992	7	1992	7	1992	7	1992	7	1992	7	1992	7
1993	8	1993	8	1993	8	1993	8	1993	8	1993	8
1994	9	1994	9	1994	9	1994	9	1994	9	1994	9
1995	10	1995	10	1995	10	1995	10	1995	10	1995	10
1996	11	1996	11	1996	11	1996	11	1996	11	1996	11
1997	12	1997	12	1997	12	1997	12	1997	12	1997	12
1998	1	1998	1	1998	1	1998	1	1998	1	1998	1
1999	2	1999	2	1999	2	1999	2	1999	2	1999	2
2000	3	2000	3	2000	3	2000	3	2000	3	2000	3
2001	4	2001	4	2001	4	2001	4	2001	4	2001	4
2002	5	2002	5	2002	5	2002	5	2002	5	2002	5
2003	6	2003	6	2003	6	2003	6	2003	6	2003	6
2004	7	2004	7	2004	7	2004	7	2004	7	2004	7
2005	8	2005	8	2005	8	2005	8	2005	8	2005	8
2006	9	2006	9	2006	9	2006	9	2006	9	2006	9
2007	10	2007	10	2007	10	2007	10	2007	10	2007	10
2008	11	2008	11	2008	11	2008	11	2008	11	2008	11
2009	12	2009	12	2009	12	2009	12	2009	12	2009	12
2010	1	2010	1	2010	1	2010	1	2010	1	2010	1
2011	2	2011	2	2011	2	2011	2	2011	2	2011	2
2012	3	2012	3	2012	3	2012	3	2012	3	2012	3
2013	4	2013	4	2013	4	2013	4	2013	4	2013	4
2014	5	2014	5	2014	5	2014	5	2014	5	2014	5
2015	6	2015	6	2015	6	2015	6	2015	6	2015	6
2016	7	2016	7	2016	7	2016	7	2016	7	2016	7
2017	8	2017	8	2017	8	2017	8	2017	8	2017	8
2018	9	2018	9	2018	9	2018	9	2018	9	2018	9
2019	10	2019	10	2019	10	2019	10	2019	10	2019	10
2020	11	2020	11	2020	11	2020	11	2020	11	2020	11
2021	12	2021	12	2021	12	2021	12	2021	12	2021	12



TABLE IV.

## Deaths of Children Over One Year

Cause of Death—	Males—10				Females—11.				Total—21
	1-2	2-3	3-4	4-5	1-2	2-3	3-4	4-5	
	yrs. yrs.	yrs. yrs.	yrs. yrs.	yrs. yrs.	yrs. yrs.	yrs. yrs.	yrs. yrs.	yrs. yrs.	Total
Pneumonia (all forms), .....	1	0	0	0	2	0	0	0	3
Other respiratory diseases, .....	0	0	0	0	1	0	0	0	1
Tuberculosis (all forms), .....	0	0	0	0	0	2	0	0	2
Acute appendicitis, .....	0	1	0	0	0	0	0	0	1
Congenital abnormalities*, .....	0	0	2	0	2	0	1	0	5
Burns, .....	0	0	0	0	1	0	0	0	1
Road accidents and other violence, .....	0	0	3	0	0	0	1	0	4
All other causes**, .....	2	0	0	1	0	1	0	0	4
	3	1	5	1	6	3	2	0	21

	M.	F.
* Mongol, .....	0	1
Spina bifida and hydrocephalus, .....	0	1
Fibrocystic disease of pancreas, .....	1	0
Tetralogy of Fallot, .....	1	0
Meningocele, .....	0	1
** Renal calculus and pyelo nephritis, .....	1	0
Subarachnoid hæmorrhage, .....	1	0
Suprarenal hæmorrhage, .....	0	1
Convulsions, .....	1	0

TABLE V.

## Maternal Deaths

## Classification of Certified Causes of Death of the Eight Women Who Died During Pregnancy or During the Puerperium.

Directly due to child-bearing—	Yrs. 15-25	25-35	35+	Total
Incomplete abortion and acute nephritis, .....	0	1	0	1
Septic abortion, .....	2	0	0	2
Concealed accidental hæmorrhage, .....	0	0	1**	1
Eclampsia, .....	1*	0	0	1
Puerperal peritonitis and pulmonary embolism, .....	0	1*	0	1

\* Normally resident outwith Dundee.

\*\* Normally resident outwith Dundee and undelivered.



*Deaths due to causes aggravated by child-bearing—*

Pulmonary embolism, .....	0	0	1	1
Cerebral hæmorrhage, .....	0	1	0	1
				<hr/> 8

**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.	Percent- Total age
Breast, ...	0	4	0	0	1	0	0	0	0	5 10.4
Mixed* ...	0	0	0	0	0	0	1	0	0	1 2.1
Partly Breast†, ...	4 (2)	6	7	4	2	4	4	2	0	33 (2) 68.8
Artificial, ...	4	1	1	0	0	2	0	0	1	9 18.8
	<hr/> 8 (2)	<hr/> 11	<hr/> 8	<hr/> 4	<hr/> 3	<hr/> 6	<hr/> 5	<hr/> 2	<hr/> 1	<hr/> 48 (2) 100

**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.	Percent- Total age
Breast, ...	0	0	0	0	0	0	0	0	0	0 0.0
Mixed*, ...	0	0	0	0	0	0	1	0	0	1 16.7
Partly Breast†, ...	0	2	0	2	0	0	1	0	0	5 83.3
Artificial, ...	0	0	0	0	0	0	0	0	0	0 0.0
	<hr/> 0	<hr/> 2	<hr/> 0	<hr/> 2	<hr/> 0	<hr/> 0	<hr/> 2	<hr/> 0	<hr/> 0	<hr/> 6 100.0

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

† 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									Percent- Total age
	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.	
Breast, ...	0	3	0	0	0	0	0	0	0	3 14.3
Mixed*, ...	0	0	0	0	0	0	0	0	0	0 0.0
Partly										
Breast†, ...	2 (1)	3	5	1	1	1	3	0	0	16 (1) 76.2
Artificial, ...	0	0	1	0	0	0	0	0	1	2 9.5
	2 (1)	6	6	1	1	1	3	0	1	21 (1) 100.0

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

† 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**

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### **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 Health Visitor Staff of the City, as in the past, carry out the work of School Health Service as part of their combined duties.

Three part-time certificated nurses have been employed for minor ailments treatment clinics.

Clerkesses, 5.

Dental Attendants, 4.

Special Cleansing Station Attendant.

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

Audiometric Technician.

Orthoptist.

Orthoptic Clinic Assistant.

Clinic Porters, 2.

#### **Changes in the Whole-time Staff**

##### **School Medical Officers.**

One post of Assistant Medical Officer remained vacant for nine months of the school year. The establishment of four was



completed by the appointment of Miss Doris M. Beaton, M.B., Ch.B., D.P.H., who commenced duty on 16th May, 1951.

### **School Dental Officers.**

Miss Mary McArthur, L.D.S., completed the session but tendered her resignation as Assistant Dental Officer as from 18/8/51 on her approaching marriage.

### **Nursing Staff.**

The duties associated with routine medical inspection and regular visits to schools have continued to be undertaken by the Health Visitors but three state certificated nurses have been employed part-time to carry on treatments in clinics since September, 1950, thereby allowing additional time to Health Visitors for home visitations.

### **Special Cleansing Station Attendant.**

Owing to the continued decrease in the number of patients suffering from scabies and following the resignation of the baths' attendant, this post was put on a part-time basis and the former attendant agreed to continue for afternoon sessions only, as from 15th February, 1951. This arrangement has proved adequate.

**The Medical Room Assistant** in the Special School resigned on 24th March, 1951, and the post was suitably filled on 24th April, 1951, by another experienced V.A.D. with considerable war-time hospital experience and recent day-nursery training.

### **(b) Part-time**

While there have been several changes in the personnel conducting the Consultant Clinic Sessions, these have been maintained throughout the year by Specialists delegated by the Administrative Medical Officer, Eastern Regional Hospital Board.

As from 1st June, 1951, the organisation and administration of the children's orthopaedic service was taken over by the



Eastern Regional Hospital Board and while the arrangements for the orthopædic clinic ceased to be undertaken by this department, close liaison has been maintained for the follow-up and educational requirements of the children and a health visitor assists the surgeon at each session. The orthopædic consultant continues to hold a session once monthly in the school for physically and mentally handicapped children.

## 2.—GENERAL STATISTICS

Population of the Area .....	177,333
Number of Schools—	
(a) 1. Infant Education	Under 8
2. Primary Education	Education 34
(b) 1. Secondary Education	Authority 8
2. Pre-Vocational Training	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—	
Primary and Secondary .....	1
(e) Under Provincial Training College for Teachers & by arrangement under medical inspection—	
1. Primary School .....	1
2. Special Class (Nursery) .....	1
Number of children on registers .....	27,421
Number of children in average attendance .....	24,459

## 3.—SANITARY CONDITION OF SCHOOLS

During the session five modern schools have been completed and handed over to the Education Committee. These are in the new housing areas of West Kirkton, Magdalen's Kirkton



and Linlathen and were staffed and occupied immediately, providing infants in four schools and primary classes in the other with spacious, well ventilated classrooms, attractively decorated and other excellent amenities. The expansive windows and aluminium construction have one drawback in that the children are exposed to the glare of the sun. This is receiving the attention of the Committee and the blinds are to be provided. The work of painting and redecorating the older schools in the City proceeds in rotation.

The Medical Officers on their visits of inspection to the schools reported satisfactorily in most schools but required to focus attention on more frequent opening of windows to freshen the atmosphere, especially at intervals and before and after school hours. One school, St Andrew's School, was visited and condemned in most respects, ventilation, lighting, cleanliness, lavatory and washing facilities and provision of drinking water, unsatisfactory playground surface and space and the unhygienic condition of ground adjacent to the school building. The Committee, in their concern for the health of children and staff, considered immediate closure of the school and the dispersal of the children to other primary schools, but in view of the abnormally high number of entrants in the current session, requiring accommodation, put forward an alternative scheme for the approval of the Scottish Education Department to undertake extensive renovations and improvements as a matter of urgency.

#### **4.—ORGANISATION AND ADMINISTRATION**

##### **A—System and Extent of Medical Inspection and Treatment.**

The groups of children prescribed for systematic medical inspection for the year 31st July, 1951, were:—

1. Entrants.
2. Children born in 1941
3.     "             "             1937
4.     "             "             1934
5.     "             "             1943 (vision and hearing).



## Summary of the Work of the Medical Officers

Consultation Clinic Sessions .....	409
Systematic Inspection Sessions .....	361
Special Visits to Ordinary Schools .....	45
"      "      "      "      "      for purpose of immunisation .....	50
Medical Examinations of pupils before final accept- ance for residence in Belmont Camp School .....	12
Special Clinic Sessions for purpose of immunisation .....	10
Special Consultation Clinic Sessions (C.E.S.M.O.) .....	104
Visits to Special Schools .....	64
Nursery Schools and Classes .....	64
Pre-Nursing School .....	13
Clinic Sessions for the examination of children requir- ing convalescence in Holiday Home .....	56
Clinic Sessions for examinations for holiday camps ...	17

### Special Examinations by Medical Officers Other Than Those Included in Table 1

Children as to fitness for Belmont Camp School .....	819
"      "      "      "      "      Holiday Camps .....	522
Applicants for Licences for Employment .....	595
Superannuation examinations .....	23
Class Examinations as contacts of infectious or con- tagious disease .....	194
Examination of Children, 2-5 years .....	499
Re-examination of Children, 2-5 years .....	294

Since the staff was short of one Medical Officer for most of the session it was anticipated that the full programme of routine medical inspection could not be overtaken and intimation to that effect was made early in the year. It is, however,



satisfactory to report that with concentrated effort, utilising more afternoon sessions for this part of the work, all but a few of the 1941 age group were medically examined.

As is reported in Table 1 to ensure that the 1943 group were tested for vision and hearing, in some schools the Health Visitors at their weekly visits did the initial testing. All cases in which they detected or suspected a defect were later examined by the Medical Officers and appropriate measures for further investigation or treatment advised.

With the addition of one consultation session and one treatment session weekly at King's Cross Hospital West, from the beginning of the Autumn term for the benefit of the young children in the new housing schemes and attending the new schools in the area, ordinary consultation and medical treatment clinics have been conducted with the same organisation as last year until the close of the session. Immediately thereafter the alterations scheduled to be made for the Eastern Regional Board Hospital to the probationary block at Maryfield Hospital where the clinic was held, commenced, but alternative accommodation was made available by the Medical Superintendent in the Out-Patient rooms of the ante-natal department of the hospital for the period of the reconstruction and these have proved adequate and satisfactory.

The Specialist Consultation sessions in Nelson Street Clinic have also been maintained throughout the session as previously detailed in earlier reports. In December, 1950, it was possible to increase the weekly sessions held for refractions and consultations for other eye conditions from seven to eight, the additional session being undertaken by the registrar appointed last session to the work by the Administrative Medical Officer, Eastern Regional Hospital Board. With his resignation in February we reverted to seven weekly sessions for two months, but for the remainder of the school year, other appointments to the Eye Specialist Staff in the region made the eight sessions weekly again available. As reported later in this report Section D of Medical Treatment—the orthopædic clinic organisation and administration ceased to be a function of School Health Service in June, 1951, when it was taken over by staff of the Eastern Regional Hospital Board directly controlled by the orthopædic surgeon for the Eastern Region and the children's out-patient orthopædic service became in fact an integral part of the National Health Service. Close co-operation between the orthopædic department and School Health Service continues and we are now recipients of reports on all cases seen instead of the distributors.



## **Mass Miniature Radiography Examination of School Children**

In order to make as comprehensive as possible the supervision and safeguarding of the health of the school children in Dundee, the Joint Sub Committee for School Health Service in consideration of the circulars from the Department of Health for Scotland and the Scottish Education Department on the subject of Prevention of Tuberculosis, instructed that arrangements should be made for X-ray examination by Mass Miniature Radiography of all pupils over the age of 13 years before the end of the present session and that the examination should occur annually as part of the scheme for medical inspection of school children as prescribed in the Education (Scotland) Act, 1946.

Under the guidance and with the full co-operation of the Consultant Physician, Chest Clinic, the survey was carried out by the assistant Medical Director of the Mass Miniature Radiography Unit and his staff. The organisation and successful completion of the scheme required close co-operation between the staff of the unit, this department, and the Head Teachers of the schools concerned.

It is gratifying to record the willingness with which this additional work was accepted in the last few weeks of the session and is evidence of the personal interest the teaching staff have in the well-being of the children under their care.

Letters of explanation were sent to all the parents of the children selected and later an appointment form, and the attendance showed an understanding and responsiveness on the part of the parents for any measure to protect their children and prevent ill-health developing.

Opportunity was given to the teachers of the selected children to avail themselves voluntarily of X-ray examination while the unit was at school or nearby site and in a letter sent by me to each teacher, I stressed the wisdom of such examination for personal reasons and in the interest of the children. Thereafter the arrangement was a private one between the Medical Director and the teacher and I have no record of the number who participated.

The survey of school children shows that 4,863 were examined—2,484 boys and 2,379 girls.

### **Boys.**

Of the 2,484 boys examined, 2,434 boys received reports that the examination was satisfactory.



50 boys were given appointments for full-sized films and of that number, one left the country before further examination, 13 were normal, and 36 were found to have evidence of past or present lung conditions or other abnormalities—1.14% of the total examined—the subsequent follow-up of these 36 boys was:—7 required no further treatment, 3 were referred to physicians, 3 failed to attend for further investigation, 13 boys continued under observation by the unit and 10 boys were referred to the chest clinic.

### Girls.

Of the 2,379 girls examined, 2,330 received reports that the examination was satisfactory. 49 girls were given appointments for full-sized films and of that number one did not attend, 10 were normal, and 38 were found to have evidence of past or present lung conditions or other abnormalities—1.56% of the total examined. The subsequent follow-up of these 38 girls was:—10 cases required no further treatment, 4 were referred to their own doctors on account of cardiac lesions, 18 cases continued under observation of the unit and 6 girls were referred to the chest clinic.

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

The medical examination of all boys accepted for training in Dundee Trades College for the pre-apprenticeship course in the building and engineering industries with their allied trades has again been carried out by the Assistant Medical Officer of Health (General) as soon as possible after enrolment and all students had a radiological examination at the Mass Miniature Radiography Unit.

During the session, 159 entrants to Trades College were medically examined, and 3 apprentices attending the Dundee College of Art. Classification of fitness according to Table III:



## Trades College

<i>Grade</i>	<i>Number</i>	<i>Percentage</i>
I. ....	54	33.96
II.a ....	8	5.03
II.b ....	9	5.66
II.c ....	3	1.89
III. ....	56	35.22
IV.a ....	19	11.95
IV.b ....	10	6.29

## College of Art

<i>Grade</i>	<i>Number</i>	<i>Percentage</i>
I. ....	1	33.33
II.a ....	—	—
II.b ....	—	—
II.c ....	—	—
III. ....	1	33.33
IV.a ....	1	33.33
IV.b ....	—	—

Intimation of defects requiring treatment were sent to the parents and a number availed themselves of the facilities of the School Health Service and specialist consultation and treatment provided under the scheme. When the X-ray examination indicated more detailed investigation advisable, appointments were made for attendance at the chest clinic.

## Seymour Lodge Pre-Nursing School

The number of girls who commenced pre-vocational training for part one of the preliminary examination of the General Nursing Council for Scotland this session was 17, of whom 8 entrants from Dundee were medically examined by the Medical Officers of this department. The other 9 students were examined by the Medical Officers of the local authorities for the areas to which the girls belonged.



Classification of fitness according to Table III. for the Dundee Students is as follows and all were accepted for training.

<i>Grade</i>	<i>Number</i>	<i>Percentage</i>
I. ....	4	50.0
II.a ....	1	12.5
II.b ....	—	—
II.c ....	—	—
III. ....	3	37.5
IV.a ....	—	—
IV.b ....	—	—

One of the Assistant Medical Officers paid 13 visits to the school during the session to maintain close supervision of the health of the girls throughout their course of training and for the guidance of the staff in relation to special problems. 70 girls had a routine medical examination and, just prior to completing the course, the leaving groups were examined by Mass Miniature Radiography.

### **Nursery Schools and Classes**

Supervision of the children in the six nursery schools and four nursery classes in primary schools by the Medical Officers and Health Visitors was fully commented upon in last year's annual report and the organisation of this important part of the work has not been altered during the present session.

The medical officers medically examined 430 children early in the session or as soon after enrolment as possible and 195 re-examinations were carried out during the second and third terms. Record cards are kept by the teachers-in-charge and details similar to those entered on the school routine cards are recorded as is also any intercurrent illness and a regular recording of height and weight. This information is most helpful when the child commences formal education.

### **B.—System and Extent of Dental Inspection and Treatment.**

Detail of this work forms the subject of a separate report by the Senior Dental Officer along with the statistical tables which follow this report.



## **C.—School Nursing and Arrangements for Follow-Up.**

Reference should be made to this section of the last two annual reports for details of the scheme and comments on this work undertaken by those members of the Health Visitor staff in their capacity as School Nurses.

In spite of changes in staff and at times pressure of incidental duties imposed on the nursing staff, there has been no relaxing of this work and we are fortunate that a very genuine interest is shown by all the health visitors in this part of their work and a desire to produce fruitful results. By educating both the pupils and the mothers in methods of prevention and treatment of infestation and other evidence of lack of cleanliness, they show unremitting effort to reach a completely satisfactory state. The families who habitually relapse demand much time, patience and individual care, but discouragement only calls for greater persistence and the reports of the weekly visits to the schools bear evidence that this is carried out.

Many subsequent visits to the homes are required in addition to the visits paid to convey the findings and the advice given by the medical officers at routine medical inspection and at special examinations and these give to the mothers that measure of direct help which a familiar and accepted friend is best fitted to do.

The exceptional duties which have to be carried out in the school for physically and mentally handicapped children, while embracing the routine supervision of all the pupils in this school, as in all the other schools administered by the local authority, require a knowledge of the conditions responsible for the children's attendance at the school and considerable practical nursing is necessary. The health visitor who has this full-time duty is an essential member of the staff and is the link between the medical and educational factors governing the management of the schools for the rehabilitation and education of the children, and in addition she has to overtake a considerably higher proportion of visits to the homes of the children to help the parents and get their full co-operation for the care and treatment prescribed.

**Statistically the Work of the Health Visitors in the School Health Service Section of the Public Health Department is summarised as follows:—**

Sessions on Medical Inspection .....	454
Additional Visits to Schools .....	1,623



### Follow-up Visits paid to Homes of—

1,190 school children .....	1,960
8 nursery school children .....	8
22 children (orthopædic) .....	39

### Sessions at—

Consultation and Treatment Clinics .....	1,740
Orthopædic Clinics .....	69
Specialist Consultation Clinics .....	392

That the same health visitors paid 3,588 visits to the homes of 1,775 children of school age for other reasons gives an indication of the intimate knowledge they have of the health of the school population and the careful supervision that is maintained and emphasises the advantages of a comprehensive health visiting scheme delegated on the basis of geographical divisions of the city.

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

There is little to add to what was stated in this section of last year's annual report except to affirm that the co-operation then existing has become more firmly established. I would especially mention the practice which has been generally operated this session whereby the Pædiatricians in charge of the children's departments of the hospitals have sent reports on cases for whom after-care and supervision by this department would be beneficial and those for whom special educational consideration or treatment is recommended.

### **Diphtheria Immunisation**

As reported in the Summary of the work of the medical officers, 60 sessions were devoted to giving the protective inoculation against diphtheria to those children whose parents gave written acceptance for this prophylactic treatment at the first routine medical inspection soon after the child's admission to school. That this has been done within the schools to a greater extent than formerly is the result of consideration to disturb the school routine as little as possible and to



simplify for the children the procedure in familiar environment. Where travelling to the clinic caused little inconvenience or where facilities in the schools were not considered suitable, groups of children have been brought by their teachers for inoculation to one of the treatment centres. Absentees or children whom the parents wished to escort personally were given appointments at the appropriate convenient centre staffed by the Infant Welfare department who reported when the treatment was given for entry in the school records.

The forms issued along with the intimation of routine medical inspection and completed by the parent showing the state of protection at the time of the child's entrance to school gave the information that 2,263 (90.77%) of the 2,493 school entrants examined at systematic medical inspection had already had the course of injections. For a further 145 (5.82%) consent was received to give the children the course; so that 96.59% of the entrants to schools are known to be protected at this important stage in their lives. This figure approximates very closely to the percentage 96.05% recorded last year. Of the small number who did not accept the treatment by the school medical officers, some indicated that they would make arrangements with their family physicians. These records go direct to the Medical Officer of Health and will appear in the records of the Public Health Department. The comprehensive total can be assessed therefore as satisfactory.

From the facts stated above it will be apparent that the majority of inoculations given are required to maintain the state of protection provided by the earlier immunisation. For 1,651 (72.95% of the 2,263 children previously immunised), consent was given for a further maintenance dose. 157 (6.94% of the children previously immunised) had already had a maintenance dose. 29 (1.28% of the children previously immunised) had had the initial course of injections recently and therefore were not requiring the maintenance dose at this time.

Thus 1,837 (73.68% of the total entrants group medically examined), were entering school either fully protected or would have the added protection of the maintenance dose soon after.

#### **E.—Co-operation with Voluntary Organisations and Other Outside Bodies.**

It has repeatedly been recorded in annual reports how much this department relies on the generous and willing help given by the voluntary organisations who own and manage the vari-



ous convalescent homes in the adjacent counties of Angus and Fife where Dundee children spend varying periods either quietly convalescing or enjoying more active resettlement after prolonged illness or to overcome minor symptoms which they are unable to throw off in their home environment. The Dundee Invalid and Cripple Children's Aid Association especially cater for the handicapped children who occupy the home at Auchterhouse almost entirely during the vacations. There they receive every care and the enjoyment of such a holiday is denied to no child who would benefit, because of the additional work which the Matron and her staff have to undertake. The same spirit of service is shown by the staffs of the Newport Children's Holiday Home and the Convalescent Home, St Andrews, and we are grateful to their committees for these facilities. Not only are we able to send children whom we see in school or clinic but we have been asked by the Pædiatrics in the hospitals if we could arrange for convalescence for children about to be discharged, so that the usefulness of these homes is very widely recognised. I would also record the willing co-operation of the Dundee Branch, British Red Cross who have given assistance with clothing and household equipment where such was necessary for the well-being and care of children and for transport facilities provided by them and the Women's Voluntary Service.

#### **F.—Co-operation with Teachers and Parents with Special Reference to the Attendance of Parents at Inspections.**

That the teaching staffs in the schools accept School Health Service as an integral part of the educational system in the city is unquestioned and it is a pleasure to put on record how much the members of this department appreciate the co-operation and assistance of the teachers to make the work effective. The not inconsiderable clerical work, the punctual collection and delivery of letters of parents, the good tempered acceptance of interruption on visits to the schools and the consideration shown for our comfort and for the conditions obtainable in which to do our work are some of the contributions made so that the health of the children in their care can be supervised efficiently. We, in our turn, make every effort to be co-operative and to arrange the programmes for medical inspection and other visits to the schools after preliminary consultation with the head teachers and we are glad to be of any assistance where matters of health may adversely affect educational progress.

Reference is made elsewhere to the willing co-operation in carrying out the survey by Mass Miniature Radiography and with arrangements for immunisation.



We find the majority of the parents co-operative when conditions affecting the health of their children are brought to their notice or when definite appointments are pre-arranged but response to the invitation to be present at the routine inspection in school is not yet as satisfactory as we would wish. The percentage attendances with the different age groups has remained surprisingly static for a number of years and while the presence of the mother is most essential with the younger children, other problems develop as the child grows older and the assessment that physical health is in keeping with heavier educational demands and scholastic activities, and adjustment to the wider spheres of living generally, is of great importance, and is best conveyed direct to the parent.

The following table gives the figures for the attendance of parents at routine medical inspection.

<b>Parents Present</b>			
	<i>No of Children Examined</i>	<i>Parents Present</i>	<i>Percentage</i>
Entrants Group .....	2,493	1,841	73.85
1941 Age Group ....	1,747	541	30.97
1937 Age Group ....	2,547	63	2.47
1934 Age Group ....	239	—	—
1943 Age Group ....	2,257	—	—

(Vision and hearing)—This examination is made without previous intimation to the parents.

## 5.—THE FINDINGS OF MEDICAL INSPECTION

The number of children examined systematically in the prescribed age groups during the present year was 7,026 at 361 sessions, an average of 19.20 per session.

The number examined systematically during last session was 7,547 at 370 sessions.

As stated earlier in this report the examination of all the children in the 1941 age group was not completed before the end of the session due to shortage of staff but they will be included in the routine programme early in the next session. This largely accounts for the drop in total examinations made.

### 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 is made with the incidence of conditions under the same headings as reported for session 1949-50 in last year's annual report.



# Recordings of Heights and Weights of School Children Examined at Routine Medical Inspection In the Prescribed Age Groups for the Session, 1950-51.

	Entrants		Second Age Group		Third Age Group		Secondary Age Group	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Total No. of Children Examined,	1,313	1,180	882	844	1,247	1,264	122	116
Average Age, .....	5y. 3m.	5y. 3m.	9y. 5m.	9y. 5m.	13y. 8m.	13y. 7m.	16y. 4m.	16y. 6m.
Average Height, .....	42.73 ins.	42.3 ins.	50.16 ins.	50.6 ins.	59.68 ins.	60 ins.	67.22 ins.	62.81 ins.
Average Weight, .....	41.18 lb.	41.51 lb.	62.83 lb.	60.41 lb.	93.82 lb.	95.30 lb.	132.92 lb.	124.14 lb.

The only figures requiring special comment are those referring to the average weight of third age group, which, for both boys and girls, show an increase—2 lb. over those recorded last year, for boys, and 3 lb. for girls.

## 1949-50 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,	1,267	1,237	1,118	1,217	1,253	1,209	143	103
Average Age, .....	5y. 4m.	5y. 3½m.	9y. 5¾m.	9y. 5½m.	13y. 7¼m.	13y. 6¾m.	16y. 8m.	16y. 8m.
Average Height, .....	42.3 ins.	41.7 ins.	51.4 ins.	50.8 ins.	59 ins.	59.5 ins.	67.5 ins.	63.5 ins.
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.



## **1-2.—Clothing and Footwear Unsatisfactory.**

Of the total number of children examined, 7,026, 21 (0.29%) are recorded as being unsatisfactorily clad and 5 (0.07%) were without satisfactory footwear. The corresponding figures last year were 5 (0.07%) with unsatisfactory clothing and 5 (0.07%) with unsatisfactory footwear out of a total examination of 7,547 children.

The general impression that clothing in certain cases is of poor quality and in a less satisfactory state of repair is borne out by the increase shown here and is partly explained by the lower income on which some families have to be maintained.

427 children were provided by the Local Authority with 579 pairs of boots or shoes. This is less than half the number previously dealt with. When the income is derived from National Assistance, the supply of footwear to necessitous cases is now the responsibility of the National Assistance Board and the needs of the children in this direction are covered in the allowances granted. This, in my opinion, is not so satisfactory as when an interested official sees the child suitably and adequately equipped with good quality articles.

## **3.—Cleanliness.**

The number of children reported for lack of cleanliness of the head is 666 (9.48%) of the total 7,026 systematically examined, and while it indicates a slightly worse standard of care generally from last year, when 645 (8.55% of the total age groups) showed evidence of nits or vermin, cases of neglect among the boys are more noticeable. The sex distribution under this heading shows that of the 666, 150 (4.18%) were boys and 516 (15.03%) girls. Last year 113 (2.99%) boys and 532 (14.13%) girls made the total 645.

It is noted that for the third age group girls the percentage 17.37% recorded last year is exactly repeated this year and just maintains the improvement from the 1948-49 figure.

Fewer cases of uncleanness of the body and clothing were found. Of the total examined 15 (0.21%) are recorded. Last year the percentage was 0.46%.

## **4.—Skin, Head and Body.**

No cases of ringworm, head or body, were found at routine medical inspection this session. Impetigo of the scalp was



present in 25 cases (0.35% of the total examined) and of other parts of the body 8 cases (0.11%) were seen. The figures reported last year were 0.15% and 0.09% respectively. Scabies affected only 4 children (0.06%) of the total examined—0.03% reported last year—but other skin conditions affecting the scalp and other parts of the body were found more frequently. Children suffering from other disease of the skin, scalp and body are respectively 134 (1.91%) and 271 (3.86%) of the total 7,026 examined. Last year the figures reported were 82 (1.09%) and 190 (2.52%) of the total 7,547 examined.

#### **5.—Nutritional State.**

A definite improvement in the nutritional state of the children is recorded. 74 are assessed as being slightly below standard, which is 1.05% of the total 7,026 children examined, and of that number 30 boys and 14 girls are entrants. One boy and one girl (0.03%) were nutritionally bad. Of the total 7,547 examined during last session 106 (1.40%) and 1 (0.01%) were the respective figures recorded. In session 1948-49 1.55% were slightly defective.

The returns submitted to the School Meals Sub-Committee of the Education Committee show that 2,011,833 meals were provided to school children by the School Meals Service, of which 480,815 were supplied free of cost to parents. 4,544,600 bottles of milk were supplied.

#### **6.—Mouth and Teeth Unhealthy.**

Of the 7,026 children examined, 111 (1.58%) required advice on account of the unhealthy condition of the mouth and teeth.

#### **7.—Naso-Pharynx.**

Signs and symptoms of nasal obstruction were present in 155 cases at the routine medical inspection; for 112 (1.59% of the total examined) observation for a time with re-examination later was advised and for 43 (0.61%) operative treatment was considered necessary and a specialist's opinion recommended.



Other conditions of the nose are recorded as 180 (2.56%).

All these figures show an increase from those recorded last year when 1.06% required observation, 0.38% required operation and other conditions were present in 1.40% of the total 7,547 children examined. Examination of the tonsils showed that for 459 (6.53%) children, their conditions should be observed for a time, while for 204 (2.90%) removal was considered necessary. Last session the percentages were 6.38% and 2.02% respectively.

Enlarged cervical glands requiring observation are reported present in 118 (1.68%) children and 1 (0.01%) required operative treatment.

## 8.—Eyes.

Clinical examination of the eyes of the 7,026 children at systematic inspection showed that 165 (2.35% of the total) had blepharitis, 109 (1.55%) had conjunctivitis, 5 (0.07%) were found to have corneal opacities and 55 (0.78%) other diseases. Infective conditions therefore were rather more frequent than were found at the inspections last session when the reported percentages were—2.01% blepharitis, and 0.98% conjunctivitis. 336 children (4.78%) had strabismus, a percentage which remains fairly constant over the years.

Vision testing with Snellen type distant vision charts showed that 906 (19.85% of the age groups examined excluding the 2,493 entrants), had vision not worse than 6/12 in the better eye and therefore recorded as fair—405 boys (17.68%) and 501 girls (22.25%); 90 children (1.96%) had bad vision—37 boys (1.58%) and 53 girls (2.35% of those tested). The number of children recommended for refraction after testing was 288 and 34 entrants not given vision tests but suspected to have vision defects or because of strabismus. For those referred on the results of the vision test the percentage was 6.35%.

Examination for colour vision defects in the boys of the third age group showed that 72 boys had this congenital defect (5.70% of the 1,263 examined in this age group).

For the systematic inspection of the 1943 age group for visual acuity and hearing we had to alter our usual practice.



When the full group examinations could not be overtaken by the medical officers, the health visitors carried out the tests and gave the medical officers a report of their findings. At subsequent visits to the schools the medical officers examined those showing a defect necessitating refraction or other advice and made the appropriate arrangements. Of the total age group (2,257) the health visitors completed the tests for 1,333 children, while 924 were examined by the medical officers. The results recorded were that of the group total examined—2,257—515 (22.82%) had fair vision and 59 (2.61%) had bad vision and that the incidence was approximately equal in both sexes.

139 children were referred for refraction, 6.15% of the total 2,257 examined. The slightly higher percentages of both fair and bad vision found in this age group as compared with the older age groups tested systematically, emphasise the importance of this early examination. 79 children (3.50%) had strabismus.

#### 9.—Ears.

Of the number of children systematically examined 7,026, those suffering from otorrhoea numbered 88 (1.25%) and from other diseases 78 (1.11%). Both figures show an increase from last year's report when with a total of 7,547, 66 (0.87%) had otorrhoea and 43 (0.57%) had other external ear conditions.

The grades of hearing defects which can be estimated at routine medical inspection by response to a forced whisper test are accepted as an indication for further investigation.

Grade I defect was found with 42 children (.60% of the total examined). Grade IIa with 12 children (0.17%) and Grade IIb in 2 cases (0.03%). In explanation of this last classification, with one case, the defect was due to old standing middle ear disease and she was undergoing investigation at the deafness clinic. She was supplied with a hearing aid which allowed her regrading to Grade IIa and continued education in the Junior Secondary School. In the case of the other child, the defect, due to catarrhal deafness, responded to radium treatment and he was regraded to grade I before the end of the session.



For the 1943 group whose vision has already been reported on, the results of the hearing tests which they also received showed that 13 children (.57%) of the 2,257 examined had Grade I defect and 3 (0.13%) had Grade IIa defect. This closely compares with the findings for the total age groups examined systematically.

During the session the scheme was organised whereby the 1941 group pupils were given group hearing tests with the gramophone audiometer in advance of the routine medical inspection. The audiometric technician had duplicate lists of the children to be systematically examined and she recorded the results of her tests on the routine cards for the information of the medical officers. She tested, individually, from the other age groups, cases who showed a hearing defect by the oral method, where no apparent cause was found on clinical and auroscopic examination, referred to her by the medical officers.

The usual procedure of intimating to the parent any defect found resulted in most of the cases with higher degrees of defect being referred for specialist examination and investigation at the deafness clinic, if he considered it necessary.

She also tested, individually, children referred to her by the teachers, suspected of deafness, or failing to make the progress educationally that was expected of them and she retested individually, children previously known to have defective hearing in order to assess any change which might have occurred. She reported all abnormal cases to the medical officers.

A summary of the work carried out by the audiometric technician is tabulated as follows:—



# **AUDIOMETRIC SURVEY** **Summary of Tests Completed During Session 1950-51**

	<i>Listed.</i>	<i>Tested.</i>	<i>Re-tested.</i>	<i>Normal.</i>	<i>Defective.</i>	<i>Grade I</i>	<i>Grade IIa.</i>	<i>Grade IIb.</i>	<i>Absent.</i>	<i>Transferred.</i>	<i>Left.</i>	<i>Reference to Deafness Clinic.</i>
1941 Age Group, .....	2,296	2,093 91.11%	421 20.11%	2,064 98.61%	29 1.39%	24 82.76%	5 17.24%	—	161	22	20	3
1940 Age Group												
Absentees, .....	57	57	5 8.77%	57	—	—	—	—	—	—	—	—
Known Defectives, .....	108	88 81.48%	70 79.55%	32 36.36%	56 63.64%	28 50%	25 44.64%	3 5.36%	9	7	4	26
New Cases, .....	451	425 94.24%	135 31.76%	356 83.76%	69 16.24%	53 76.81%	16 23.19%	—	26	—	—	10
Tested in Clinic, .....	30	30	10 33.33%	20 66.67%	10 33.33%	6 60%	4 40%	—	—	—	—	—
	2,942	2,693 91.54%	641 23.80%	2,529 93.91%	164 6.09%	111 67.68%	50 30.49%	3 1.83%	196	29	24	39



## 10.—Speech.

Of the total number of children examined at systematic medical inspection, 7,026, 28 (.39%) were found to have defective articulation and 11 (.16%) to stammer.

The percentages recorded from year to year vary very little. They are probably an underestimate as the children are rarely talkative during the examination and parents by familiarity with the form of speech only attach importance to marked degrees of defect.

## 11.—Mental and Nervous Conditions.

(a) The first sub-heading in this group of defects, children retarded because they have attended irregularly at school, is shown to apply to 17 children (0.24%) of the total 7,026 examined.

(b) 14 mentally backward children are reported—(0.20%).

(c-d) None of the children examined were placed in these categories.

(e) 10 children (0.14%) are reported in this classification.

(f) 3 children (0.04%) are described as being difficult in behaviour.

The cases in sub sections (a) and (b) since they present educational problems are referred for assessment and intelligence testing to the Educational Psychologist and subsequent action is taken with the help of his reports to ensure that the children receive the educational treatment they require.

The readjustment of the nervous, unstable and difficult child is usually most satisfactorily undertaken at the Child Guidance Clinic, and parents of the children classified in (e) and (f) usually welcome the opportunity to have this help.

## 12.—Circulatory System.

For 12 children (0.17%) of the total 7,026 examined, congenital heart lesions were diagnosed and 11 (0.13%) had the signs of organic heart disease due to previous infections.



This latter figure shows a fractional increase over that recorded for each of the last two years which were 0.08%, 1948-49, and 0.09%, 1949-50.

### 13.—Lungs.

The number of children suffering from respiratory conditions at the time of medical inspection and the age distribution of the respective group classifications, vary only within minor limits from year to year. We have to record a small percentage increase this year under each of the subheadings. 63 of the 7,026 children systematically examined (.90%) had symptoms of chronic bronchitis, 186 (2.65%) other lung diseases, and 32 children (.46%) suspected to have tuberculous lesions. This latter figure has been on the upgrade over the last four years—0.10%, 0.32%, 0.36% and now 0.46%, and since it is a recording on clinical examination, taking into account the history of the health of the child and any information regarding exposure to infection which can be obtained, it is in keeping with the higher incidence of the disease generally and advice given on suspicion ensures fuller investigation and early treatment should the diagnosis be confirmed.

Chest X-ray by the Mass Miniature Radiography which has been carried out this session of the pupils having secondary education is reported on earlier under Organisation and Administration.

### 14.—Deformities.

Of the total 7,026 children examined, 35 (0.50%) had congenital deformities, 9 (0.13%) deformities due to anterior Poliomyelitis, 37 (0.52%) deformities probably the result of early rickets and 141 (2.01%) from other causes including the sequelæ of disease or trauma, and postural defects.

### 15.—Infectious Diseases.

19 children (0.27%) of the total 7,026 examined, were actually suffering from infectious diseases at the time of medical inspection.



## 16.—Other Diseases or Defects.

This general classification applied to 419 children (5.96% of the total examined).

### Special Examinations in Schools

	1,185 children examined	1,817 children re-examined. 661
	942 defective	still defective
Head—Vermin, .....	1	4
Nits, .....	17	61
Other conditions, .....	11	16
Body—Vermin, .....	1	—
Other conditions, .....	32	16
Diseases of tonsils, .....	8	105
Defective vision, .....	133	241
Diseases of eye, .....	68	35
Defective hearing, .....	95	24
Diseases of ear, .....	2	15
Speech defect, .....	4	5
Mental or nervous conditions, .....	25	15
Infectious disease, .....	8	—
Other conditions, .....	608	146

87 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:—

	Children
Cerebral Palsy, .....	2
Anterior Poliomyelitis, .....	6
Bilateral Talipes Equino Varus, .....	1
Tuberculous Bone and Joint Disease, .....	7
Asthma and Bronchitis, .....	2
Epilepsy, .....	3
Organic Heart Lesion, .....	1
Debility, .....	9
Bronchiectasis, .....	3
B/K Amputation, .....	1
Anæmia, .....	1
Anterior Poliomyelitis and Congenital Heart Lesion, ...	1



Mentally Handicapped—Educable, .....	34
„ „ and Epilepsy, .....	3
„ „ „ Cerebral Palsy, .....	2
„ „ „ Cerebral Palsy and Deaf, .....	1
„ „ „ Hearing Defect, .....	1
„ „ „ Congenital Heart, .....	1
„ „ „ Debility, .....	4
Hearing Defect Grade IIa Deafness, .....	1
Hearing Defect Grade IIb Deafness, .....	1
Myopia, .....	1
Blind, .....	1

9 Mentally handicapped children (one physically and mentally handicapped) were reported to the Director of Education as being ineducable but suitable for training in the Occupational Centre.

22 children (6 aged 2-5 years) were referred by the medical officers of this department for examination, investigation and special educational treatment in the Child Guidance Clinic.

The following table summarises the conditions for which the referrals were made:—

	<i>School Children</i>	<i>Pre-school Children</i>
Temperamental disorders, .....	3	2
Habit disorders, .....	6	1
Nervous conditions, .....	2	—
Difficult behaviour, .....	5	1
Indications of backwardness, .....	—	2
	<hr/> 16	<hr/> 6

## 6.—MEDICAL TREATMENT

### A — Minor Ailments.

Consultation and minor ailments treatment clinics have been maintained for each of the districts of the City previously served and reported on in the Annual Report for the year, 1948-49.



With the opening of Blackshade Infant School, the first of the Education Committee's programme to supply schools in the extensive new suburban housing areas to the north of the City, an additional weekly consultation clinic and treatment session were held from the beginning of the school year, conveniently situated in the annexe to King's Cross Hospital West. Gilburn and St Columba's Infants Schools in the Magdalen Kirkton Scheme opened during the autumn term and the facilities of this clinic were made available to pupils and pre-school members of the families of those schools. The distance without public transport facilities proved rather a deterrent and parents preferred the direct route to the Central Clinic. St Vincent's Infant School and Linlathen Primary School opened at the beginning of the summer term and Maryfield Clinic was able to cater for the needs of those pupils.

### Consultation Clinic Attendances

	<i>Children 2-5 years</i>		<i>Children 5-15 years</i>	
	<i>Cases</i>	<i>Consultations</i>	<i>Cases</i>	<i>Consultations</i>
Central, .....	178	243	2,296	4,457
West (seen at Central Clinic), .....	43	62	554	1,075
Lochee, .....	61	72	895	1,437
Ferry Road, ...	29	42	467	869
Bro'hty Ferry,	32	65	233	535
Maryfield, .....	40	69	1,344	2,245
King's C., West	20	23	84	150
Special Consul- tations at Central Clinic), .....	50	111	142	365
	<hr/> 453	<hr/> 687	<hr/> 6,015	<hr/> 11,133

The number of children who attended for consultation is further reduced this session and may be explained partly by the more rigid reference to the general practitioners of children found to have defects at routine medical inspection, partly by the more general employment in industry of the mothers, and by the rehousing of families in the new outlying suburbs of the City who had previously lived in very close proximity to the clinics.

While the staff regret the decline in clinic attendances whereby assessment of the prevalence of any particular con-



dition was readily made and preventive or remedial measures could be instituted, the application of the National Health Service to children appears to be fulfilling the intention of the scheme to provide medical care and treatment and more and more of the Consultation time of the Medical Officers is taken up with the problems of the health and well-being of the children on an appointment system.

This explains the considerable decrease in attendances.

1,298 certificates exempting children from school attendance for varying periods were issued to head teachers and to the Attendance Department. As a statistical figure this does not carry the significance it did before 1948 and since general practitioners are not obliged to issue certificates, the monthly report on school attendance, submitted by the Education Department for the benefit of the Education Committee, is consequently misleading in regard to authorised absence.

3,520 intimations of infectious diseases were sent to head teachers, a very considerable increase from last year, due to the rise in incidence of measles, rubella, scarlet fever and whooping cough during the winter months.

The number of attendances of children for treatment at the Treatment Clinics is shown in tabular form as follows.

A reduction in the number of sessions each week was introduced in the Lochee and Ferry Road Clinics in keeping with the reduced numbers desiring such facilities and as an economy in the utilisation of nursing staff. These arrangements proved adequate. Still further to relieve the experienced Health Visitor from duty in treatment clinics, three state certificated nurses were employed to carry out treatments on a sessional basis in three of the clinics.

A change has also been made since February at the Special Constable Street Centre for the treatment of scabies and cleansing of infestation cases. The number of children requiring treatment provided at this centre had become so small that five afternoon sessions weekly were adequate.



## Treatment Clinic Attendances

### Total for Seven Clinics and One Scabies Treatment Centre

	<i>Children 2-5 years</i> <i>Attendances</i>			<i>Children 5-15 years</i> <i>Attendances</i>		
	<i>Cases</i>	<i>No.</i>	<i>Av.</i>	<i>Cases</i>	<i>No.</i>	<i>Av.</i>
Cuts, bruises, sprains, minor injuries, etc., .....	8	19	2.38	2,499	14,381	5.75
Diseases of ear, .....	2	5	2.5	332	2,136	6.43
Diseases of eye (ex. Def. Vision), .....	1	9	9.0	610	4,016	6.58
Diseases of skin—						
<hr/>						
Ringworm (Scalp):				Dermatologist's Consultation Clinic		
X-ray treatment, .....	—	—	—	2	3	1.5
Other treatment, .....	1	10	10	2	20	10.0
<hr/>						
Ringworm (body), .....	—	—	—	17	17	1.0
Scabies:						
Clinic treatment, .....	—	—	—	3	9	3.0
Baths treatment, .....	8	112	14	117	604	5.16
Impetigo, .....	1	10	18	273	1,735	6.36
Other Diseases, .....	—	—	—	270	747	2.77

The cases of ringworm of the scalp occurred in a localised outbreak in February, 1951, affecting children in three families attending one school in the City. X-ray treatment was given in the Dundee Royal Infirmary to two school boys, subsequently a second X-ray epilation was required by one of them and this was given by a Consultant Dermatologist privately. Two school children responded to ointment treatment and the pre-school child was cured following the administration of Thallium.

### B — Defective Vision and Squint.

The treatment of vision defects, squint and the more serious external eye diseases has been undertaken by visiting Ophthalmologists on the same lines as last year. In December, 1950, an additional session was added, making eight weekly. This arrangement had to be interrupted at the end of February by



the resignation of the Registrar who had conducted the clinic but was recommenced in May, 1951, and eight clinics were held weekly till the end of the school year.

The scheme, whereby glasses were obtained through the Supplementary Ophthalmic Service under the Executive Council, was in practice till the end of December, 1950. From the beginning of 1951, the dispensing optician, appointed by the Board of Management of the (Dundee) General Hospitals, was in attendance at each session for the measuring and fitting of frames, and glasses were obtained through Central Contract placed by the Board of Management with a firm of dispensing opticians. This scheme proved most satisfactory and the delivery most expeditious. The optician recalled the children, usually in a matter of a few days, and satisfied herself as to the correctness and fitting, carrying out minor adjustments where necessary. She has also done many minor repairs to frames on the premises, thus preventing the children from being without the use of their glasses.

2,290 children had refraction and 1,904 retests were made.

Till the end of December, 1950, 480 children were provided with glasses under the Supplementary Ophthalmic Scheme. Since the Central Contract Service was instituted on 1st January, 1951, 795 children have been provided with glasses.

The treatment of squint has continued with the same Orthoptic Clinic Service as detailed in former reports and it must be stated with regret that, despite efforts and advertising, the appointment of a second orthoptist, which the Health Committee are anxious to make, has not yet been possible. The following table gives the statistical record of the work undertaken:—

#### Cases brought forward from previous year—

Waiting List, .....	475	
Under treatment, .....	281	
Postponed, .....	167	
	<hr/>	923
New Cases, .....	306	
Returned Cases, .....	2	
	<hr/>	308
		<hr/>
		1,231
		<hr/>



Cases examined but not requiring treatment, ...	83	Dundee children 5 yrs. +	49
Unsuitable for treatment	21	Dundee children 5 yrs. -	8
	— 104	„ „ 5 yrs. +	13
			— 70
Cases discharged—			
Cured, .....	69	„ „ 5 yrs. +	45
Improved, .....	38	„ „ „	24
Failed to improve, .....	9	„ „ „	7
Failed to attend, .....	80	„ „ „	59
Left school, .....	9	„ „ „	9
	— 205		— 144
	309		214
Carried forward to next session—			
Waiting List—			
Ready for treatment, ...	390	„ „ „	371
Too young for treatment, .....	103	„ „ 5 yrs. -	97
	— 493		— 468
Under treatment—			
By occlusion, .....	125	„ „ 5 yrs. +	118
		„ „ 5 yrs. -	3
By clinic treatment, ...	113	„ „ 5 yrs. +	91
	— 238		— 212
Postponed, .....	191	„ „ „	189
	— 1,231		— 1,083
Attendances made by children under 5 years, .....			
Attendances made by children over 5 years and adults, .....			
			6,425
			6,769

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 continued to be held throughout the session in the Central premises, Nelson Street, by a consultant Aurist to whom cases were referred by the School Medical Officers following routine medical inspection or from their consultation clinics.

Owing to an increase in the number of cases of anterior poliomyelitis in the Autumn of 1950, operative treatment was cancelled for a time and as the waiting list increased very



considerably during that period, when operative treatment was later undertaken, the Administrative Medical Officer, Eastern Regional Hospital Board, extended in-patient facilities in Stracathro Hospital to Dundee children in addition to Dundee Royal Infirmary and Maryfield Hospital. From the 19th February, 1951, ten older children were taken by ambulance from Nelson Street Clinic each fortnight for their treatment and brought back by the same transport three days later, the parents assembling to receive their children and take them home.

Children, whose names had been on the waiting list for a considerable time, were recalled to the clinic for re-examination by the specialist and where operation was still required, these arrangements were made for the next admission date.

The majority of the younger children were referred to the Medical Superintendent, Maryfield Hospital, and called in by him as accommodation was available.

Parents have been most co-operative and have appreciated the arrangements provided.

Children treated by operation for adenoids and enlarged tonsils numbered—

in Maryfield Hospital .....	41 (5 yrs. +)	and 38 (2-5 yrs)
in Stracathro Hospital .....	122 (5 yrs. +)	and 1 (2-5 yrs.)

Other operative treatments given to children recommended by the Consultant Aurist 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)**

A full detailed account of the Service as it was in operation at the end of last session was reported in last year's annual report and until the first of June 1951 was the scheme for specialist consultation and treatment for Dundee children suffering from orthopaedic and postural defects.

On that date the deferred implementation of total responsibility by the Eastern Regional Hospital Board for the organisation, administration and conduct of the Children's Orthopaedic Service took place. This means that all cases



referred for consultation by the Orthopaedic Surgeon, by General Practitioners, General Surgeons and Local Authority Medical Officers instead of being reported to School Health Service are now notified to the Secretary at Kemback Street Clinic who makes the necessary appointments for clinic attendance, arrangements for treatment, and hospital admissions and issues reports of the findings and recommendations of the Orthopaedic Surgeon following consultation.

Copies of these reports have all been supplied to this department so that we have detailed knowledge of the orthopaedic conditions affecting the children and of their progress following each consultation. The liaison is further maintained by the presence of the Health Visitor attached to Fairmuir School at each consultation session who assists in the capacity of Sister at the clinic and forms the link with this department to ensure the full co-operation in the home and school in the carrying out of the specialist's advice and instructions.

The Orthopaedic Consultant has continued his monthly visits to Fairmuir School to examine and prescribe treatment for Orthopaedic cases having special educational treatment in the special school. The number of such cases continues to increase but the Physiotherapy staffing arrangements and the facilities for treatment have not been changed during the session.

The Schools Sub-Committee visited the School to inspect the prefabricated hut at present used as an Occupational Centre and while approving the need for similar accommodation for the physiotherapy department and asking the recommendation of the Education Committee, a decision was postponed while further consideration was given to the necessity of extending accommodation for the Occupational Centre and vacating the present building which would be equipped for physiotherapy work. Modified structural alterations within the school, by making a communicating door between the medical and remedial rooms, were made shortly before the end of the session and for the routine treatments and supervision of children requiring medical care. Redecoration of the school also greatly enhanced environment for this work.

The work of the general orthopaedic service for the year up to and including 1/6/51 and the complete year in the special school is explained in the following figures:—



<i>Number of Sessions</i>	<i>Total Consultations</i>	<i>Average per Session</i>
62	1,707	27.53

*Within the School Health Service—Consultations*

<i>2-5 years</i>		<i>5-15 years</i>		<i>15+ years</i>	
<i>Cases</i>	<i>Consultations</i>	<i>Cases</i>	<i>Consultations</i>	<i>Cases</i>	<i>Consultations</i>
210	464	334	837	7	23

*Referrals*

Children recommended for hospital treatment—	2-5	5-15	15+
On waiting list at 31/7/50 .....	4	6	—
Added during session, .....	10	26	1
Total,	14	32	1
Children admitted to hospital, .....	15	29	1
Children recommended for Physiotherapeutic treatment at Dundee Orthopaedic and Rheumatic Clinic, .....	33	67	3
Actual treatments given at the Clinic,	6,337	4,718	1,092

## **E.—Speech Defects**

Unfortunately the Education Committee was presented with the resignation of the Senior Speech Therapist at the close of last session as she was going abroad to be married and it has been impossible to appoint a successor to her. A second Assistant Speech Therapist commenced duty in June, 1951. Consequently the assistant appointed last year has had to undertake the work single handed for almost the whole year and this has entailed very considerable curtailment in the number of children having speech therapy and of the treatments each child has received, in spite of an assessment that the need for such training is very much greater than was even possible with two therapists. The most advantageous service to the greatest number of children necessitated a review of all cases under treatment at the close of last session, and time at the opening of the present school year was taken to make this selection and to organise the scheme of work.

It was decided that visits to schools would overtake the greatest number and continue to include the young children who had commenced training last year and accept as many new cases referred, as possible.



The therapist held one session weekly in eighteen schools, children from neighbouring schools attending in some cases, and reserved one afternoon period in Maryfield Clinic for special consultations, some individual treatments and for examination and advice to pre-school children.

Comprehensive as the scheme was and demanding so much from the speech therapist, it was regretted that some children, particularly those with speech defects in Fairmuir School, were denied training by the specialist.

The statistical record of the session's work is as follows:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Children under training from previous year,	159	46	205
New Cases accepted for training, .....	14	3	17
Actually treated, .....	173	49	222
Discharged in present session, .....	51	13	64
Cases carried forward to continue treatment next session, .....	122	36	158
Total attendances, .....			4,851
Number of children treated for:—			
Stammer, .....	88	17	105
Dyslalia, .....	77	27	104
Spastic, .....	1	—	1
Nasal, .....	3	1	4
Cleft Palate, .....	1	3	4
Deaf, .....	3	1	4
	173	49	222
Discharged:—			
Stammer, .....	26	4	30
Dyslalia, .....	24	9	33
Spastic, .....	1	—	1
	51	13	64

## **F.—Ultra Violet Ray Treatment**

No Ultra Violet Ray treatment was given during the present session.

Details of the Consultations given by the respective Eastern Regional Hospital Board Specialists conducting School Health



Service Clinics and the attendances made to have the prescribed treatments appear at the end of this report.

In addition, a number of treatments were prescribed for home use to be obtained on individual prescription, Form R.B.P. (Scotland) under the National Health Service as authorised by the Administrative Medical Officer, Eastern Regional Hospital Board.

The Dermatologists made use of this additional facility in 19 cases.

The E.N.T. Specialist made use of this additional facility in 7 cases.

The Ophthalmologists made use of this additional facility in 41 cases.

The Consultant Paediatrician who conducts a fortnightly clinic under the Infant Welfare Service gave consultations in Nelson Street Clinic to 40 children between the ages of 2 and 15 years and recalled for re-examination, 29, referred to him by the Medical Officers following routine medical inspection of ordinary minor ailment clinic attendance.

His advice was asked for with such cases as enuresia, cardiac lesions, adiposity, asthma, migraine, nervous disorders and epilepsy. The patient's own doctor was informed where treatment was recommended or the case was admitted to the Royal Infirmary for further investigation and inpatient treatment, if necessary.

The number of children referred from the E.N.T. Specialist Clinic to the special deafness clinic for full investigation of hearing is 17.

Very helpful, detailed reports are received by this department of the examinations and treatments given and of audiometric tests carried out with requests, in some instances, for arrangements to be made for operative treatment and with recommendations for their educational requirements. During the present session, reports were received concerning 24 children who made a first attendance for full examination and 11 revisits were paid for continued supervision and treatment. Six of these children were supplied with hearing aids.

## **7. DENTAL INSPECTION AND TREATMENT**

The report of the Senior Dental Officer is appended.



## 8. SPECIAL SCHOOLS AND CLASSES

Reference should be made to this section of last year's annual report where the provision made by this Local Authority for the education of handicapped children and the medical supervision and care given by this department is fully reported. The children in the occupational centre who had had a few weeks' introductory training at the end of last session reported with eagerness again after the summer vacation and have completed the first full session, a credit to their instructors as shown by the improved discipline, co-operation with each other, and no small success with handwork and simple crafts. The parents have expressed their gratitude for the care and training the children have received.

All the children in the Sight Saving School and the School for the Deaf, and as many of the pupils in Fairmuir School for physically and mentally handicapped children as can be overtaken are medically examined on the lines of routine systematic inspection annually and any defect found is followed up in the same way as with children in the ordinary schools.

For their exceptional handicaps they are regularly re-examined by the appropriate consultant.

### (a) Fairmuir School (Physically Handicapped Children)

	Boys	Girls
On the roll at 31/7/50, .....	78	79
Admitted, .....	25	19
Transferred to ordinary school, .....	5	4
"    " approved school, .....	—	1
"    " hospital, .....	4	—
"    " home teacher, .....	1	—
"    " occupational centre, .....	1	—
"    " retarded class, .....	1	1
"    " other areas, .....	2	—
"    " suspense roll, .....	1	—
Left school, .....	11	15
On roll at 31/7/51, .....	77	77



One physically handicapped Dundee girl has been resident in Trefoil School since January 1951, and removed with the other pupils to the excellent new premises at Hermiston, Mid Lothian, before the end of the session.

Three Dundee children requiring residential special education have been on the roll of Challenger Lodge Children's Home, Edinburgh, throughout the session. One child has made very satisfactory progress in health and education and since his home circumstances have materially improved he was considered fit to return to Dundee and to attend Fairmuir School.

One child is due for promotion on account of his age and will be transferred to Trefoil Residential School at the commencement of the autumn term. The third child has required inpatient treatment in Princess Margaret Rose Hospital all this session and has had bed-side instruction there.

#### (b) School for Blind and Partially Sighted Children

	<i>Boys</i>	<i>Girls</i>
On roll at 31/7/50, .....	27	26
Admitted, .....	—	1
Left, .....	1	—
On roll at 31/7/51, .....	26	27

Two children are being provided with special residential education in the Royal Blind School, Edinburgh.

#### (c) School for the Deaf

	<i>Boys</i>	<i>Girls</i>
On roll at 31/7/50, .....	17	26
Admitted, .....	—	1
Transferred to ordinary school, .....	—	1
„ „ other special schools, .....	—	1
Left, .....	1	2
On roll at 31/7/51, .....	16	23



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

One Dundee child continues to receive residential education in St. Vincents School, Tolcross, Glasgow.

#### (d) Fairmuir Special School (Mentally Handicapped)

	<i>Boys</i>	<i>Girls</i>
On roll at 31/7/50, .....	91	55
Admitted, .....	25	17
Transferred to other areas, .....	3	1
"          " approved schools, .....	1	1
Left, .....	17	4
On roll at 31/7/51, .....	95	66

One Dundee child is receiving education and treatment in the Bridge of Weir Colony for Epileptics, Residential School.

One boy is receiving residential special educational treatment at Camphill (Rudolph Steiner) Schools. One boy completed the autumn term and left December, 1950, on reaching 16 years.

#### Fairmuir School (Occupational Centre)

	<i>Boys</i>	<i>Girls</i>
On roll at 31/7/50, .....	24	14
Admitted, .....	9	1
Transferred to institution, .....	1	1
"          for supervision at home, .....	1	—
Died, .....	1	—
Left, .....	—	1
On roll at 31/1/51, .....	30	13

Since the first of November 1950 the scheme, outlined by the Medical Officer of Health in last year's annual report which provided care and training for a limited number of the more severely mentally handicapped young children under the age of 12 years by daily attendance at Baldovan Institution and



which was made possible as the outcome of collaboration between the Medical Superintendent representing the Eastern Regional Hospital Board and the Local Health Authority has proved of great benefit to the children who participated and relieved the parents of considerable strain and anxiety which their constant supervision produced. The number of children had to be limited in keeping with the transport facilities so that with a maximum of 12 children we were able to send an average of 10 daily.

### **King's Cross Hospital School**

This school has continued to perform the very useful function of giving education during prolonged hospitalisation to children suffering from Pulmonary Tuberculosis. The ward in this case is the schoolroom and the teaching staff group the beds so that several can be taught together or give individual instruction as educational attainment requires.

The average children on the roll of the school throughout the session was 23.3 with an average daily number of 21.9.

### **Domiciliary Teaching**

During the session the home teachers have gone to the homes of 8 children with disabilities which prevented them from attending school.

Conditions which necessitated this form of special educational treatment were spastic paraplegia (1), congenital heart lesion (1), rheumatic heart lesions (2), post anterior poliomyelitis deformity (2), osteomyelitis with subsequent leg amputation (1), severe asthma affecting a deaf child (1).

### **Child Guidance Clinic**

Recommendation for special educational treatment although most frequently leading to special school education is sometimes most appropriately directed to child guidance treatment and we have appreciated on many occasions the facilities of the clinic for dealing with cases of psychological disturbance.



These are very real problems both to the children and to the parents and to remove them requires an understanding and appreciation of any contributing factors in the family unit or other associates and of the environment in which they occur as the child's symptoms are very frequently related to his background and both aspects invariably require adjustment. Much help is given during the friendly interviews and visits by the psychiatric social worker but the basis of cure is the ability of the psychologist to help the child to help himself during attendance at the clinic.

The Educational Psychologist's help is largely invited on the other hand with cases of intellectual backwardness and his assessment is made following the intelligence testing of the child, usually alone, and the history of the case which he obtains when the case is referred to him. During the year the medical officers of the department referred 16 children to the Child Guidance Clinic and 41 children for psychological reports and intelligence testing to the Educational Psychologist.

Full reports for the session 1950-51 by both the Clinic Psychologist and the Educational Psychologist are submitted to the Director of Education and presented to the Education Committee.

The following is the statistical report showing the number of children dealt with at the clinic and the reasons for their referral.

Cases carried forward from July, 1950—

Current, .....	38	
On waiting list, .....	19	
	—	57
New Cases referred, .....	95	
Old Cases re-opened, .....	3	
	—	98
		<hr/>
		155



### Cases dealt with during 1950-51—

Closed, .....	81	
Current carried forward to 1951-52,	53	
	—	134
Waiting list carried forward to 1951-52,		21
		<hr/>
		155

Of the 98 cases referred during the session, 64 boys and 34 girls, 11 boys and 3 girls were under school age and 16 from areas outwith Dundee.

### Reasons for referral:—

Intellectual disorders, .....	9
Behaviour disorders, .....	24
Temperamental disorders, .....	26
Habit disorders, .....	29
Neurotic illness, .....	5
Psychological examination, .....	5
	<hr/>
	98

Of the 81 cases closed during the session, 45 were dealt with on a diagnostic or advisory capacity, 16 were discharged after satisfactory treatment, and 5 did not respond satisfactorily.

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

### Nursery Schools and Classes

The arrangements for, and the extent of, nursery school education for the children in the 2-5 years age group have remained unchanged for yet another session.

The abnormally high intake of pupils to primary departments requiring all available accommodation has fortunately not affected, to the same degree, those schools which have nursery classes and these classes have been continued but the expansion of nursery school education in new schools cannot



develop until the needs of children of compulsory school age have been met. Some of the new schools in use for infants are intended for children of nursery school age.

	<i>Av. No. on the Roll</i>		<i>Av. No. in Attendance</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
<i>Nursery Schools</i>				
Polepark, .....	20.15	21.1	16.7	18.5
Wesley House, .....	14.4	16.6	11.7	12.9
Bellfield, .....	21	23	17	18
Grey Lodge, .....	10	12	6.5	9.5
Ellengowan, .....	19	24	16	21
Cotton Road, .....	45	33.4	38.8	31.9
<i>Nursery Classes</i>				
Dens Road School, .....	14.6	10.2	11.9	8.2
Ancrum Road School, .....	10.07	11.4	8.6	9.5
Liff Road School, .....	12.1	13.5	10.6	10.9
Training College School, ...	9.2	11.0	7.2	8.8

### **Holiday and Convalescent Homes**

The contribution made by Voluntary Organisations who provide Country Homes for children is acknowledged earlier in this report. During this session Auchterhouse Holiday Home accommodated 333 children in successive groups for a period of 2 weeks—286 children each spent 2 weeks in Comer-ton Children's Home, Newport—and 32 children who required longer convalescence spent 4 weeks in St. Leonard's Conva-lescent Home, St. Andrews.

The majority of the children were able to be sent as soon as it was recommended for them and a few went direct from hospital at the request of the Paediatricians.

## **9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE**

Physical education and recreational activities, organised by the Superintendent of Physical Education form part of the curriculum for all children in the schools and is undertaken in the main by specialist teachers in the secondary departments



and by the class teachers in the primary departments. Organised classes and groups for remedial exercises taken by a specialist teacher in Fairmuir School have greatly benefited the handicapped pupils there.

A full report of the scheme of work is made by the Superintendent of Physical Education and submitted to the Education Committee. Additional time is given by many of the teachers to accompany pupils outwith school hours to the playing fields, swimming baths and on outdoor excursions.

The scheme which the Education Committee instituted, whereby sessions for organised games and play activities under the leadership of members of the teaching staff with student helpers were arranged during the summer vacation, has been considerably extended this year.

By using six of the public parks and opening six school playgrounds many more children were able to enjoy their holidays in safety.

### **School Camps**

The annual holiday camps arranged by the Governors of the Dundee School Children's Holiday Fund not only provide a large number of children with the ideal holiday, but can well be credited with promoting a good standard of personal hygiene. The children know that before they are included in the party, they must be clean and physically fit and that during their stay in the camp they will be expected to practise all the rules of healthy living, and the discipline and training in camp has had very satisfactory results. Approximately 45 older boys spent two weeks under canvas at Cortachy. Three groups of 60 boys and girls from the Roman Catholic schools each had one week at Limekilns and similar numbers from the Protestant schools had one week at Saline.

The camps were all highly successful and reflect great credit on the organisers and on the enthusiastic camp officers who do not spare themselves so that the children will have comfort, good food and a full programme of interesting and recreational activities.



## **Belmont Camp School**

This year children from five city schools enjoyed the experience of community life and education combined, which a fortnight's residence in Belmont Camp School provides. The camp was occupied by four groups of approximately 200 children each in the spring and early summer, the pupils of St. John's Junior Secondary School starting off at the beginning of March, pupils of Hawkhill and Rockwell Primary combined to make one party in April and Ann Street School and Clepington each sent the full complement for the two fortnightly periods of May.

The advantages of transferring complete school units, teachers and pupils, into the country to share the same living conditions and the accepted routine of a residential school are reflected in the alertness of the children during their classroom instruction, their healthy appetites and their obvious enjoyment of nature study rambles and out-of-doors recreational activities. The over all benefit shows in their improved health and vitality.

All the children proceeding to Schools Camps and Belmont Camp School are medically examined before departure by the staff of this department, as were also a party of children going to Belmont for a holiday under the auspices of Grey Lodge Settlement and members of the Boys' Brigade going to their camp.

Members of the teaching staff of Morgan Academy and of Grove Academy organised and conducted parties of pupils of their respective schools by bus from Dundee to London, Paris and Switzerland. Each party was accompanied by members of the health visitor staff. The excursion was a memorable experience for all.

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

Health cannot be separated from diet and nutrition and the School Meals Service continues to contribute materially in respect of school children.



The organisation of the School Meals Service has functioned throughout the session with the same cooking depot facilities and dining centre arrangements as previously reported. The replacement of the two unsatisfactory kitchens and repairs to and extension of another, which it has not been possible to overtake, give concern both to the Committee and to the Organiser of the service but the personnel maintain as high a standard of efficiency as is possible and produce and serve wholesome and palatable meals.

In accordance with the instructions of the Education Committee in February, 1950, that a sample cooked meal, that is the calculated amount provided for one child of a stated age, be taken from each of the cooking depots for analysis twice yearly, this has been carried out until one year's survey was completed and the City Analyst's reports examined by the Committee. The variations in the portions made the comparison of the nutritional values of the different meals difficult, and further sampling was postponed until the nature and form of analysing the meals could be reconsidered. The Supervisors of the five kitchens make a statistical analysis of the food-stuffs used week by week and while these showed that there was difficulty in maintaining the recommended proportion of first class protein, the variety and nutritional standard was satisfactory. Every effort was made to regulate the delivery of the meals so that food was in the containers for as short a time as possible and the service in the dining centres has been expeditious. There is no doubt that the children who participate benefit both from the meals provided and from the training they receive from the members of the teaching staff who supervise in the dining rooms.

A stimulating lecture and film exhibition by the Medical Officer, Scottish Council for Health Education, which was attended by the staff of School Meals Service, brought home the importance of their work and illustrated, as only the medium of the film can, the dangers which could occur from carelessness, incompetence or thoughtlessness in the preparation and handling of food.

The work of School Health Service has been demonstrated to medical students at the point in their University curriculum where they were attending lectures and clinical instruction on Pædiatrics in order to introduce them to the practice of preventive medicine at routine medical inspection. The organisa-



tion of the School Health Service was explained to groups of students who accompanied the School Medical Officers to schools and nursery schools when they gained useful experience from observing the medical examination of the different age groups and from hearing the advice given.

Teachers attending Dundee Provincial Training College for the Infant Mistress endorsement also attended the department in order to become familiar with the work undertaken by the School Health Service and the facilities that are available to the children **under their care.**

Every opportunity has been taken by members of the Medical staff to visit and talk to Parent-Teacher Associations and other groups of parents to explain the purpose of the school Health Service and to stimulate interest in health education and we have appreciated the hospitality shown to us at these meetings.

This report would be incomplete without expressing our indebtedness to the **Director of Education**, to Head Teachers and to all members of the teaching profession in the city for the helpful co-operation we have received.



# OPHTHALMOLOGISTS — SPECIALIST CLINICS

## REPORT, 1950-51

The following is a detailed list of cases seen at the Eye Clinics during the session, 1950-51.

### Dr Allister M. MacGillivray

	<i>New Cases</i>	<i>Attendances</i>
Refractions, .....	1,056	2,222
Corneal Ulcers, .....	4	10
Blepharitis, .....	7	15
Conjunctivitis, .....	26	77
Anophthalmos, .....	—	2
Traumatic Cataract, .....	—	1
Follicular Conjunctivitis, .....	16	46
Chalazion, .....	8	33
Congenital Ptosis, .....	2	2
Colour Blindness, .....	1	1
Burn of Cornea, .....	1	2
Epiphora, .....	2	3
Pinguecula, .....	1	1
Pterygium, .....	1	1
Superficial Keratitis, .....	2	9
Mucocele of Lachrymal Sac, ...	1	20
Inflamed Socket, .....	1	4
Paralysis of Accommodation, .....	1	1
Congenital Tear Duct Obstruction, .....	28	111
Hordeolum, .....	7	15
Albinism, .....	1	1
Congenital Cataract, .....	1	2
Nystagmus, .....	1	1
Abrasion of Cornea, .....	1	3
Ophthalmia Neonatorum, .....	16	37
Choroido-Retinitis, .....	1	3
Hæmatoma, .....	1	8
Hyphæmia, .....	3	4
Optic Atrophy, .....	2	4
Epicanthus, .....	—	1
	<hr/> 1,192	<hr/> 2,640

(Signed) ALLISTER MACGILLIVRAY



Dr R. M. Mathers

	<i>New Cases</i>	<i>Attendances</i>
Refractions, .....	1,234	1,972
Corneal Ulcer .....	3	8
Blepharitis, .....	1	3
Conjunctivitis, .....	29	48
Lid Abscess, .....	—	1
Chalazion, .....	3	6
Blow, .....	1	1
Phlyctenular disease, .....	—	1
Congenital Tear Duct Obstruction, .....	4	7
Hordeolum, .....	1	1
Abrasion of Cornea, .....	2	4
	<hr/>	<hr/>
	1,278	2,052

Total of New Cases Seen, ..... 2,470

Total of Attendances, ..... 4,692

(Signed) R. M. MATHERS.



# EAR, NOSE AND THROAT SPECIALIST CLINIC

Session 1950-51

	2-5 yrs.	5-15 yrs.
New Cases, .....	85	371
Return Cases, .....	11	100
Total Consultations, .....	96	471

## DIAGNOSES WERE MADE AS FOLLOWS:—

	2-5 yrs.	5-15 yrs.
Negative Examinations, .....	4	19
Post Operation Review, .....	—	6

Ear Conditions:—	New Cases		Return Cases	
	2-5	5-15	2-5	5-15
Acute Otitis Media, .....	3	8	—	4
Chronic Otitis Media, .....	5	17	3	24
Retracted Drums, .....	1	3	2	1
External Otitis Media, .....	—	3	—	—
Wax, .....	1	3	—	2
Catarrhal Otitis, .....	1	—	—	—
Deafness, .....	1	27	1	10
Furuncle, .....	—	2	—	—
Foreign Body in Auditory Canal, ...	1	—	—	—
Dry Perforation, .....	—	1	—	—

## Nose Conditions:—

Rhinorrhoea, .....	1	12	—	1
Sinusitis, .....	—	1	—	13
Allergic Rhinitis, .....	1	4	3	8
Chronic Nasal Catarrh, .....	—	6	—	1
Obstruction, .....	—	9	—	1
Deviated Septum, .....	—	8	—	1
Epistaxis, .....	—	4	—	1
Inferior Turbinals Enlarged, .....	—	1	—	3
Eustachian Obstruction, .....	—	2	—	1
Foreign Body in Nostril, .....	1	—	—	—
Congenital abnormality frontalsinuses,	—	—	—	1
Injury—subperiosteal hæmatoma ossi-				
fying, .....	—	1	—	—
dislocation septum, .....	—	1	—	—



## Throat Conditions:—

	<i>New Cases</i>		<i>Return Cases</i>	
	2-5	5-15	2-5	5-15
Tonsils and adenoids, .....	46	207	1	2
Tonsils, .....	1	9	—	—
Adenoids, .....	12	19	—	3
Adenitis, .....	4	5	—	—
Chronic Laryngitis, .....	—	3	—	5
Recurring Tonsillitis, .....	1	4	—	2
Granular Pharyngitis, .....	1	—	—	—
Dermoid Cyst Palate, .....	—	1	—	—

## General Conditions:—

Chronic Colds, .....	2	4	—	—
Epiphora, .....	1	—	—	—
Headache, Debility, etc., .....	—	10	—	1
Right Maxillary Swelling, .....	—	1	—	1
Defective Speech, .....	1	3	—	1

## Referrals:—

	2-5 yrs.	5-15 yrs.
Tonsils and Adenoids—		
Maryfield Hospital, .....	49	83*
Dundee Royal Infirmary, .....	1	1
Stracathro Hospital, .....	1	125
Adenoids, .....	12	29
X-ray Sinuses (Maryfield Hospital), .....	—	22
Proof Puncture, .....	—	14
Sub Mucous Resection, .....	—	2
Deafness Clinic, .....	1	16
Mastoidectomy—Radical, .....	—	2
Swartz, .....	—	2
Antrostomy, .....	—	1
Laryngoscopy, .....	—	4
Paracentosis, .....	2	3
Inferior Turbinectomy, .....	—	1
X-ray Nose Injury, .....	—	1
Nasopharyngeal Examination, .....	—	2

\* A number of these cases were re-examined and subsequently referred to Stracathro Hospital.



## Operative Treatment:—

### Removal of Tonsils and Adenoids—

Dundee Royal Infirmary, .....	1	1
Maryfield Hospital, .....	38	41
Stracathro Hospital, .....	1	122
Removal of Tonsils, .....	—	2
Removal of Adenoids, .....	—	14
Proof Puncture, .....	—	4
Direct Laryngoscopy, .....	—	2
Radical Mastoidectomy, .....	—	2
Sub Mucous Resection, .....	—	2
Bilateral Antrostomy, .....	—	1
Inferior Turbinectomy, .....	—	1



# DERMATOLOGIST'S CLINIC

Session 1950-51

## Ringworm of the Scalp—

	<i>Boys</i>		<i>Girls</i>		<i>Attendances</i>	
	2-5	5-15	2-5	5-15	2-5	5-15
	<i>years</i>		<i>years</i>		<i>years</i>	
New Cases—5, .....	1	4	—	—	10	25

## X-ray Treatment—

Two boys (5-15 yrs.) were given x-ray epilation at Dundee Royal Infirmary. One required repeat x-ray epilation three months later and this was given by a consultant dermatologist privately by arrangement with the Administrative Medical Officer, Eastern Regional Hospital Board.

## Thallium Treatment—

One boy (2-5 yrs.) was given thallium treatment at Dundee Royal Infirmary. Manual epilation and ointment treatment was given to two boys (5-15 yrs.).

All cases were cured by the end of the session.

## Other Skin Conditions—

	<i>Children</i> 2-5 years	<i>Children</i> 5 years and over
Pityriasis, .....	1	14
Eczema, .....	4	10
Dermatitis, .....	1	6
Scabies, .....	—	6
Psoriasis, .....	—	11
Alopecia, .....	—	7
Warts—Plantar, .....	—	23
Impetigo, .....	1	10
Urticaria, .....	4	8
Molluscum Contagiosum, .....	1	6
Acne, .....	—	23
Tinea Entodrix, .....	1	4
Seborrhoea, .....	1	2
Ichthyosis, .....	1	4
Vesicular Eruptions, .....	1	6
Other Diseases, .....	10	23
	<hr/> 26	<hr/> 163

## Attendances—

	<i>Total</i>
Children 2-5 years, .....	51
Children 5 years and over, .....	457



TABLE I

1950-51

Total number of children examined at:—

	(a) <i>Systematic Examinations</i>	<i>Other Systematic Examinations</i>
Ordinary Schools—		
Entrants, .....	2,493	—
Second Age Group, .....	1,726	21
Third Age Group, .....	2,511	36
Senior Secondary Schools—		
Age Group, .....	238	1
	<hr/> 6,968 <hr/>	<hr/> 58 <hr/>
1943 Age Group, .....	2,257*	
(Visual Acuity and Hearing Only)		
(b) Other Examinations—		
Special Cases, .....		7,779
Re-examinations by Medical Officers, .....		7,194

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

Entrants, .....	620
Second Age Group, .....	410
Third Age Group, .....	471
Secondary Age Group, .....	25
Other Systematic Examinations, .....	13
1943 Age Group, .....	150

\* Of this number, 1,333 were examined by Health Visitors only. Where a defect of vision or hearing was found, the child was examined by the School Medical Officer.







TABLE II

1950-51

SYSTEMATIC EXAMINATIONS

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

Number examined	Estimated		Second		Third		Fourth		All Ages		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
1. Clothing unsatisfactory, .....	5	3	5	1	5	4	—	—	13	8	21
2. Footgear unsatisfactory, .....	0.5	0.25	0.25	0.12	0.25	0.31	—	—	0.36	0.23	0.29
3. Cleanliness—	0.15	0.08	0.11	—	—	—	—	—	0.08	0.06	0.07
(a) Head: dirty, nits or vermin, .....	69	144	39	149	45	223	—	—	150	516	666
(b) Body: dirty, or verminous, .....	5.25	12.20	4.25	17.47	3.48	17.37	—	—	4.18	15.03	9.48
4. Skin—	0.53	0.17	—	—	0.82	0.16	—	—	0.31	0.12	0.21
(a) Head: Ringworm, .....	—	—	—	—	—	—	—	—	—	—	—
Impetigo, .....	0.61	0.34	0.78	0.12	0.08	0.31	—	—	0.45	0.26	0.35
Other Diseases, .....	1.26	1.12	1.02	1.17	2.29	2.10	4.29	3.42	2.25	1.54	1.91
(b) Body: Ringworm, .....	—	—	—	—	—	—	—	—	—	—	—
Impetigo, .....	0.15	—	0.11	—	0.08	0.31	—	—	0.11	0.12	0.11
Scabies, .....	0.15	0.08	—	—	0.08	0.31	—	—	0.08	0.03	0.05
Other Diseases, .....	2.33	3.31	3.35	3.32	4.58	6.68	5.74	5.96	3.70	3.38	3.71
5. Nutritional State: Slightly defective, .....	2.51	2.63	3.32	3.15	3.75	5.58	—	—	3.50	4.37	3.94
Bad, .....	2.28	1.19	0.45	1.76	0.55	0.51	—	—	1.14	0.96	1.05
6. Mouth and Teeth Unhealthy, .....	—	—	0.11	0.11	—	—	—	—	0.11	0.11	0.22
7. Nasopharynx: (a) Nose: .....	39	26	14	10	13	6	—	—	0.63	0.43	1.11
(1) Obstruction requiring observation, .....	2.97	2.20	1.58	1.17	1.11	0.47	0.82	0.85	1.89	1.25	1.58
(2) Requiring operation, .....	4.7	24	19	7	8	—	—	—	2.03	1.14	1.59
(3) Other conditions, .....	0.12	0.11	0.6	0.35	0.3	0.3	—	—	0.26	0.17	0.43
(b) Throat: .....	49	35	20	5	23	40	3	5	96	85	180
(1) Tonsils requiring observation, .....	3.73	2.97	2.25	0.58	1.82	3.11	2.46	2.65	2.47	2.65	2.56
(2) Requiring operation, .....	120	118	24	43	60	81	1	2	215	244	459
(3) Other conditions, .....	10.00	10.00	2.68	5.04	4.75	6.30	0.82	1.71	5.98	7.11	6.53
(c) Glands: .....	60	53	17	24	12	37	—	—	1.89	1.15	2.04
(1) Requiring observation, .....	4.57	4.49	1.90	2.81	0.95	2.08	—	—	0.85	2.49	3.35
(2) Requiring operation, .....	3.27	2.54	1.23	1.75	0.47	1.01	—	—	0.85	1.64	1.72
(3) Other conditions, .....	—	—	—	—	—	—	—	—	—	—	—
8. Eyes: (a) External diseases: .....	25	25	20	19	28	41	2	5	75	69	145
Blepharitis, .....	1.90	2.12	2.25	2.23	2.22	3.19	1.64	4.27	2.10	2.62	2.35
Conjunctivitis, .....	0.84	1.10	1.29	2.22	1.87	0.82	0.82	0.85	1.67	1.43	1.55
Cornal Opacities, .....	0.15	0.17	—	—	0.08	—	—	—	0.08	0.06	0.07
Strabismus, .....	4.61	5.09	4.45	4.5	5.50	6.68	3	7	157	179	336
Other Diseases, .....	0.46	0.76	0.67	0.94	1.12	1.35	0.82	0.85	0.69	0.87	0.78
(b) Visual Acuity: (Snellen) .....	2	4	13	15	20	29	15	32	405	501	906
Fair, .....	0.15	0.34	19.35	18.29	17.02	23.28	12.30	35.90	17.68	22.05	20.85
Bad, .....	0.08	0.13	1.14	1.4	2.1	3.4	2	3.7	5.3	9.0	14.3
Recommended for refraction, .....	1.45	1.87	6.13	4.82	5.07	8.57	4.10	10.25	5.44	7.28	6.35
Colour defective, .....	—	—	—	—	—	—	—	—	—	—	—
9. Ears: (a) Diseases: .....	11	15	9	13	24	13	1	2	45	43	88
Otitis media, .....	0.14	1.17	1.52	1.10	1.14	0.82	1.71	1.43	1.35	1.35	1.35
Other diseases, .....	1.14	1.19	0.78	0.70	1.66	1.09	—	0.85	1.19	1.02	1.11
(b) Defective Hearing—	—	—	—	—	—	—	—	—	—	—	—
Grade I, .....	0.23	0.17	0.56	0.58	1.34	0.62	0.82	0.85	0.72	0.47	0.60
Grade IIa, .....	—	—	0.45	0.47	0.23	0.31	—	—	0.19	0.15	0.17
Grade IIb, .....	—	—	—	—	0.08	0.08	—	—	0.03	0.03	0.03
Grade III, .....	—	—	—	—	—	—	—	—	—	—	—
Stammering, .....	0.31	0.31	0.22	0.12	0.39	0.16	—	—	0.53	0.26	0.39
10. Speech—Defect, Articulation, .....	—	—	0.34	0.12	0.32	0.08	0.82	0.85	0.22	0.09	0.16
11. Mental and Nervous Conditions—	—	—	—	—	—	—	—	—	—	—	—
(a) Backward (due to irregular attend- ance, etc.), .....	4	2	3	4	1	3	—	—	8	9	17
(b) Dull (intrinsically), .....	0.3	0.1	0.4	0.6	0.23	0.33	—	—	0.23	0.25	0.24
(c) Mentally Defective (educable), .....	0.23	0.25	0.34	0.12	0.23	0.08	—	—	0.25	0.15	0.20
(d) Mentally Defective (non-educable), .....	—	—	—	—	—	—	—	—	—	—	—
(e) Highly nervous or excitable, .....	—	—	—	—	—	—	—	—	—	—	—
(f) Difficult in behaviour, .....	0.30	0.08	0.11	0.35	—	0.08	—	—	0.14	0.15	0.14
12. Circulatory System: .....	0.08	—	—	—	—	—	—	—	—	—	0.04
(a) Organic Heart Disease—	—	—	—	—	—	—	—	—	—	—	—
(1) Congenital, .....	0.08	0.08	0.22	0.23	0.08	0.23	0.62	1	0.5	0.14	0.17
(2) Acquired, .....	—	—	0.11	0.33	—	0.07	—	—	0.06	0.39	0.11
(b) Functional Conditions, .....	0.08	1	3	8	9	6	—	—	0.15	0.16	0.31
13. Lungs—Chronic Bronchitis, .....	0.08	0.25	0.69	1.05	0.17	0.23	—	0.85	0.42	0.47	0.44
Suspected Tuberculosis, .....	2.20	1.35	0.67	0.69	0.32	0.16	—	0.85	1.09	0.70	0.90
Other Diseases, .....	0.11	0.4	2	2	9	4	—	—	0.22	0.10	0.32
14. Deformities—	5.63	3.39	2.01	1.05	1.98	1.09	1.64	3.42	3.31	1.95	2.65
(a) Congenital, .....	9	4	4	10	6	—	—	—	14	21	35
(b) Acquired (Anterior Poliomyelitis), .....	0.69	0.45	0.45	1.17	0.08	0.47	—	0.85	0.39	0.61	0.50
(c) Acquired (Probably rickets), .....	0.23	0.15	0.12	0.12	—	0.08	—	—	0.15	0.16	0.15
(d) Acquired (other cause), .....	0.46	0.42	1.34	0.70	0.23	0.39	—	—	0.58	0.47	0.52
15. Infectious Diseases, .....	2.9	3.1	3.42	1.4	1.19	0.6	3.29	3.4	1.10	2.84	2.41
16. Other Diseases or Defects, .....	0.53	0.34	0.11	0.35	0.16	0.08	—	0.85	0.28	0.29	0.27
	7.54	8.05	4.25	6.09	5.45	2.46	3.42	5.51	6.44	5.96	6.44

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

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







# SYSTEMATIC MEDICAL EXAMINATIONS

Classification	Entrants 1945-46		Second Age-Group 1941		Third Age-Group 1937		Secondary Age-Group 1934		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.	Percentage of the children examined at systematic medical examinations.
I. Children free from defects, .....	1,416	56.80	891	51.00	1,427	56.03	145	60.69	3,879 55.21
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,	47	1.89	290	16.60	378	14.84	40	16.73	855 12.17
(b) Conditions of the mouth and teeth requiring treatment, .....	27	1.08	13	0.75	8	0.31	1	0.42	49 0.69
(c) Both (a) and (b), .....	—	—	1	0.06	2	0.08	—	—	3 0.04
	74	2.97	304	17.41	388	15.23	41	17.15	907 12.90
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks, .....	662	26.56	385	22.04	527	20.69	34	14.22	1,508 21.47
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, .....	335	13.43	154	8.81	189	7.42	13	5.43	691 9.84
(b) Where improvement only is considered possible, e.g. without complete restoration of function, .....	6	0.24	13	0.74	16	0.63	6	2.51	41 0.58
	341	13.67	167	9.55	205	8.05	19	7.94	732 10.42
Total number of children examined, .....	2,493	100.00	1,747	100.00	2,547	100.00	239	100.00	7,026 100.00



TABLE IV

# Return of ALL Exceptional Children of School-Age in the Area Session 1950-51

<i>Disability</i>	<i>At Ordinary Schools</i>	<i>At Special Schools or Classes</i>	<i>In Insti- tution</i>	<i>At No School</i>	<i>Total</i>
1. Blind, .....	—	9	—	—	9
2. Partially Sighted—					
(a) Refractive errors in which the curriculum of an ordi- nary school would adversely affect the eye condition, ...	—	11	—	—	11
(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	19	—	—	20
3. Deaf—					
Grade I., .....	118	—	—	—	118
Grade II.a, .....	51	—	—	—	51
Grade II.b, .....	1	3	—	—	4
Grade III., .....	—	16	—	—	16
4. Defective Speech—					
(a) Defects of articulation re- quiring special educational measures, .....	151	—	—	—	151
(b) Stammering requiring spec- ial educational measures, ...	107	—	—	—	107
5. Mentally Defective (Children be- tween 5 and 16 years)—					
(a) Educable (I.Q. app. 50-70),	12	118	2	1	133
(b) Ineducable (I.Q. generally less than 50), .....	—	39	19	13	71
6. Epilepsy—					
(a) Mild and occasional, .....	17	6	—	1	24
(b) Severe (suitable for care in a residential school), .....	1	1	—	—	2
7. Physically Defective (Children between 5 and 16 years)—					
(a) Non-pulmonary tuberculosis (excluding cervical glands),	9	21	—	1	31
(b) General orthopaedic condi- tions, .....	763	48	—	3	814
(c) Organic heart disease, .....	48	18	—	2	68
(d) Other causes of ill-health*,	—	47	—	—	47
8. Multiple Defects—					
(i) 5b and 7b, .....	—	7	3	3	13
(ii) 5b and 6a, .....	—	3	—	3	6
(iii) 5b and 6b, .....	—	—	3	—	3
(iv) 5b and 1, .....	—	—	—	—	—
(v) 5a and 7b, .....	3	13	—	2	18
(vi) 5a and 6a, .....	—	9	—	—	9
(vii) 5a and 6b, .....	—	—	2	—	2
(viii) 5a and 7d, .....	—	14	—	—	14
(ix) 5a and 3, .....	2	3	—	—	5
(x) 5a and 1, .....	—	—	—	—	—
(xi) Other multiple defects, ...	31	40	—	5	76
(xii) 5b and 3, .....	—	1	—	—	1
(xiii) 5b and 2b, .....	—	—	1	—	1
(xiv) 5b and 7a, .....	—	—	—	1	1
(xv) 5a, and 7a, .....	—	2	—	—	2
(xvi) 5a and 7c, .....	—	1	—	—	1
(xvii) 5a and 2a, .....	—	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, 1951

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I have pleasure in submitting the report for the year just ended, from which it will be seen that the number of children requiring treatment is 10,427 of 15,365 inspected (68%). This figure is very high indeed, and indicates the very urgent need for an extension of the Dental Service. An additional surgery is to be equipped at Broughty Ferry, but as no additional staff is to be appointed the full value of the new surgery will not be obtained. The dental care of the priority classes is the responsibility of the local authority and the great need is for an increase in the number of surgeries and staff, which we hope will be given immediate consideration. In support of this request, it will be noted from the figures that with a full staff of 4 Dental Officers and 4 Dental Attendants it has been possible to inspect only 55% of the school population, plus 945 emergency cases, 549 pre-school children and 66 ante-natal cases.

During the year we received an X-Ray apparatus and it has been of great benefit to both dentist and patient, 222 cases having been radiographed.

The number of general anæsthetics has increased since we introduced VINESTHENE. This has proved most satisfactory and it is anticipated that its use will increase still more.

**Sodium Fluoride.**—The investigation into the value of topical application of sodium fluoride as a preventive measure in the development of dental caries is continuing. One inspection of the 446 cases has been made and another will be made shortly. The result was interesting in that it shows that the



teeth treated appeared more resistant to caries than the untreated, but it is too early to make a definite statement, quoting figures.

DAVID A. FINLAYSON,

Senior Dental Officer.

12th September, 1951.

I have pleasure in submitting the report for the year just ended from which it will be seen that the number of children requiring treatment is 10,437 of 10,365 inspected (88%). This figure is very high indeed and indicates the very urgent need for an extension of the Dental Service. The additional survey is to be completed at Ipswich by July 1952 and no additional staff is to be appointed until the full value of the survey will have been obtained. The dental care of the primary classes is the responsibility of the local authority and the extent need be for an increase in the number of surgeries and staff which will be given immediate consideration. In support of this request it will be noted that the figures for a full

# Dental Inspection and Treatment—Year Ending 31st July, 1951

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

<i>Age</i>	<i>Systematic Inspection</i>	<i>Emergency Cases</i>	<i>Total</i>
5, .....	1,519	105	1,624
6, .....	1,701	141	1,842
7, .....	1,575	142	1,717
8, .....	1,564	143	1,707
9, .....	1,618	126	1,744
10, .....	1,688	92	1,780
11, .....	1,533	65	1,598
12, .....	1,284	57	1,341
13, .....	1,206	27	1,233
14, .....	1,123	36	1,159
15, .....	340	11	351
16, .....	123	—	123
17, .....	64	—	64
18, .....	27	—	27
	15,365	945	16,310



## Systematic and Emergency Treatment

## Boys and Girls Age 5-18 Inclusive

	<i>Systematic</i>	<i>Emergency</i>	<i>Total</i>
No. Inspected, .....	15,365	945	16,310
No. Requiring Treatment, .....	10,427	945	11,372
No. Accepting Treatment, .....	5,250	945	6,195
No. Actually Treated, .....	4,244	945	5,189
No. of Attendances, .....	7,131	1,267	8,398
Fillings (a) Permanent Teeth, ...	3,984	209	4,193
(b) Temporary Teeth ....	830	48	878
Extractions (a) Permanent Teeth, ...	1,202	191	1,393
(b) Temporary Teeth, ....	5,226	1,056	6,282
General Anæsthetics, .....	215	101	316
Other Operations, .....	1,180	283	1,463
Cleaning, .....	350	30	380
Half Days Devoted to Inspection, ...	113	—	113
Half Days Devoted to Treatment, ...	1,289½	—	1,289½
No. of Children Treated Privately, ...	724	—	724
No. of Children Absent at Inspection, ...	1,600	—	1,600
No. of Dental Notices not Returned, ...	575	—	575
No. of Dentures Inserted, .....	50	—	50
No. of Dentures Repaired, .....	7	—	7
No. of Cases for X-Ray, .....	25	197	222

## ORTHODONTIA

Consultations, .....	12
Impressions, .....	47
Appliances Inserted, .....	13
Appliances Repaired, .....	2
Extractions (a) Permanent Teeth, .....	92
(b) Temporary Teeth, .....	12
General Anæsthetics, .....	1
Attendances for Adjustments, .....	155

## Lochee—Ante-Natal and Post-Natal

	<i>A.N.</i>	<i>P.N.</i>	<i>Total</i>
No. Inspected, .....	66	1	67
No. Requiring Treatment, .....	63	1	64
No. Treated, .....	16	1	17
No. of Attendances, .....	56	1	57
Fillings (Permanent Teeth), .....	15	—	15



Extractions (Permanent Teeth), .....	15	1	16
Other Operations, .....	32	—	32
Scaling, .....	9	—	9
Dentures Inserted, .....	4	—	4
Dentures Repaired, .....	1	—	1
Cases for X-Ray, .....	2	—	2

## PRE-SCHOOL

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

	<i>Systematic</i>	<i>Emergency</i>	<i>Total</i>
No. of Children Inspected, .....	186	1	187
No. of Children Requiring Treatment, .....	78	1	79
No. of Children Accepting Treatment, .....	54	1	55
No. of Children Treated, .....	46	1	47
No. of Attendances, .....	55	1	56
Fillings (Temporary Teeth), .....	57	—	57
Extractions (Temporary Teeth), .....	14	1	15
Cleaning, .....	—	—	—
Other Operations, .....	3	—	3
General Anæsthetics, .....	7	—	7

### Inspection and Treatment of Children in Nursery Schools and Nursery Classes and Emergency Cases

	<i>Systematic</i>	<i>Emergency</i>	<i>Total</i>
No. of Children Inspected, .....	261	7	268
No. of Children Requiring Treatment, .....	140	7	147
No. of Children Accepting Treatment, .....	111	7	118
No. of Children Treated, .....	100	7	107
No. of Attendances, .....	165	7	172
Fillings (Temporary Teeth), .....	164	4	168
Extractions (Temporary Teeth), .....	76	4	80
Cleaning, .....	12	—	12
Other Operations, .....	44	1	45
General Anæsthetics, .....	17	3	20



## Pre-School — Others

No. Inspected, .....	94
No. Requiring Treatment, .....	94
No. Accepting Treatment, .....	94
No Treated, .....	94
No. of Attendances, .....	114
Fillings (Temporary Teeth), .....	56
Extractions (Temporary Teeth), .....	103
Cleaning, .....	1
Other Operations, .....	12
General Anæsthetics, .....	34



