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County Council of East Lothian

ANNUAL REPORT

ON THE
HEALTH AND SANITARY CONDITION
OF THE
COUNTY

AND IN THE BURGHS OF
COCKENZIE, DUNBAR, EAST LINTON, HADDINGTON,
NORTH BERWICK, PRESTONPANS, AND TRANENT

DURING THE YEAR

1952

BY

H. D. WILSON

M.B., Ch.B., D.P.H., D.I.H.
County Medical Officer.

AND

JOHN C. REID

County Sanitary Inspector

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Erratum.

Page 21. Last paragraph. For "Wedderburn House belongs to Midlothian County Council" read "Wedderburn House is owned jointly by Midlothian and East Lothian County Councils."

1952

To the Department of Health for Scotland, the County Council of East Lothian, the Town Councils of Cockenzie, Dunbar, East Linton, Haddington, North Berwick, Prestonpans and Tranent.

MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the health and sanitary condition of the County of East Lothian and the Burghs therein for the year ending 31st December 1952. The form of the report is in accordance with instructions received from the Department of Health for Scotland.

As you are aware, Dr Campbell retired in October 1952, and Dr John Milne, the Senior Assistant Medical Officer, was appointed to succeed him until his retiral in February 1953, when I took up the duties of County Medical Officer. The report is thus based on information made available by these two gentlemen, and I am deeply indebted to them for it. In particular I should like to express my gratitude to Dr Milne for the help and encouragement so generously extended to me as his successor.

The population estimated to the middle of 1952, was 51,789.

The County death rate corrected is 10.4 per 1000 of the estimated population, as compared with 10.8 last year. The death rate for Scotland was 12.4 in 1952, as against 12.9 in 1951.

The County Infantile Mortality rate was 38 as compared with 40 in 1951.

The County Birth Rate was 17.3 as compared with 16.7 in 1951.

I have the honour to be,

MY LORD, LADIES AND GENTLEMEN,

Your obedient Servant,

H. D. WILSON,
County Medical Officer.

April 1953.

COUNTY OF EAST LOTHIAN

REPORT

BY THE

County Medical Officer of Health

FOR THE YEAR 1952.

A. LOCAL HEALTH AUTHORITY FUNCTIONS**1. Administration.**

STAFF.

Medical Officer of Health of the County and all Burghs therein, School Medical Officer, Maternity and Child Welfare Officer, Administrative Officer of Orthopaedic Service and Maternity Services, Inspector of Midwives, etc.
ALEX. D. CAMPBELL, M.B., Ch.B., D.P.H.—
retired 2/10/52.

Senior Assistant Medical Officer of Health,
JOHN MILNE, M.A., M.B., Ch.B., D.P.H.—
appointed Medical Officer of Health 2/10/52.

Junior Assistant Medical Officer of Health,
MARGARET H. G. ANDERSON, M.B., Ch.B.,
D.P.H., L.M.

County Dental Officers,
R. M. H. CAMERON, L.D.S.
MRS W. GOLABEK, L.D.S.

County Sanitary Inspector,
JOHN C. REID.

Senior Assistant County Sanitary Inspector,
JAMES S. GIBSON.

Junior Assistant County Sanitary Inspector,
A. L. MORTON.

Milk Officer,
MISS MARGARET TAIT, N.D.D., S.D.D.H.

Superintendent Nursing Officer—MISS MACRAE.
Health Visitors,

MARION DUNCAN—*Eastern Area.*

CATHERINE GRANT—*Western Area.*

MARY CRAWFORD—*Haddington Area.*

MARION EATHORNE—*Dunbar Area.*

CATHERINE HUTCHISON—*Ormiston Area.*

MRS MARSHALL—*Tranent Area.*

ISABELLA KING—*Tranent Area.*

ANNABELLA McLEOD—
North Berwick Area.

MARGARET THOMSON—
Cockenzie Area.

MARY WARDROPE—*Prestonpans Area.*

Physiotherapists— { PAMELA BOTTRILL.
(appointed 1/1/52).
ALEX. ALLAN.

Nurse/Midwives—

District—

{ Dunbar—Nurses Wright and Dunsire.
East Linton—Nurse Stein.

{ Haddington—Nurse Stark.
Gifford—Nurse McBain.

{ North Berwick—Nurse Wilson.
Aberlady—Nurse Duncan.
Gullane—Nurse Sowler.

{ Pencaitland—Nurse Elliot.
Ormiston—Nurse McIntyre.
Tranent—Nurse McIntosh.
Nurse McGregor.
Nurse McNeill.

{ Prestonpans—Nurse Bird.
Nurse Dickson.

{ Prestonpans and
Cockenzie—Nurse Amos.
Port Seton and
Longniddry—Nurse Hunter.

Relief Nurse—Nurse McLean.

2. Co-ordination and co-operation with other parts of the National Health Service.

Close co-operation is at all times maintained between the County Health Department and the Hospital and Specialist Services. Dr McAdam, Medical Superintendent, East Lothian Hospitals Group Board of Management has been most helpful and has at all times been ready to give assistance when required.

At least one doctor from the staff of the Health Department attends meetings of the General Practitioners in the area and close co-operation is at all times maintained with them, discussions being frequently held on such matters as infectious disease, school medical inspection, vaccination and immunisation etc. This co-operation with General Practitioners extends to all branches of the Health Department, the Health Visitors and District Nurses working with the General Practitioners in the care of mothers and young children, and the care of the sick and aged. Information is received from most hospitals as to the dates of admission and discharge of patients and the Health Visitor for the area in which the patient's home is situated carries out the necessary follow-up work in consultation with the General Practitioner concerned. These arrangements work satisfactorily in practice but would be improved in my opinion, if the Health Department were notified of the discharge of patients from all hospitals to which patients from East Lothian are admitted. Most of the General Practitioners in the area are already aware of the services which are made available by the Local Authority and in view of the good relations which exist between the General Practitioners and the Health Department, they do not hesitate to make enquiries from the Health Department on any matters in which the Health Department can give them assistance. As regards the general public, the Health Education Programme which was continued during the year has brought to their notice many of the services which the Local Authority makes available to them. The County Council Housing Department issued a tenants'

handbook during the year and the Health Department contributed therein a section on the Local Authority Health Services which are available to the public.

3. Joint Use of Staff.

There are no doctors in general practice who do part-time or sessional work for the Authority nor do any of the doctors employed by the Authority carry out any part-time work for the Regional Hospital Board. Certain consultants employed by the Regional Hospital Board do part-time work for the Authority, viz:—

Mr W. V. Anderson—Orthopaedic Clinics.

Dr P. V. Wadsworth—Ear, Nose and Throat Clinics.

Dr C. R. D. Leeds—Ophthalmic Clinics.

These clinics are attended solely by school and pre-school children.

There are no clinic premises in the County belonging to the Local Authority which are used jointly by Hospitals or General Practitioners.

4. Care of Expectant and Nursing Mothers and Children under school age.

(a) *Expectant and Nursing Mothers.* The Authority does not provide ante-natal or post-natal clinics. These clinics are held in the Vert Memorial Hospital, Haddington, under the Regional Hospital Board. Ante-natal and post-natal care is carried out where necessary in the patients' own homes by the Doctor and District Nurse who are to supervise the confinement. Two District Nurses in the Prestonpans area alternately attend the weekly ante-natal clinics held by one of the General Practitioners in his surgery. Special examinations, blood testing arrangements etc., are carried out at the Vert Memorial Hospital, Haddington. Assistance is given to unmarried mothers when requested by the General Practitioner or by the Hospital Board. Instruction in mothercraft is given by the Health Visitors to the Senior girls in the Secondary

Schools in the County and this arrangement has proved highly satisfactory. Maternity outfits including sterile pads and cotton wool are available on application to the Lady Superintendent of nurses. The number of outfits issued during the year was 5.

(b) *Child Welfare.*

CLINICS.

There are clinics established at Cockenzie, Dunbar, Elphinstone, Haddington, North Berwick, Ormiston, Prestonpans and Tranent.

All the clinics are attended by the County Medical Officer or an Assistant Medical Officer. The local Health Visitor is in attendance on the doctor at each clinic session.

HOURS OF CLINICS

- (1) *Cockenzie*—The Clinic is open once a week for 3 hours on Mondays.
- (2) *Dunbar*—The Clinic is open once a week for 3 hours on Tuesday afternoons.
- (3) *Elphinstone*—The Clinic is open twice in four weeks for 2 hours on Wednesday forenoons.
- (4) *Haddington*—The Clinic is open once a week for 3 hours on Monday afternoons.
- (5) *North Berwick*—The Clinic is open twice every 4 weeks for 2 hours on Monday forenoons.
- (6) *Ormiston*—The Clinic is open for 2 hours twice in four weeks on Tuesday afternoons.
- (7) *Prestonpans*—The Clinic is held at Old School, and is open once a week for 3 hours on Wednesday afternoons.
- (8) *Tranent*—The Clinic is situated to the north of the Junior Secondary School playground, and is open once a week for 3 hours on Thursday afternoons.

In addition to the facilities provided at the above clinics, children are, where necessary, referred to the consultant clinics described in (3) above. The Orthopaedic Clinics in particular are attended by almost equal numbers of pre-school and school children.

There are no Child Welfare clinics as such held by the General Practitioners in their own premises and consequently no assistance has been called for by Practitioners in this connection.

The facilities which are provided are fully utilised by mothers and young children, large numbers attending the clinics regularly. Where the doctor in charge of the clinic or a General Practitioner thinks it advisable that a child be seen by a Consultant, the necessary arrangements are made to refer the child to one of the Specialist Clinics described above, or if the condition is one which cannot conveniently be treated at these clinics, arrangements are made to have the child seen at the appropriate Hospital Clinic. In this connection, close co-operation is maintained between the General Practitioners and the Local Authority Medical Officers with regard to sending children for specialist examination. Permission of the General Practitioner to send the child for specialist examination is always asked for beforehand by the Local Authority Medical Officers.

The only auxiliary staff employed by the Local Authority are two Physiotherapists. They work in close co-operation with Mr Anderson and no cases are treated by them without first being seen by him.

(c) Care of Premature Infants.

The Lady Nursing Superintendent holds a stock of equipment for the care of premature infants born at home. This is issued where required to the District Nurse for the area concerned. The District Nurse pays close attention to the care of premature infants in the home and makes frequent visits to ensure that satisfactory progress is being made. Maternity Hospitals inform the Health Department of the discharge of premature infants and any special features concerning them. The Health Visitor is then instructed accordingly and advises the mother regarding the care of the infant, providing any necessary equipment for the infant's well-being.

(d) Supply of Dried Milk etc.

Welfare Foods are distributed by voluntary workers at the various child welfare clinics and the Health Visitor takes welfare foods to mothers and young children living in outlying districts.

The Local Authority provides for the issue of nutriment (e.g. malt and iron tonics, etc.) to young children, when required for medicinal reasons.

(e) Dental Care.

Arrangements for the dental care of expectant and nursing mothers and young children have continued during the year and these inspections and treatments are carried out by the Local Authority Dental Officers. The total number of the inspections carried out will be found in Table XXVIII (b) and it is to be noted that the demand for this service has increased since the previous year. No steps have been taken during the year to expand these arrangements as the demand for such expansion cannot yet be assessed. Expectant and Nursing mothers are informed of the facilities available by the District Nurses and Health Visitors but it is felt that this part of the Local Authority Health Service is not fully utilised.

5. Domestic Midwifery.

The general arrangements for domestic midwifery are as follows:—

One nurse is employed whole-time and two nurses are employed on a part-time basis. One of the latter does part-time relief work only and the other is employed on a per capita basis.

Twelve District nurses combine their midwifery duties with general nursing duties. All domiciliary midwifery cases make arrangements to have their confinements supervised by a Medical Practitioner and the midwife acts as maternity nurse. There is one non-medical Superintendent who is responsible for superintending all midwives under the County Medical Officer as required by legislation.

There are no midwives who practise outside the Local Authority service. During the year one midwife notified her intention of doing so but did not attend any cases.

The midwives with one exception, are trained in the administration of analgesics, and gas and air analgesia was given in 4 cases during the year. Ante-natal care is undertaken in co-operation with the Medical Practitioner who is to attend the confinement and two midwives attend a weekly ante-natal clinic in the surgery of one of the General Practitioners in Prestonpans. Co-operation with the General Practitioners in the maternity service is very close.

Where it appears on social grounds that a woman should be confined in hospital and not at home, the matter is discussed by the Medical Practitioner and midwife concerned. The necessary arrangements are then made by the Practitioner to have the woman confined in hospital. If there are children in the expectant mother's household and no arrangements can be made for their care by relatives while the woman is in hospital, the necessary arrangements are made in co-operation with the Children's Officer.

During the year, two midwives attended a week's Refresher Course organised by the Royal College of Midwives. There were no arrangements made during the year for training of pupil midwives.

6. Health Visiting.

There are 10 whole-time Health Visitors. Their duties include the care of mothers, babies and young children, and home supervision of cases of tuberculosis. In the schools they carry out cleanliness inspections, treatment of minor ailments and give assistance at the school medical inspection. Their duties also include attendance at the various clinics in their area, viz., Child Welfare, Ultra-Violet Ray, Orthopaedic, Ophthalmic, and Ear, Nose and

Throat. Statistical details of their work are given in Table XX.

Co-operation with the local Medical Practitioners is very close, particularly as regards babies, pre-school children and school children.

There are no facilities for student Health Visitors in the County but every effort is made to encourage District Nurses who do not hold the Health Visitor's Certificate to take the necessary training to obtain it. There were no facilities for Refresher Courses as such during the year but frequent meetings for Health Visitors are held in Edinburgh under the auspices of the Corporation's Health Department and every facility is given to the Health Visitors to enable them to attend these meetings.

There are no hospital almoners in the County and liaison with the local hospitals is by direct contact with the hospital concerned.

7. Home Nursing.

There are 15 District Nurses and 1 part-time relief nurse. One of these nurses is, however engaged entirely in domiciliary midwifery. Ten of the nurses have District Nurses' training.

They work in close and entirely satisfactory co-operation with the General Practitioners and with the hospitals in the area. In addition to their maternity cases the District Nurses also undertake the care of acute and chronic cases of illness where the General Practitioner agrees that the cases should be nursed at home, under the day to day supervision of the District Nurse. An increasing proportion of their time is taken up by the care of old people and this is also carried out under the supervision of the General Practitioner. Details of the number of cases attended are given in Tables XIX, XXI and XXIII.

District Nurses are on call 24 hours a day and at week-ends and they make the necessary visits to their cases during the night if these should be

required. Contact can be made with the District Nurses by telephone.

During the year two nurses attended a 2-day Refresher Course for District Nurses held in conjunction with the Midwives' Refresher Course. There are no arrangements in the County for District Nurse trainees.

First-aid treatment and consultations on minor ailments are frequently carried out by the District Nurses, particularly in the rural areas. This part of the service could be extended still further if suitable premises were provided.

8. Domestic Help.

Application for the service of domestic helps is made through the Area Clerk of the district concerned, and application to be included on the roll of domestic helps is also made through him. The Area Clerk and the local Sub-Committee arrange payment and assess the ability of the applicant to make a contribution towards the cost of the domestic help.

The County Nursing Superintendent visits the homes of women who have applied to become domestic helps to ensure that they are suitable for inclusion in the Scheme. She also visits the homes of people who have applied for the services of domestic helps and reports to the County Medical Officer any observations she may have to make. These observations are then reported to the Health Sub-Committee at its next meeting.

No facilities exist in the County for the training of home helps.

Statistical details will be found in Table XXII.

9. Vaccination and Immunisation.

Vaccination is carried out in the County by the General Practitioners and not by members of the Local Health Authority staff. From the statistics available the number of infants receiving primary

vaccination appears to be high, and every effort is made to maintain this high rate of vaccination by means of propaganda and instruction given by the General Practitioners and members of the Local Health Authority staff. Most of the primary diphtheria immunisation is carried out by the Local Health Authority in their Child Welfare Clinics and in homes which are isolated. Some diphtheria immunisation is carried out by the General Practitioners, and judging from the returns received from both sources, the number of children who are not immunised by the time they reach the age of 12 months is very small. Boosting doses are given in school at the time of the child's first school medical inspection, and a high percentage of children in all schools receive this boosting dose.

No immunisation against whooping cough has been carried out in the Local Authority Clinics but a stock of whooping cough prophylactic is kept in the Health Department for issue to the General Practitioners on demand. The issue so far appears to indicate that the number of children being immunised against whooping cough is relatively small, although it is increasing. Most of these children appear to receive the combined whooping cough/diphtheria prophylactic at the age of 7-11 months and few of them appear to be immunised against whooping cough in the first three months of life and then against diphtheria in the 8th to 11th month.

10. Prevention, Care and After-Care.

Tuberculosis.

Co-ordination of the arrangements for tuberculosis is maintained by liaison with Dr Murray, Consultant Tuberculosis Physician of East Fortune Hospital, and his staff. Dr Murray has at all times been exceedingly helpful, and it is a pleasure to record the Health Department's indebtedness to him.

In addition to the general methods for prevention of tuberculosis, such as attention to housing conditions, diet, occupation etc., there is a close follow-up of all household contacts. The County

has not been visited by the Mass Miniature Radiography Unit and a visit from the Unit would be most welcome.

In addition to these measures, prevention of tuberculosis is stressed in many of the health lectures which are given in the County as described in the section under Health Education.

The care of tuberculosis patients is undertaken in East Fortune Hospital and the County is fortunate in that the waiting list of patients for admission is very small. In cases where a patient is on the waiting list or refuses admission to East Fortune Hospital, supervision of the home nursing is undertaken by a Health Visitor.

The after-care of patients discharged from the Hospital is undertaken by the Health Visitors in co-operation with the hospital staff. The Health Visitors report the results of their visits to the County Medical Officer and to the Consultant Tuberculosis Physician of East Fortune Hospital and any necessary action is then taken. There are also after-care clinics at the Hospital and these have been found to be of great benefit as regards cases of bone and joint tuberculosis.

Shelters owned by the County Council have been in use at East Fortune, East Linton, Innerwick, Longniddry, Prestonpans and Tranent throughout the year for the outdoor treatment of patients awaiting admission to hospital or following their discharge.

The system just described works well in practice and this is largely due to the helpful and co-operative attitude of all members of the hospital staff.

Extra nourishment is granted to patients discharged from the Hospital, and the Local Authority supplies extra milk to cases of pulmonary tuberculosis. Malt and cod liver oil can be obtained for these patients at the request of their own doctor. When other forms of extra nourishment or drugs

are required, these are supplied by the National Health Service through the patient's own doctor.

Statistical details relating to Tuberculosis will be found in Tables XII-XVII.

B.C.G. Vaccinations are carried out by the staff at East Fortune Hospital and names of persons thus vaccinated are notified to the Health Department for supervision by the Health Visitor. It is hoped that in the near future these B.C.G. vaccinations will be carried out by the Health Department as part of the preventive campaign against tuberculosis.

11. Control of Infectious Disease.

As will be seen from Table IX, the outstanding feature during the year was the high number of cases of whooping cough. The figures for other infectious diseases follow the usual seasonal variations and do not appear to be significant.

Notifications are received from the doctors concerned, and from the hospital to which the patients are admitted for isolation. Notification is also received from the Headmasters of schools in the County regarding absences from school which appear to be connected with infectious disease. Information is also received from a variety of unofficial sources and is acted upon when it appears to be of significance.

Laboratory examinations are carried out at the Bacteriological Laboratory of the University of Edinburgh. Details of specimens examined are given in Table XI.

Treatment and isolation of cases of infectious disease is carried out at the City Hospital, Edinburgh. Tuberculosis cases are treated and isolated at East Fortune Hospital.

12. Mental Health.

(i) Administration.

(a) The proposals approved under Section 27 and Section 51 of the National Health Service

(Scotland) Act, 1947, have been duly implemented and details are as follows:—

The day to day administration of the Mental Health Service is the responsibility of the divisional health sub-committees in accordance with the East Lothian Revised Health Administration Scheme made and adopted by the County Council, on 10th May, 1948, and approved by the Secretary of State, on 18th May, 1948.

(b) The Medical Officers in the Mental Health Service are the County Medical Officer and his Assistants. There are no Psychiatric Social Workers or other Mental Health workers. The Duly Authorised Officers are as detailed at the end of this Sub-Section, and in the Occupation Centre owned by the County Council, the staff consists of one Lady Superintendent.

List of Authorised Officers.

Dunbar—Mr R. R. Jarvie, District Office, Dunbar.
Tel. No. Dunbar 2238.

Haddington—Miss E. S. Crowe, County Buildings,
Haddington. Tel. No. Haddington 245.

North Berwick — Miss I. D. Blakemore, District
Office, North Berwick. Tel. No. North Ber-
wick 319.

Prestonpans—Mr A. D. Low, District Office, Pres-
tonpans. Tel. No. Prestonpans 265.

Tranent—Mr A. J. Fotheringham, District Office,
Tranent. Tel. No. Tranent 209.

(c) Arrangements are made with the Regional Hospital Board for the employment of the Board's Specialist in Mental Health when this is required. The County Council has agreed to give such assistance as may be necessary to the Regional Board in any service which the Board may require in connection with Mental Deficiency. Arrangements have also been made with the Executive Council for General Practitioners to be available for the certification of Mental Defectives.

The demands on this service have been relatively small throughout the County.

(d) Duties delegated to Voluntary Workers. In the County Council's Scheme for the implementation of the Secretary of State's proposals, arrangements were made with the Scottish Association for Mental Hygiene regarding domiciliary supervision of Mental Defectives and the after-care of cases of mental disorder.

(e) The medical staff of the Health Department are already trained in the ascertainment and supervision of mental defectives. No arrangements were made during the year for the training of other members of the Health Department staff.

(ii) *Account of work undertaken in the Community.*

This is carried out by the Duly Authorised Officers detailed above in co-operation with the local General Practitioners, the whole service being under the overall supervision of the County Medical Officer. When a mental defective is ascertained by the General Practitioner, he reports the facts to the Local Authority's Officer and the necessary arrangements are made to have the mental defective placed under guardianship or admitted to a Mental Hospital. Details of this part of the service are as follows:—

There is one Occupation Centre in the County and it is understood that arrangements are being made at the local Mental Hospital for industrial training and home teaching of mental defectives where this is indicated.

Particulars of mentally handicapped persons dealt with in the different areas during the year are as follows:—

Dunbar Division — Four patients (one male and three females) were admitted to the Mental Hospital, two of them dying a month after admission.

There is one boarded out mental patient and two boarded out mental defectives under guardianship and supervision. One mental defective on licence was admitted to an Institution during the year.

Haddington Division — Eight patients (five male and three females) were admitted to the Mental Hospital. There are three boarded out mental defectives under guardianship and supervision.

North Berwick Division — Six patients (one male and five females) were admitted to the Mental Hospital. There are no boarded out mental defectives.

Prestonpans Division — Four patients (one male and three females) were admitted to the Mental Hospital.

One patient was discharged as recovered from the Mental Hospital to the care of relatives under the supervision of the Duly Authorised Officer. There are two boarded out mental defectives under guardianship and supervision.

Tranent Division—Eight patients (four males and four females) were admitted to the Mental Hospital.

There is one boarded out mental defective under guardianship and supervision.

In each case of admission to the Mental Hospital, after the patient has been examined and certified by two Medical Practitioners, the petition to the Sheriff is completed by the Duly Authorised Officer and the patient removed to the hospital in the care of the Authorised Officer and one other person.

13. Work under Nurseries and Child Minders Regulation Act.

There are two Day Nurseries owned by the Local Authority particulars of which are given in Table XVIII(c). There are no other Nurseries in the County and no applications were received during the year for registration as Child Minders under the above Act.

(C) School Health Service.

This is dealt with in a separate report.

(D) Port Health Administration.

There are no Ports in the County to which Port legislation applies.

(E) Food Supply.

(1) *Milk.* — Details of administration of legislation governing milk will be found in the Sanitary Inspector's Report. The number of milk samples examined during the year will be found in Table XI. Work under the Scottish Milk Testing Scheme was carried out during the year in accordance with D.H.S. Memo. 9/46 as amended, and the results of the tests were generally satisfactory. There were no outbreaks of disease associated with milk during the year.

There is little to report under the Milk (Special Designations) (Scotland) Order, 1951. A licence to bottle T.T. milk was issued to the Tranent Creamery in May, and a licence to retail standard milk in the County was issued to the Musselburgh and Fisherrow Co-operative Society in April. Progress during the year under this Order has been satisfactory and its provisions are being complied with.

(2) *Ice Cream.* — Administration of the Ice Cream Regulations during the year was satisfactory and no employee was found to be suffering from any of the diseases mentioned in the Ice Cream Regulations. Details of bacteriological examinations of ice cream samples are given in Table XI. There were no outbreaks of infectious disease associated with ice cream during the year.

(3) *Meat and other foodstuffs.* — Details of the administration of relevant legislation will be found in the Sanitary Inspector's Report. There were no unusual instances of adulteration of foodstuffs during the year.

(4) *Food Hygiene.*—This is largely covered in the Sanitary Inspector's Report. It is understood that legislation is pending which will give the Local Health Authority greater power to secure more hygienic methods of food handling in shops and catering establishments and this will be of great benefit in raising the level of food hygiene generally.

(5) *Food Poisoning*.—There were no outbreaks of food poisoning during the year.

(6) *Nutrition*.—The nutrition of school children in the County has continued to be satisfactory during the year. Details of heights, weights etc., will be found in the Annual Report on School Medical Inspection, but it is fair to say that the standard of physical well-being of the children has been maintained.

It is difficult to get comparable figures for the adult population but no cases of malnutrition were brought to the notice of the Department during the year. The importance of adequate nutrition particularly in the case of children, is frequently stressed in lectures and health talks given by the Local Health Authority's staff. It is also emphasised by the Health Visitors in their dealings with expectant mothers and young children. Representatives from the Ministry of Food have given talks in the Child Welfare Clinics on the importance of diet and adequate nutrition and these have been much appreciated by the mothers attending the clinics.

(F) Miscellaneous.

(1) *National Assistance Act, 1948*.—Accommodation is provided as required by Section 21, in Prestonkirk Home and Cheylesmore Lodge. In the former no charge is made while in the latter the amount payable is based on a means test. In addition there are beds available for patients from East Lothian in Wedderburn House, Inveresk. Minor ailments are attended to in these Homes by the visiting Medical Officer and details of the medical supervision carried out in Prestonkirk Home will be found in Dr Hislop's Report as follows:—

PRESTONKIRK HOME.

A. SICK WARDS.

Only patients suffering from minor ailments, medical and surgical, are kept in the sick wards of this Home.

Accommodation.

	Males.	Females.	Child- ren.	Mater- nity.
Minor Ailments	7	7	—	—

There are no special wards for sick children. No maternity cases are treated in this Home. Any pregnant woman, awaiting admission to hospital, receives ante-natal treatment here. When the sick rate is normal, the accommodation for the sick, male and female, is adequate.

B. STAFF.

1. *Resident Medical Staff.*

None.

2. *Nurses.*

There is only one nurse, who is the Matron, Mrs Maclean. She has the State Registration qualifications in general and mental nursing. She also holds the Central Midwives Board Certificate. I would take this opportunity of expressing my appreciation of her most valued work.

C. PATIENTS.

During the year there were admitted into the Home, a total of 23 persons, 15 males, 6 females, and 2 children. These of course were not all sick. A baby was born in the Home during the year.

D. SPECIAL TREATMENT.

Arrangements for supervision of appropriate cases by Specialist in:—

(a) *Tuberculosis.*—These are sent to East Fortune Hospital.

(b) *Mental Health.*—Cases becoming mentally deranged are sent to the Mental Hospital, Had-dington.

* * * * *

As Cheylesmore Lodge opened only in July, 1952 the report on its first year's working is not yet available.

Wedderburn House belongs to Midlothian County Council and details of its operation will be found in the Annual Report of the Medical Officer of Health for Midlothian and Peebles.

Welfare Services. The formulation of a scheme for the blind, deaf, dumb and crippled is at the moment under consideration by the County Council but detailed arrangements have not yet been made.

Registration and Inspection of Homes of Disabled and other persons. The only Home of this type in the County is "The Poplars" at Aberlady. It is understood that conditions during the year were satisfactory.

Removals. One person was removed to Prestonkirk Home during the year, as being in need of care and attention under Section 47 of the Act.

Care of Property. The property of persons removed under the Act is stored in the County Council store until the owners of the property have occasion to use it again, or, in the event of their death, until it is claimed by relatives.

Burials. There were no burials under the Act during the year.

(2) *Nursing Homes Registration (Scotland) Act.*—There is only one Registered Nursing Home in the County and it continued to be satisfactory during the year.

(3) *Health Education*—Lectures on a variety of health topics were given by various members of the staff of the Health Department to various organisations e.g. W.R.I., Church organisations, Women's Guilds etc. These lectures have been very much appreciated and it is felt that some good has been done thereby.

A lecture tour under the auspices of the Scottish Council for Health Education was organised in January. The lecturer visited 10 schools in the North Berwick area and gave lectures in the evenings to various interested organisations.

In many of these lectures the importance of accidents in the home has been stressed and the attention of the audience has been drawn to the serious and often fatal nature of these accidents.

Attention has also been drawn to the dangers to young children in the home and where possible the lessons to be learned from the facts presented by formal lecture have been re-emphasised at informal discussions and by the Health Visitors in the course of their duties.

(G) General Sanitation.

Water Supply.—The water supply during the year continued to be satisfactory and no outbreaks of disease attributable to water were reported. The supply is the responsibility of the East Lothian Water Board and close co-operation has been maintained with Mr Robson, the County Water Superintendent in an effort to ensure the continued purity of the water supply.

Sewage Disposal.—Most of the sewage in the County is discharged untreated into the sea where circumstances permit. In many places, however, sewage is discharged untreated into streams and rivers, this applying particularly to the River Tyne. Reference was made in last year's report to the discharge of crude sewage from Haddington into the river but no action has yet been taken to treat this sewage before discharge. It is appreciated, however, that with the present restriction on capital development, facilities for the treatment of sewage before discharge into rivers and streams may not be available for some time, but in view of the undesirability of discharging crude sewage into rivers and streams which flow through populous areas, it is my opinion that every effort should be made to make treatment facilities available.

Rivers Pollution.—This is largely dealt with in the above paragraph and there has been little else to note during the year.

Offensive Trades.—There are only a small number of offensive trades carried on within the County and no action worthy of report in respect of these trades was necessary during the year.

There are no other sanitary matters calling for special comment.

**STATISTICAL
APPENDIX**

VITAL STATISTICS

Table I.

POPULATION

COUNTY AND BURGHAL POPULATION 1952

County Landward	26,426
Burgh of Cockenzie	3,222
do. Dunbar	4,050
do. East Linton	973
do. Haddington	4,537
do. North Berwick	3,847
do. Prestonpans	3,016
do. Tranent	5,718
	51,789
Civil County Total	51,789

CIVIL COUNTY.—The population of the Civil County of East Lothian estimated to the middle of the year 1952 was 51,789, yielding a decrease of 715 from the estimated population to the middle of 1951.

Table II.

Births

Area.	Births, Total.			Births Illegitimate.	
	Number.			Number.	Percentage of Total Births
	Tl.	M.	F.		
County Landward, ...	459	232	227	20	4.3
Burgh of Cockenzie, ...	55	30	25	2	3.6
„ Dunbar, ...	66	34	32	4	6.0
„ East Linton, ...	10	7	3	—	—
„ Haddington, ...	82	42	40	2	2.4
„ North Berwick, ...	43	22	21	4	9.3
„ Prestonpans, ...	76	39	37	3	3.9
„ Tranent, ...	106	55	51	2	1.9
Civil County Total, ...	897	461	436	37	4.1

CIVIL COUNTY—The total births—897—show an increase of 22, compared with the equivalent figure for 1951.

The illegitimate births—37—show a decrease of 4 from the comparative figure for 1951.

The birth rate is 17.3 per 1000 of the estimated population, as against 16.7 in 1951.

The illegitimate birth-rate is 4.1 per 100 total births, as against 4.7 in 1951.

The birth-rate for Scotland was 17.7 per 1000 for 1952 as against 17.7 in 1951.

The illegitimate birth-rate for Scotland for 1952 was 4.8 per 100 live births, as against 5.1 in 1951.

LANDWARD AREA. — The births in this area — 459 — show an increase of 27 compared with the equivalent figure in 1951.

Table III.**Marriages**

Area	<i>No. of Registered Marriages.</i>
County Landward	104
Burgh of Cockenzie	17
do. Dunbar	38
do. East Linton	2
do. Haddington	54
do. North Berwick	19
do. Prestonpans	47
do. Tranent	63
<hr/>	
Civil County Total	344

CIVIL COUNTY. — The number of marriages registered in the Civil County during 1952 was 344, which gives a rate of 6.4 per 1000 of the estimated population.

LANDWARD AREA.—In the landward area of the County 104 marriages were registered.

BURGHs. — In the Burghs, there were 240 marriages recorded during 1952.

The marriage rate for Scotland was 8.0 per 1000 of estimated population.

Deaths

CIVIL COUNTY.—The number of deaths in the Civil County corrected for transfers was 541. Of this number, 258 were males and 283 were females.

The death-rate, corrected for transfers, for the Civil County in 1952, was 10.4 per 1000 of estimated population, as against 10.8 in 1951.

LANDWARD AREA. — The number of deaths, corrected for transfers, allocated to the landward area of the County in 1952 was 266.

BURGHs. — The number of deaths in the burghs, corrected for transfers in 1952 was 275.

The death-rate for Scotland for 1952, corrected for transfers, was 12.0 per 1000 of estimated population,

Table IV.

CAUSES OF DEATH—CIVIL COUNTY, 1952.

Showing Age Groups at Death, Sex, etc.

CAUSES OF DEATH	All Ages.	Males and Females.	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	85 up.
Tuberculosis of respiratory system	6	M. 3 F. 3	—	—	—	—	—	—	—	1	1	1	—	—
Tuberculosis other forms	5	M. 4 F. 1	—	—	—	—	—	1	1	2	—	—	—	—
Syphilis	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Malaria all forms	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever and streptococcal sore throat	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Whooping-cough	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	1	M. — F. 1	—	—	—	—	1	—	—	—	—	—	—	—
Measles	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasms	90	M. 30 F. 60	—	1	—	—	—	1	4	3	10	6	10	—
Benign and other unspecified neoplasms	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes mellitus	5	M. 2 F. 3	—	—	—	—	—	—	1	—	1	—	1	—
Anemias	2	M. 1 F. 1	—	—	—	—	—	—	—	—	—	1	—	—
Other general diseases	5	M. 3 F. 2	—	—	—	—	—	1	—	1	1	—	—	—
Vascular lesions affecting central nervous system	92	M. 38 F. 54	—	—	—	—	—	1	1	2	5	11	12	6
Nonmeningococcal meningitis	1	M. 1 F. —	—	—	—	—	1	—	—	—	—	—	—	—
Other diseases of nervous system	7	M. 3 F. 4	—	—	—	—	—	—	—	—	2	1	—	—
Carry forward	214	214	—	1	—	—	3	4	9	27	42	61	54	13

CAUSES OF DEATH—CIVIL COUNTY, 1952.—Continued

CAUSES OF DEATH	All Ages.	Male and Females.	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-
Brought forward	214	214	—	1	—	—	3	4	9	27	42	61	54
Rheumatic Fever	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—
Chronic rheumatic heart disease	9	M. 1 F. 8	—	—	—	—	—	—	—	1	—	—	—
Arteriosclerotic and degenerative heart disease	164	M. 87 F. 77	—	—	—	—	—	2	1	1	2	1	1
Other diseases of heart	8	M. 4 F. 4	—	—	—	—	—	—	—	1	—	2	1
Hypertension with heart disease	5	M. 4 F. 1	—	—	—	—	—	—	—	—	—	1	3
Hypertension without heart disease	6	M. 3 F. 3	—	—	—	—	—	—	1	—	—	2	—
Other circulatory disease	11	M. 7 F. 4	—	—	—	—	—	—	—	—	—	—	4
Influenza	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	17	M. 8 F. 9	4	1	—	—	—	1	—	1	—	—	2
Bronchitis	8	M. 3 F. 5	1	1	—	—	—	—	—	—	—	1	—
Other respiratory diseases	3	M. 1 F. 2	—	—	—	—	—	—	—	—	—	2	—
Ulcer of stomach and duodenum	9	M. 6 F. 3	—	—	—	—	—	—	1	—	—	4	1
Appendicitis	1	M. 1 F. —	—	—	—	—	—	1	—	—	—	—	—
Intestinal obstruction and hernia	3	M. 1 F. 2	—	—	—	—	—	—	—	1	1	—	1
Gastritis and duodenitis	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea (except of new born)	1	M. 1 F. —	—	1	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—
Other diseases of liver	4	M. 2 F. 2	—	—	—	—	—	1	—	—	1	1	1
Other digestive diseases	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—
Nephritis and nephrosis	4	M. 1 F. 3	—	1	—	—	—	—	—	1	—	1	—
Hyperplasia of prostate	8	M. 8 F. —	—	—	—	—	—	—	—	—	—	3	2
Carry forward	475	475	8	6	—	—	3	9	15	39	76	136	144

CAUSES OF DEATH—CIVIL COUNTY, 1952—Continued.

CAUSES OF DEATH	All Ages.	Males and Females.	-1	1-	5-	10-	15	25-	35-	45-	55-	65-	75-	85-up.
Brought forward	475	475	8	6	—	—	3	9	15	39	76	136	144	39
Other diseases of genito urinary system	4	M. 2 F. 2	—	—	—	—	1	—	—	—	1	—	—	—
Puerperal sepsis including post abortive sepsis	1	M. — F. 1	—	—	—	—	—	1	—	—	—	—	—	—
Other puerperal causes	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of skin and organs of locomotion	2	M. 1 F. 1	—	—	—	—	—	—	—	—	1	—	—	—
Congenital malformations	10	M. 4 F. 6	4	—	—	—	—	—	—	—	—	—	—	—
Birth injuries, post natal asphyxia and atelectasis	9	M. 2 F. 7	2	—	—	—	—	—	—	—	—	—	—	—
Pneumonia of the new born	2	M. 2 F. —	2	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea of the new born	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Other infections of the new born	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases peculiar to early infancy	7	M. 7 F. —	6	1	—	—	—	—	—	—	—	—	—	—
Senility	4	M. 1 F. 3	—	—	—	—	—	—	—	—	—	—	—	1
Causes ill-defined and unknown	7	M. 4 F. 3	—	—	—	—	—	—	2	—	3	—	1	—
Suicide	4	M. 2 F. 2	—	—	—	—	—	—	—	1	—	1	—	—
Motor vehicle accidents	6	M. 6 F. —	—	—	—	—	1	2	—	—	—	3	—	—
Other road transport accidents	—	M. — F. —	—	—	—	—	—	—	—	—	—	—	—	—
Other violence	10	M. 4 F. 6	—	—	1	—	—	1	1	—	—	1	—	—
All Causes	541	M. 258 F. 283	19	3	1	—	3	8	8	15	45	67	68	21
			15	5	—	—	2	5	12	26	36	75	84	23
Both sexes	541	541	34	8	1	—	5	13	20	41	81	142	152	44

**CAUSES OF DEATH—SHOWING LANDWARD
AREA and BURGHAL DISTRIBUTION 1952.**

Table V.

CAUSES OF DEATH.	Cockenzie and Port Seton.	Dunbar.	East Linton.	Haddington.	North Berwick.	Prestonpans.	Tranent.	Landward Area.
Tuberculosis of respiratory system	—	—	—	—	1	1	1	3
Tuberculosis other forms	1	—	—	—	—	—	1	3
Syphilis	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—
Dysentery all forms	—	—	—	—	—	—	—	—
Scarlet Fever and streptococcal sore throat	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—
Whooping-cough	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	1
Measles	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—
Malignant neoplasms	3	10	1	12	12	7	4	41
Benign and other unspecified neoplasms	—	—	—	—	—	—	—	—
Diabetes mellitus	—	—	1	—	1	—	1	2
Anaemias	—	—	—	—	—	—	1	1
Other general diseases	—	—	—	—	3	—	—	2
Vascular lesions affecting central nervous system	3	7	3	9	14	3	10	43
Nonmeningococcal meningitis	—	—	—	—	—	—	—	1
Other diseases of nervous system	—	2	—	—	—	—	—	5
Rheumatic Fever	—	—	—	—	—	—	—	—
Chronic rheumatic heart disease	1	—	—	—	—	—	—	8
Arteriosclerotic and degenerative heart disease	11	8	6	15	17	13	13	81
Other diseases of heart	—	—	—	1	—	—	—	7
Hypertension with heart disease	—	—	—	1	—	1	2	1
Hypertension without heart disease	—	—	—	—	1	1	—	4
Other circulatory disease	1	—	1	2	2	1	1	3
Influenza	—	—	—	—	—	—	—	—
Pneumonia	1	—	—	2	2	1	2	9
Bronchitis	—	—	1	2	2	—	1	2
Other respiratory diseases	—	1	—	—	—	—	1	1
Ulcer of stomach and duodenum	—	2	—	1	—	—	1	5
Appendicitis	—	—	—	—	—	—	—	1
Intestinal obstruction and hernia	1	—	—	1	—	—	—	1
Carry forward	22	30	13	46	55	28	39	225

**CAUSES OF DEATH—SHOWING LANDWARD
AREA and BURGHAL DISTRIBUTION 1952—**

Continued

CAUSES OF DEATH.	Cockenzie and Port Seton.	Dunbar.	East Linton.	Haddington.	North Berwick.	Prestonpans.	Tranent.	Landward Area.
<i>Brought forward, ...</i>	22	30	13	46	55	28	39	225
Gastritis and duodenitis	—	—	—	—	—	—	—	—
Diarrhoea (except of new born)	—	—	—	—	—	—	—	1
Cirrhosis of liver	—	—	—	—	—	—	—	—
Other diseases of liver ..	3	—	—	—	1	—	—	—
Other digestive diseases	—	—	—	—	—	—	—	—
Nephritis and nephrosis	—	—	—	—	—	—	—	4
Hyperplasia of prostate	—	1	—	—	—	—	1	6
Other diseases of genito urinary system	2	—	—	—	2	—	—	—
Puerperal sepsis including post abortive sepsis ..	—	1	—	—	—	—	—	—
Other puerperal causes ..	—	—	—	—	—	—	—	—
Diseases of skin and organs of locomotion ..	—	2	—	—	—	—	—	—
Congenital malformations	2	—	—	2	—	—	2	4
Birth injuries, post natal asphyxia and atelectasis	—	—	—	1	—	2	1	5
Pneumonia of the new born	—	1	—	—	—	—	—	1
Diarrhoea of the new born	—	—	—	—	—	—	—	—
Other infections of the new born	—	—	—	—	—	—	—	—
Other diseases peculiar to early infancy	1	—	—	—	—	2	—	4
Senility	—	—	—	1	—	—	1	2
Causes ill-defined and unknown	—	1	—	—	—	—	1	5
Suicide	1	—	—	1	—	—	—	2
Motor vehicle accidents ..	1	—	—	1	—	1	—	3
Other road transport accidents	—	—	—	—	—	—	—	—
Other violence	4	—	—	—	—	—	2	4
All Causes	36	36	13	52	58	33	47	266
AGES AT DEATH								
Under 1	2	1	—	3	1	5	5	17
1—4	2	—	—	2	—	1	—	3
5—9	1	—	—	—	—	—	—	—
10—14	—	—	—	—	—	—	—	—
15—24	—	—	—	1	1	—	1	2
25—34	3	1	—	1	1	—	2	5
35—44	2	2	—	1	1	1	4	9
45—54	2	4	—	2	5	5	4	19
55—64	3	6	—	8	11	3	9	41
65—74	7	5	5	15	14	6	11	79
75—84	12	10	5	14	18	12	9	72
85 and over	2	7	3	5	6	—	2	19
All Ages	36	36	13	52	58	33	47	266

Table VI.

This Table shows the populations, births, deaths and relative rates per 1000 of the population for the County landward area during the last ten years.

Year	County Landward Population	County Landward Births	Rate per 1000	County Landward Deaths	Rate per 1000
1943	24,753	317	12.8	260	10.5
1944	24,753	494	19.9	259	10.4
1945	24,753	463	18.7	283	11.4
1946	24,753	522	21.8	266	10.7
1947	26,313	622	23.6	391	11.4
1948	26,466	512	19.3	276	10.4
1949	26,823	491	18.3	265	9.8
1950	26,999	487	18.0	255	9.4
1951	27,076	432	15.9	266	9.8
1952	26,426	459	17.0	266	10.0

Table VII.

This Table shows the populations, births, deaths, and relative rates per thousand of the population for each Burgh for the last ten years :—

Name of Burgh.	Years.	Burgh Population.	Burgh Births.	Rate per 1000	Burgh Deaths.	Rate per 1000
Cockenzie and Port Seton	1943	2761	67	17.4	17	9.6
	1944	2761	58	20.0	25	9.0
	1945	2761	43	15.5	29	10.5
	1946	2761	62	22.4	32	11.5
	1947	2918	77	26.3	36	12.3
	1948	3048	73	23.9	46	15.0
	1949	3189	56	17.5	30	9.4
	1950	3213	65	20.2	34	10.5
	1951	3193	55	17.2	46	14.4
	1952	3222	55	17.0	36	11.1
Dunbar	1943	3813	71	21.5	77	14.5
	1944	3813	73	19.1	46	12.0
	1945	3813	61	15.9	56	14.8
	1946	3813	81	21.2	53	13.9
	1947	3862	76	19.6	52	13.4
	1948	3888	77	19.8	41	10.5
	1949	3970	79	19.9	63	15.8
	1950	3975	76	19.1	45	11.3
	1951	4129	65	15.7	58	14.0
	1952	4050	66	16.3	36	8.8
East Linton	1943	890	8	7.6	16	17.7
	1944	890	9	10.1	25	28.8
	1945	890	15	16.8	17	19.1
	1946	890	18	20.2	23	26.8
	1947	925	13	14.0	13	14.0
	1948	904	10	11.0	19	21.0
	1949	925	6	6.4	18	19.4
	1950	924	15	16.2	19	20.5
	1951	995	14	14.1	18	18.1
	1952	973	10	10.3	13	13.2

Name of Burgh.	Years.	Burgh Population.	Burgh Births.	Rate per 1000.	Burgh Deaths.	Rate per 1000.
Haddington	1943	4616	58	17.2	57	14.5
	1944	4616	62	13.4	68	14.7
	1945	4616	56	12.1	52	11.2
	1946	4616	92	19.9	74	16.0
	1947	4595	89	19.3	74	16.1
	1948	4626	84	18.3	72	15.5
	1949	4541	76	16.7	58	12.7
	1950	4523	72	15.9	61	13.4
	1951	4513	83	18.3	65	14.4
	1952	4537	82	18.0	52	11.4
	North Berwick	1943	3083	56	18.1	52	12.3
1944		3083	60	19.4	46	14.8
1945		3083	76	24.6	42	13.5
1946		3083	69	22.3	47	15.2
1947		3389	66	19.4	56	16.5
1948		3447	62	18.0	56	16.2
1949		3448	48	13.9	45	13.0
1950		3436	41	11.9	65	18.9
1951		4012	53	13.2	50	12.4
1952		3847	43	11.1	58	15.0
Prestonpans		1943	2684	67	26.8	31	12.0
	1944	2684	70	26.0	31	11.5
	1945	2684	52	19.3	25	9.3
	1946	2684	73	27.1	34	12.6
	1947	2842	68	23.9	34	11.9
	1948	2903	77	26.5	24	8.2
	1949	2918	60	20.5	20	6.8
	1950	2929	58	19.8	27	9.2
	1951	2923	63	21.5	21	7.1
	1952	3016	76	25.2	33	10.8

Name of Burgh.	Years.	Burgh Population.	Burgh Births.	Rate per 1000.	Burgh Deaths.	Rate per 1000.
Tranent	1943	5122	132	22.7	73	7.7
	1944	5122	111	21.6	48	9.3
	1945	5122	102	19.8	53	10.3
	1946	5122	130	25.3	68	13.2
	1947	5504	124	22.5	58	10.5
	1948	5507	128	23.2	60	10.8
	1949	5614	117	20.8	39	16.9
	1950	5679	139	24.4	55	9.6
	1951	5663	110	19.4	45	7.9
	1952	5718	106	18.5	47	8.2

Table VIII.

Infantile Mortality, 1952

CAUSE OF DEATH.	Under 1 Week.		1 Week to under 4 Weeks.		4 Weeks to 3 Months.		3 Months to under 6 Months.		6 Months to under 1 Year.		Males.	Females.	TOTAL.
	M	F	M	F	M	F	M	F	M	F			
Congenital Defects	2	1	3	2	—	1	—	1	—	—	5	5	10
Prematurity ...	4	—	—	—	—	—	—	—	—	—	4	—	4
Pneumonia and Bronco-Pneumonia	3	—	—	—	—	3	4	—	—	—	7	3	10
Other Pulmonary Conditions ..	2	5	—	—	—	—	1	—	—	—	3	5	8
Miscellaneous ...	—	2	—	—	—	—	—	—	—	—	—	2	2
Total.	11	8	3	2	—	4	5	1	—	—	19	15	34

The number of infant deaths recorded in 1952 was 34, compared with 35 in 1951.

The infant mortality rate is 37.8 per 1000 births, as against 40 in 1951.

It will be observed from the above table that 24, or 26.7 per cent. of the total infant deaths occurred under four weeks, while 19, or 21 per cent. died under one week of life.

Comparative figures for the last ten years for the County and for Scotland are as follows:—

Year.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.
East Lothian.	67	50	56	52	36	45	26	25	40	34
Scotland.	65	65	56	54	56	45	41	39	37	35

Table IX.

Infectious Disease.

This Table shows the notifications of the cases of notifiable infectious diseases for the Civil County in their relative age groups, and the numbers removed to hospital or nursed at home.

A.—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889, AND DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897.

DISEASE.	At Age—Years.											
	At all ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards	Cases removed to Hospital.	Cases not removed to Hospital.	
	1	2	3	4	5	6	7	8	9	10	11	
Cerebro-spinal Fever...	...	4	1	3	—	—	—	—	—	4	—	
Chickenpox	—	—	—	—	—	—	—	—	—	—	
Cholera	—	—	—	—	—	—	—	—	—	—	
Continued Fever	—	—	—	—	—	—	—	—	—	—	
Diphtheria	—	—	—	—	—	—	—	—	—	—	
Dysentery	1	—	—	—	1	—	—	—	—	1	
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	
Erysipelas	9	—	—	—	1	—	5	3	—	9	
Infective Jaundice	2	—	—	—	—	1	1	—	1	1	
Malaria	—	—	—	—	—	—	—	—	—	—	
Measles	—	—	—	—	—	—	—	—	—	—	
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	
Plague	—	—	—	—	—	—	—	—	—	—	
Acute Influenzal Pneumonia	...	1	—	—	—	—	—	1	—	—	1	
Acute Primary Pneumonia	7	—	—	2	1	—	1	3	—	6	
Pneumonia (not otherwise notifiable)	...	—	—	—	—	—	—	—	—	—	—	
Acute Poliomyelitis	5	—	—	1	2	2	—	—	5	—	
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	
Puerperal Pyrexia	1	—	—	—	1	—	—	—	1	—	
Scarlet Fever	82	—	34	47	1	—	—	—	79	3	
Smallpox	—	—	—	—	—	—	—	—	—	—	
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	
Para-Typhoid A	—	—	—	—	—	—	—	—	—	—	
Para-Typhoid B	—	—	—	—	—	—	—	—	—	—	
Typhus Fever	—	—	—	—	—	—	—	—	—	—	
Whooping-Cough	378	33	214	126	1	2	2	—	5	373	
Total	490	34	251	176	7	5	4	10	3	96	394

B.— NAMES OF HOSPITALS IN WHICH CASES WERE TREATED:—

City Hospital, Edinburgh.
Royal Infirmary, Edinburgh.

Table X.**Infectious Disease.**

The admissions to hospital during 1952, are as follows:—

Diphtheria	2	(not confirmed)
Acute Primary Pneumonia	1	
Acute Anterior Poliomyelitis	7	(2 ,, ,,)
Puerperal Pyrexia	1	
Scarlet Fever	82	(3 ,, ,,)
Whooping Cough	5	
Acute Infective Jaundice	1	
Meningitis	5	(1 ,, ,,)

Table XI.

**BACTERIOLOGICAL LABORATORY
EXAMINATION OF MORBID PRODUCTS**

	Positive.	Total.
Throat, Nose and Ear Swabs examined for diphtheria	—	44
Throat, Nose and Ear Swabs examined for Haem Strep and other organisms	91	382
Per-nasal swabs examined for Whooping Cough	—	12
Tuberculosis.—Sputum (microscopic method)	49	241
Urine, pus, pleural fluid etc. (microscopic method)	—	5
Sputum and other specimens (cultivation test)	1	50
Sputum and other specimens (animal inoculation)		9
Cerebro-spinal Fluid		3
Pus—general examination		7
Urine general examination		29
Sputum general examination		8
Swabs and smears		14
Swabs—thrush	3	3
Blood—Cultures, general		8
—Malaria parasites		2
—Widal and <i>B. abortus</i>	1	15
(B. abortus)		
—Blood clot cultures from Widal specimens	1	8
— <i>L. Icterohaemorrhagica</i> (one case)	6	10
— <i>L. Canicola</i>		6
—Paul Bunnell test	2	7
—Syphilis—Wasserman reaction	3	43
Flocculation tests	5	68
—Gonorrhoea	—	8
Faeces and urine for Dysentery etc.	4	27
Urine for <i>L. Icterohaemorrhagica</i>		2
Animal inoculation for <i>L. Icterohaemorrhagica</i>		1
C.S.F. inoculation Wasserman reaction		1
Staphylococcus—coagulation test	5	16
Sensitivity tests for antibiotics		57
Water specimens (total specimens examined 3)		
—Presumptive coliform test		3
—Bacterial count		2
Water examined for enteric and dysentery organisms		2
Milk Specimens—(Total specimens examined 511)		
—Bacterial Count		437
—Coliform test		506
—Phosphatase test		69
—Animal inoculation test for T.B.		1
Milk Bottles—Bacterial Count		7
—Coliform test		7
Cream examined for enteric and dysentery organisms		3
Ice Cream Specimens (Total specimens examined 6)		
—Bacterial Count		6
—Coliform test		6
Shell-fish—Bacterial Count		3
—Test for organisms	3	6
Miscellaneous examinations		5
Total		<u>2149</u>

Table XII.

Tuberculosis.

Area.	PULMONARY.						NON-PULMONARY.					
	Cases Notified.			Deaths.			Cases Notified.			Deaths.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
County Landward	8	8	16	1	2	3	2	1	3	2	1	3
Cockenzie	1	—	1	—	—	—	—	—	—	1	—	1
Dunbar	1	—	1	—	—	—	2	—	2	—	—	—
East Linton	—	1	1	—	—	—	—	—	—	—	—	—
Haddington	1	1	2	—	—	—	—	—	—	—	—	—
North Berwick	1	—	1	1	—	1	1	2	3	—	—	—
Prestonpans	4	3	7	1	—	1	—	—	—	—	—	—
Tranent	4	4	8	—	1	1	1	2	3	1	—	1
Burghal Total	12	9	21	2	1	3	4	4	8	2	—	2
Grand Total	20	17	37	3	3	6	6	5	11	4	1	5

From this Table it will be seen that 48 cases of tuberculosis (37 pulmonary and 11 non-pulmonary) were notified in the Civil County during 1952, as against 52 in 1951 (44 pulmonary and 8 non-pulmonary).

In the County Landward area 19 cases were notified (16 pulmonary and 3 non-pulmonary) and in the Burghal areas 29 cases (21 pulmonary and 8 non-pulmonary).

In the Civil County there were 11 deaths from tuberculosis (6 pulmonary and 5 non-pulmonary) giving a death rate per 1000 of estimated population of 0.21 from all forms of tuberculosis and 0.10 from pulmonary tuberculosis. Comparative figures for Scotland were 0.32 and 0.27.

At the end of the year there were no patients from East Lothian on the waiting list for admission to East Fortune Hospital.

Table XIII.

Tuberculosis.

I.—RETURN OF CASES OF TUBERCULOSIS NOTIFIED DURING YEAR.

		NO. of Cases Notified as Suffering from T. B.								Cases removed to hospital	Cases notified in a previous year and removed to hospital for the first time during 1952	
		Age-Groups										
		Under 1	1 and under 5	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.			65 and upwards.	Total
Respiratory	Males	1	1	6	5	1	6	20	15	2		
	Females	...	1	...	8	3	3	2	17	4		
	Total	1	1	1	14	8	4	8	37	29	6	
Non-respiratory	Males	...	1	1	1	2	1	...	6	5	2	
	Females	...	...	...	2	2	1	...	5	4	...	
	Total	..	1	1	1	2	4	1	1	11	9	2
Respiratory and Non-respiratory	Males	1	1	2	1	6	7	2	6	26	20	4
	Females	...	1	...	10	5	3	3	...	22	18	4
GRAND TOTAL		1	2	2	1	16	12	5	9	48	38	8

II.—RETURN OF CASES NOTIFIED DURING YEAR IN WHICH DIAGNOSIS OF TUBERCULOSIS HAS BEEN CONFIRMED.

		Number of Cases Diagnosed as Suffering from Tuberculosis									
		Age-Groups									
		Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total
Respiratory	Males	1	...	1	...	6	5	1	6	...	20
	Females	...	1	...	...	8	3	3	2	...	17
	Total	1	1	1	...	14	8	4	8	...	37
Non-respiratory	Males	...	1	1	1	...	2	1	...	...	6
	Females	...	...	...	...	2	2	...	1	...	5
	Total	...	1	1	1	2	4	1	1	...	11
Respiratory and Non-respiratory	Males	1	1	2	1	6	7	2	6	...	26
	Females	...	1	...	...	10	5	3	3	...	22
	Total	1	2	2	1	16	12	5	9	...	48

III.—RETURN SHOWING THE NUMBER OF CASES WITH THEIR HOME RESIDENCE IN THE AREA WHO RECEIVED TREATMENT IN SANATORIA OR OTHER INSTITUTIONS DURING THE YEAR.

		NUMBER OF PATIENTS.						
		In institutions on January 1.	Admitted during the year.	Discharged during the year.	Died in the institutions	In institutions on December 31.		
Respiratory	Adults	Males	33	27	28	3	...	29
		Females	43	25	33	1	...	35
	Children	Males	4	2	3	...	...	3
		Females	2	1	1	...	...	2
Non-Respiratory	Adults	Males	5	9	7	3	...	4
		Females	4	3	3	...	...	4
	Children	Males	1	3	1	...	...	3
		Females	4	...	2	...	...	2
Total		96	71	78	7	...	82	
		167			167			

IV.—RETURN OF NUMBER OF PERSONS RESIDENT IN THE AREA AT 31ST DECEMBER 1952, WHO WERE KNOWN TO BE SUFFERING FROM TUBERCULOSIS.

		NUMBER OF CASES IN AGE-GROUPS.									
		Under 1	1 and under 5	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Total.
RESPIRATORY.											
1. Sputum or other material examined and tubercle bacilli found.	Males	...	1	...	...	4	15	5	10	...	35
	Females	...	...	...	...	17	13	8	2	...	40
2. Sputum or other material examined and tubercle bacilli never found	Males	1	...	1	1	19	14	7	11	2	56
	Females	...	2	...	...	20	15	4	3	...	44
3. Sputum not present ..	Males	..	...	6	9	23	12	6	10	...	66
	Females	...	...	9	5	22	22	4	2	...	64
	Total	1	3	16	15	105	91	34	38	2	305
NON-RESPIRATORY.											
1. Abdominal	Males	...	...	...	1	...	...	...	...	..	1
	Females	...	...	...	1	...	5	3	...	...	9
2. Spine	Males	...	..	...	...	3	3	1	1	...	8
	Females	...	...	1	...	3	3	...	1	1	9
3. Bones and joints (exclusive of spine)	Males	...	...	1	2	4	2	...	1	...	10
	Females	...	1	1	...	2	...	...	...	...	4
4. Superficial glands	Males	...	1	2	4	1	1	...	...	...	9
	Females	...	...	1	1	2	2	1	1	1	9
5. Lupus	Males	...	...	...	1	...	...	...	...	...	1
	Females	...	...	...	...	...	...	...	1	...	1
6. Other parts or organs	Males	...	...	1	...	2	2	1	2	...	8
	Females	...	1	...	...	1	...	...	...	...	2
	Total .....	...	3	7	10	18	18	6	7	2	71
RESPIRATORY AND NON-RESPIRATORY TOTAL		1	6	23	25	123	109	40	45	4	376

V.—RETURN OF NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS IN THE AREA DURING THE YEAR WITH PARTICULARS AS TO PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

	RESPIRATORY.		NON-RESPIRATORY.	
	Males.	Females.	Males.	Females
Number of persons who died from tuberculosis	4	2	3	1
Of whom—				
Not notified or notified only at or after death ... ..	...	1	1	1
Notified less than 1 month before death ... ..	...	...	...	...
Notified from 1 to 3 months before death ... ..	...	...	...	...
Notified from 3 to 6 months before death	1	...	...	...
Notified from 6 to 12 months before death ... ..	...	...	...	...
Notified from 1 to 2 years before death	1	...	1	...
Notified over 2 years before death	2	1	1	...
Total	4	2	3	1
Number who died within 28 days after discharge from an institution ... ..	...	...	...	...
Number who died more than 28 days after discharge from an institution ... ..	...	...	1	...

The incidence rate for all tuberculosis in the Civil County was 0.92 per 1000 of the population. For pulmonary tuberculosis the rate was 0.71 per 1000 and 0.21 for the non-pulmonary form of the disease.

Table XIV.

Tuberculosis.ANNUAL INCIDENCE OF ALL TUBERCULOSIS IN THE
COUNTY AND BURGHES SINCE 1943.

Area	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
County Landward	39	20	11	28	26	18	21	19	27	19
Burgh of Cockenzie	13	11	6	4	5	4	13	1	6	1
Dunbar	8	3	2	3	4	1	5	8	—	3
East Linton	2	2	—	1	1	2	1	1	—	1
Haddington	3	3	4	3	3	—	1	2	5	2
North Berwick	—	1	4	2	4	5	3	1	2	4
Prestonpans	5	3	3	4	8	3	2	3	1	7
Tranent	3	6	11	13	13	11	10	11	11	11
Burgh Total	34	29	30	30	38	26	35	27	25	29
Grand Total	73	49	41	58	64	44	56	46	52	48

Table XV.**Tuberculosis.***Hospital Treatment—East Fortune Hospital.*

	Males.	Females.	Children.	Total.
Cases in Hospital				
at 1/1/52	38	47	11	96
Cases admitted during				
1952	36	29	6	71
Cases discharged during				
1952	41	37	7	85
Cases remaining at				
31/12/52	33	39	10	82

Table XVI.**Tuberculosis.***Result of Treatment of Cases Discharged from East Fortune Hospital during 1952.*

	Arrested.	Improved.	Worse.	Chronic.	Dead.
Males	19	13	2	3	4
Females	20	14	—	2	1
Children	5	2	—	—	—
	44	29	2	5	5

Table XVII.**Tuberculosis.****MISCELLANEOUS.****DOMICILIARY TREATMENT.***Additional Nourishment Supplied during 1952.*

Additional Nourishment was supplied to 166 cases over an average period of three months per case. The nourishment consisted chiefly of milk, at a cost of approximately £805.

Medicines and Dressings Supplied during 1952.

Food, such as malt and cod liver oil, were prescribed to patients in their own homes by their own medical practitioners, in terms of the scheme for domiciliary treatment, as follows:—

		Brought forward	66
January	14	July	1
February	13	August	5
March	14	September	5
April	9	October	4
May	6	November	7
June	10	December	9
	—		—
Carry forward	66		97

Table XVIII.

Care of Mothers and Young Children

(a) *Child Welfare Clinics.*

	No. of children attending the clinics during year and who on the date of their first attendance this year were:—		Total No. of attendances made during year by children who at the time of attendance were:—	
	No. of clinics provided at end of year.	Under 1 year of age.	Under 1 year of age.	Over 1 year of age.
	8	641	6479	2479
		638		

(b) *Dental Care.*

	No. inspected by Dental Officers during the year.	No. found to require treatment during the year.	No. accepting treatment during the year.	No. actually treated by Dental Officers during the year.
Expectant Mothers	1	—	—	—
Nursing Mothers	1	1	1	1
Pre-school Children	135	84	36	36

(emergency cases)

(c) *Day Nurseries as at the end of the year.*

Name and Address of Nursery.	No. of Approved Places.		No. of children on register at end of year.		Average daily attendances during year.		Waiting lists at end of year.	
	0-2	2-5	0-2	2-5	0-2	2-5	0-2	2-5
Day Nursery, Prestonpans	—	60	—	60	—	52	30	77
Day Nursery, Tranent	—	60	—	60	—	48	12	36

Table XIX.

Midwifery.

(a) Total No. of Births for year.

	Live.	Still.	Total.
No. of births at home	268	4	272
No. of births in hospital	331	3	334
Total births in area before correction for mothers' residence ..	599	7	606

(b) Classification of births at home.

	Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947.			Other domiciliary cases.		Total.
	Doctor engaged and present at confinement.	Doctor engaged and not present at confinement.	Midwife alone (no doctor engaged).	Doctor and Midwife engaged	Midwife alone (no doctor engaged).	
(a) Midwives employed by the Authority (including those engaged on a fee-per-case basis)	237	23	—	—	—	260
(b) Private practising Midwives	—	—	—	12	—	12
(c) Totals	237	23	—	12	—	272

(c) Administration of Analgesics.

- (i) No. of domiciliary midwives in the area qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives' Board for Scotland 15
- (ii) No. of cases in which gas and air was administered by midwives in domiciliary practice during the year:—
- (a) When doctor was not present at delivery —
- (b) When doctor was present at delivery .. 4
- (iii) No. of cases in which pethidine was administered by midwives in domiciliary practice during the year:—
- (a) When doctor was not present at delivery 9
- (b) When doctor was present at delivery .. 136

Table XX.**Health Visiting.**

No. of Visits paid by Health Visitors

Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.		Tubercu- losis cases.		Other Cases.		Total Visits Paid.
No. Visited.	Total Visits.	No. Visited.	Total Visits.	No. Visited.	Total Visits.	No. Visited.	Total Visits.	No. Visited.	Total Visits.	
408	939	1306	9332	1610	14277	257	2403	295	1792	28743

Table XXI.**Home Nursing.**

No. of Cases attended by Home Nurses.		No. of Visits paid by Nurses to these Cases.	
1880	(549*)	32695	(17454*)

* Elderly patients (65 and over).

Table XXII.**Domestic Help.**

(i) No. of Domestic Helps employed at end of year—		
(a) Whole-time	.. .. .	—
(b) Part-time	.. .. .	77
(c) Retaining fee basis	.. .. .	—
(ii) No. of cases for which Helps were provided during year	.. .. .	157
(iii) No. of cases in (ii) provided on account of confinement:—		
(a) At home	.. .. .	22
(b) In hospital	.. .. .	6
(iv) No. of cases in (ii) provided on account of chronic sick including aged and infirm (if available)	.. .. .	88

Table XXIII.

Nursing Services—Summary Table.

Number of Cases undertaken by the District Nurses during the year, 1952.

	Maternity Cases.	Maternity Visits.	General Cases.	General Visits.	Ante-natal Visits.	Casual Visits.
Dunbar (A) Nurse Wright	10	185	134	1327	110	1
Dunbar (B) Nurse Dunsire	27	413	251	2023	218	—
East Linton Nurse Stein	11	202	69	1567	126	—
Gullane Nurse Sowler	9	181	105	2289	58	64
North Berwick Nurse Wilson	10	160	146	2968	106	—
Aberlady Nurse Duncan	6	148	44	1087	45	21
Prestonpans (A) Nurse Dickson	—	—	179	2450	—	7
Prestonpans (B) Nurse Amos	—	—	160	3194	—	—
Prestonpans (C) Nurse Bird	66	1389	10	366	376	—
Port Seton, Cockenzie and Longniddry Nurse Hunter	25	638	184	3320	209	—
Haddington Nurse Stark	6	76	56	1169	27	1
Gifford Nurse McBain	10	158	81	1367	51	40
Pencaitland Nurse Elliot	13	310	93	1875	102	75
Ormiston Nurse McIntyre	25	432	70	1084	164	28
Tranent (A) Nurse McIntosh	—	—	235	3652	—	—
Tranent (B) Nurse McGregor	16	276	63	2718	96	—
Tranent (C) Nurse McNeil	23	468	—	2	184	—

Table XXIV.**Venereal Diseases.**

This Table shows the number of Patients resident in East Lothian treated at Treatment Centres, during 1952:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
New Cases	43	14	57
Syphilis	2	2	4
Gonorrhoea	9	—	9
Chancroid	—	—	—
Non-specified disease	15	3	18
Nil	17	9	26

	<i>Males.</i>	<i>Females.</i>
Approximate number still attending at 31/12/52	8	4
Admissions to hospital	7	6
Days in hospital	111	131
Attendances	380	433

Table XXV.**Orthopaedic Treatment.**

No. of admissions to Princess Margaret Rose Hospital	23
No. cured	12
No. improved and receiving after-care treatment	9
No. remaining in hospital	2
	—
	23
	—
AFTER-CARE	
No. of attendances at clinics for physiotherapy	8654
No. of home visits for physiotherapy	1289
	—
Total	9943

To the Department of Health for Scotland and the
County Council of the County of East Lothian.

MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit the following
Report upon the sanitary condition of the County of
East Lothian for the year ending 31st December
1952.

I am,

MY LORD, LADIES AND GENTLEMEN,

Your obedient Servant,

J. C. REID,
County Sanitary Inspector.

Haddington, April 1953.

EAST LOTHIAN COUNTY COUNCIL.

REPORT

BY THE

COUNTY SANITARY INSPECTOR

FOR THE YEAR

1952

GENERAL SANITATION.

Water Supplies.—The East Lothian Water Board supplies were satisfactory.

Drainage. — There are twenty Special Drainage Districts, viz.: — Aberlady, Athelstaneford, Cuthill, Dirleton, East Saltoun, Elphinstone, Garvald, Gifford, Gladsmuir, Gullane, Innerwick, Macmerry, Meadowmill, Muirpark Terrace (Tranent), Oldhamstocks, Ormiston, Pencaitland, Preston, Tynninghame and Westbarns.

Sewer extensions were laid in several districts to meet housing developments.

The laying of new outfall sewers from Gullane to relieve the existing system is now going on.

Preparations are now in hand for the improvement of the drainage of Macmerry, the laying of a sewer from Macmerry to Longniddry, thence through Longniddry, connecting up with the existing sewers there, and continuing to a new sea outfall at Fernie Ness.

Scavenging.—The former Western and Eastern Area Special Scavenging Districts were combined and extended into the County Special Scavenging

District which embraces:— Aberlady, Athelstaneford, Crown Square, Cuthill, Dirleton, Dirleton East, East Saltoun, Elphinstone, Garvald, Gifford, Gladsmuir, Gullane, Innerwick, Longniddry, Macmerry, Meadowmill, Muirpark Terrace, Ormiston, Pencaitland, Preston, Stenton and Thorntree Terrace.

Collection of refuse is made by the County Council's four motor dustcarts.

By arrangement refuse is collected from properties outwith the Special District including the County Council rural houses.

The refuse tooms are (1) on the foreshore between Prestongrange Colliery and Prestonpans (used jointly with the Burghs of Cockenzie and Port Seton, Prestonpans and Tranent), (2) Old Quarry near Longniddry and (3) Old Quarry at Spilmersford, (4) Old Quarry on the bents at Gullane, (5) Craig's Quarry near Dirleton, (6) Sand pit near Athelstaneford and (7) at Old Limekiln near East Linton.

From Westbarns Special Scavenging District refuse collection and disposal continues to be carried out by the Burgh of Dunbar.

Offensive Trades. — No offensive trades are carried on in the landward area.

Schools. — The sanitary condition of schools visited was found satisfactory.

Factories and Workshops.—The factories and workshops visited were found generally satisfactory. Defects to which attention was drawn were remedied.

Common Lodging Houses.—There are no such houses in the Landward area.

Burial Grounds.—The burial grounds appear to be satisfactory.

FOOD SUPPLY

1. MILK.

Routine inspections of dairy premises were made and a satisfactory standard of maintenance and cleanliness found.

Under the Milk (Special Designations) Orders the number of producers holding licences are:—

Certified	7
Tuberculin Tested	31
Standard	3
Pasteurised	1

On 9 farms the court system of dairying is in operation. All hold licences to produce Tuberculin Tested Milk.

The following table gives the numbers of samples taken for bacteriological examination:—

Designation	No. of samples examined	No. of unsatisfactory results	No. of producers involved in unsatisfactory results
Certified	51	9	4
Tuberculin Tested	184	11	8
Standard	15	1	1
Pasteurised	61	—	—

Dairy Bye-Laws.

The registered dairy premises comply with the Byelaws.

The number of purveyors etc. are:—

(a) Retail Purveyors—	
Producers	9
Others	12
(b) Producers and wholesale dealers who do not sell milk by retail ...	
	49
(c) Approximate average number of cows in registered premises	
	1825
(d) Approximate number of dairies exempted from registration	
	181
(e) Approximate number of cows in premises exempted from registra- tion	
	420

2. *ICE CREAM.*

The following table gives the number of registered premises and vehicles, etc.:—

	Premises.	Vehicles
(a) Number of certificates of registration in force at 1st January 1952	23	13
(b) Number of applications for registration considered during 1952	4	4
(1) Number granted	4	4
(2) Number refused	—	—
(3) Number withdrawn by applicant	—	—
(4) Number still not disposed of at 31st December 1952	—	—
(c) Number of certificates of registration cancelled during 1952	—	3

3. *MEAT.*

The two slaughterhouses in the County are in the Burghs of Haddington and North Berwick.

The following statement gives the numbers of animals slaughtered, etc., in each:—

HADDINGTON**Number of Animals.**

Class of Animal.	Slaughtered.	Wholly Condemned.	Partially Condemned.	Weight in lbs. of condemned meat and offals.
Cattle	1,051	14	30	30,260
Sheep	5,088	164	26	10,500
Pigs	460	23	17	3,153
Calves	414	11	—	652

NORTH BERWICK

Cattle	820	1	18	15,322
Sheep	3,678	19	24	2,939
Pigs	181	5	4	1,080
Calves	48	4	—	262

4. *FOOD HYGIENE.*

Inspections of premises are being made and, where necessary suggestions for improvements to methods and premises discussed.

5. *FOOD AND DRUGS ACT.*

The number of samples taken for analyses was 123. of which 45 were formal samples and 78 test samples.

The articles sampled were :— Ice cream 4, Milk 51, Tea 4, Cooking Fat 1, Sugar 5, Tomato Ketchup 5, Jam 4, Meat paste 5, Luncheon Meat 1, Cheese 1, Butter 5, Rice 2, Pepper 3, Lemonade 1, Margarine 3, Mince 4, Castor Oil 1, Epsom Salts 1, Vinegar 1, Pickles 1, Coffee 1, Table Jelly 2, Treacle 1, Sausages 2, Mixed Vegetables 1, Whipping Cream 1, Whisky 4, Sauce 1, Lemon Curd 1, Chocolate Spread 1, Olive Oil 1, Salad Cream 1, Evaporated Milk 1, Semolina 1, Baking Soda 1.

One sample of mince was reported by the Analyst to contain an excess of preservative. The vendor was fined £5.

A sample of milk was reported to be abnormal in that the solids not fat were low. Further samples taken at the dairy gave similar results. Samples taken later were found normal.

PREVENTION OF DAMAGE BY PESTS

ACT 1949.

The County Pest Destruction Officer inspects premises and carries out pest destruction. A motor van is provided for his travelling and transport of traps, etc. His services are available at 6/- per hour which includes the use of traps, provision of poison, etc.

During the year 200 properties (including agricultural premises) were inspected; 128 were found infested and were satisfactorily dealt with.

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