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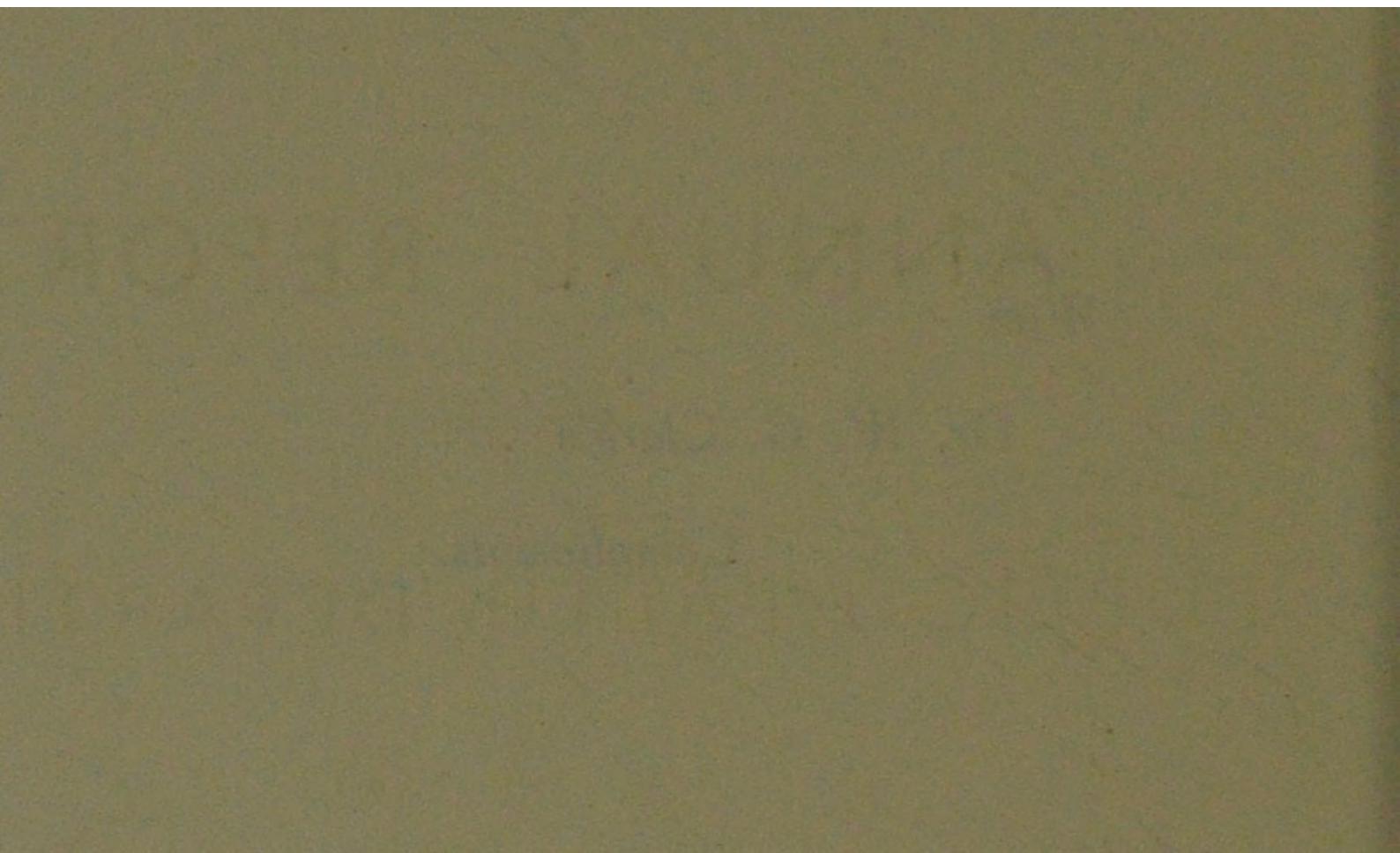
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Compliments.





CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR

1947

BY THE

MEDICAL OFFICER OF HEALTH

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PUBLIC HEALTH DEPARTMENT,
JOHNSTON TERRACE,
EDINBURGH, June, 1948.

To

*The Department of Health for Scotland and
The Right Honourable the Lord Provost,
Magistrates and Council of the City of Edinburgh.*

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Public Health Department for the year 1947.

1. Year of Progress.

Despite one of the severest winters in history, the health of Edinburgh citizens in 1947 remained at a satisfactory level and signs of progress were noted in various directions. It is true that tuberculosis notifications were higher than in the previous year and that an outbreak of poliomyelitis on an unprecedented scale caused alarm here as in other parts of the country. On the other hand, more babies were born in the city than ever before, the infant mortality rate was down to a new low record and the scourge of diphtheria showed a remarkable fall both in its incidence and in its toll of children's lives. There was an excess of 3,362 births over deaths and at 20.3 the birth-rate per thousand of the estimated population was the highest for 23 years. Improved figures were also noted for maternal mortality and for the incidence of still-births. The death-rates from epidemic diseases and from cancer were the lowest for many years.

It may thus be concluded that the good features of 1947 outweighed those of a less favourable character and that the city's health outlook is brighter than at any time since before the war. One new house in every ten built is being allocated to a sufferer from tuberculosis and it is hoped that this policy, together with the systematic medical examination of contacts at dispensaries, will offset to some extent the drawbacks incidental to the shortage of hospital accommodation. The poliomyelitis problem has come as a challenge to medical science. During the year Edinburgh had 151 cases and 19 deaths although the outbreak was confined chiefly to the autumn months. As was the case elsewhere, no common source could be traced.

2. Vital Statistics.

By the end of 1947 demobilisation of the armed forces had been almost completed and the return of the city's serving men and women is reflected in an increase of the estimated population to 485,664 as compared with 459,430 in 1946, a rise of nearly six per cent. A point to be noted here is that the number of elderly people is increasing. In 1947 persons over 65 years of age represented 10.1 per cent. of the population as compared with 7.7 in 1931. In 1921 the

percentage of those over 65 was 6.2 and in 1901 it was 4.4. The care of the elderly, many of them living alone, is already a problem of some magnitude, and one that is likely to become more acute in the next few years.

To Edinburgh citizens there were born 9,865 live children, representing a birth-rate of 20.3 per thousand of the estimated population, the highest rate since 1924. In 1946 there were 9,350 births and a rate of 19.5 per thousand. During that year the birth-rate curve rose steadily and it continued to rise until the second quarter of 1947, after which it became apparent that the peak had been passed. There was a satisfactory drop in the still-birth rate from 32 per thousand total births to 26 per thousand total births, the lowest rate since still births became registrable in 1939. Maternal mortality, at 1.0 per thousand total births, was the lowest ever recorded in the city.

Marriages registered in the city totalled 4,877 or one less than in the previous year. They were far below the returns for the "boom" years of 1939, 1940 and 1945, when there were well over 5,000 marriages in the city. In studying the marriage statistics, however, it is well to bear in mind that the Edinburgh figures include weddings of non-citizens.

For the third year in succession there occurred a fall in the death-rate, the number of deaths being 6,503, equal to a death-rate of 13.4 per thousand of the estimated population, as compared with 14.1 in 1946. The death-rate is the lowest for nine years and is comparable with the rates prevailing in the ten years before the war. Deaths under one year numbered 480 as compared with 490 in the previous year and this gave an infant mortality rate of 49 per thousand live births, the lowest in the history of Edinburgh.

Among causes of death heart disease accounted for 1,973 or 30 per cent. of the total and roughly three-fourths of these deaths related to persons over 65 years of age. Cancer was given as the cause of death in 969 cases, which was an increase of 14 over the previous year, though the rate per thousand of the population was down from 2.08 to 1.99. Pulmonary tuberculosis deaths numbered 314 as opposed to 292 in the previous year. There was also a slight rise in the deaths from pneumonia, bronchitis and other respiratory conditions, the total for the year being 659 as against 636 in 1946.

3. Child Welfare Activities.

The Maternity and Child Welfare Department with its important health visitor service continued to enlarge its contacts throughout the city. There can surely be no more interesting or valuable form of health education than that resulting from the friendly association of mother and health visitor in the mother's own home. This has special significance in the case of ante-natal visits, which last year reached record figures. The opening of two new ante-natal clinics brought the number of such clinics up to sixteen and at these 10,264 women attended for the first time. This means that a high percentage of the births occurring in Edinburgh were preceded by the appearance of the mother at a clinic where specialist advice and care were available.

Workers in the field of maternity and child welfare were considerably heartened by the lowered rates of still-births, maternal mortality and infant mortality. Over a period of years the progress in these matters has been

significant, but there is still room for improvement. Further advances will, of course, depend largely on the speed with which housing needs can be satisfied, but even so, the influence of the well informed mother is not to be ignored. Medical research into the causes of maternal and infant morbidity has never been more active. For the first time the Edinburgh infant mortality rate "broke 50," but experience in other cities in Europe and in some of the large centres of the U.S.A. indicates that a much lower figure is possible.

In his report for 1947 our own Child Welfare Medical Officer points out that of the 480 children who died before reaching the age of one year, 225 or 47 per cent. died in the first four weeks of life. This "neo-natal mortality" has been diminishing, but not at the same pace as the fall in the rates for children aged one month to twelve months. Nearly three-quarters of the total neo-natal deaths occurred in the first week of life and about half of these occurred on the first day. There is here a call for investigating the pre-disposing causes of prematurity, malformations and other abnormalities of child-bearing.

4. Maternity Services.

As with the birth-rate, the peak in the demand for maternity hospital services was passed in the second quarter of the year. All through the period it was still necessary to investigate circumstances to ensure that hospital beds would be provided for those whose need was greatest. Where hospital accommodation could not be provided, confinement at home was arranged under the Domiciliary Maternity Services Scheme. During the year the number of home confinements under this arrangement was 1,905 as compared with 1,745 in the previous year. In many cases the services of a home help were arranged to relieve the mother of domestic duties during her inlying period. There is a growing appreciation of this valuable service, the success of which depends largely on the selection of home helps with the requisite qualities of willingness to work, a cheerful disposition and tactful reticence about family affairs.

Between them the Western and the Eastern General Hospitals admitted 1,933 women to their maternity wards, a slightly lower figure than in the previous year when the period of stay was reduced temporarily in order to meet the urgent demand for accommodation. An improved supply of nurses enabled the Eastern General Hospital to undertake a larger share of maternity work. The Eastern's maternity unit now offers training to nurses who wish to take the Part I course in midwifery and it is fully expected that Part II training will also be provided when the new maternity block with 44 beds and cots is completed. Mothers in Leith and Portobello have not been slow to express their appreciation of the improved maternity services now available in their area.

5. Children's Nurseries.

Present-day economics are such that nursery accommodation for children is still in very great demand. Nurseries were included in the Maternity and Child Welfare Scheme when it was formed in 1917 and for many years four of these institutions met the city's normal needs. The recent war, however, saw nurseries increased to 25 with accommodation for about 1,300 children and thanks to the co-operation of the Voluntary Health Workers' Association, who handed over

ten of their toddlers' playrooms to be adapted as nurseries, the build-up was rapid and went far to meet wartime emergencies. A post-war reorganisation reduced the number to 13 nurseries for daytime care, but wartime conditions have not wholly disappeared and the demand for children to be looked after while the mother works is still acute. To absorb the waiting list would require more than double the present accommodation.

The Ministry of Labour asks that preference be given to the children of mothers engaged on essential work and due consideration is given to this request. There are, however, other factors to be taken into account and the practice is for the mother to apply at her nearest nursery, giving full details of her need, after which the health visitor in the district reports on the degree of urgency in the case. The Public Health Committee have been concerned about the rising expenditure on nurseries and are looking into the matter. Altogether the nurseries provide 90 places for overnight care and 560 places for daytime care. There can be no doubt that children thrive on the regular meals and the training they receive. A nursery is not an adequate substitute for a good home, but for many mothers it is the happiest alternative they can devise.

6. Voluntary Organisations.

An important contribution to child welfare in the city is the service given by two voluntary organisations who work in close association with the Department. These are the Voluntary Health Workers' Association and the Scottish Children's Adoption Society. The Voluntary Workers have helped in home visitations and in the care of toddling children for almost 40 years. With the staff of official health visitors now considerably increased the need for voluntary visiting has become less apparent, but the Association still manage 18 toddlers' playgrounds with 464 children on the roll—a valuable contribution to the well-being of the pre-school child. The Adoption Society began in 1923 and year after year has done excellent work in placing children under the care of suitable foster-parents. On behalf of the citizens the Public Health Department acknowledges these practical forms of help in the social sphere.

7. School Children.

The Report of the Chief Executive School Medical Officer emphasises the care taken to safeguard health among the 57,000 children who attend the 136 schools administered by the Education Committee. Inevitably this work is largely of a preventive character, and the examination "filter" should be such that no child will have its educational progress jeopardised by an illness that could have been averted. Systematic medical examinations take place at nursery school age, and at age 5, 9, 13 and 16 years. A more frequent medical overhaul is desirable but, until specially trained medical officers are forthcoming in greater numbers, this will not be possible.

In the school session of 1946-47, the medical staff made 15,907 systematic examinations and found 70 per cent. of the children with no defect. For the previous session, the percentage of those with no defect was 65. Of the remainder examined, about five per cent. showed conditions of eyes or mouth (or both) which required attention, 12.73 per cent. had a temporary illness only, 10.23

per cent. were considered to be curable by treatment, and 1.82 per cent. were expected to show improvement only by treatment. In all, 2,176 children were notified to their parents as being in need of medical attention.

From these figures it is apparent that much incipient disease is revealed at a time when correction is comparatively simple. In addition, 18,693 special examinations and 4,379 re-inspections were made in response to requests by headmasters, an arrangement which ensures that children not due for a normal periodic inspection are examined whenever their health has become suspect. The medical staff and the school nurses dealt with the usual large volume of minor ailments, but a substantial drop in the attendances for skin conditions such as scabies and impetigo suggested that pleas for greater cleanliness are meeting with a better response. It was significant also that a fall occurred in the number of parents who had to receive a card of advice about the condition of their children's heads.

An increase in the number of Dental Officers from five to six enabled the improved work in the care of the teeth to be further stepped up. A new clinic was opened in the Pilton housing area, and continued use was made of the mobile dental van in serving schools in outlying districts. The Centres at Lauriston Place and Leith Links take the larger streams of dental patients, but additional facilities will shortly be available in premises to be used jointly with the Maternity and Child Welfare Centres at Gorgie, Leith and Stenhouse. Equipment for dental treatment is also being installed in the medical inspection rooms of three schools.

During the past session 18,634 school children had their teeth inspected, and 8,441 received dental treatment, as compared with 15,233 and 7,836 in the previous session. The ultimate aim, of course, is to have dental inspection for every child once a year. Under the Maternity and Child Welfare Scheme the Dental Officers gave treatment to 68 mothers and 97 toddlers. Four additional Dental Officers have recently been appointed to develop this work.

The School Medical Service takes notice of children in special schools, and of special groups like the physically handicapped who have to be taught in their own homes, partially-sighted and blind children, the educationally subnormal, and the maladjusted, as well as those with defective hearing and speech. All these services proceed quietly and with little public recognition, but they bring happiness to the children and earn the gratitude of parents. Similarly, the Child Guidance Clinic has expanded its influence by helping an increased number of parents and children. A Psychiatrist and four Psychiatric Social Workers are now engaged in this much appreciated work.

8. Diphtheria Immunisation.

Another encouraging fall occurred in the number of sufferers from diphtheria, the incidence-rate and the death-rate being the lowest ever recorded in the city. Cases numbered 50 and deaths 2, as compared with 172 cases and 10 deaths in the previous year. Since 1940 when there were 749 cases and 61 deaths, the drop in the ravages of diphtheria has been striking and ought to convince any mother of the wisdom of having her children protected by immunisation. During the year 6,071 children received the two standard inoculations at child welfare centres,

at school, or from their own family doctor. A further 3,995 children who had been previously immunised received a maintenance dose. The acceptances are less numerous than in the previous year and while many mothers seek immunisation for their children as a matter of course, there are others who remain indifferent until an illness or a death in their locality brings a sharp reminder of a duty unfulfilled. Other cities have virtually wiped out diphtheria and there is no reason why Edinburgh should not be in the same happy position.

9. Infectious Diseases.

The abnormally small total of notifications of infectious disease in 1946 was followed last year by one even lower, the total being 4,203 as against 4,998. By far the largest number (1,403) were of measles, a disease which was prevalent throughout the winter of 1946-47, but tapered off sharply in the spring. Ten cases of measles ended fatally. Whooping cough notifications numbered 790 as compared with 483 in the preceding year. The prevalence was most marked in the months from January to May. There were 20 deaths from whooping cough, the highest number for six years. Together the deaths from measles and whooping cough emphasised what has been said many times, viz., that to children they are frequently more dangerous diseases than scarlet fever or diphtheria.

The notifications of scarlet fever (310) and diphtheria (50) were the lowest in the city records. For the second year in succession there were no fatal cases of scarlet fever and the diphtheria deaths (2) were the lowest ever recorded. These figures are in striking contrast to the returns of 25 years ago, when there were 1,897 notifications of scarlet fever and 93 deaths and 770 cases of diphtheria and 69 deaths.

From August to November the epidemic of poliomyelitis occasioned a good deal of concern. There were in all 151 notifications and 19 deaths, totals which were far beyond anything appearing in the records of previous years. The Edinburgh outbreak appeared to develop a little later than that in the West of Scotland. Generally the manifestations of the disease and the age-groups and social status of the persons affected gave no indication of the method of spread. The occurrence of poliomyelitis in epidemic form is a problem upon which research workers are actively engaged.

There was again another encouraging drop in the incidence of dysentery, the cases numbering 65 as against 149 in 1946 and 752 in 1945. Notifications of ophthalmia neonatorum dropped to the abnormally low figure of 11. It is doubtful if this represents the actual number of babies affected by this condition, which may rapidly become serious and endanger the child's vision. It is emphasised that ophthalmia neonatorum includes any inflammation that occurs in the eyes of an infant within 21 days from the date of its birth and is accompanied by a discharge. Such a condition should be notified forthwith.

10. Tuberculosis.

A sombre note in the review for 1947 is revealed by the statistics on pulmonary tuberculosis. Figures relating to notifications and deaths which mounted substantially during the war still show no sign of having reached a peak. The

number of new sufferers from the disease was the largest for 21 years and at the end of the year there were 2,342 persons resident in the area who were known to be affected. Both among the patients notified and among those who died the proportion of young people was high.

Notifications for the year totalled 606 as compared with 592 in 1946 and an average of 465 in the five years before the war. More than a third (205) of last year's new cases were girls and women between the ages of 15 and 35. This is probably an indication that many young women undertook industrial work without reckoning on the physical hazards. Deaths from pulmonary tuberculosis numbered 314 as compared with 292 in the previous year and an average of 285 in the five years before the war. Again there was a preponderance of women in the lower age groups.

The Tuberculosis Officer and his recently augmented staff are doing valiant work in the effort to arrest the trouble, but they are handicapped by lack of adequate segregation facilities. If more hospital beds were available many "open" cases would be removed from an environment where their presence is a danger to others. The risk of spreading infection is, of course, mitigated if the patient at home can be given a separate bedroom and the Housing Committee have recognised the importance of this by increasing the proportion of houses allocated to T.B. sufferers from one in twelve to one in ten of all new houses completed.

Meanwhile our policy is to reiterate the oft-given advice that early diagnosis is the best guarantee of cure. That general practitioners are alive to this fact is shown by the numbers they send to the dispensaries for investigation. These, naturally, are patients with symptoms. There are, however, potential patients with no symptoms whose condition can only be revealed by X-ray examination. The excellent facilities for examination by mass miniature radiography are now being brought to the notice of a larger number of citizens and it is hoped that this valuable form of prevention will grow. During 1947 the number of individuals who accepted this service was 22,609 as against 27,613 in the preceding year. Of the number examined 111 were diagnosed as having active and 618 as having inactive post-primary pulmonary tuberculosis.

More hopeful signs are to be gleaned from the returns about non-pulmonary tuberculosis, the number of notifications (131) being the smallest in the city's records and the deaths (48) one of the lowest totals for many years. A better control of the milk supply would carry this improvement further and it is possible that the use of streptomycin, which is still in the experimental stage and is difficult to obtain, may prove a valuable addition to the tuberculosis officer's resources.

A table showing that attendances at the Royal Victoria Dispensary went up from 13,534 in 1941 to 23,508 last year tells its own tale of zeal to do the best for the afflicted or those who have been in contact with a known sufferer. The popularity of the dispensary service arises largely from its completeness, for it includes medical and nursing help, X-ray and sun-ray facilities, medicines and friendly help from the almoner in the matter of allowances and domestic difficulties.

11. Venereal Diseases.

From the chapter on venereal diseases in this Report, it is clear that the impress of wartime upheavals has not yet been eradicated. The numbers attending the clinics for the first time were lower than in the previous year, but new cases of syphilis (1,022) and of gonorrhœa (1,069) both showed totals approximating those returned for the peak years of the war. Moreover, the disquieting increase in cases of early syphilis noted since pre-war days was still significant and suggested that the marks of war would be with us for some time to come.

With regard to gonorrhœa, the clinical medical officer points out that, although the number of new cases fell from 1,465 in 1946 to 1,069 in 1947, and was about the same as before the war, the figures are apt to be misleading. It has to be borne in mind that for the past four years penicillin has been a successful agent in the cure of gonorrhœa and the probability is that many patients are treated privately by general practitioners and do not visit the municipal clinics. It would seem, therefore, that gonorrhœa was more prevalent in 1947 than is shown by the figures in this Report.

Despite the fall in the number of patients, there were more defaulters. Altogether 588 persons failed to complete their treatment as compared with 471 in the previous year. A factor leading to default is that treatment by penicillin is apt to give the patient an unduly optimistic view of his condition. Regulation 33B introduced during the war and giving Medical Officers of Health compulsory powers for the examination and treatment of suspected sources of infection named as such by two consorts, was cancelled at the end of the year. During the five years of its existence, the Regulation in Edinburgh had the effect of bringing 296 persons to the clinics and of these 217 were found to have syphilis or gonorrhœa. Public opinion is apparently not yet ripe for compulsory notification but with Regulation 33B gone, an alternative method of dealing with hardened spreaders of disease is desirable.

12. General Hospitals.

The year was notable for the return of the Northern General Hospital to its former niche in the Public Health service after eight years of emergency duty as a home for elderly people. The removal from Craiglockhart and the painting and renovating which followed kept the staff in a turmoil for a time, but the hospital is now re-established with prospects of interesting work ahead. One of the first developments was to set up a unit of thirty beds for research into and treatment of rheumatic conditions. Connected with this unit is a new and well-equipped physiotherapy department and it is hoped that some relief will be provided for many who suffer from the crippling effects of rheumatism.

At the Eastern General Hospital new specialist services were established in thoracic surgery and gynæcology. The thoracic surgery unit was a transfer from the Western General Hospital in order to provide more beds, the ultimate number intended being 56. Other departures at the Eastern include an out-patient follow-up service and an ante-natal clinic connected with the enlarged maternity unit, which had a busy year. There was also set up a training school in Part I Midwifery for the certificate of the Central Midwives' Board. These developments have been accompanied by numerous additions to the medical, nursing and

auxiliary staff and have improved the status of the hospital, which is gaining a firm place in the affections of the people in the district and of places beyond.

Activity was well sustained in all departments of the Western General Hospital, which admitted 5,189 patients as compared with 5,087 in the previous year. Early in the period the Paderewski Hospital closed down and so ended an association with Polish civilians and Polish service men and women which had lasted since the early days of the war. The premises vacated by the Poles were adapted for out-patient follow-up work which had been suffering from the effects of overcrowding, particularly in the ante-natal clinics. This proved a welcome relief. The maternity section had fortunately no repetition of the previous year's pressure, though the work was hard enough with 1,224 births in the year. Training in Part I and Part II of the Midwifery syllabus was carried out and an excellent pass-list obtained. The same applied to the State examinations in general nursing—preliminary and final. It has been apparent that the Western has an attraction for those seeking to enter the nursing profession and that as a teaching hospital its reputation stands high. The staff has recently been strengthened by the appointment of a radiologist, a senior anaesthetist and additional assistant physicians.

13. Infectious Diseases Hospitals.

Another comparatively light year is recorded in the report by the Medical Superintendent of the City Hospital for Infectious Diseases. This was due chiefly to record low numbers of admissions both from scarlet fever and diphtheria. As compared with the previous year, scarlet fever admissions dropped from 361 to 351 and for the second year in succession there were no deaths. Diphtheria admissions were 51 as against 188 in 1946. Of the two fatal cases, one was a patient who had entered hospital in the previous year.

A notable point is that no deaths occurred among the 72 patients treated for puerperal sepsis. This substantial contribution to reduced maternal mortality is mainly attributed to the introduction of treatment by penicillin and the sulphonamide drugs. The City Hospital bore the brunt of the poliomyelitis outbreak lasting from August to December, admitting in all 172 patients from the city and the Lothians and Borders. Seven "iron lungs," five of them loaned from other hospitals, were in use, and the staff was augmented by orthopaedic specialists and physiotherapists.

The intake of nurse-trainees was not well maintained during the year and there were periods of strain in staffing the wards adequately. In the circumstances, the hospital was fortunate in having one of the smallest admission totals in its history—2,769, of which 224 were patients suffering from pulmonary tuberculosis.

The Royal Victoria Hospital, which is the smallest of the municipal hospitals, received 95 early cases of pulmonary tuberculosis. This is one of our best-run institutions and many appreciative tributes are paid by patients to the Matron, Miss Rodger, who has been in charge of the hospital for 23 years.

14. Mental Health Services.

Steady progress has been made in restoring the mental health services which suffered so much disturbance by the war. About 70 per cent. of the pre-war capacity of Bangour Hospital is now devoted to its normal function of caring for

the mentally afflicted, and we are seeing there the interesting experiment of a mental hospital and a general medical and surgical hospital working side by side under a common administration. Mental health workers have long wished for such a development which should lead not only to benefits for the patient but to wider scope and experience for the staff. There is at Bangour much valuable material which could be used in the comprehensive training of a nurse.

This association of mental and physical treatment may do something to dispel common misconceptions about mental hospitals. Hitherto there has been a tendency to stigmatise those entering such an institution, whereas the truth is that conditions of the mind are no less worthy of medical skill and attention than disorders of other parts of the body. Science is advancing in the mental field as well as in other branches of medicine. In his Report, the Medical Superintendent of Bangour Hospital indicates that the newer physical methods of treatment such as insulin therapy, electric convulsion, prolonged narcosis, and leucotomy were continued on an extended scale during the year. He adds, however, that there is still room for every device of psychotherapy, including suggestion, varying degrees of analysis and the adaptation of occupation to the peculiar requirements of the individual patient. Bangour is well endowed with facilities to meet these requirements.

At the end of the year there were 719 patients in the mental wards at Bangour Hospital. New admissions numbered 380, and of these 121 were voluntary patients, a proportion which has been increasing. The Medical Superintendent comments favourably on this. He is also impressed by changes in the appearance and behaviour of patients as compared with twenty years ago. Alcoholic forms of illness have greatly diminished, the ravages of syphilis are less conspicuous, and states of manic excitement are now rare. On the other hand, cases of senility are more numerous and will continue to be so since the proportion of aged people is rising.

The Emergency Hospital had 2,524 admissions, bringing the total since its opening in 1939 to 35,231. Of the new patients during the year, 661 were service men and women. The general surgery wards had a busy year with 813 patients, an intake which helped to reduce the waiting list of Edinburgh Royal Infirmary. Acute medical and surgical emergencies occurring in the neighbourhood are now admitted to Bangour instead of being sent to Edinburgh, and a further development of this regional service was the inauguration in April 1948 of a maternity unit to serve the county of West Lothian.

Bangour Hospital continued to be a centre for the treatment of service and civilian patients suffering from tuberculosis, and, by arrangement with the Medical Research Council and later with the Department of Health for Scotland, a number of cases of tuberculosis received treatment with the new drug streptomycin. Until larger supplies are available and more experience gained in its application, the true value of streptomycin cannot be properly assessed.

Gogarburn Hospital for mental defectives had 530 patients on the roll at the end of the year. These are long-term patients, and admissions for the period were restricted to 29 on account of the difficulty in obtaining staff. The shortage of female nurses was particularly acute. It is unfortunate that the excellent accommodation at this Hospital cannot be more fully utilised when the waiting list is both long and urgent.

15. Specialist Services.

Included in this Report are statistical summaries of the work done for municipal hospitals by the Bacteriological Department of Edinburgh University, together with notes on special investigations carried out in the bacteriological laboratories during the year. These are services about which the hospital patient hears little, yet they are a greatly appreciated stand-by to the medical officers. Similarly, the unobtrusive work of the Sanitary Department and the Veterinary Department is recorded in Reports which must impress the citizens by the wide variety of precautions taken to safeguard health.

16. National Health Service.

A milestone in public health progress will be reached when the National Health Service comes into being on 5th July, 1948. Not only will every citizen be keenly interested in how the service works, but observant eyes all over the world will take careful account of the progress of this new development in social service. It is right that the public should be warned not to expect miracles or even drastic changes. So far as the Public Health Department is concerned, the chief change will be the transfer of hospital administration to the Regional Hospital Board. The city's seven hospitals have expanded considerably under civic control and the long-standing intimate touch between the citizen and the city's administration may be difficult to replace when the Regional Hospital Board takes over. There will, however, be good liaison between those surrendering control and those accepting it. Indeed, preparations have been going on for a long time to ensure that the municipal hospitals will, on the appointed day, function as smoothly as before.

Save that the nursing shortage remains acute, the hospitals will be transferred in good running order. The City Architect's Department must be given credit for having during the past year overtaken a large part of the wartime load of arrears in painting and repairs. In addition, numerous schemes of extension and adaptation have been carried out. Accommodation has been provided for new specialist services like thoracic surgery and the treatment of rheumatism and more wards equipped for maternity patients. The staffs of doctors, specialists and otherwise, and of medical auxiliaries like physiotherapists, radiographers, pharmacists, occupational therapists and almoners, have all been increased since additional personnel became available at the end of the war.

Duties under the National Health Service Act which remain with the Public Health Department include the provision as at present of maternity, child welfare and midwifery services. Health visiting will be on a more important scale than hitherto and the service of home helps is being extended. Negotiations are proceeding for home nursing facilities and the after-care of the sick and it will be necessary to integrate the prevailing and prospective arrangements for the care of the mentally afflicted. Increasing attention will be given to health education since the National Health Service is concerned more with the treatment of sickness than with its prevention. A debatable point in this connection was the earmarking of the city's Mass Radiography Unit for transfer to the Regional Hospital Board. It was considered by some that mass radiography should rank as a preventive service and remain under municipal control, but the Act ruled

otherwise. The new Health Service has great possibilities and must be given time to prove its benefits to the Scottish people.

17. Health Education.

There has been ample evidence of the keen interest which the citizens take in health education. Members of the public health staff who devote part of their time to giving talks and lectures often feel that they are pushing at an open door. Throughout the winter there is a steady demand for these talks and films are used at most of the meetings. One of the steadiest pieces of propaganda is the distribution of the excellent range of pamphlets prepared by the Scottish Council for Health Education.

The series of eight Sunday evening film shows given in two centrally-situated city cinemas again proved very successful. In all, they attracted 15,500 people, mostly young and impressionable. The large attendances seem to indicate that the meetings are filling a want in providing young folks with something interesting to do on a Sunday night. Of music there is a ready appreciation and the films are invariably followed with deep interest, although the reactions here and there frequently surprise the organisers. The great thing is to find that the citizens of to-morrow are interested. Many of them must have acquired information about the city generally which was hitherto outwith their ken. Question time has the double advantage of relieving the listener's doubts and letting the medical teams know what their audience are thinking. In view of the changes that are to take place in the health services, these Sunday evening opportunities for the exchange of views and the dissemination of information should become more valuable than ever.

18. Cancer.

The interim scheme under the Cancer Act, 1939, was continued during 1947 and the services made available under the agreement with the Royal Infirmary of Edinburgh were extended. In the month of March a further Metropolitan-Vickers apparatus was installed and this made it possible to treat patients with less delay. The follow-up of patients after treatment has been continued, and the greatly improved facilities for examination have reduced the waiting period for patients.

More patients have been seen from the municipal hospitals. A number of radium treatments were carried out in the Western General Hospital, and a very close liaison has been built up with the Thoracic Unit in the Eastern General Hospital.

During last year 2,099 new cases of malignant disease were referred to the Royal Infirmary and a high proportion of the cases were from Edinburgh. The Public Health Department have continued their co-operation with the Radiological Department by providing statistical details.

19. Acknowledgments.

It is a pleasure to record my gratitude to members of the Public Health and other Committees for their interest in and sympathetic support of the various schemes submitted to them. I would also like to thank heads of departments,

hospitals and institutions, and all the staffs, for their loyal service throughout the year. To the staffs of the hospitals which are to pass from Public Health administration and become part of the National Health Service I would specially acknowledge a debt of gratitude for many years of devoted service. I send them all cordial greetings and best wishes for the continued success of their work under the new regime.

The courtesy of Scotsman Publications Limited, the B.B.C., and the *Scottish Daily Mail* in granting permission to reproduce photographs is also gratefully acknowledged.

I have the honour to be,

My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

WILLIAM GEORGE CLARK,
M.B., Ch.B., F.R.C.P. (Edin.), D.P.H. (Camb.),
Medical Officer of Health.

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1943, 1944, 1945, 1946 and 1947.

	1943	1944	1945	1946	1947
Population (Civilian) at Mid-Year	415,318	418,374	426,280	459,430	485,664
Area of City—Acres ...	32,526	32,526	32,526	32,526	32,526
Density of Population—					
Persons per acre	12·8	12·9	13·1	14·1	14·9
Inhabited Houses	131,100	131,493	131,859	132,294	133,652
Marriages Registered ...	3,987	3,977	5,523	4,878	4,877
Birth-Rate	16·2	16·6	15·4	19·5	20·3
Death-Rate	15·3	14·3	14·4	14·1	13·4
Infant Mortality Rate (per 1,000 Live Births)	54	51	50	52	49
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	27	28	25	26	23
Still-Birth Rate (per 1,000 Total Births)	37	27	28	32	26
Maternal Mortality Rate (per 1,000 Total Births) ...	1·9	2·0	2·4	1·6	1·0
Cancer Death Rate ...	2·3	2·2	2·4	2·1	2·0
Pulmonary Tuberculosis Death-Rate	0·8	0·6	0·5	0·6	0·6
*Epidemic Diseases Death-Rate	0·2	0·2	0·2	0·3	0·15

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, and Diarrhoea and Enteritis under 2 years.

BIRTHS, DEATHS and MARRIAGES in EDINBURGH—1925-1947

Year	Estimated Population	NUMBERS				RATES				
		Live Births		Still Births	Marriages	Deaths		Illeg. Births per cent. of Live Births	Deaths under 1 year per 1000 Live Births	Still Births per 1000 Total Births (Live & Still)
		Total	Illegitimate			All Ages	Under 1 Year			
1925	427,664	7,843	499		4,065	6,138	751	18.3	9.5	14.4
1926	429,535	7,926	549		3,823	5,710	632	18.5	9.0	13.3
1927	431,413	7,621	542		3,861	6,066	606	17.7	8.9	14.1
1928	433,209	7,420	476		3,760	5,872	553	17.1	8.7	13.6
1929	435,195	7,304	531		3,955	6,442	581	16.8	9.1	14.8
1925-29	431,421	7,623	519		3,893	6,046	625	17.7	9.0	14.0
1930	437,098	7,307	441		3,693	6,038	596	16.7	8.4	13.8
1931	443,042	7,164	499		3,788	5,726	492	16.2	8.6	12.9
1932	447,800	6,960	466		3,932	6,032	507	15.5	8.8	13.5
1933	452,773	6,835	443		4,037	5,964	453	15.1	8.9	13.2
1934	457,099	7,188	457		4,245	5,873	449	15.7	9.3	12.8
1930-34	447,562	7,091	461		3,939	5,927	499	15.8	8.8	13.2
1935	460,877	7,037	486		4,291	6,132	490	15.3	9.3	13.3
1936	464,139	7,301	464		4,478	6,226	505	15.9	9.6	13.4
1937	466,817	7,375	462		4,451	6,544	516	15.8	9.5	14.0
1938	469,448	7,549	467		4,512	5,974	462	16.1	9.6	12.7
1939	471,897	7,300	417	306	5,498	6,169	432	15.5	11.7	13.1
1935-39	466,636	7,330	459	...	4,646	6,209	481	15.7	9.9	13.3
1940	427,439	6,930	411	288	5,909	6,802	468	15.5	13.2	15.9
1941	429,179	6,934	504	267	4,882	6,545	461	15.0	10.6	15.3
1942	424,547	7,386	559	255	4,887	6,152	415	15.8	10.5	14.5
1943	415,318	7,605	637	290	3,987	6,338	407	16.2	8.5	15.8
1944	418,374	7,908	720	223	3,977	5,979	403	16.6	8.3	14.3
1940-44	422,971	7,353	566	265	4,728	6,363	431	15.8	10.2	15.0
1945	426,280	7,302	723	214	5,523	6,147	365	15.4	11.6	14.4
1946	459,430	9,350	658	305	4,878	6,485	490	19.5	10.2	14.1
*1947	485,664	9,805	560	268	4,877	6,503	480	20.3	10.0	13.4

* Birth and Marriage Rates are calculated as usual on the Total Population which includes an allowance for persons in the Armed Forces. Death Rates are now based on all Deaths registered in Scotland (corrected for usual residence) and Total Population, and not, as in the years 1940-46, on Civilian Deaths and Civilian Population.

Still Births became Registrable in 1939

VITAL STATISTICS.

Population.—The Registrar-General's estimate of the total population of the City of Edinburgh at 30th June 1947 is 485,664.

In the reports from 1940 to 1946, the population on which the birth and marriage rates were based included an allowance for persons in the armed forces, and the death rate was calculated on civilian deaths and civilian population. Deaths of persons in the armed forces occurring in the area were excluded from the local statistics.

Reverting to the pre-war practice, all rates quoted in the 1947 report are based on the estimated total population.

In the table below, the age distribution of the population in Edinburgh is shown. The figures for 1901, 1921 and 1931 are based on census returns, and those for 1947 are estimates based on the National Register.

Age Distribution of Population.

Age Groups	1901	1921	1931	1947
	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Under 1 Year	2·1	1·9	1·5	2·2
1- 5 Years	7·8	5·8	5·9	5·5
5-15 „	20·8	17·7	15·2	14·0
15-25 „	21·4	18·8	18·4	15·8
25-45 „	28·6	29·3	29·1	29·0
45-65 „	14·9	20·3	22·2	23·4
65 and over	4·4	6·2	7·7	10·1
	100	100	100	100

Inhabited Houses.—Ward populations are based on the number of inhabited houses and the number of persons per house as shown by the social survey taken in 1946. There were 133,652 inhabited houses on the City Assessor's Roll at Whitsunday 1947. The numbers in each ward of the City are shown on page 24.

Births.—Live births registered during the year numbered 9,865, and were equivalent to a birth rate of 20·3 per 1,000 of the estimated population. Males numbered 5,129 and females 4,736. The rate is 0·8 higher than that for the previous year and 4·6 above the pre-war average. It is the highest birth rate recorded for the City since 1924. Illegitimate live births were 560 or 5·7 per cent. of the total live births, compared with a percentage of 7·0 for the previous year. There were 268 still births, equivalent to a rate of 26 per 1,000 total births (live and still).

Marriages.—The number of marriages registered was 4,877—one fewer than in 1946.

Deaths.—There were 6,503 deaths (3,215 males and 3,288 females), representing a death rate of 13·4 per 1,000. The rate for 1946 was 14·1 per

1,000, and the average for the previous five years 14·7. The principal causes of death are set out in the following table :—

Principal Causes of Death and Rates per 100,000 of Population.

CAUSE OF DEATH	1945		1946		1947	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease	1,744	409	1,848	402	1,973	406
Other Diseases of Circulatory System	185	43	213	46	192	40
Malignant Diseases	1,013	237	955	208	969	200
Diseases of Nervous System	925	217	970	211	898	185
Pneumonia (all forms) ...	227	53	283	62	276	57
Bronchitis	235	55	250	54	283	58
Tuberculosis Respiratory ...	218	51	292	64	314	65
„ (other forms)	76	17	59	13	48	10

Tables on pages 20-21 show the deaths from all causes classified in age and sex groups, and rates per 1,000 of the population.

Diseases of the circulatory system caused 2,165 deaths or 33 per cent. of the total registered. The great majority (76 per cent.) were of persons over 65 years of age.

Cancer deaths, despite the ageing of the population, have remained more or less stationary, the number from this cause being 969 as compared with 955 in 1946 and an average of 961 in the preceding five years. A table on page 22 shows the classification of the deaths from malignant diseases.

Deaths from all forms of tuberculosis totalled 362—an increase of 11 over the number for the previous year. The death rate was 75 per 100,000, compared with 76 in the previous year. The Tuberculosis Officer deals more fully with this subject in his report on page 38.

In the principal epidemic diseases group, which includes typhoid fever, measles, scarlet fever, whooping cough, diphtheria, and diarrhoea and enteritis under 2 years, there were 132 deaths. The table shows the deaths from these causes during the last five years :—

	1942	1943	1944	1945	1946	1947
Typhoid Fever	2	...	...	1	...	...
Measles	10	7	...	16	4	10
Scarlet Fever	5	4	3	1	...	...
Whooping Cough	2	19	10	17	7	20
Diphtheria	31	15	12	13	10	2
Diarrhoea and Enteritis ...	43	34	47	55	104	100
	93	79	72	103	125	132

The deaths from diarrhoea and enteritis under 2 years numbered 100, and were equivalent to a rate of 10·1 per 1,000 live births, compared with 11·1 per 1,000 in the previous year. For the five years immediately preceding the war the rate was 5·7 (See report of the Child Welfare Medical Officer on this subject.)

CITY OF

Deaths from Specified Causes
and Death Rates per 1000

CAUSE OF DEATH	MALES											Total Males
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+	
1. Typhoid and Paratyphoid Fevers ...	...	...	...	...	...	...	...	...	...	...	...	...
2. Cerebro-spinal Fever ...	4	...	...	...	...	...	...	1	...	...	...	5
3. Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
4. Whooping Cough ...	5	3	...	...	...	...	...	...	...	...	...	8
5. Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...
6. Measles ...	4	3	...	...	...	...	1	...	...	...	...	8
7. Erysipelas ...	...	...	...	...	...	...	...	...	...	...	1	1
8. Pulmonary Tuberculosis ...	2	5	...	2	15	25	33	33	36	18	2	171
9. Tubercular Meningitis ...	1	2	3	...	3	1	1	1	...	...	...	12
10. Abdominal Tuberculosis ...	...	...	...	...	...	...	...	1	...	...	...	1
11. Other Tuberculous Disease ...	1	1	2	...	1	...	...	1	...	5	...	11
12. Syphilis ...	...	...	...	...	...	...	...	4	4	6	1	15
13. Influenza ...	...	2	...	...	...	...	...	1	3	2	4	12
14. Cancer ...	...	...	...	...	3	5	18	62	128	169	93	478
15. Acute Rheumatism ...	...	...	...	...	...	...	...	1	...	...	...	1
16. Diabetes Mellitus ...	...	...	...	...	...	...	1	1	1	3	8	14
17. Cerebral Hæmorrhage, etc. ...	...	...	1	...	2	1	4	15	53	125	115	316
18. Other Nervous Diseases ...	10	1	1	...	2	...	7	5	10	11	5	52
19. Heart Disease ...	1	...	...	...	2	9	27	90	159	334	333	955
20. Other Circulatory Diseases ...	...	...	...	1	1	...	1	5	8	33	43	92
21. Bronchitis ...	7	1	...	...	2	1	5	23	41	50	34	164
22. Pneumonia ...	51	3	1	2	...	...	5	8	21	38	31	160
23. Other Respiratory Diseases ...	...	...	...	...	...	...	4	9	9	17	9	48
24. Gastric and Duodenal Ulcer ...	...	...	...	...	...	...	6	7	8	15	6	42
25. Diarrhœa and Enteritis ...	56	2	...	1	1	...	1	...	...	2	...	63
26. Appendicitis ...	...	1	3	...	...	...	...	1	1	...	...	6
27. Other Digestive Diseases ...	3	...	...	...	1	5	1	14	5	18	9	56
28. Nephritis ...	...	...	...	...	3	2	4	8	12	21	22	72
29. Other Diseases of Genito-Urinary System	1	2	1	...	...	1	...	3	4	25	40	77
30. Puerperal Sepsis ...	...	...	...	...	...	...	...	...	...	...	...	...
31. Other Maternal Causes ...	...	...	...	...	...	...	...	...	...	...	...	...
32. Congenital Debility, Premature Birth Malformations, etc.	118	3	...	...	2	...	1	1	1	...	...	126
33. Old Age ...	...	...	...	...	...	...	...	...	...	1	26	27
34. Suicide, Road Transport Accidents and other Violent Causes.	12	4	7	2	13	15	9	18	21	17	28	146
35. All Other Causes ...	2	5	1	1	5	5	6	16	10	14	11	76
TOTALS ...	278	38	20	9	56	70	135	329	535	924	821	3,215

EDINBURGH.

in Sex and Age Groups
of the Population.

CAUSE OF DEATH	FEMALES											Total Fe- males	Total both Sexes	Rate per 1000 Pop.
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+			
1. Typhoid & Paratyphoid Fevers.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2. Cerebro-spinal Fever ...	...	...	1	1	...	...	...	1	...	...	...	3	8	0.02
3. Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4. Whooping Cough ...	7	5	...	...	...	...	...	...	...	...	...	12	20	0.04
5. Diphtheria ...	1	1	...	...	...	...	...	...	...	...	...	2	2	0.00
6. Measles ...	1	1	...	...	...	...	...	...	...	...	...	2	10	0.02
7. Erysipelas ...	...	...	...	...	...	...	...	...	...	...	1	1	2	0.00
8. Pulmonary Tuberculosis	3	2	1	4	46	40	31	6	4	4	2	143	514	0.65
9. Tubercular Meningitis	1	2	3	2	3	1	...	...	...	...	...	12	24	0.05
10. Abdominal Tuberculosis	...	...	...	1	...	...	1	2	...	1	...	5	6	0.01
11. Other Tuberculous Disease.	...	...	...	...	...	3	3	...	1	...	...	7	18	0.04
12. Syphilis ...	...	...	...	...	...	1	1	1	2	3	1	9	24	0.05
13. Influenza ...	2	...	...	...	2	...	1	2	3	6	7	23	35	0.07
14. Cancer ...	...	...	...	1	1	7	34	63	112	176	97	491	969	1.99
15. Acute Rheumatism ...	...	...	1	...	1	...	...	1	...	...	...	3	4	0.01
16. Diabetes Mellitus ...	...	...	...	...	...	...	1	4	4	10	4	23	37	0.08
17. Cerebral Hæmorrhage, etc.	...	...	...	...	...	1	6	24	65	185	194	475	791	1.63
18. Other Nervous Diseases	7	2	...	...	1	4	7	10	7	12	5	55	107	0.22
19. Heart Disease ...	...	...	1	...	5	7	20	50	127	311	497	1,018	1,973	4.06
20. Other Circulatory Diseases.	...	...	...	...	...	1	...	6	13	33	47	100	192	0.40
21. Bronchitis ...	3	...	...	...	...	...	3	6	20	32	55	119	283	0.58
22. Pneumonia ...	33	8	...	...	1	2	1	1	10	21	39	116	276	0.57
23. Other Respiratory Diseases.	2	...	...	...	2	4	4	7	2	9	22	52	100	0.21
24. Gastric and Duodenal Ulcer.	...	...	...	...	...	1	2	3	1	4	2	13	55	0.11
25. Diarrhœa and Enteritis	41	1	...	...	1	1	...	...	...	...	1	45	108	0.22
26. Appendicitis ...	...	...	...	...	...	1	1	...	1	...	1	4	10	0.02
27. Other Digestive Diseases	1	...	...	...	...	3	3	10	15	16	26	74	130	0.27
28. Nephritis ...	...	...	...	1	1	2	4	4	8	14	15	49	121	0.25
29. Other Diseases of Genito-Urinary System.	...	...	...	...	1	...	2	3	1	5	4	16	93	0.19
30. Puerperal Sepsis ...	...	...	...	...	...	...	1	...	...	...	...	1	1	0.00
31. Other Maternal Causes	...	...	...	...	3	2	4	...	...	...	...	9	9	0.02
32. Congenital Debility, Premature Birth, Malformations, etc.	88	2	...	2	1	...	...	...	...	...	...	93	219	0.45
33. Old Age ...	...	...	...	...	...	...	...	...	...	7	61	68	95	0.20
34. Suicide, Road Transport Accidents and other Violent Causes.	8	4	2	...	2	6	3	9	11	22	60	127	273	0.56
35. All other Causes ...	4	2	1	2	6	5	11	10	23	29	25	118	194	0.40
TOTALS ...	202	30	10	14	77	92	144	223	430	900	1166	3,288	6,503	13.4

Analysis of Deaths from Cancer, 1947.

SITE	SEX AND AGE-PERIODS														TOTALS						
	Under 15		15-20		20-25		25-35		35-45		45-55		55-60		60-65		65-75		75 and up-wards		Both Sexes
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Brain ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15
Jaw, Face and Ear ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8
Tongue and Mouth ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
Larynx, Pharynx & Neck ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13
Thorax and Lungs ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17
Breast ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	98
Stomach and Oesophagus ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Liver and Gall Bladder ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	105
Intestines and Rectum ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13
Pancreas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	111
Pylorus ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	112
Uterus ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	223
Ovaries and Vagina ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	36
Penis and Scrotum ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Abdomen and Pelvis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	52
Kidney ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	35
Prostate ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
Bladder ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	27
Bones ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16
Ductless Glands ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19
Otherwise specified ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	24
Totals	M. ...	1	1	...	2	...	5	7	18	34	62	63	46	72	169	176	93	97	478	491	969

Table showing the Population, etc., also the Births and Deaths in each Ward during 1947.

No.	WARD	Estimated (Civilian) Population at Mid-Year	Area in Acres	Density of Population per Acre	BIRTHS		INFANT MORTALITY		STILL BIRTHS		DEATHS					
					No.	Rate per 1,000	Deaths	Rate per 1,000 Births	No.	Rate per 1,000	PULMONARY TUBERCULOSIS		•EPIDEMIC DISEASES		ALL CAUSES	
											No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000
1	Calton	19,150	228	83.9	343	17.9	15	44	14	39	7	0.4	4	0.2	242	12.6
2	Canongate	15,720	965	16.3	347	22.1	22	63	13	36	7	0.4	6	0.4	268	17.0
3	Newington	20,670	891	23.2	330	16.0	7	21	6	18	11	0.5	...	...	325	15.7
4	Morningside	22,720	1,358	16.7	311	13.7	13	42	7	22	7	0.3	4	0.2	383	16.8
5	Merchiston	19,870	677	29.3	311	15.6	10	32	3	22	12	0.6	...	...	357	17.9
6	Gorgie	28,330	676	41.9	557	19.7	22	39	16	28	17	0.6	3	0.1	307	10.8
7	Haymarket	19,030	959	19.8	294	15.4	11	37	3	10	6	0.3	1	0.1	263	13.8
8	St Bernard's	23,600	1,250	18.8	444	18.8	18	41	10	22	9	0.4	3	0.1	281	11.9
9	Broughton	17,400	472	36.8	371	21.3	22	59	10	26	17	1.0	8	0.5	244	14.0
10	St. Stephen's	14,960	190	78.7	350	23.4	9	26	6	17	13	0.9	1	0.1	233	15.6
11	St. Andrew's	8,520	206	41.4	208	24.4	11	53	2	10	7	0.8	5	0.6	136	16.0
12	St. Giles	14,310	266	53.8	376	26.3	25	66	22	55	18	1.3	5	0.3	245	17.1
13	Dalry	17,780	187	95.1	404	22.7	15	37	10	24	8	0.5	6	0.3	208	11.7
14	George Square	16,010	248	64.6	352	22.0	12	34	14	38	9	0.6	3	0.2	247	15.4
15	St. Leonard's	15,530	104	149.3	414	26.7	20	48	9	24	22	1.1	10	0.6	236	15.2
16	Portobello	40,090	2,200	18.6	805	19.6	31	39	21	25	26	0.6	9	0.2	435	10.6
17	South Leith	26,660	819	32.5	547	20.5	36	66	13	23	19	0.7	10	0.4	360	13.5
18	North Leith	13,600	218	62.4	327	24.0	19	58	7	21	13	1.0	5	0.4	200	14.7
19	West Leith	17,510	462	37.9	352	20.1	21	60	11	31	16	0.9	4	0.2	255	14.6
20	Central Leith	10,040	142	70.7	274	27.3	12	44	7	25	7	0.7	3	0.3	153	15.2
21	Liberton	25,240	6,339	4.0	592	23.5	43	72	15	25	20	0.8	16	0.6	280	11.1
22	Colinton	15,380	5,602	2.7	287	18.7	11	38	9	30	6	0.4	2	0.1	206	13.4
23	Corstorphine and Cramond Institutions	50,890 11,754	8,067 ...	6.3 ...	1,091 178	21.4 ...	59 16	54 ...	33 7	29 ...	36 1	0.7 ...	18 6	0.4 ...	544 95	10.7 ...
	Totals	485,664	32,526	14.1	9,865	20.3	480	4.9	268	26	314	0.6	132	0.3	6,503	13.4

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, and Diarrhoea and Enteritis under 2 years.

NOTE.—Births and deaths occurring in institutions are allocated to wards, except in cases where a permanent domicile cannot be established.

CITY OF EDINBURGH

Inhabited Houses.

WARD	NUMBER OF INHABITED HOUSES						
	1941-42	1942-43	1943-44	1944-45	1945-46	1946-47	1947-48
1. Calton ...	5,376	5,399	5,406	5,394	5,429	5,436	5,453
2. Canongate ...	4,803	4,791	4,779	4,766	4,765	4,764	4,774
3. Newington ...	5,799	5,853	5,890	5,904	5,923	5,929	5,967
4. Morningside ...	7,205	7,255	7,262	7,310	7,344	7,337	7,363
5. Merchiston ...	6,132	6,169	6,235	6,308	6,348	6,300	6,320
6. Gorgie ...	7,953	7,928	7,919	7,924	7,927	7,930	7,931
7. Haymarket ...	5,315	5,412	5,433	5,498	5,504	5,549	5,618
8. St Bernard's ...	6,304	6,365	6,415	6,429	6,435	6,488	6,574
9. Broughton ...	4,883	4,914	4,914	4,932	4,904	4,895	4,884
10. St Stephen's ...	4,466	4,499	4,528	4,556	4,558	4,592	4,564
11. St Andrew's ...	2,624	2,652	2,660	2,665	2,702	2,684	2,700
12. St Giles ...	4,065	4,048	4,054	4,088	4,104	4,082	4,065
13. Dalry ...	5,135	5,138	5,138	5,153	5,143	5,137	5,139
14. George Square	4,427	4,417	4,433	4,447	4,470	4,486	4,474
15. St Leonard's	4,452	4,463	4,461	4,483	4,487	4,470	4,470
16. Portobello ...	10,240	10,257	10,255	10,278	10,276	10,243	10,493
17. South Leith ...	7,303	7,387	7,394	7,408	7,398	7,392	7,404
18. North Leith ...	3,538	3,586	3,612	3,655	3,629	3,644	3,617
19. West Leith ...	4,955	5,011	5,037	5,020	5,028	5,059	5,067
20. Central Leith	3,170	3,189	3,189	3,182	3,183	3,196	3,197
21. Liberton ...	5,393	5,394	5,419	5,407	5,442	5,427	5,506
22. Colinton ...	4,541	4,539	4,618	4,605	4,609	4,584	4,649
23. Corstorphine & Cramond ...	11,870	11,955	12,049	12,081	12,251	12,670	13,423
	129,949	130,621	131,100	131,493	131,859	132,294	133,652

Year	Increase
1940-41 ...	1,212
1941-42 ...	570
1942-43 ...	672
1943-44 ...	479
1944-45 ...	393
1945-46 ...	366
1946-47 ...	435
1947-48 ...	1,358

INFECTIOUS DISEASES

Edinburgh was affected by the nation-wide outbreak of acute poliomyelitis during the autumn of 1947. Otherwise the incidence of infectious diseases was abnormally low, the total notifications being 4,203 as against 4,998 in the previous year, and 6,991 in 1945.

Acute Poliomyelitis.—The notified cases numbered 151, of whom 78 were males. This total was far in excess of any previous year's return, the highest number in the past twelve years being 46 in 1936. One case was reported in January; the others belonged to the epidemic period and were notified as follows: June-July 5, August 38, September 47, October 38, November 18 and December 4. In mid-August an aide memoire on the clinical features of the ailment was issued to general practitioners in the area, and consultation was offered in any case presenting difficulty. A full investigation was made in every notified case as well as in many suspected cases which were subsequently not confirmed as acute poliomyelitis. Of the 151 patients, 140 were removed to the City Hospital 2 were treated in other hospitals and 9 remained at home. Fifty-five of the patients, or 36 per cent., were children under 5 years of age, and 57, or 38 per cent., were children between 5 and 15 years. Seven of the 19 deaths which occurred were of children under 15 years.

Enteric Fever.—Only six confirmed cases of enteric fever were reported. Two of them were *B. Typhosus* infections.

Diphtheria.—The cases of diphtheria numbered 50 as compared with 172 in the previous year and 362 in 1945. There were two deaths. Both the notifications and the deaths were the lowest recorded in the city.

Scarlet Fever.—Cases of scarlet fever numbered 310, one of the smallest totals known in the city. For the second year in succession there were no deaths.

Cerebro-spinal Fever.—Fifty-seven cases of cerebro-spinal fever were reported, as compared with 73 in the previous year. There were 8 deaths representing a case mortality of 14 per cent.

Puerperal Fever and Pyrexia.—Notifications of puerperal fever numbered 65 and of puerperal pyrexia 34. In the previous year the numbers were 103 and 50. On another page the Child Welfare Medical Officer gives a detailed account of the cases.

Measles and Whooping Cough.—There were 1,403 notifications of measles and 790 of whooping cough. All were "first cases in a household" and under 5 years of age. Deaths from measles numbered 10 and from whooping cough 20.

INFECTIOUS DISEASES.

The following Table shows the number of Notifications for each Month of the Year 1947 :—

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Diphtheria	7	5	5	5	9	1	1	5	3	4	2	3	50
Erysipelas	16	17	8	17	13	7	9	12	13	9	10	12	143
Scarlet Fever	32	27	41	24	20	11	18	20	21	32	36	28	310
Typhoid Fever	2	...	...	...	...	1	1	...	1	1	...	...	6
Puerperal Fever	3	2	5	4	4	3	4	5	6	12	6	11	65
Puerperal Pyrexia	3	1	1	3	9	...	1	5	2	2	4	3	34
Cerebro-spinal Fever	14	8	13	6	2	3	1	1	3	2	3	1	57
Infective Jaundice	...	...	1	...	1	...	...	...	...	...	...	...	2
Tuberculosis, Pulmonary	49	45	50	54	46	57	37	44	56	57	54	57	606
Tuberculosis, other forms	11	11	7	13	18	10	14	8	17	5	7	10	131
Ophthalmia Neonatorum	...	2	...	2	1	1	1	...	1	...	1	1	10
Malaria	4	2	4	1	1	4	1	3	...	...	2	1	23
Dysentery	13	14	7	5	4	4	3	...	2	13	1	3	69
Acute Primary Pneumonia	48	43	47	29	9	15	3	13	7	14	14	46	288
Acute Influenzal Pneumonia	29	11	11	5	...	...	...	1	...	...	6	2	65
Measles	386	302	119	109	76	95	96	69	50	25	34	42	1,403
Whooping Cough	84	106	114	106	99	83	69	53	21	18	18	19	790
Poliomyelitis	1	...	...	...	...	1	4	38	47	38	18	4	151
Polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	702	596	433	383	312	296	263	277	250	232	216	243	4,203

INFECTIOUS DISEASES.

Return of Cases of Infectious Disease notified during the Year
ended 31st December 1947.

DISEASE		NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH										
		At all Ages	At Age—Years								Cases removed to hospital	Cases not removed to hospital
			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		
CEREBRO-SPINAL FEVER	M	31	8	7	7	3	1	...	5	...	24	7
	F	26	2	4	9	4	1	...	5	1	24	2
CHICKENPOX	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
CHOLERA	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
CONTINUED FEVER	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
DIPHTHERIA	M	27	...	12	10	3	1	...	1	...	27	...
	F	23	1	3	10	5	2	1	...	1	23	...
DYSENTERY	M	37	6	19	1	...	4	1	5	1	22	15
	F	32	4	13	5	3	2	3	1	1	22	10
ENCEPHALITIS	M	...	...	...	...	...	...	...	...	...	...	...
LETHARGICA	F	...	...	...	...	...	...	...	...	...	...	...
ERYSIPELAS	M	59	...	1	...	1	2	11	27	17	27	32
	F	84	...	3	...	7	4	12	32	26	35	49
JAUNDICE, ACUTE	M	2	...	...	...	...	...	...	1	1	2	...
INFECTIVE	F	...	...	...	...	...	...	...	...	...	...	...
MALARIA	M	23	...	...	...	2	14	5	2	...	...	23
	F	...	...	...	...	...	...	...	...	...	...	...
MEASLES	M	709	58	620	17	13	1	...	...	...	134	575
	F	694	66	582	21	19	4	1	1	...	147	547
OPHTHALMIA	M	3	3	...	...	...	...	...	...	...	...	3
NEONATORUM	F	7	7	...	...	...	...	...	...	...	2	5
PLAGUE	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
PNEUMONIA, ACUTE	M	31	1	1	1	...	1	7	11	9	14	17
INFLUENZAL	F	34	4	4	1	2	4	7	8	4	16	18
PNEUMONIA, ACUTE	M	174	20	24	22	19	17	22	30	20	26	148
PRIMARY	F	114	12	19	18	8	14	13	18	12	22	92
PNEUMONIA (not otherwise notifiable)	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
POLIOMYELITIS, ACUTE	M	78	7	23	31	13	2	1	1	...	74	4
	F	73	4	21	26	9	11	2	...	...	66	7
PUERPERAL FEVER	M	...	...	...	...	...	...	...	...	...	...	...
	F	65	...	...	...	23	31	11	...	...	51	14
PUERPERAL PYREXIA	M	...	...	...	...	...	...	...	...	...	...	...
	F	34	...	...	...	11	20	3	...	...	22	12
SCARLET FEVER	M	130	1	38	71	18	2	...	...	...	93	37
	F	180	...	59	103	12	5	1	...	...	115	65
SMALLPOX	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
TUBERCULOSIS—	M	324	3	11	14	60	68	67	86	15	129	195
PULMONARY	F	282	2	3	15	131	74	32	17	8	93	189
TUBERCULOSIS—	M	55	3	9	13	10	9	3	5	3	3	52
NON-PULMONARY	F	76	2	6	18	21	8	13	6	2	1	75
TYPHOID FEVER	M	2	...	...	1	1	...	...	...	...	2	...
	F	2	...	...	1	1	...	...	...	...	2	...
PARA-TYPHOID A	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
PARA-TYPHOID B	M	1	...	...	...	...	1	...	...	...	1	...
	F	1	...	...	...	1	...	...	...	...	1	...
TYPHUS FEVER	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
WHOOPING COUGH	M	399	82	303	14	...	...	...	...	...	103	296
	F	391	71	307	13	...	...	...	...	...	98	293
	M	2,085	192	1,068	202	143	123	117	174	66	681	1,404
	F	2,118	175	1,024	240	257	180	99	88	55	740	1,378
TOTAL	..	4,203	367	2,092	442	400	303	216	262	121	1,421	2,782

CITY OF EDINBURGH.

DIPHTHERIA IMMUNISATION SINCE 1923.

Year	Number Protected	Total Cases Notified	Immunised Children Notified	Fatal Cases amongst the non-Immunised	Fatal Cases amongst the Immunised
1923	157	770	...	69	...
1924	3,329	720	28	73	...
1925	256	870	16	82	...
1926	1,969	552	18	43	...
1927	1,603	599	27	44	...
1928	743	629	11	30	...
1929	1,194	1,171	66	53	2
1930	1,175	1,102	24	71	...
1931	560	901	20	28	...
1932	776	662	3	27	...
1933	1,940	606	12	21	...
1934	3,362	546	13	26	1
1935	3,856	308	2	16	...
1936	2,717	374	6	26	...
1937	3,440	622	11	43	...
1938	4,038	600	31	43	1
1939	2,075	361	23	29	...
1940	1,429	749	6	61	...
1941	52,386	446	29	28	...
1942	11,065	480	74	29	2
1943	4,927	422	105	14	1
1944	5,872	306	80	12	...
1945	11,550	362	149	11	2
1946	6,773	172	62	10	...
1947	6,071	50	10	2	...
	133,263	14,380	826	891	9

TREATMENT OF DIABETES.

Under the Public Health (Scotland) Amendment Act, 1925, local authorities are empowered to provide medicines and treatment to persons who are suffering from diabetes and who, in the opinion of the local authority, require assistance in obtaining such medicines and treatment. In terms of this Act, the Public Health Department during 1947 supplied insulin to 126 persons. Of that number, 106 received it free of charge.

DIPHTHERIA IMMUNISATION ANALYSIS for YEAR 1947

	AGE DISTRIBUTION																	Total
	Under 1 year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Over 15 yrs.	
1. GENERAL PRACTITIONERS :— Half-Year to 30th June ...	172	517	70	37	19	47	34	30	28	15	15	11	4	4	3	7	...	1,013
" 31st Dec. ...	398	521	50	20	22	57	22	23	21	16	6	5	8	1	...	2	1	1,173
	570	1038	120	57	41	104	56	53	49	31	21	16	12	5	3	9	1	2,186
2. CHILD WELFARE CENTRES :— Half-Year to 30th June ...	51	447	89	47	24	20	...	...	...	...	...	...	...	...	...	...	...	678
" 31st Dec. ...	17	1151	169	72	36	18	...	1	...	...	...	...	...	...	...	...	...	1,464
	68	1598	258	119	60	38	...	1	...	...	...	...	...	...	...	...	...	2,142
3. SCHOOLS :— Half-Year to 30th June ...	...	...	3	8	15	115	35	19	39	311	102	16	8	19	4	...	...	694
" 31st Dec. ...	6	...	20	24	45	392	105	26	26	100	173	7	6	41	77	...	1	1,049
	6	...	23	32	60	507	140	45	65	411	275	23	14	60	81	...	1	1,743
4. SCHOOLS. (BOOSTS.) :— Half-Year to 30th June ...	...	...	1	...	15	203	23	27	31	869	291	8	4	48	19	15	...	1,554
" 31st Dec. ...	...	...	1	...	60	1572	283	32	31	132	150	12	15	51	96	4	2	2,441
	...	...	2	...	75	1775	306	59	62	1001	441	20	19	99	115	19	2	3,995
FINAL TOTAL :— GENERAL PRACTITIONERS ...	570	1038	120	57	41	104	56	53	49	31	21	16	12	5	3	9	1	2,186
CHILD WELFARE CENTRES ...	68	1598	258	119	60	38	...	1	...	...	...	...	...	...	...	...	...	2,142
SCHOOLS ...	6	...	23	32	60	507	140	45	65	411	275	23	14	60	81	...	1	1,743
	644	2636	401	208	161	649	196	99	114	442	296	39	26	65	84	9	2	6,071
BOOSTS—SCHOOLS ...	...	...	2	...	75	1775	306	59	62	1001	441	20	19	99	115	19	2	3,995

Table showing the Infectious Disease Notifications and Deaths in each Municipal Ward during the Year 1947.

No.	WARD	Typhoid Fevers		Puerperal Fever		Diphtheria		Scarlet Fever		Erysipelas		Cerebro-Spinal Fever		Measles		Whooping Cough	
		Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
1	Calton ...	...	...	2	...	2	...	17	...	2	...	4	2	65	...	38	2
2	Canongate	...	...	3	...	4	...	7	...	4	...	2	...	40	...	35	2
3	Newington	...	...	...	...	2	...	8	...	7	...	3	...	37	...	11	...
4	Morningside	...	...	1	...	...	...	12	...	6	...	2	...	31	...	2	...
5	Merchiston	...	...	1	...	1	...	8	...	3	1	3	...	38	...	8	...
6	Gorgie ...	...	...	3	...	2	...	20	...	6	...	4	1	28	...	23	...
7	Haymarket	...	...	...	...	2	...	2	...	3	...	...	...	15	...	12	...
8	St. Bernard's	...	...	1	...	2	...	18	...	7	...	2	...	52	...	40	2
9	Broughton	...	...	...	...	1	...	8	...	2	...	2	...	43	1	27	...
10	St. Stephen's	...	...	3	...	1	...	3	...	3	...	1	...	29	...	16	...
11	St. Andrew's	...	...	...	...	2	...	...	...	2	...	...	...	32	...	25	...
12	St. Giles	...	...	4	...	1	...	3	...	3	...	...	...	36	...	32	1
13	Dalry ...	...	...	4	...	...	...	5	...	6	...	2	...	49	...	50	2
14	George Square	...	...	1	...	...	...	11	...	6	...	...	...	27	...	11	1
15	St. Leonard's	...	...	4	...	6	...	13	...	...	...	4	1	78	...	48	1
16	Portobello	...	...	7	...	6	...	26	...	23	...	4	...	108	...	69	1
17	South Leith	...	...	3	...	3	1	17	...	5	1	1	...	114	...	82	1
18	North Leith	...	...	1	...	1	...	7	...	8	...	1	...	82	...	52	...
19	West Leith	1	...	2	...	1	...	18	...	5	...	4	2	78	...	54	...
20	Central Leith	...	...	3	...	1	...	6	...	3	...	1	...	71	1	40	...
21	Liberton	...	...	4	1	4	...	23	...	18	...	3	...	171	2	18	1
22	Colinton ...	...	...	2	...	...	...	6	...	3	...	...	...	18	...	15	1
23	Corstorphine and Cramond Institutions	...	...	6	...	2	...	33	...	6	...	2	...	84	2	51	3
		5	...	10	...	6	...	39	...	9	...	11	...	77	...	31	...
	Total	6	...	65	1	50	2	310	...	143	2	57	8	1403	10	790	20

Cases of Certain Specified Infectious Diseases notified in Edinburgh during the last 26 Years.

YEAR	TYPHOID FEVERS		DIPHTHERIA		SCARLET FEVER		CEREBRO-SPINAL FEVER		*MEASLES		*WHOOPIING COUGH	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1922	16	4	800	57	1,702	32	4	3	Not notifiable	113	Not notifiable	109
1923	29	2	770	69	1,897	93	12	8		79		89
1924	27	1	720	73	1,761	68	15	11		120		85
1925	30	1	870	82	2,351	62	12	10	2,252	85	2,043*	188
1926	33	7	552	43	1,852	32	25	20	3,346	42	280	17
1927	78	2	599	44	1,848	19	30	25	2,803	71	850	43
1928	19	2	629	30	1,046	6	25	21	4,340	77	1,390	80
1929	76	2	1,171	55	1,154	3	63	48	338	...	863	39
1930	35	2	1,102	71	1,278	8	52	37	7,182	106	1,638	72
1931	14	1	901	28	647	4	48	36	811	4	839	19
1932	26	4	662	27	1,080	8	54	39	8,786	89	1,205	56
1933	50	3	606	21	4,516	21	41	25	178	2	984	65
1934	13	...	546	27	2,419	17	34	22	3,200	67	189	6
1935	32	3	308	16	1,511	7	19	13	854	11	877	37
1936	25	5	374	26	1,083	5	19	13	2,491	41	804	25
1937	16	...	622	43	1,680	10	19	15	1,508	16	1,425	67
1938	35	1	600	44	1,430	5	20	14	2,248	36	253	4
1939	25	2	361	29	734	1	23	2	678	2	1,521	41
1940	32	2	749	61	652	1	326	45	2,818	13	255	8
1941	68	4	446	28	1,070	3	194	36	1,123	7	1,365	44
1942	14	2	480	31	2,023	5	84	14	2,307	10	135	2
1943	7	...	422	15	1,598	4	37	7	1,723	7	775	19
1944	8	...	306	12	1,222	3	37	1	1,124	...	409	10
1945	3	1	362	13	1,029	1	55	4	2,920	16	494	17
1946	5	...	172	10	434	...	73	10	2,064	4	483	7
1947	6	...	50	2	310	...	57	8	1,403	10	790	20

* From 1925 only first case in household notifiable.

From 1933, only first case (under 5 years) in household notifiable.

Incidence and Death Rates per 100,000 of Population and Case Mortality per Cent.

YEAR	TYPHOID FEVERS			DIPHTHERIA			SCARLET FEVER			CEREBRO-SPINAL FEVER			MEASLES			WHOPPING COUGH		
	Incidence Rate	Death Rate	Case Mortality	Incidence Rate	Death Rate	Case Mortality	Incidence Rate	Death Rate	Case Mortality	Incidence Rate	Death Rate	Case Mortality	Incidence Rate	Death Rate	Case Mortality	Incidence Rate	Death Rate	Case Mortality
1922	3.8	0.9	25.0	189.5	13.5	7.1	403.2	7.6	1.8	0.9	0.7	75.0	...	26.8	...	...	25.8	...
1923	6.8	0.5	6.9	181.6	16.3	8.9	447.5	21.9	4.9	2.8	1.9	66.6	...	18.6	...	...	21.0	...
1924	6.3	0.2	3.7	169.1	17.1	10.1	413.5	16.0	3.8	3.5	2.6	73.3	...	28.2	...	...	20.0	...
1925	7.0	0.2	3.3	203.4	19.2	9.4	549.8	14.5	2.6	2.8	2.3	83.3	526.6	19.9	3.8	477.7	44.0	9.2
1926	7.7	1.6	21.2	128.5	10.0	7.8	431.1	7.4	1.7	5.8	4.7	80.0	779.0	9.8	1.3	65.2	4.0	6.1
1927	18.1	0.5	2.6	138.8	10.2	7.3	428.4	4.4	1.0	7.0	5.8	83.3	649.7	16.5	2.5	197.0	10.0	5.1
1928	4.4	0.5	10.5	145.2	6.9	4.8	241.4	1.4	0.6	5.8	4.8	84.0	1,002.0	1.2	1.1	320.8	18.5	5.9
1929	17.5	0.5	2.6	269.1	12.7	4.7	265.2	0.7	0.3	14.5	11.0	76.2	77.7	...	...	198.3	9.0	4.5
1930	8.1	0.5	5.7	252.1	16.2	6.4	292.4	1.8	0.6	11.9	8.5	71.1	1,643.1	24.2	1.5	374.8	16.5	4.4
1931	3.2	0.3	7.1	203.4	6.3	3.1	146.0	0.9	0.6	10.8	8.1	75.0	183.1	0.9	0.5	189.4	4.3	2.3
1932	5.8	0.9	15.4	148.0	6.0	4.1	241.2	1.8	0.7	12.1	8.7	72.2	1,962.0	19.9	1.0	269.0	12.5	4.6
1933	11.0	0.7	6.0	133.8	4.6	3.5	997.4	4.6	0.5	9.1	5.5	61.0	39.3	0.4	1.1	217.3	14.4	6.6
1934	2.8	...	...	119.4	5.9	4.9	529.2	3.7	0.7	7.4	4.8	64.7	700.1	14.0	2.1	41.4	1.3	3.2
1935	6.9	0.7	9.4	66.8	3.5	5.2	327.9	1.5	0.5	4.1	2.8	68.4	185.3	2.4	1.3	190.3	8.0	4.2
1936	5.4	1.1	20.0	80.5	5.6	7.0	233.3	1.1	0.5	4.1	2.8	68.4	536.7	8.8	1.7	173.2	5.4	3.1
1937	3.4	...	...	133.5	9.2	6.9	359.9	2.1	0.6	4.1	3.2	79.0	323.0	3.4	1.1	305.2	14.4	4.7
1938	7.5	0.2	2.9	128.0	9.4	7.3	304.6	1.1	0.4	4.3	3.0	70.0	478.9	7.7	1.6	53.9	0.9	1.6
1939	5.3	0.4	8.0	76.5	6.1	8.0	155.5	0.2	0.1	4.9	0.4	8.7	143.7	0.4	0.3	322.3	8.7	2.6
1940	7.5	0.5	6.3	175.2	14.3	8.1	152.5	0.2	0.2	76.3	10.5	13.8	659.2	3.0	0.5	59.7	1.9	3.1
1941	15.8	0.9	5.9	103.9	6.5	6.3	249.3	0.7	0.3	45.2	8.4	18.6	261.7	1.6	0.6	318.1	10.3	3.2
1942	3.3	0.5	14.3	113.1	7.3	6.5	476.6	1.2	0.2	19.8	3.3	16.7	543.5	2.4	0.4	31.8	0.5	1.5
1943	1.7	...	...	101.6	3.6	3.6	384.8	1.0	0.2	8.9	1.7	19.0	414.9	1.7	0.4	186.6	4.6	2.5
1944	1.9	...	...	73.1	2.9	3.9	292.1	0.7	0.2	8.8	0.2	2.7	268.7	...	...	97.8	2.4	2.4
1945	0.7	0.2	33.3	84.9	3.1	3.5	241.4	0.2	0.1	12.9	0.9	7.3	685.0	3.8	0.5	115.9	4.0	3.4
1946	1.1	...	...	37.4	2.2	5.8	94.5	...	...	15.9	2.2	13.7	449.3	0.9	0.2	105.1	1.5	1.4
1947	1.2	...	...	10.3	0.4	4.0	63.8	...	...	11.7	1.6	14.0	288.5	2.1	0.7	162.7	4.1	2.5

DISINFECTION.

A statement given below shows the number of dwelling houses, etc., disinfected during the last three years :—

	1945		1946		1947	
	Number	Apart-ments	Number	Apart-ments	Number	Apart-ments
Dwelling Houses, etc.—						
After Tuberculous Disease	641	693	595	682	614	853
After other Diseases ...	1,794	1,565	1,344	1,108	1,206	1,157
Bug Disinfestation ...	98	...	104	...	165	...

The number and description of the articles dealt with at the disinfecting station, High School Yards, during 1947 are given in the following table :—

DESCRIPTION	NUMBER OF ARTICLES	
	After Tuberculous Disease	After Other Diseases
Mattresses and Palliasses	396	3,967
Blankets, Sheets, Quilts, etc.	787	5,250
Beds, Pillows, Bolsters, etc.	927	3,789
Curtains, Table Covers, Wraps, etc. ...	2	125
Table Napery, Towels, etc.	16	2,282
Body Clothes	389	20,698
Carpets and Rugs	14	12
Miscellaneous	408	1,881
Destroyed by request	641	44

Personal Cleansing.—Facilities for personal cleansing are provided at the disinfecting station. Of the 1,808 persons who availed themselves of the opportunity to attend for baths and disinfection of their clothing, 39 adults and 1,207 school children suffered from scabies. In addition, 562 attendances were made by adults requiring treatment for verminous conditions.

PUBLIC HEALTH EXPENDITURE.

The increase in Public Health Expenditure consequent on the introduction of new schemes from time to time is shown in the following table :—

Year		Gross Expenditure	Revenue	Net Expenditure
1909-10		£35,159	£699	£34,460
1912-13	T.B. Scheme begun.	37,618	2,690	34,928
1915-16		56,827	12,997	43,830
1916-17	C.W. Scheme begun.	58,323	23,216	35,107
1917-18		75,198	30,552	44,646
1918-19	V.D. Scheme begun.	99,563	43,029	56,534
1919-20		130,877	49,138	81,739
1920-21	Amalgamation with Leith.	210,875	89,098	121,777
1929-30		*182,136	62,559	119,577
1930-31	Includes General Hospitals	*394,088	48,070	346,018
1931-32	and Mental Institutions.	*354,499	48,205	306,294
1937-38		*473,940	81,964	391,976
1938-39	Hospital Beds increased	*456,037	84,633	371,404
1939-40	for war emergencies.	*587,474	198,958	388,516
1940-41		*659,472	242,347	417,125
1941-42		*769,959	323,653	446,306
1942-43		*842,335	371,534	470,801
1943-44		*930,615	455,960	474,655
1944-45		*1,092,064	587,011	505,053
1945-46		*1,067,063	626,634	440,429
1946-47		*1,126,854	536,601	590,253

* Interest and Debt Charges included.

HOSPITAL EXPENDITURE.

The following table shows the cost per occupied bed in the hospitals under the control of the Public Health Department. The particulars apply in each case to the financial year to 28th May 1947, and are based on the net ordinary expenditure, including loan charges :—

INSTITUTION	Daily Average Number of Occupied Beds	Net Ordinary Expenditure Year to 28th May 1947	Cost per Occupied Bed per Week
City Hospital	360	£93,896	£4 19 9
Western General Hospital ...	345	118,790	6 11 10
Southern General Hospital ...	69	54,545	15 3 4
Eastern General Hospital	187	66,100	6 15 4
Royal Victoria Hospital	75	15,125	3 17 7
Bangour Mental Hospital	1,231	284,464	4 8 8
Gogarburn Certified Institution ...	516	56,605	2 2 0

MOTOR AMBULANCE SERVICES.

Seven motor ambulances and three medical aid cars are maintained by the Public Health Department for the removal of patients to all the Corporation hospitals and institutions and for the transfer of patients to districts outwith the City. Increasing use is being made of the ambulance service for conveying patients to centres for X-ray and other specialist treatment.

Six of the ambulances are stationed at the City Hospital and one at High School Yards. The ambulance staff also maintain and drive the Mobile Dental Unit, a motor vehicle which is taken to outlying districts to provide dental services for school children.

The Police Department have five ambulances for the removal of accident cases to the Royal Infirmary and other hospitals.

The St Andrew's Ambulance Association have ten ambulances which are sent on request to convey patients to nursing homes and other institutions.

HEALTH EDUCATION.

During the winter of 1947-48, eight Sunday evening meetings for the display of health films were held in two centrally-situated cinemas. In each case the programme included a ten-minute talk by a medical or other specialist and half-an-hour was devoted to replies by medical teams to questions handed up from the audience. The aggregate attendances for the eight meetings were 15,500 as compared with 12,850 in the previous winter. It was estimated that about eighty per cent. of those attending were between 16 and 30 years of age.

In all 25 films were presented, the subjects covered including maternity and child welfare, the common cold, venereal diseases, school meals, food manufacture, personal cleanliness, accident prevention, psychological problems, town planning, and local government.

The speakers dealt with the National Health Service, the School Health Service, Child Guidance, Problems of the General Practitioner, Our Ageing Population, Mental Health, Maternity and Child Welfare, and the views on health of "a man in the street." It is believed that these addresses and the questions and answers which followed went far to enlighten the public on the scope and character of the health services in Edinburgh.

At the eight meetings 436 questions were submitted and 151 were answered by the medical teams. An analysis of the 436 questions showed that the principal groups were: Treatment of diseases and ailments 90; causes and symptoms of disease 52; tuberculosis 43; personal habits (smoking, etc.) 24; marriage and sex problems 21; child welfare 19; dietetics and rationing 18; venereal diseases 13; child psychology 8, and immunisation 4.

Throughout the winter 28 meetings of women's guilds, parents' associations, and other bodies received film shows and talks by doctors, health visitors, and others from the Public Health Department. The aggregate attendances were 1,806.

In June 1947 health exhibitions were held in Leith Walk School and Craigmillar School with the object of testing the interest of school children and their parents in health matters. The exhibitions, assembled in the school recreation hall, sought to provide a readily understood synopsis of the work of the maternity and child welfare department, the veterinary department, the sanitary department, and the school health service. Viewing boxes showing X-ray plates and film strips from the Mass Radiography Unit gave an indication of normal and abnormal chest conditions, and emphasised the importance of early diagnosis of disease. Considerable space was devoted to equipment for dental care in schools, and to other specialist treatment for children.

The headmasters and teachers welcomed the exhibitions and encouraged their pupils to study the exhibits carefully. At Leith Walk the infant mistress organised an exhibition of arts and crafts prepared by the children themselves and this helped to draw out the parents in the evenings. At Craigmillar the headmaster arranged that his annual parents' day would coincide with the opening of the exhibition, and this resulted in an excellent attendance. A musical programme submitted by a choir of boys and girls added greatly to the enjoyment of those present at the opening ceremony.

Each exhibition was open for four days—two hours in the afternoons and two hours in the evenings. The attendances were—Leith Walk 2,566, and Craigmillar 2,175—a total of 4,741. Pupils of neighbouring schools attended in classes accompanied by their teachers. It was estimated that two-thirds of those attending were children.

The programmes at the Sunday evening film shows were as follows:—

1947

Oct. 12—New Victoria Cinema, Clerk Street.

Films: "Modern Guide to Health."

"Double Thread."

"Some Like it Rough."

Address by Dr W. G. Clark, Medical Officer of Health.

Chairman and Questionmaster: Councillor John G. Banks.

Oct. 26—Regal Cinema, Lothian Road.

Films: "Unwanted Guests."

"Home and School."

"Fitness for Service."

Address by Dr G. J. I. Linklater, Chief Executive School Medical Officer.

Chairman and Questionmaster: Councillor A. H. A. Murray.

Nov. 9—New Victoria Cinema, Clerk Street.

Films: "The Big Four."

"Good Neighbours."

"Fair Rent."

Address by Dr M. M. Methven, Psychiatrist, Edinburgh Corporation Child Guidance Clinic.

Chairman and Questionmaster: Councillor George Gibson.

Nov. 23—Regal Cinema, Lothian Road.

Films: "The Common Cold."

"Eating at Work."

"Subject Discussed."

"No Accidents."

Address by Dr A. F. Wilkie Millar, General Practitioner.

Chairman and Questionmaster: Councillor John G. Banks.

1948

Jan. 11—New Victoria Cinema, Clerk Street.

Films: "Town and Country Planning."

"Story of D.D.T."

"Dinner at School."

Address by Professor F. A. E. Crew, Chair of Public Health and Social Medicine, Edinburgh University.

Chairman and Questionmaster: Councillor John G. Banks.

Jan. 25—Regal Cinema, Lothian Road.

Films: "Round Pegs."

"Papworth Village."

"Scrapbook."

Address by Dr Wm. McAlister, Medical Superintendent, Bangour Mental Hospital.

Chairman and Questionmaster: Councillor George Gibson.

Feb. 8—New Victoria Cinema, Clerk Street.

Films: "A Flying Start."

"Birthday."

"Mother and Child."

Address by Dr H. P. Tait, Child Welfare Medical Officer.

Chairman and Questionmaster: Councillor George Gibson.

TUBERCULOSIS DEPARTMENT.

ANNUAL REPORT BY THE TUBERCULOSIS OFFICER.

A study of the following pages of this Report will show that the past year has been one of the busiest in the history of the Department. At no time in the past have so many cases been referred to the Dispensary—more patients attended for advice and treatment than ever before : the demand for hospital accommodation of patients was greater and more urgent than in previous years, and in consequence the waiting lists for hospital admissions were longer than in past years. We are still gleaning the grim heritage which is the result of the world war and its aftermath.

As emphasised in a previous Report, there are few diseases which are a more sensitive indication of the social, economic and financial well-being of a community than tuberculosis. Poverty and its attendant evils, overcrowding, unsatisfactory housing conditions, overwork, inadequate food supplies, increased cost of living and depressing conditions generally, all are predisposing factors in its causation. Many of these conditions are only too prevalent in our midst to-day and are the result of the social, economic and financial upheavals which are the direct outcome of the world war which has put back the clock of tuberculosis control for several years.

Until a specific cure has been discovered for tuberculosis the only chances of attaining decisive victory over the scourge consist in early detection of the disease and the provision of adequate treatment with isolation and segregation of the infective cases, especially the advanced type of cases which are such a fruitful source of infection to others.

The importance of early diagnosis is now common knowledge—the quicker the disease is detected, the more certain is the cure, but the equally important fact that really early pulmonary tuberculosis causes no symptoms at all is not, unfortunately, so generally recognised. We doctors are largely responsible for this unenlightened view. For too long the public have been advised to “see the doctor” when they have a cough, lose weight and strength and exhibit other symptoms of ill-health. The actual truth is that once definite lung symptoms have declared themselves, the patient, in the majority of instances, is no longer in the very early stages of the disease and may in fact have already infected some of those with whom he is in daily contact. The key to early diagnosis in lung tuberculosis is not to “see the doctor” for examination, for more often than not no evidence of disease can be found on investigation in the consulting room. The presence of the disease is most quickly and most surely detected by X-ray examination, and that is why every intelligent citizen who is in any degree health conscious should submit annually at least to Mass Miniature X-ray investigation of the lungs.

It is generally to be deplored that the lack of adequate skilled assistance in the nursing of tuberculous patients is a serious handicap which is being experienced in every hospital in the country devoted to the treatment of this disease. This shortage of nursing staff greatly aggravates the already existing scarcity of hospital beds available for tuberculous patients. For the efficient control and treatment of tuberculosis, especially pulmonary tuberculosis, hospital accommodation should be immediately available for all cases in need of treatment and isolation

where such facilities are not obtainable at home. This is one of the fundamental rules in the prevention of spread of the disease, and it is of especial importance where infants and young children are liable to be contaminated in the home. The protection of such infants and young children from tuberculous infection constitutes one of the basic problems in the campaign against the disease, for the infected child of to-day is the consumptive of to-morrow. Contagion of the young is especially to be feared where a consumptive shares the home, and the danger is greatest when the patient, as so often happens, is the mother of the child—the younger the child and the more intimate the contact, the more certain is infection to occur.

In infancy and early childhood, tuberculosis is generally insidious in its onset and protean in its manifestations, and very careful and repeated investigations—clinical, bacteriological and radiological—are frequently necessary to detect its presence. It is for these reasons that special emphasis is laid on the repeated examination of contacts at the tuberculosis dispensaries. Certain it is that a definite improvement in the present position could be effected if greater facilities were available. Several years ago the provision of a preventorium was urged to protect the young living in tuberculous families from contamination with the tubercle bacillus. Never has the necessity for this been more urgent than now when on account of the shortage of hospital beds it is impossible to isolate and segregate many of the advanced cases of consumption.

There are few diseases concerning the prevention of which we know more than in the case of tuberculosis, and yet last year no fewer than 606 new cases of consumption were brought to the notice of the Department. We lay great stress, and rightly, on the so-called predisposing factors in the causation of tuberculosis. They have, for generations past, been well known and repeatedly emphasised. The essential fact which must, however, be kept in mind is that no matter how acute the pinch of poverty, how humble or poverty-stricken the dwelling, how long the day, or how arduous the task or how meagre the diet, there can be no tuberculosis in the absence of the causative organism, the tubercle bacillus. The solution, then, of the tuberculosis problem, like most of life's problems, is simple enough—on paper. The key to success in the eradication of tuberculosis lies in the prevention of the spread of the disease, in other words in adequate facilities for the early isolation and segregation of the infective cases.

Just before the war, arrangements were being made in Edinburgh for the employment of B.C.G. This is a vaccine now extensively used especially to protect infants and young children from the harmful results of tuberculous infection. It is felt that at no time in the past has there been greater need for its use, and its early employment in suitable cases and under suitable circumstances should receive urgent consideration. The combined use of a preventorium and B.C.G. would soon pay a handsome dividend in the form of a steady and marked reduction in the number of cases of tuberculosis occurring in infancy and early childhood.

The absorption of women into industry has unquestionably been a factor in causing tuberculosis in many who otherwise would have escaped the disease; especially is this so in the case of young adolescent girls. At this particular period of life, work under factory conditions imposes a burden which the normal resisting powers of the individual are frequently unable to bear. In such cases a previous

tuberculous infection which might otherwise have remained harmless enough is stimulated into active progressive tuberculous disease. A preventive measure of great importance in such instances would be the routine X-ray examination of all young recruits before commencing employment and at regular intervals during the subsequent five or six years of work, and this procedure is of especial importance in the case of adolescent workers who are contacts of known cases of tuberculosis.

Pulmonary Tuberculosis Notifications.—Last year the total number of cases of pulmonary tuberculosis notified to the Department was 606, which is an increase of 14 on the total for the previous year and the highest number recorded for 21 years. As usual, the greater proportion consisted of males, the number being 324 as compared with 282 females. The total is equivalent to an incidence rate of 125 per 100,000 of the population. The average incidence rate for the five years 1940-1944 was 123. The highest increase in the number of notifications for the year took place among females in the 20-25 years age group. The total for that age period was 64, which is exactly double the number recorded in the year 1939. This substantial increase is almost certainly mainly attributable to the employment of women in industry. A table giving details of the notifications for the past and preceding 12 years will be found on page 45.

Pulmonary Tuberculosis Deaths.—There was an increase of 22 in the number of deaths from this disease over the preceding year, 314 as compared with 292. With the exception of the peak war year 1943, when 321 died of phthisis, this is the greatest number of deaths since the year 1933. The number of females dying of the disease last year in the 35-45 years age group was 31, and was more than twice the number for the year 1946 and more than three times the total for 1945. The death rate per 1,000 of the population for the past year is equal to 0.65. A detailed table of the pulmonary tuberculosis deaths will be found on page 45.

Non-Pulmonary Tuberculosis Notifications.—During the year the total was 131, consisting of 55 males and 76 females. This figure shows but little change from the previous year, when the total was 133. It does, however, constitute a new low record for the city.

Non-Pulmonary Tuberculosis Deaths.—Last year showed a decrease of 11 in the number of deaths. The total mortality figure was 48 and was equally divided between the sexes. The death rate per 1,000 of the population is equivalent to 0.1. A marked decline has taken place in the number of deaths in the last 20 odd years. In 1925 no fewer than 165 patients died of non-pulmonary tuberculosis. In 1935 the number had fallen to 70 and as stated last year's total was 48, that is to say a decrease of 71 per cent. on the 1925 total. The commonest cause of death in this group was tuberculous meningitis. When streptomycin is available for routine use in tuberculosis hospitals this unfortunate position should be materially improved, for this therapeutic agent has definitely established its value in the treatment of this condition. Meantime, the problem of non-pulmonary tuberculosis can be further improved, if not totally solved, by a rigid control of the milk supply, for it has long been proved that the vast majority of cases of non-pulmonary tuberculosis are the result of infection with milk containing the bovine type of tubercle bacillus.

Tuberculosis Dispensaries.—The steady increase in the number of patients attending the Royal Victoria Dispensary necessitated the provision of

additional accommodation. Alterations were undertaken and extra consulting and waiting rooms were completed during the past year. In order to overtake the increasing amount of work, it was found necessary to appoint an additional member to the medical staff, making now a total of three full-time assistant tuberculosis officers.

The following table shows the increase in the number of patients attending the Royal Victoria Dispensary during the past seven years :—

	1941	1942	1943	1944	1945	1946	1947
January	1,000	1,126	1,343	1,511	1,356	1,632	2,079
February	1,044	1,045	1,397	1,422	1,646	1,936	1,660
March	1,170	1,440	1,465	1,590	1,728	1,990	1,980
April	1,013	1,282	1,387	1,386	1,447	1,770	1,909
May	1,145	1,290	1,472	1,493	1,423	1,655	2,070
June	1,123	1,346	1,530	1,420	1,410	1,561	1,860
July	1,093	1,155	1,236	1,297	1,328	1,519	1,750
August	1,109	1,083	1,349	1,769	1,350	1,810	1,760
September	1,162	1,140	1,360	1,450	1,353	1,475	1,901
October	1,320	1,384	1,420	1,565	1,616	1,980	2,419
November	1,143	1,246	1,473	1,543	1,747	1,947	2,046
December	1,212	1,248	1,283	1,190	1,345	1,623	2,074
Totals	13,534	14,785	16,715	17,636	17,749	20,898	23,508

In addition to the Dispensary sessions which in previous years have been held in the course of the afternoons and on Thursday evenings and Thursday and Saturday forenoons, it was found necessary to have an additional forenoon session in order to relieve the pressure of work during the afternoons and to obviate undue delay in the examination of patients. This additional session is held every Tuesday forenoon, so that the Royal Victoria Dispensary is now open for the reception of patients every afternoon and on the forenoons of Tuesdays, Thursdays and Saturdays, as well as on Thursday evenings.

The services of the Almoner are available at all Dispensary sessions so that patients if necessary may have advice regarding their financial and economic difficulties. Patients suffering from pulmonary tuberculosis who are eligible for Tuberculosis Treatment Allowances have their relevant circumstances investigated by the Almoner at the time of their examination at the Dispensary.

The ultra-violet ray department at the Royal Victoria Dispensary is open daily for the treatment of cases of tuberculosis for whom this form of therapy is indicated. The Tuberculosis Dispensary at Leith is available for the convenience of patients residing in that area and it receives patients on the afternoons of Wednesday and Thursday of each week.

In addition to the clinical and X-ray investigations of patients and contacts undertaken at the Dispensary, arrangements are also made for the bacteriological examination of sputum specimens, the supply of medicine when necessary, and in needy cases the provision of clothing and of bed and bedding. During the past year there was a slight increase in the number of tuberculosis families making application for rehousing, and during the year 387 reports were submitted to the Housing Department regarding tuberculous applicants.

Examination of recruits for the Recruiting Medical Boards still continues, but last year showed a slight drop in the number of cases referred for investigation. During the year 1946, 215 recruits were referred. Last year the number had declined to a total of 185. Close collaboration continues between the medical Dispensary staff and the Ministry of Labour regarding the rehabilitation of tuberculous subjects. Last year showed an increase in the number of cases reported upon to the Ministry. The total was 174 as compared to 128 for the previous year.

Mass Miniature X-ray Unit.—There will be found at the end of this report a statement by my colleague, Dr P. W. Tait, Assistant Medical Director of the Unit, on the work undertaken at the Mass Miniature Radiographic Department during the past year.

Acknowledgments.—No words of mine can adequately express my sincere thanks and gratitude to all the members of the Tuberculosis Department and the Tuberculosis Hospitals for their able, willing and generous help during the past year.

CITY OF EDINBURGH.

Return of Number of Persons Resident in the Area at 31st December 1947 who were known to be Suffering from Tuberculosis.

		NUMBER OF CASES IN AGE GROUPS								
		Under 5 Years	5-10 Years	10-15 Years	15-25 Years	25-35 Years	35-45 Years	45-65 Years	65+ Years	Total
PULMONARY										
(1) Sputum not Present	{ M	10	14	28	76	76	20	30	8	262
	{ F	2	8	16	87	79	27	25	6	250
(2) Sputum Present but not Examined	{ M	...	1	1	10	14	15	18	12	71
	{ F	...	...	2	22	13	4	4	5	50
(3) Sputum Examined and Tubercle Bacilli Found	{ M	2	2	7	139	155	158	195	22	680
	{ F	...	1	10	180	182	112	63	4	552
(4) Sputum Examined and Tubercle Bacilli never Found	{ M	...	6	3	50	54	69	88	16	286
	{ F	...	3	9	41	40	49	39	10	191
TOTAL ...		14	35	76	605	613	454	462	83	2,342
NON-PULMONARY										
(1) Abdominal ...	{ M	...	6	9	16	9	3	2	...	45
	{ F	...	2	...	35	12	5	8	...	62
(2) Spine ...	{ M	1	7	8	15	9	8	7	1	56
	{ F	...	7	8	20	14	15	8	2	74
(3) Bones and Joints (Excl. of Spine)	{ M	4	14	17	34	10	7	9	2	97
	{ F	1	4	13	22	15	5	11	7	78
(4) Superficial Glands	{ M	4	5	11	11	7	4	1	...	43
	{ F	1	3	10	20	18	18	8	1	79
(5) Lupus ...	{ M	...	1	1	1	1	2	...	1	7
	{ F	...	...	...	4	2	2	3	3	14
(6) Other Parts or Organs	{ M	...	...	1	8	16	9	11	3	48
	{ F	...	1	1	9	15	13	11	2	52
TOTAL ...		11	50	79	195	128	91	79	22	655
GRAND TOTAL ...		25	85	155	800	741	545	541	105	2,997

Pulmonary Tuberculosis.

Notifications.—The following table shows the sex and age groups of the 606 new cases of pulmonary tuberculosis notified in 1947. Among females aged between 15 and 30 there were 172 cases, representing 61 per cent. of the females notified. Males in the same age groups numbered 103 or 32 per cent. of the males notified. Together, males and females aged 15 to 30 represented 45 per cent. of the total new cases.

Sex	Under 5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70 and over	Total
Male	14	5	9	27	33	43	25	35	32	23	19	27	17	8	7	324
Female	5	5	10	67	64	41	33	22	10	6	4	6	1	4	4	282
Total	19	10	19	94	97	84	58	57	42	29	23	33	18	12	11	606

Cases allocated to Municipal wards :—

	Notifi- cations	Rate per 1000		Notifi- cations	Rate per 1000
1. Calton ...	23	1.2	14. George Square	25	1.6
2. Canongate ...	23	1.5	15. St. Leonard's ...	24	1.5
3. Newington ...	16	0.8	16. Portobello ...	55	1.3
4. Morningside ...	15	0.7	17. South Leith ...	30	1.1
5. Merchiston ...	14	0.7	18. North Leith ...	22	1.6
6. Gorgie ...	51	1.8	19. West Leith ...	22	1.3
7. Haymarket ...	18	0.9	20. Central Leith ...	15	1.5
8. St. Bernard's ...	24	1.0	21. Liberton ...	33	1.3
9. Broughton ...	20	1.1	22. Colinton ...	12	0.8
10. St. Stephen's ...	20	1.3	23. Corstorphine & Cramond	55	1.1
11. St. Andrew's ...	15	1.8	Institutions ...	26	...
12. St. Giles ...	29	2.0			
13. Dalry ...	19	1.1	Total	606	1.25

Type of House occupied by the Infected Persons :—

1 Roomed House	2 Roomed House	3 Roomed House	4 Rooms and Over	Lodging Houses	Institutions, Etc.	Total
53	164	207	156	24	2	606

Thirty-five per cent. of the sufferers were living in houses of two rooms or less.

Deaths.—These numbered 314, an increase of 22 over the total for the previous year, and equivalent to a death rate of 0.65 per 1000 of the population, as compared with 0.64 per 1000 in 1946 and a pre-war average of 0.61.

The number of deaths during the year, together with the ward death rates, sex and age, are tabulated herewith.

Deaths and Death Rates in Municipal Wards of the City.

No.	WARDS	No. of Deaths	Rate per 1000	Sex		Age-periods															
				M	F	Under 15 years		15 and under 20 years		20 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 yrs. and up- wards	
						M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	Calton ...	7	0.4	5	2	...	...	...	2	1	...	...	...	...	...	3	...	1	...	...	...
2	Canongate ...	7	0.4	5	2	...	...	...	...	1	1	2	...	...	1	...	...	2	...	...	...
3	Newington ...	11	0.5	8	3	...	...	...	1	...	...	...	1	2	1	...	...	2	...	...	...
4	Morningside ...	7	0.3	3	4	...	1	...	...	1	1	2	1	...	2	1	2	...	3	...	1
5	Merchiston ...	12	0.6	6	6	...	1	...	1	...	...	1	3	2	...	...	...	1	...	2	1
6	Gorgie ...	17	0.6	5	12	...	1	...	5	...	1	1	3	1	1	...	3	1	...	...	...
7	Haymarket ...	6	0.3	4	2	...	...	...	1	1	...	...	...	...	1	1	...	...	...	...	...
8	St. Bernard's ...	9	0.4	7	2	...	...	...	...	...	2	...	...	2	3	...	1	...	1	...	...
9	Broughton ...	17	1.0	11	6	...	...	...	1	...	...	1	3	1	...	4	...	3	...	2	2
10	St. Stephen's ...	13	0.9	7	6	...	1	...	1	...	3	1	2	...	1	2	...	1	...	1	...
11	St. Andrew's ...	7	0.8	6	1	...	1	...	1	...	...	2	...	1	...	1	...	...	...	1	...
12	St. Giles ...	18	1.3	11	7	...	1	...	...	1	1	3	3	2	2	...	2	1	...	2	...
13	Dalry ...	8	0.5	2	6	...	1	...	1	...	2	...	1	...	1	...	...	...	...	...	...
14	George Square ...	9	0.6	6	3	...	1	...	...	...	...	1	...	1	...	1	...	...	...	...	...
15	St. Leonard's ...	22	1.1	12	10	...	1	1	1	2	2	2	2	3	3	3	1	...	...	1	...
16	Portobello ...	26	0.6	10	16	...	...	...	4	2	2	1	8	4	2	2	...	1	...	...	...
17	South Leith ...	19	0.7	11	8	...	1	1	...	...	3	6	2	1	1	...	4	...	...	...	...
18	North Leith ...	13	1.0	11	2	...	1	...	...	1	1	...	2	1	...	6	...	1	...	...	...
19	West Leith ...	16	0.9	7	9	...	...	...	2	...	2	1	2	2	1	1	2	1	...	...	...
20	Central Leith ...	7	0.7	3	4	...	1	...	...	1	...	...	1	1	...	1	...	...	...	...	...
21	Liberton ...	20	0.8	8	12	...	2	...	2	1	1	...	5	3	2	4	...	...	...	...	...
22	Colinton ...	6	0.4	4	2	...	1	...	...	...	...	1	...	1	1	1	...	...	...	...	...
23	Corstorphine and Cramond Institutions ...	36	0.7	18	18	3	1	...	2	2	4	5	2	3	5	2	2	2	1	1	1
	Totals ...	314	0.6	171	143	9	10	3	24	12	22	25	40	33	31	33	6	36	4	20	6

Tuberculosis Death Rates in Scotland.

The death rates quoted below are taken from the Registrar-General's preliminary statement for 1947 and enable a comparison to be made with Edinburgh and other large centres of population in Scotland.

Town	Death rate per 1000		Town	Death rate per 1000	
	Pulmonary Tuberculosis	All forms of Tuberculosis		Pulmonary Tuberculosis	All forms of Tuberculosis
Glasgow ...	1.04	1.26	Paisley ...	1.01	1.24
Edinburgh ...	0.65	0.75	Greenock ...	1.11	1.41
Dundee ...	0.82	0.94	Motherwell & Wishaw	0.90	1.10
Aberdeen ...	0.35	0.40	Clydebank ...	0.94	1.11

SCOTLAND :—Pul. T.B., 0.66 ; All forms, 0.80.

CITY OF EDINBURGH.
Pulmonary Tuberculosis Notifications.

Year	Under 15 years		15-20 years		20-25 years		25-35 years		35-45 years		45-55 years		55-65 years		65+ years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1935 ...	18	19	15	26	22	40	58	52	41	23	37	18	33	12	15	8	239	198	437	95
1936 ...	7	10	23	36	37	52	55	62	39	23	48	19	36	12	13	21	258	235	493	106
1937 ...	20	17	26	47	47	43	52	45	50	35	34	23	21	10	11	6	261	226	487	104
1938 ...	12	14	26	39	31	45	58	53	46	29	44	12	28	16	14	9	259	217	476	101
1939 ...	12	18	28	47	26	32	50	44	30	21	43	20	24	14	14	10	227	206	433	92
Average 1935-39	14	16	24	39	33	42	55	51	41	26	41	18	28	13	13	11	249	216	465	100
1940 ...	14	13	40	50	25	45	45	62	56	22	41	13	25	15	19	4	265	224	489	114
1941 ...	20	28	39	53	21	27	40	62	46	26	39	19	26	9	17	7	248	231	479	111
1942 ...	25	17	51	36	24	51	55	59	53	24	33	8	34	12	9	10	284	217	501	118
1943 ...	26	32	39	66	24	58	56	64	68	41	43	12	34	10	13	6	303	289	592	142
1944 ...	16	21	46	53	31	69	66	74	57	16	42	10	31	1	5	10	294	254	548	131
Average 1940-44	20	22	43	52	25	50	52	64	56	26	40	12	30	9	13	7	279	243	522	123
1945 ...	26	18	35	49	45	50	70	67	59	24	35	12	24	9	15	2	309	231	540	127
1946 ...	21	14	37	63	34	47	84	65	57	36	57	10	33	6	18	10	341	251	592	129
1947 ...	28	20	27	67	33	64	68	74	67	32	42	10	44	7	15	8	324	282	606	125

Pulmonary Tuberculosis Deaths.

Year	Under 15 years		15-20 years		20-25 years		25-35 years		35-45 years		45-55 years		55-65 years		65+ years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1935 ...	7	6	4	8	9	15	28	32	31	19	30	16	26	12	16	6	151	114	265	57
1936 ...	1	5	11	9	15	21	26	30	26	20	40	13	28	9	17	16	164	123	287	62
1937 ...	2	8	10	22	19	25	33	46	28	16	22	11	30	13	8	7	152	148	300	64
1938 ...	7	3	12	23	17	29	33	28	23	22	37	3	21	10	13	5	163	123	286	61
1939 ...	4	4	7	14	15	21	21	30	33	19	41	18	25	9	17	7	163	122	285	60
Average 1935-39	4	5	8	15	15	22	28	33	28	19	34	12	26	11	14	8	159	126	285	61
1940 ...	5	8	11	22	8	21	31	41	37	12	30	16	24	13	20	9	166	142	308	72
1941 ...	3	7	9	16	10	34	31	38	31	15	27	17	31	10	18	4	160	141	301	70
1942 ...	5	5	10	22	11	32	20	41	28	17	25	7	28	11	13	14	140	149	289	68
1943 ...	6	9	10	16	8	27	31	37	36	29	36	12	31	8	16	9	174	147	321	77
1944 ...	5	9	9	17	10	25	17	32	26	27	24	7	26	3	11	7	128	127	255	61
Average 1940-44	5	8	10	19	9	28	26	38	32	20	28	12	28	9	16	9	154	141	295	70
1945 ...	1	6	8	10	10	14	20	31	32	10	28	6	18	5	14	5	131	87	218	51
1946 ...	7	4	8	22	15	27	22	32	31	14	43	6	27	5	18	11	171	121	292	64
1947 ...	9	10	3	24	12	22	25	40	33	31	33	6	36	4	20	6	171	143	314	65

CITY OF EDINBURGH.

Non-Pulmonary Tuberculosis Notifications.

Year	Under 5 years		5-10 years		10-15 years		15-25 years		25-35 years		35-45 years		45-55 years		Over 55 years		TOTALS			Incidence Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1935 ...	19	10	28	14	22	15	22	30	12	12	7	11	5	8	10	8	125	108	233	51
1936 ...	31	24	24	23	17	14	15	30	9	10	8	12	5	6	8	6	117	125	242	52
1937 ...	31	17	24	29	13	16	26	27	13	11	6	6	5	6	3	14	121	126	247	53
1938 ...	22	17	21	30	8	11	19	33	11	16	6	9	4	4	11	6	102	126	228	49
1939 ...	16	15	12	16	11	9	17	27	9	16	3	1	10	9	3	4	81	97	178	38
Average 1935-39	24	17	22	22	14	13	20	29	11	13	6	8	5	7	7	8	109	117	226	48
1940 ...	28	15	20	8	15	16	5	22	8	9	4	4	8	8	4	...	92	82	174	41
1941 ...	24	16	9	12	5	10	18	20	8	16	4	4	12	16	4	7	84	101	185	43
1942 ...	21	13	11	12	10	10	14	26	8	13	10	4	9	7	11	4	94	89	183	43
1943 ...	18	9	6	6	15	9	12	23	5	10	6	10	2	10	4	5	68	82	150	36
1944 ...	10	9	14	2	8	13	11	23	7	14	4	11	9	12	1	3	64	87	151	36
Average 1940-44	20	12	12	8	11	12	12	23	7	12	6	7	8	10	5	4	81	88	169	40
1945 ...	10	14	6	6	9	8	8	22	4	15	2	12	5	14	3	5	47	96	143	34
1946 ...	17	13	10	6	9	5	12	18	6	12	2	4	4	5	6	4	66	67	133	29
1947 ...	12	8	8	8	5	10	10	21	9	8	3	13	4	3	4	5	55	76	131	27

Non-Pulmonary Tuberculosis Deaths.

Year	Under 5 years		5-10 years		10-15 years		15-25 years		25-35 years		35-45 years		45-55 years		Over 55 years		TOTALS			Death Rate per 100,000 Population
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	Total	
1935 ...	10	7	7	4	6	4	3	6	5	3	1	2	1	2	6	3	39	31	70	15
1936 ...	10	8	4	4	3	1	5	3	6	6	3	3	1	4	2	8	34	37	71	15
1937 ...	11	8	8	5	3	3	9	4	5	4	2	1	2	3	2	9	42	37	79	17
1938 ...	7	7	5	6	2	2	4	9	4	3	...	6	4	...	8	7	34	40	74	16
1939 ...	8	7	6	8	1	5	8	10	1	6	1	1	...	2	6	4	31	43	74	16
Average 1935-39	9	7	6	5	3	3	6	7	4	4	1	3	2	2	5	6	36	38	74	16
1940 ...	13	11	11	2	4	10	1	6	6	5	2	3	3	1	4	3	44	41	85	20
1941 ...	16	11	3	4	1	3	4	16	1	4	...	1	1	2	4	5	30	46	76	18
1942 ...	13	8	4	4	3	2	...	6	2	3	2	1	1	2	10	6	35	32	67	16
1943 ...	12	5	1	2	2	6	3	10	4	1	3	2	2	4	3	4	30	34	64	15
1944 ...	3	7	1	...	1	5	2	9	1	5	...	3	3	1	3	3	14	33	47	11
Average 1940-44	11	8	4	2	2	5	2	9	3	4	1	2	2	2	5	4	31	37	68	16
1945 ...	8	12	3	4	4	2	2	10	3	3	2	3	3	4	4	9	29	47	76	18
1946 ...	5	9	3	4	3	4	6	1	5	2	1	3	4	2	3	4	30	29	59	13
1947 ...	5	3	5	3	...	3	4	3	1	4	1	4	3	2	5	2	24	24	48	10

Non-Pulmonary Tuberculosis Notified Cases and Deaths.

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuberculosis, etc.		Total (All Non-Pulmonary Forms)		Rates per 100,000 of Population	
	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Incidence Rate	Death Rate
1925	194	10	93	37	58	57	6	...	13	3	17	8	71	7	30	11	498	165	116	39
1930	94	5	69	25	45	41	9	...	15	3	20	4	30	...	6	12	295	90	67	21
1935	62	4	62	13	34	36	9	2	19	5	11	5	22	3	5	2	233	70	51	15
1940	42	1	17	11	46	38	1	...	6	3	9	7	33	1	6	24	174	85	41	20
1941	33	...	16	9	44	34	1	...	8	5	19	2	35	5	5	21	185	76	43	18
1942	47	2	21	11	37	24	4	3	1	3	16	3	32	4	6	17	183	67	43	16
1943	29	...	18	9	33	27	3	...	5	5	20	4	28	2	2	15	150	64	36	15
1944	41	3	13	5	27	21	1	1	4	4	21	3	25	1	3	9	151	47	36	11
1945	38	3	16	10	32	35	5	1	3	8	19	11	18	4	2	2	143	76	34	18
1946	28	3	18	4	28	31	4	...	6	4	19	5	16	5	1	7	133	59	29	13
1947	23	...	22	6	24	24	2	...	6	1	14	6	21	3	19	8	131	48	27	10

The total of 131 new cases of non-pulmonary tuberculosis in 1947 is the lowest ever recorded in the city and maintains the downward trend which has been in evidence for some years.

The age incidence of the notified cases is shown herewith:—

Sex	Under 5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70 and over	Total
Male	12	8	5	6	4	3	6	...	3	1	3	...	1	2	1	55
Female	8	8	10	13	*8	4	4	8	5	1	2	1	2	2	...	76
Totals	20	16	15	19	12	7	10	8	8	2	5	1	3	4	1	131

Thirty-six cases out of the total of 131, that is, 27 per cent., relate to children under the age of 10 years.

Deaths.—The total mortality figure was 48, of which 24 were males and 24 females. This represents a death rate of 10 per 100,000 of the estimated population, as compared with 59 deaths and a rate of 13 per 100,000 for the previous year.

Age at death, sex and the organ or region affected by the disease are shown herewith :—

Cause of Death	All Ages			Age Periods										
	Both Sexes	Males	Females	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75 and over
Tuberculous Meningitis	24	12	12	2	4	6	2	6	2	1	1	...	...	...
Tuberculosis of Intestines and Peritoneum ...	6	1	5	...	...	...	1	...	...	1	3	...	1	...
" Vertebral Column	6	4	2	...	...	1	...	...	1	...	1	1	2	...
" Other Bones and Joints	3	3	...	...	...	...	...	1	...	...	...	...	2	...
" Skin	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" Lymphatic System	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" Genito-urinary System	1	...	1	...	...	...	...	...	1	...	...	...	...	...
Disseminated Tuberculosis, acute and chronic	8	4	4	1	1	1	...	...	1	3	...	...	1	...
Totals	48	24	24	3	5	8	3	7	5	5	5	1	6	...

Institutional Treatment.

The total number of beds available at the three municipal hospitals for the treatment of tuberculosis is as follows :—

Colinton Mains Hospital (Pulmonary Tuberculosis) ...	191 beds.
Royal Victoria Hospital " "	76 "
Bangour Hospital " "	20 "
" " (Non-Pulmonary Tuberculosis) ...	100 "
	<u>387 beds.</u>

CITY OF EDINBURGH.

Return showing the number of Tuberculosis Patients Treated in Municipal Sanatoria during the year 1947.

		Remained at 1st Jan. 1947	Admitted During year	Discharged	Died		Remaining at 31st Dec. 1947
					Over 28 Days Residence	Under 28 Days Residence	
PULMONARY							
Adults	{ M ...	148	183	142	29	14	146
	{ F ...	109	127	96	26	12	102
Children	{ M ...	8	9	6	...	1	10
	{ F ...	5	6	3	2	...	6
Total ...		270	325	247	57	27	264
NON-PULMONARY							
Adults	{ M ...	10	11	13	1	...	7
	{ F ...	19	9	18	...	...	10
Children	{ M ...	21	6	9	2	...	16
	{ F ...	10	6	5	...	...	11
Total ...		60	32	45	3	...	44
Grand Total ...		330	357	292	60	27	308

Royal Victoria Hospital.—During the past year 95 patients were admitted and of that number artificial pneumothorax was induced in 41, which represents approximately 43 per cent. Of the patients admitted 37 were males and 52 were females. There were in addition 6 children. After discharge from the hospital the pneumothorax patients attend at suitable periods for the necessary continuation of their treatment. The refill sessions are held at hours most convenient for the patients so that their continued treatment may not interfere unnecessarily with their hours of work.

A full-time occupational therapist pays regular routine visits at frequent intervals to the hospital and the vast majority of the patients keenly avail themselves of her services. The patients who are ambulant receive instruction from her in the various forms of occupational therapy in a special workroom reserved for that purpose, whilst the patients yet confined to bed receive bed-side instruction.

The library service which was inaugurated in 1946 has been, thanks to the kindness of Mr R. Butchart, F.L.A., City Librarian, considerably extended and the books are renewed monthly.

Arrangements are made for every adult patient before leaving hospital on discharge to be interviewed by the rehabilitation officer of the Ministry of Labour. Such interviews are of great service especially to those patients who are not returning to their former employment on account of their health. Alternative situations are discussed and in appropriate cases special courses of training in new types of work are undertaken.

As in other tuberculosis institutions, the nursing problem has presented acute difficulties during the year and at no time in 1947 was nursing personnel up to full establishment, but with the assistance of part-time nurses and male orderlies it was never found necessary to restrict in any way the admission of patients, and throughout the year every available bed was fully utilised. For the entertainment of the patients undergoing treatment in the hospital, concerts and cinema shows are arranged from time to time.

Table showing the number of patients treated in the Royal Victoria Hospital during the year :—

		Remained at 1st Jan. 1947	Admitted During year	Discharged	Died		Remaining at 31st Dec. 1947
					Over 28 Days Residence	Under 28 Days Residence	
Adults	{ M ...	34	37	36	...	...	35
	{ F ...	37	52	54	...	...	35
Children	{ M ...	4	3	4	...	...	3
	{ F ...	2	3	3	...	...	2
Totals ...		77	95	97	...	...	75

Age and sex distribution of the discharged :—

Sex	Under 5	5-10	10-15	15-20	20-30	30-40	40-50	50-60	Over 60	Total
Males ...	...	1	3	9	9	11	5	2	...	40
Females ...	...	...	3	17	29	7	1	...	...	57
Totals ...	...	1	6	26	38	18	6	2	...	97

The average length of residence was 291 days.

Colinton Mains Hospital.—Before the war the number of beds available for the treatment of cases of pulmonary tuberculosis in the City Hospital was 148. In spite of the fact that the accommodation has now reached the total of 191 beds, it is still totally inadequate to meet the urgent and steadily-growing demands. It should hardly be necessary at this time of day to emphasise the fundamental importance of the isolation of infective cases of tuberculosis in preventing the spread of the disease, but under existing circumstances many patients are unable to obtain the necessary hospital treatment and segregation because of the lack of available beds.

In past reports references have been made to the serious disadvantages attendant upon the lack of X-ray facilities at the City Hospital, but this great inconvenience is at length being remedied and an up-to-date X-ray plant is now in process of installation and will prove of inestimable value in the control and management of cases undergoing treatment. As at the Royal Victoria Hospital, the services of the occupational therapist are available to all patients and they receive instruction in the various kinds of diversional or occupational pursuits, such as toy-making, light woodwork, rug-making, embroidery, etc. At the City Hospital, library facilities similar to those at the Royal Victoria Hospital are in existence, and here too they have been extended during the past year and literature to suit the tastes of old and young is available as a bed-side service.

Table shows the number of patients treated :—

		Remained at 1st Jan. 1947	Admitted	Discharged	Died		Remaining at 31st Dec. 1947
					Over 28 Days Residence	Under 28 Days Residence	
Adults	{ M ...	114	141	104	29	13	109
	{ F ...	69	75	40	26	12	66
Children	{ M ...	4	6	2	...	1	7
	{ F ...	2	3	...	2	...	3
Totals	...	189	225	146	57	26	185

In the course of the year 146 patients were discharged and 83 died. The age and sex distribution of these 229 patients were as under :—

	Under 5	5-10	10-15	15-20	20-30	30-40	40-50	50-60	Over 60	Total
Males ...	1	1	2	12	36	41	35	15	6	149
Females ...	...	...	3	21	31	18	7	...	...	80
Totals ...	1	1	5	33	67	59	42	15	6	229

The average length of residence was 237 days.

Bangour Hospital.—The following table shows the number of patients treated in Bangour Hospital during the past year :—

I.—Pulmonary Tuberculosis.

		Remained at 1st Jan. 1947	Admitted	Discharged	Died		Remaining at 31st Dec. 1947
					Over 28 Days Residence	Under 28 Days Residence	
Adults	{ M ...	...	5	2	...	1	2
	{ F ...	3	...	2	...	...	1
Children	{ M ...	...	...	...	...	...	...
	{ F ...	1	...	...	...	...	1
Totals	...	4	5	4	...	1	4

II.—Non-Pulmonary Tuberculosis.

		Remained at 1st Jan. 1947	Admitted	Discharged	Died		Remaining at 31st Dec. 1947
					Over 28 Days Residence	Under 28 Days Residence	
Adults	{ M ...	10	11	13	1	...	7
	{ F ...	19	9	18	...	...	10
Children	{ M ...	21	6	9	2	...	16
	{ F ...	10	6	5	...	...	11
Totals	...	60	32	45	3	...	44

Age and sex of non-pulmonary cases admitted :—

Sex	Under 5	5-10	10-15	15-20	20-30	30-40	40-50	50-60	Over 60	Total
Males ...	...	1	4	3	4	4	1	...	...	17
Females ...	...	2	1	2	4	3	2	1	...	15
Totals ...	...	3	5	5	8	7	3	1	...	32

The site of the disease in the 32 admissions was as under :—

Part Affected	Males	Females
Spine	5	11
Abdomen	3	1
Hand	1	...
Thigh	...	1
Hip	3	2
Knee	1	...
Shoulder	2	...
Ankle	1	...
Meninges	1	...
Totals	17	15

Tuberculosis Dispensaries.

The following table shows the number of attendances :—

	New Cases		Old Cases	
	Edinburgh	Leith	Edinburgh	Leith
Men	1,656	14	7,997	882
Women	1,515	118	7,496	1,123
Children	726	199	4,118	974
Totals	<u>3,897</u>	<u>331</u>	<u>19,611</u>	<u>2,979</u>

Examination of Contacts.—There were 1,615 contacts examined. Of these, 38 proved positive and 1,573 negative ; 4 were doubtful cases.

Examination of Sputa.—The number examined was 3,149, of which 649 were positive and 2,500 negative.

X-ray Examinations.—Chest 3,556 ; Screenings 15,600.

Home Visitation.—The medical and nursing staff paid 15,470 visits to patients at their homes, the numbers in each month being as follows :—

	Insured	Not Insured	Total
January	765	564	1,329
February	753	511	1,264
March	917	553	1,470
April	859	552	1,411
May	750	499	1,249
June	712	467	1,179
July	527	315	842
August	707	409	1,116
September	638	396	1,034
October	1,082	647	1,729
November	984	560	1,544
December	814	489	1,303
Totals	<u>9,508</u>	<u>5,962</u>	<u>15,470</u>

Drugs.—The Public Health Department makes itself responsible for the issue, free of charge, of all necessary drugs and medicines to patients attending the tuberculosis dispensaries.

The cost of prescriptions granted by medical practitioners to tuberculous patients, and dispensed by panel chemists, is also borne by the Department. In order to secure uniformity in pricing, these prescriptions are checked by the Central Checking Bureau for Scotland, and in all 2,228 were issued in the course of the year at a total cost of £647, 10s. 10d.

Tuberculosis Maintenance Allowances.

In pursuance of the powers contained in the Department of Health for Scotland Circular Number 36 A/1943, special monetary allowances may be granted by the Tuberculosis Officer to certain types of cases of pulmonary tuberculosis whilst they are undergoing treatment for their disease. Their dependants may thus be spared acute financial and economic embarrassment whilst the bread-winner or other contributor to the family income is unable to earn a livelihood. The following particulars relate to the granting of Maintenance Allowances, Discretionary Allowances, and Special Payments during the past year.

No. of applications for Tuberculosis Allowances	...	...	...	178
No. of Tuberculosis Allowances granted	...	...	...	111
Maintenance	...	...	...	102
Discretionary	...	...	...	63
Special Payments	...	...	...	14
No. refused on medical grounds	...	...	...	62
No. refused on assessment	...	...	...	4
No. withdrawn by applicant	...	...	...	—
No. under consideration at 31st December 1947	...	...	...	1
No. of Tuberculosis Allowances payable on 31st December 1947	...	...	...	53
No. withdrawn—fit to resume work	...	...	...	36

Mass Miniature X-ray Unit.

During 1947 the Unit worked wholly at Warriston Close and, as in the previous year, the scheme was confined to residents of the City of Edinburgh and others who, though residing outside the city boundaries, worked in the city.

The examinations were applied to industrial concerns and businesses, etc., where persons were already organised in groups. The response to the scheme was variable. Many of the public dread the discovery of disease and are afraid to take advantage of the X-ray facilities; others again, because they have no symptoms, do not see the necessity for X-ray, and accordingly much propaganda and education of the public require to be done to bring before them the benefits of the X-ray scheme.

During the year, eleven special sessions were arranged to cater for firms and individuals who could not attend the Unit during normal working hours, and numerous talks and visits to the Unit's premises were arranged to create interest in the scheme.

In November, an outside Organising Secretary or Liaison Officer was appointed to make contact with managements and employees of firms and businesses to ensure a regular flow of examinees to the Unit.

In the following tables, the main results of the examinations carried out during 1947 are shown:—

The total number of individuals X-rayed up to 31st December 1947 was:—

Males	11,954
Females	10,655
Total	<u>22,609</u>

Large Film Investigations.

	Males	Females	Total
Number recalled for large film examination	428	327	755
Percentage of examinees required to attend for large film examination	3.56	3.01	3.33
Number who did not attend	19	17	36
Number examined	<u>409</u>	<u>310</u>	<u>719</u>

Clinical Investigations.

	Males	Females	Total
Number recalled for clinical examination ...	261	187	448
Percentage of examinees recalled for clinical examination following large film examination	2.18	1.75	1.98
Number who did not attend	7	4	11
Number clinically examined	<u>254</u>	<u>183</u>	<u>437</u>

Age Groups of Examinees.

	Under 20 years	20-24 years	25-34 years	35-44 years	45-54 years	55+ years	Totals
Males ...	1,401	1,808	3,719	2,656	1,707	663	11,954
Females ...	3,550	2,976	2,284	1,161	577	107	10,655
Both Sexes	4,951	4,784	6,003	3,817	2,284	770	22,609

Cases Diagnosed as Pulmonary Tuberculosis (Post Primary).

	Active	Inactive	Total
Males	50 (4.2%)	362 (3.03%)	412 (3.44%)
Females	61 (5.7%)	256 (2.40%)	317 (2.97%)
Both Sexes	111 (4.9%)	618 (2.73%)	729 (3.22%)

**Analysis of 729 Cases of Pulmonary Tuberculosis (Post Primary),
showing Number of Cases in each Age Group with corresponding
Percentages (in brackets).**

		Under 20 years	20-24 years	25-34 years	35-44 years	45-54 years	55+ years	Total
Males ...	No. of Examinees	1,401	1,808	3,719	2,656	1,707	663	11,954
	Active	3 (.21)	8 (.44)	19 (.51)	9 (.34)	5 (.29)	6 (.90)	50 (.42)
	Inactive	26 (1.85)	40 (2.21)	98 (2.63)	88 (3.39)	77 (4.51)	33 (4.97)	362 (3.03)
Females ...	No. of Examinees	3,550	2,976	2,284	1,161	577	107	10,655
	Active	16 (.45)	15 (.54)	19 (.83)	10 (.86)	1 (.17)	...	61 (.57)
	Inactive	72 (2.06)	60 (2.02)	62 (2.71)	35 (3.01)	22 (3.83)	5 (4.67)	256 (2.40)
Both Sexes	No. of Examinees	4,951	4,784	6,003	3,817	2,284	770	22,609
	Active	19 (.38)	23 (.48)	38 (.63)	19 (.49)	6 (.26)	6 (.77)	111 (.49)
	Inactive	98 (1.372)	100 (2.09)	160 (2.66)	123 (3.22)	99 (4.33)	38 (4.93)	618 (2.73)

Number of cases referred to Panel Doctors for further investigation :—

Males	...	...	...	82
Females	...	...	...	86
Total	...	...	...	<u>168</u>

Other Conditions Diagnosed.

1. Diseases of heart and blood vessels	...	30
2. Bronchiectasis	...	2
3. Pneumoconiosis	...	4
4. Intrathoracic new growth	...	8

MATERNITY AND CHILD WELFARE.

REPORT BY THE MATERNITY AND CHILD WELFARE MEDICAL OFFICER.

The many activities of the Maternity and Child Welfare Department continued unabated during 1947 despite a shortage in the staff of the health visitors. The tables referred to in the commentary are grouped for convenience of reference at the end of the text.

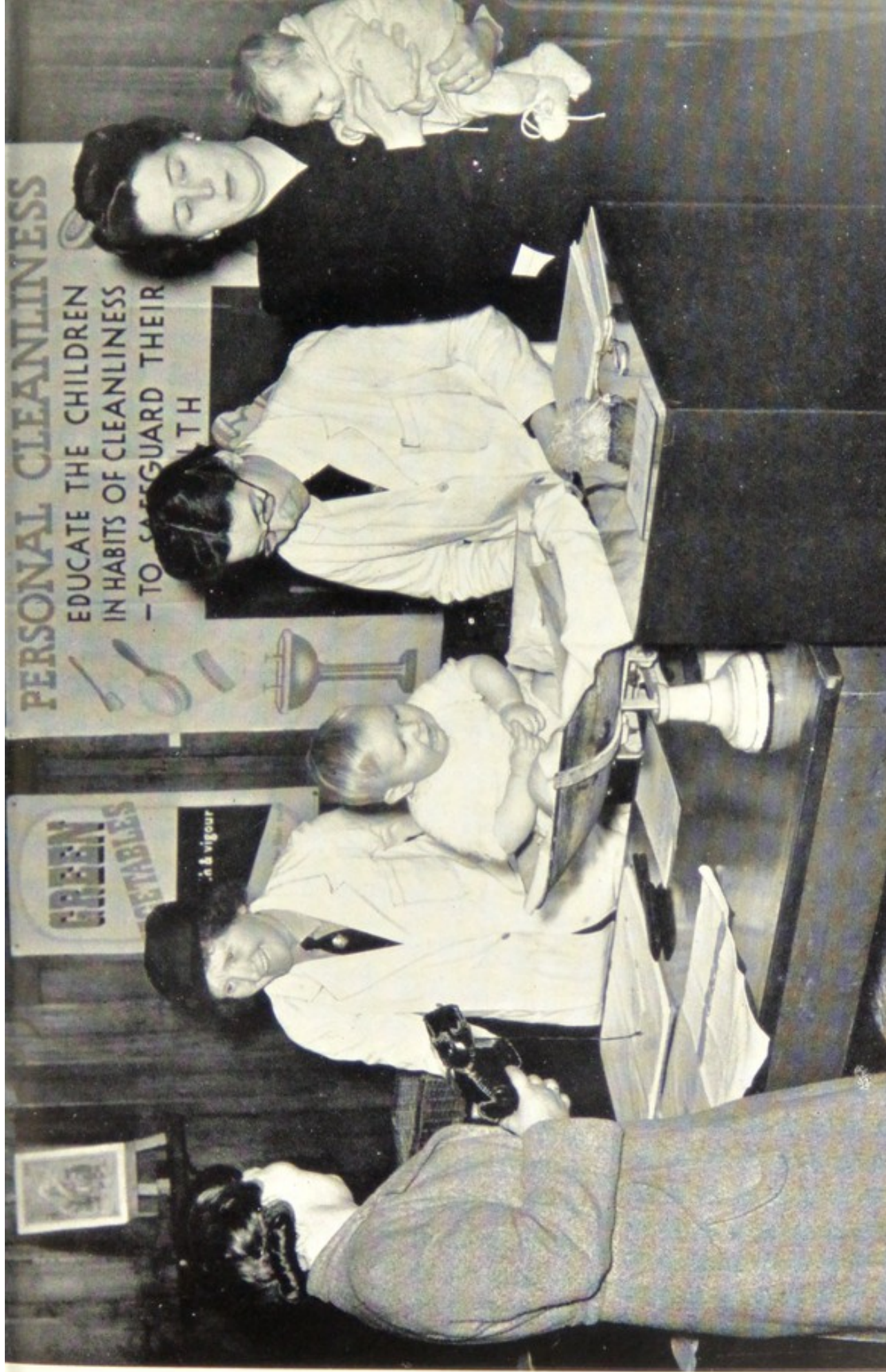
Maternal Health and Welfare.

Ante-Natal Supervision (Table 1).—The ante-natal clinics continued, as in past years, to be under the medical charge of members of the staffs of the maternity hospitals in the city. By this arrangement, expert supervision of, and advice for, the women are assured.

Home visitations by the health visitors form an integral part of the ante-natal services, and by this means a picture is obtained of the home and family situation. Thus the health visitor is in a position to advise whether a confinement can take place at home or not. By the friendly advice and help of the health visitor the mother may be relieved of many of the worries common to her at this time since arrangements can be made at as early a date as possible for, among other things, the provision of a home help, or residential nursery accommodation booked for the other young children during the confinement and puerperium. A visit to the almoner may be suggested so that financial and social problems may be discussed with her. The mother is also encouraged to lead as normal a life as possible and to persevere with any measures recommended by the doctor at the clinic. By these and other means, the health visitor becomes a valued friend and adviser in the home.

During the year 2 additional ante-natal clinics were opened, bringing the number of such clinics to 16. A total of 1,293 ante-natal sessions were held at the clinics, the full attendance at them being 70,151, an increase over the previous year of 2,056. This is a comparatively small increase over the record attendances achieved in 1946, but it is in keeping with the slight rise in the number of notified births during 1947. Of the total of 70,151 attendances, 10,264 women attended for the first time compared with 10,433 last year. There were 59,887 re-visits compared with 57,662 in 1946. The number of ante-natal visits paid by health visitors to the homes was 3,717 compared with 3,639 in the previous year.

The steady increase in the number of births continued to present an acute problem in view of the inadequate facilities for maternity accommodation in hospitals. Though an attempt is being made to increase this accommodation, the continuing shortage of nursing staffs presents the greater problem. Every effort is made to have those women admitted to hospital whose home circumstances preclude their confinement taking place there. Nevertheless, too many women have, perforce, their confinement at home under conditions which are, to say the least of it, unsuitable. The Corporation does all it can to minimise the inevitable inconveniences to such women by offering them, under its Domiciliary



"HE'S PUTTING
ON WEIGHT."

Weighing Day
at a Child
Welfare Centre.

B.B.C. Photo.



CORNER OF A
HEALTH
EXHIBITION
in Craigmillar
School.

*Evening
Dispatch
Photo.*

Maternity Services Scheme, the attendance of doctors and midwives, and where the occasion arises, the services of a home help to look after the family and home during the mother's temporary incapacity.

Post-Natal Supervision (Table 2).—The importance of post-natal examination and supervision is becoming more and more recognised, and it forms part of the responsibilities undertaken by medical practitioners co-operating with the Corporation's Domiciliary Maternity Services Scheme. This supervision is essentially a preventive service, and much ill-health in the mothers and difficulties at subsequent confinements can be effectively avoided. During the year 203 post-natal clinics were held, with a total of 7,134 attendances. This shows an increase of 49 clinic sessions and 931 attendances compared with the previous year.

Midwives Acts (Table 3).—Only two midwives intimated their intention to practise privately in the city during the year, and they attended 31 confinements. Of these confinements, a medical practitioner was called in under Section 22 of the Midwives (Scotland) Act, 1915, in seven instances for the following reasons :—

Forceps delivery	3 cases.
Perineal tear	2 cases.
Prolonged labour	1 case.
Premature infant	1 case—7.

No cases of death in the newborn, of ophthalmia neonatorum, of puerperal fever or pyrexia, or of stillbirth occurred in the practices of these midwives.

Domiciliary Maternity Services Scheme.—This scheme continued to develop and 1,905 completed cases occurred during the year. This shows an increase of 160 completed cases over the previous year's figures. A total of 2,274 applications was made for services under the scheme. Two cases were transferred to other areas before completion of the services, and two cases from other areas were transferred to Edinburgh. Cancellation of applications numbered 225. Over and above the completed total of 1,905 cases were 221 cases which were transferred to hospital. By 31st December, 49 medical practitioners in the city were co-operating under the scheme.

In May, training for Part II of the C.M.B. certificate began at the Western General Hospital, and the midwives and pupil midwives connected with the hospital have since undertaken domiciliary maternity service under the scheme in the Granton and Pilton areas.

Nursing Homes (Table 4).—The number of nursing homes, including maternity homes, registered under the Nursing Homes (Scotland) Act, 1938, on 31st December 1947 was 40. During the year 8 homes, including 4 maternity homes, cancelled registration, and 6 new homes, including 3 maternity homes, were registered. The number of births taking place in the homes was 1,798. All the nursing homes have many more applicants for admission than they can cope with, mainly due to shortage of staff, and to some extent of accommodation also. The total number of maternity beds available in maternity homes was 137.

Nursing Agencies.—The Nurses' Agencies (Scotland) Regulations, 1945, made under Part II of the Nurses (Scotland) Act, 1943, require that all nursing agencies must be licensed with the local authority and this licence must be renewed annually. Application for renewal of licence must be made at least four weeks before the 31st December of each year, the date on which the annual licence is due to expire.

Six nursing agencies were licensed with the Corporation as at 1st January 1947, and during the year one agency gave up, the number of agencies licensed as at 31st December being five. No new applications for licences were made during the year.

Home and Domestic Helps.—This service was begun on 30th April 1945. During 1947 the service continued to prove its value to the community. Very careful selection of recruits to the service is necessary, and though the response to appeals for recruits is, on the whole, good, the number selected remains small. This explains why the supply of home and domestic helps does not meet the demands made for their services. The pressure on maternity beds in hospitals and the resultant necessity for many women to have their confinements at home have put a heavy burden on the service and priority has of necessity been given to confinement cases.

Twenty-one full-time home and domestic helps are at present employed by the Corporation, but though the full complement is 30, this establishment has never been achieved. No part-time personnel is employed, as demands for such services are negligible. The duration of help given is on an average about a fortnight for both confinement and general cases. During the year the maximum weekly charge was raised from £3, 4s. to £3, 8s., but the almoner is always available to adjust matters with those who find this charge a hardship.

During the year 297 confinement cases and 81 general cases were attended out of a total of 465 applications for assistance during confinement and 159 applications for general cases. Of these a total of 248 applications were cancelled for one reason or another before the home help was due to be sent to the home.

Almoning (Tables 5 to 7).—Since the appointment of a full-time almoner by the Corporation in connection with the Domiciliary Maternity Services Scheme in July 1945, the scope of her work has enlarged and now includes hospital cases. This increased work necessitated the appointment of two assistant almoners in August 1945.

The work of an almoner is essentially that of a social worker in a medical setting, and medical social work differs from other forms of social case work only in this, that its particular concern with social problems is in relation to health and sickness.

About 65 per cent. of patients applying for services under the Domiciliary Maternity Services Scheme are interviewed by the almoner for various reasons: some because they feel that the assessment of payment is too high; some because there are certain particulars about which they are not clear; others are asked to call on the almoner as from the particulars submitted on the application form there appear to be difficulties on which the almoner might be able to help, or at least give advice. Examples of this last type of case are the unmarried mother,

the married woman having an illegitimate child, or families where the wage-earner is unemployed and advice could be offered regarding application for free milk or help with the cost of preparation for the confinement and layette.

Owing to the great shortage of convalescent and holiday home facilities only a small proportion of those mothers with babies and toddlers who require a rest and change can be sent away. Only 72 such arrangements could be made this year, but this number could be more than trebled if all those who need such a rest are to be catered for.

Out of the 378 cases for whom home and domestic helps were supplied, 250 were interviewed by the almoner for assessment.

As so much of the work of an almoner is of a peculiarly personal nature, it is not possible by quoting figures to give a true picture of the work done. Nevertheless, Tables 5 to 7 give some indication of how the cases are helped. During 1947 there was a constant stream of patients passing through the almoner's hands. Many were old friends who returned to tell how they were getting on; others were in trouble or worried or came to realise that the almoner is a ready listener and willing to help and advise. Above all, the aim of the almoner remains the same. It is that in no way, by the acceptance of material help or advice, is the independence or self-esteem of the patient to be undermined.

Dental Care of Expectant and Nursing Mothers.—In 1946, arrangements were made with the dental department of the School Health Service for the dental care of expectant and nursing mothers and toddlers. Special hours at the central school dental clinic at 45 Lauriston Place were allocated to the Maternity and Child Welfare Department so that mothers and toddlers could be referred there for examination and treatment. This arrangement was a considerable success and has now been extended, and still further extension is contemplated in the future so that dental care may be given at the clinic premises themselves to all mothers and children attending ante-natal, post-natal and child welfare clinics.

During the past year 72 mothers were referred to the dental clinics and these women made a total of 279 attendances. In addition, 97 children were referred for examination and of these 92 required treatment which necessitated 110 attendances.

Puerperal Pyrexia and Puerperal Fever (Tables 8 to 13).—The total number of notifications of puerperal pyrexia during the year was 47, a reduction of 2 compared with 1946. Of these notified cases, 28 subsequently developed into puerperal fever. The total number of cases of puerperal fever notified was 52, a reduction of 21 compared with the previous year. Of these 52 cases, 15 were subsequently not confirmed as cases of puerperal fever, leaving 37 confirmed cases. These 37 confirmed cases, together with 28 notified as puerperal pyrexia but subsequently proved to be puerperal fever, make a total of 65 cases of puerperal fever. Two deaths occurred among the cases of puerperal fever, but none among the cases of puerperal pyrexia.

Maternal Deaths (Tables 14 to 20).—The maternal death rate is calculated from the total births, both live and still births. The steady and progressive decline in the maternal death rate in Edinburgh has continued and a new low rate

was established this year. The rate is 1.2 per 1000 total births. This compares with a rate of 2.2 in 1946. Table 18 shows two sets of figures from 1944 to the present time. One set is calculated from the Registrar-General's classification based on death certification, while the other is obtained from figures arrived at after clinical investigation. The latter method gives slightly higher figures (12 compared with 10) without showing any great divergence in the downward tendency from year to year.

Puerperal sepsis continued to show a steady decline and accounted for 2 deaths. It was disconcerting, however, to find that toxæmias of pregnancy accounted for 5 deaths. These toxæmias do not seem to be diminishing in frequency despite the wide-spread adoption of ante-natal care, and the causes and prevention of this group of diseases of pregnancy have so far defied solution.

Child Health and Welfare.

Births (Tables 21 to 24).—There were 9,865 registered live births during the year, after the necessary corrections for transfer had been made. Of these, 5,129 were males and 4,736 females. This number gives a birth rate of 20.3, which shows a rise from 19.5 in 1946 and is a local manifestation of a general nation-wide increase in the birth rate. The rate for the city, however, is lower than those for the three other large cities of Scotland and lower than that of Scotland as a whole.

The number of notified births during the year was 12,169, compared with 11,883 in the previous year. It will be seen that a total of 3,715 notified births occurred at home, giving a proportion of 31 per cent., compared with 8,454 or 69 per cent. occurring in hospital or nursing home. These facts merely serve to emphasise the present-day tendency for women to arrange so far as is possible for their confinements to be conducted in institutions.

Stillbirths numbered 268, compared with 305 in the previous year, the rate for the city being 26.0 per 1000 total births as against 32.0 in 1946.

Table 24 shows the number of births which took place in Corporation institutions since 1929. The total confinements taking place in Corporation hospitals this year was 1,836, compared with 1,897 in the previous year. A reduction in the number of cases occurring in the Western General Hospital will be noticed. This was due to the temporary closure of the maternity wards in that hospital on account of infection, while there was an increase in the maternity accommodation at the Eastern General Hospital, which accounts for the rise in the number of births taking place there.

The illegitimate birth rate (Table 21) shows a fall from 7.0 per cent. in 1946 to 5.7 per cent. in 1947. This rate is practically the same as for Scotland as a whole and closely resembles that prevailing in the other three large cities.

Ophthalmia Neonatorum (Table 25).—Notifications of this disease show a sharp drop from the previous year. Eleven cases were notified as against 36. There undoubtedly occur many cases where the symptoms and signs are so slight that their occurrence is not notified. Modern methods of diagnosis and treatment of women during the ante-natal period and the prophylactic measures taken with the eyes of all newborn infants have reduced the incidence of this disease considerably. No cases were proved to be due to the gonococcus. No impairment

or loss of vision in any of the cases notified was reported, and no cases occurred in the practices of the two private midwives. Six cases were treated at home and five in hospital.

Infant Deaths (Tables 26 to 34).—A new low record for the infant mortality rate for the city was established in 1947. The rate per 1000 live births was 49·0, the actual number of deaths of infants under one year being 480, compared with 490 in 1946. Reference to Table 29 shows that the major causes of death during the first year of life were gastro-enteritis (97 deaths), prematurity and respiratory infections (94 deaths each), congenital malformations (46 deaths), and birth injuries (26 deaths). Gastro-enteritis was a major cause of death in infants between one month and twelve months (87 cases). Grouping congenital malformations and birth injuries with prematurity, as these two conditions are so closely related to prematurity, it is found that there were 206 deaths in this combined group, giving a rate of 20·9 per 1000 live births. Mortality rates under one year per 1000 live births from gastro-enteritis and respiratory infections were 9·8 and 9·5 respectively.

The neo-natal mortality rate, *i.e.* the number of deaths of infants under one month per 1000 live births, was 23·0, compared with 26·0 in the previous year. Of the total of 480 deaths under one year, 225 (47 per cent.) occurred within the first month of life. During the neo-natal period the infant must overcome the hazards of birth and make the necessary adjustments to extra-uterine existence. This time is therefore fraught with considerable difficulty for the infant and presents problems which are peculiar to the newborn period. Nearly three-quarters of the total neo-natal deaths take place in the first week of life and about half of these deaths occur on the first day. The slow but steady improvement in the neo-natal death rate during past years has been largely due to reduction in the deaths occurring during the last two or three weeks of the neo-natal period. The high mortality during the first week therefore indicates where further research is required and the necessity for co-operation between obstetrician and pædiatrician is becoming more and more recognised.

Prematurity presents the most important single factor causing death in the neo-natal period. The solution to the problem of prematurity must be approached from two broad aspects, *viz.*, prevention of premature birth, obviously an obstetric problem, and improvement in the care of the premature infant, a pædiatric problem. This last may be solved to some extent by the organisation of fully-equipped premature units and flying squads. Injuries at birth and congenital malformations rank high among the causes of death among neonates. While certain injuries appear to be unavoidable and others justifiable to save the mother's life, there is little doubt that further improvement in ante-natal and intra-natal care would result in a greater reduction in deaths from these causes. Many congenital malformations are, of course, incompatible with life, but early recognition and treatment of certain others will result in an increased saving of infant life. Recent work on the causes of congenital defects emphasises not only the genetic factor, but also the influence of maternal nutrition, infection in the mother in the early months of life, and other phenomena affecting the developing fœtus.

Respiratory infections (30 deaths) and gastro-enteritis (10 deaths) took their toll of infant life during the first month. Infection as a cause of death in the first month was the subject of a report published in February 1947 by a sub-committee of the Scientific Advisory Committee to the Department of Health. This sub-committee demonstrated beyond question the importance of prematurity as a predisposing factor in death from infection. Pneumonia, gastro-enteritis and skin infections were the outstanding infections causing death during the neonatal period. The report contained several recommendations which, if put into operation, were calculated to reduce materially the infection rate in the newborn. These recommendations included an extension of mothercraft teaching, more specialised training of those engaged in the care and nursing of the newborn, and more adequate and modern nursery accommodation in maternity units, including special provision for the care of premature infants.

Gastro-enteritis accounted for 97 deaths during the first year of life, a mortality rate of 9.8 per 1000 live births. The cause of this disease still remains a mystery and much has yet to be learned regarding its prevention and treatment. There were 56 deaths among male infants and 41 among female infants, the period of maximum incidence being between January and March. In all, there were 100 deaths in children under two years of age from this disease, no deaths occurring in the 2-5 age group. The following statement shows these deaths according to monthly incidence, age and sex:—

Deaths from Gastro Enteritis, 1947

	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
January ...	12	8	...	...	...	...	...	...	...	...	12	8
February ...	9	10	...	...	...	...	...	...	...	...	9	10
March ...	14	4	...	1	...	...	...	...	...	...	14	5
April ...	3	4	...	...	...	...	...	...	...	...	3	4
May ...	2	...	1	...	...	...	...	...	...	...	3	...
June ...	5	5	1	...	...	...	...	...	...	...	6	5
July ...	1	2	...	...	...	...	...	...	...	...	1	2
August ...	4	2	...	...	...	...	...	...	...	...	4	2
September ...	3	4	...	...	...	...	...	...	...	...	3	4
October ...	1	1	...	...	...	...	...	...	...	...	1	1
November ...	1	1	...	...	...	...	...	...	...	...	1	1
December ...	1	...	...	...	...	...	...	...	...	...	1	...
Totals ...	56	41	2	1	...	...	...	...	...	...	58	42

	Under 4 weeks	1 month	2 months	3 months	4 months	5 months	6 months	7 months	8 months	9-12 months	Total
Male ...	6	6	10	4	7	7	7	3	2	4	56
Female ...	4	2	6	10	3	2	7	3	2	2	41

Respiratory infections form the third main contributory factor adversely affecting the mortality statistics. During the year the total number of deaths from these causes under five years of age was 106.

Overlaying and whooping cough contributed an unusually high quota to the deaths under one year. The total deaths from these causes were 17 and 12 respectively, giving rates of 1.7 and 1.2 per 1000 live births. A full and thorough investigation is carried out in all cases of overlaying.

The infant mortality rates according to the wards in the city are shown in Table 28. Analysis of these figures reveals an uneven state of affairs. Generally, it may be said that the wards previously congested and with high rates are showing a steady fall, while those in which new housing areas are developing are showing a tendency to rising rates. This last is a disturbing observation and points to the necessity for greater supervision in these wards.

Home Visits (Table 35).—During the year, 8,940 infants under one year of age were visited for the first time in their own homes for purposes of health supervision. In all, these infants received 21,817 visits during the year, an increase of 2,811 over the figures for 1946. In addition to these first-year visits, 28,421 visits were paid to children between one and five years of age. The grand total of visits paid to children under five by members of the health visitor staff was 59,178, compared with 56,868 visits in the previous year. Ante-natal visits to expectant mothers numbered 3,717, compared with 3,639 in 1946.

A considerable strain is placed on the health visitor staff at the present moment. Recruitment of new members is slow because of the general shortage of trained nurses, while, in addition to the home visits, the health visitor must attend at the clinic sessions held at her welfare centre. Visits are also made in respect of applications for admission to nurseries and for the services of home helps. The standard laid down by the Orr Report (500 cases per health visitor) is far from being achieved at the present time.

Members of the Voluntary Health Workers Association also continued to undertake visitation, at fortnightly intervals, of babies up to fifteen months of age referred to them for this purpose by the Child Welfare Department. During the year, 192 babies were thus looked after, but the number of voluntary visitors has also dropped steeply and now numbers only 10. Nevertheless, these ladies carry out a most useful work in association with the Child Welfare Department.

Health Supervision (Table 36).—Regular attendance at the clinics is encouraged so that the progress of the children may be checked and advice offered to the mothers on such matters as feeding, clothing, immunisation, etc. This year, two new centres were opened at Firrhill and Pilton respectively. The number of health supervision clinics held during the year was 1,974, at which 6,831 infants under one year and 1,131 children over a year were seen for the first time, making a total of 7,962 new cases, an increase of 1,179 compared with the previous year. The total attendances of all cases was 70,083, an increase of 13,668 over the attendances during 1946.

Curative Clinics (Table 37).—These clinics are essentially for the treatment of minor ailments in infants and children under five years of age. A total of 1,815 sessions were held throughout the year, including those at the two new centres at Firrhill and Pilton. A total of 4,656 attendances were made at these clinics.

Ultra-Violet Ray Clinics (Table 38).—Cases requiring exposure to ultra-violet light are drawn from their own homes and from the children attending the day nurseries, in addition to cases referred for treatment by medical practitioners. During the year, 543 new cases were treated and made 6,205 attendances.

Rheumatic Clinic (Table 39).—The rheumatic clinic, held at the Royal Hospital for Sick Children, continued under the medical charge of Dr. D. N. Nicholson, a senior member of the hospital medical staff. The clinic is financed by the Corporation. Forty-five new cases were referred to the clinic for investigation, and 28 were found to be suffering from rheumatism. Of these cases, 8 were in the earliest stages of the disease and showing prodromal manifestations. With such early cases, much can be done to prevent the advance of the rheumatic process. Seventeen were proved to be non-rheumatic though initially showing symptoms that were suggestive of early rheumatism. Appropriate measures are taken to have these non-rheumatic cases treated for the conditions they are proved to have. Home follow-up visits are paid by the health visitors to cases attending the clinic.

Orthopædic Clinic.—Facilities continue to be granted at the school orthopædic clinic for children under five years of age.

Vaccinations and Immunisations.—The number of smallpox vaccinations carried out at the various child welfare centres was 4,474. The investigation into the value of combined protection against diphtheria and whooping cough continues, but the numbers so treated up to the present do not warrant any definite conclusions meantime.

Mothercraft Teaching.—The experiment of teaching mothercraft to senior girls in the schools under the Education Committee by four health visitors seconded from the Child Welfare Department continued during the year. The success of the venture is undoubted, and the interest and knowledge displayed by the girls taking the course is extremely gratifying and warrants the hope that the teaching may soon be extended not only to the girls, but also in the form of home or housecraft to the boys.

Facilities were granted as in the past to the Naval, Army and Air Force authorities for visits to child welfare clinics and nurseries to be paid by members of the women's services attached to H.M. Forces.

Day Nurseries.—The year 1947 was one of sustained activity in the day nurseries under the control of the Child Welfare Department. At the beginning of the year there were 12 such nurseries with accommodation for 520 children.

In April, Douglas Home Nursery in Lauder Road was re-opened, giving accommodation for a further 40 children, the majority of whom were conveyed daily by special bus from Stockbridge area.

The slight slackening in demand for day nurseries which had been noted in 1946 was not continued. From the beginning of the year the numbers on the waiting lists began to rise and continued to do so until the end of the year, when there were 920 children awaiting admission.

The health of the children and staff was good throughout the year, although the severe weather in the early part of 1947 did, to some extent, affect the attendance figures. Nevertheless, the fall in attendances was much less than might have been expected for such very young children.

Twenty-three trainees from the child welfare nurseries gained the Nursery Nurses' Certificate of the Scottish Nursery Nurses Examination Board during the year, out of a total of 26 trainees presented for the examinations. The introduction of the revised training scheme for this certificate raised many problems, related especially to staffing. A start, however, has been made with lectures based on the new syllabus and arranged by the Education Committee. A good deal of publicity was attached to this new national scheme of training, and one immediate result was an increased flow of applicants for the training. This did much to ease staffing difficulties during the last few months of the year.

A hostel for nursery nurse trainees whose homes were outwith the Edinburgh area was formally opened by Mrs Westwood, wife of Mr Joseph Westwood, Secretary of State for Scotland, on 26th June 1947. The hostel is situated at 19 Chester Street, Edinburgh. Within a short time all the accommodation was taken up, and a happy group of trainees serving in both day and residential nurseries has now settled down to take advantage of this opportunity to acquire a training and certificate which were not available to them in their home areas.

The 13 day nurseries provided 560 places for children, and the total attendances over the year amounted to 80 per cent. of the possible attendances.

Residential Nurseries and Children's Homes (Table 40).—In addition to day nursery facilities, the Public Health Department provides four residential nurseries for the day and night care of infants and children under five years of age whose mothers are ill or in hospital or otherwise incapacitated. These nurseries are Victoria Park House, Willowbrae House, Stockbridge and Viewforth Nurseries.

The children in the day and residential nurseries provided by the Public Health Department are all medically examined prior to admission by one of the assistant medical officers of the Child Welfare Department. This ensures that the children will be reasonably healthy, free from infection and in a cleanly condition. These medical officers also pay regular visits of inspection to the nurseries at weekly intervals, and every child has a complete medical examination at least once monthly, and oftener when the occasion arises or emergencies occur.

The medical supervision and care of the children living in the four residential children's homes at Canaan Lodge, Clerwood, Redhall and St. Katharine's are also undertaken by the medical staff of the Child Welfare Department. These four homes are administered by the City Social Services Officer.

Several residential nurseries and children's homes are maintained throughout the city by interested bodies. These are shown in Table 40, and comprise facilities for both long and/or short-term stays.

Toddlers' Play Centres (Table 41).—The Voluntary Health Workers' Association, working in close liaison with the Child Welfare Department, has, since 1914, pioneered and made itself responsible for the carrying on of a series of toddlers' play centres in various parts of the city. At these play centres children from three to five years of age can attend and be looked after during every school day for two hours in the forenoon from 10 till 12 o'clock. Each play centre is subsidised to the extent of £50 by the Corporation, the balance of cost being met by voluntary subscription.

During the year 18 toddlers' play centres were active. The number of toddlers on the attendance rolls was 464, and the average daily attendance 387. A superintendent is in charge of each play centre and she receives an honorarium for her work. Regular medical examinations of the children are carried out by the medical staff of the Child Welfare Department, who also visit the play centres at regular intervals. Descriptive details of the work undertaken at the play centres will be found in the Annual Report of the Voluntary Health Workers' Association. This can be obtained direct from the Secretary, Mrs. M. M. Brotherston, M.B., 7 Abbotsford Park, Edinburgh 10, or from the Maternity and Child Welfare Department, Johnston Terrace, Edinburgh 1.

Homes for Mothers and Babies (Table 42).

(1) **Edinburgh Home for Mothers and Babies at 17 Claremont Park, Leith.**—This home was re-opened in June 1947, and admits mainly unmarried mothers during the ante-natal period. The actual confinements take place in hospital, and after completion of the lying-in period, the mother and the infant may return to the home.

(2) **Haig Ferguson Memorial Home at 4 Lauriston Park, Edinburgh.**—This home admits unmarried mothers during the ante-natal period only. The confinements take place in hospital.

(3) **Salvation Army Home for Mothers and Babies: "Tor," Corstorphine Road, Edinburgh.**—The Salvation Army took over these premises in May 1947 after vacating Bonnington Bank House, Ferry Road, Leith. The home admits unmarried mothers during the ante-natal period, and re-admits them with their babies after the confinements have taken place in hospital. It is the intention of the Salvation Army authorities to provide suitable facilities for confinements to be conducted at "Tor," but the necessary structural alterations are not yet completed.

Retiral of Dr. T. Y. Finlay.—In November, Dr. T. Y. Finlay, who had been Medical Officer in charge of the Maternity and Child Welfare Department since 1919, demitted office on his retirement. Dr. Finlay gave unstintingly of his time and knowledge to the work of the Department, and under his guidance and direction its activities steadily increased. We extend to Dr. Finlay our best wishes and thanks for his loyal and devoted service to the cause of maternal and child welfare, and hope that a long and useful career may still lie ahead of him.

Acknowledgments.—It is a real privilege and pleasure to express my warmest appreciation and thanks to the members of my staff. Doctors, supervisors, health visitors, almoners, administrative and clerical workers have not spared themselves in their loyal services. To them in no small measure is much of the credit due for the successful accomplishment of the many activities of the Department. I would also thank the large body of voluntary workers connected with the Department. They accomplish much, and their contributions to the happiness of mothers and children are appreciated by all.

TABLE 1.—ANTE-NATAL CLINICS.

Centre	Number of Clinics held	Attendances		
		New Cases	Old Cases	Total
Cowgate	105	319	1,092	1,411
E.I.M.H.	214	1,867	12,896	14,763
Gorgie	53	309	1,793	2,102
Granton	52	203	669	872
Leith	107	756	4,403	5,159
Marshall Street	52	245	976	1,221
Murrayburn	53	106	613	719
Niddrie	51	250	1,430	1,680
Pilton	31	79	84	163
Portobello	53	280	1,901	2,181
Prestonfield	49	76	387	463
S.M.M.P.	156	3,628	22,771	26,399
Stenhouse	54	193	1,098	1,291
Stockbridge	107	372	2,118	2,490
Torphichen Street	52	301	1,699	2,000
Western General Hospital	104	1,280	5,957	7,237
Totals	1,293	10,264	59,887	70,151

TABLE 2.—POST-NATAL CLINICS.

Centre	No. of Clinics held	Attendances
Simpson Memorial Maternity Pavilion	51	4,131
Elsie Inglis Memorial Hospital ...	101	1,747
Western General Hospital	51	592
Seen at other Clinics	...	664
Totals	203	7,134

TABLE 3.—MIDWIVES ACT.

1.	The number of certified midwives who intimated to the Local Authority their intention to practise privately in the district	...	...	...	...	2
2.	(a) Total number of births (notified)	...	...	...	...	12,169
	(b) Number of births attended by midwives	...	...	...	...	31
	(c) Total number of deaths of newborn children (within 14 days)	...	...	...	...	188
	(d) Deaths of newborn children occurring in the practice of midwives	...	...	...	...	0
	(e) Number of births not attended by a doctor or midwife	...	...	...	...	0
3.	(a) Total number of cases of ophthalmia neonatorum	...	...	...	...	11
	(b) Number of cases of ophthalmia neonatorum occurring in the practice of midwives	...	...	...	...	0
	(c) Number of cases occurring where confinement not attended by a doctor or midwife	...	...	...	...	0
4.	(a) Total number of cases of confirmed puerperal fever	...	...	...	...	65
	(b) Number of cases of puerperal fever occurring in the practice of midwives	...	...	...	...	0
	(c) Total number of deaths from puerperal fever	...	...	...	...	2
	(d) Number of deaths from puerperal fever occurring in the practice of midwives	...	...	...	...	0
	(e) Number of cases occurring where confinement not attended by a doctor or midwife	...	...	...	...	0
5.	(a) Total number of cases of confirmed puerperal pyrexia	...	...	...	...	34
	(b) Number of cases of puerperal pyrexia occurring in the practice of midwives	...	...	...	...	0
	(c) Total number of deaths from puerperal pyrexia	...	...	...	...	0
	(d) Number of deaths from puerperal pyrexia occurring in the practice of midwives	...	...	...	...	0
	(e) Number of cases occurring where confinement not attended by a doctor or midwife	...	...	...	...	0
6.	(a) Total number of stillbirths	...	...	...	...	367
	(b) Number of cases of stillbirths occurring in the practice of midwives	...	...	...	...	0
7.	Cases of emergency	...	...	...	...	7

Cases of emergency in which medical practitioners were called in, under Section 22 of the Act, during 1947 are noted in the following classified list:—

Forceps deliveries	...	...	...	3
Perineal tears	...	...	...	2
Prolonged labour	...	...	...	1
Premature infant	...	...	...	1
				7

TABLE 4.—NURSING HOMES.

	Maternity Cases only	Maternity and Other Cases	Medical and Surgical Cases	Total
No. of registered Nursing Homes at 1st January 1947	8	8	26	42
No. of registrations during the year	3	...	3	6
No. of registrations cancelled during the year	4	2	2	8
No. of registered Nursing Homes at 31st December 1947	7	6	27	40

MATERNITY AND CHILD WELFARE STATISTICS.

TABLE 8.—PUERPERAL PYREXIA.

Total number of cases of puerperal pyrexia notified	...	...	47
Total number subsequently developing into puerperal fever	...	...	28
		TOTAL	19

TABLE 9.—PUERPERAL FEVER.

Total number of cases of puerperal fever notified	...	...	52
Total number of cases notified but not confirmed :—			
Abortion	...	...	5
Coryza	...	...	1
Pyelitis	...	...	1
Mastitis	...	...	2
Pyrexia of unknown origin	...	...	3
Pneumonia	...	...	1
Others	...	...	2
			15
		TOTAL	37

TABLE 10.—RÉSUMÉ of CONFIRMED CASES of
PUERPERAL FEVER.

Notified as puerperal fever	...	...	37
Notified as puerperal pyrexia	...	...	28
		TOTAL	65

TABLE 11.—DEATHS from CONFIRMED CASES of
PUERPERAL FEVER.

Number notified as puerperal fever	...	...	2
Number notified as puerperal pyrexia	...	...	0
Number not notified as puerperal fever or pyrexia	...	...	0
		TOTAL	2

TABLE 12.—AGES of PATIENTS suffering from
PUERPERAL FEVER.

15 years and under 20 years	...	...	4
20 years and under 25 years	...	...	19
25 years and under 30 years	...	...	18
30 years and under 35 years	...	...	13
35 years and under 40 years	...	...	7
40 years and over	...	...	4
		TOTAL	65

TABLE 13.—AGES at DEATH of PATIENTS suffering from Confirmed
PUERPERAL FEVER.

Under 40 years	...	...	...	...	...	...	...	0
Over 40 years and under 45 years	...	...	...	...	...	...	...	2
							TOTAL	2

TABLE 14.—MATERNAL DEATHS.

CAUSES OF DEATH :—

Puerperal sepsis	...	...	...	...	...	...	...	2
Toxæmia	...	...	...	...	...	...	...	5
Hæmorrhage	...	...	...	...	...	...	...	2

OTHER CONDITIONS :—

Hydatidiform mole	...	...	...	...	...	...	...	1
Pulmonary tuberculosis	...	...	...	...	...	...	...	1
Obstetric shock	...	...	...	...	...	...	...	1

TOTAL ... 12

TABLE 15.—MATERNAL DEATHS.

Maternal Deaths, 1943-47	1943	1944	1945	1946	1947
	Per cent	Per cent	Per cent	Per cent	Per cent
Cases attended by—					
Private doctors and died at home	6.0	...	5.5	4.7	8.34
Private doctors and removed to Institutions	35.0	45.0	33.5	23.8	66.66
Private doctors and died in nursing homes	...	...	11.0	4.8	...
Midwives and died at home	...	...	...	...	...
Dispensaries and pupil nurses and removed to Institutions	6.0	5.0	...	...	...
Institution nurses and died at home	...	5.0	5.5	...	...
Attended in Institutions	53.0	45.0	39.0	66.7	25.0
No medical care	...	...	5.5	...	...
Totals	100.0	100.0	100.0	100.0	100.0

TABLE 16.—MATERNAL DEATHS, 1943-1947.

TOTALS.

	1943	1944	1945	1946	1947
Septicæmia	3	7	4	1	2
Toxæmia	1	1	4	3	5
Hæmorrhage	3	2	...	6	2
Embolism	...	1	3	1	...
Other Conditions	10	9	7	10	3
	17	20	18	21	12

TABLE 17.—MATERNAL DEATHS, 1943-47.
RATE PER 1000 TOTAL BIRTHS (LIVE AND STILL).

	1943	1944	1945	1946	1947
Septicæmia	0·4	0·9	0·5	0·1	0·2
Toxæmia	0·1	0·1	0·5	0·3	0·5
Hæmorrhage	0·4	0·2	...	0·6	0·2
Embolism	...	0·1	0·4	0·1	...
Other Conditions	1·3	1·1	0·9	1·0	0·3
	2·1	2·5	2·4	2·2	1·2

TABLE 18.—MATERNAL MORTALITY.
RATE PER 1000 TOTAL BIRTHS (LIVE AND STILL).

Year	Total Births (Live and Still)	Registrar General's Classification						After Clinical Investigation					
		Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births	Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births
Aver. 1939-43	7,512	9	1·2	14	1·9	23	3·0	6	0·8	21	2·8	27	3·6
1944	8,131	8	1·0	8	1·0	16	2·0	7	0·9	13	1·6	20	2·5
1945	7,576	6	0·8	12	1·6	18	2·4	4	0·5	14	1·8	18	2·4
1946	9,655	1	0·1	14	1·5	15	1·6	1	0·1	20	2·1	21	2·2
1947	10,133	1	0·1	9	1·0	10	1·0	2	0·2	10	1·0	12	1·2

TABLE 19.—MATERNAL DEATHS.

Maternal Deaths	Septicæmia	Toxæmia	Hæmorrhage	Embolism	Other conditions complicating or associated with Child-birth	Total
Cases attended by—						
Private doctors and died at home ...	...	...	...	...	1	1
Private doctors and removed to Institutions	2	3	1	...	2	8
Private doctors and died in nursing homes	...	...	...	...	...	...
Midwives and died at home	...	...	...	...	...	...
Dispensaries and pupil nurses and removed to Institutions	...	...	...	...	...	...
Institution nurses and died at home ...	...	...	...	...	...	...
Attended in Institutions	...	1	1	...	1	3
No medical care	...	...	...	...	...	...
Totals	2	4	2	...	4	12

TABLE 20.—MATERNAL DEATHS.

AGES AT DEATH :—

20 years and under 25 years	...	...	4 or 33.3 per cent. of total.
25 years and under 30 years	...	...	2 or 16.7 " "
35 years and under 40 years	...	...	4 or 33.3 " "
40 years and under 45 years	...	...	2 or 16.7 " "

TOTAL	...	...	12 100
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TABLE 21.—Particulars regarding BIRTHS after necessary corrections have been made for transfers.

		Total Live Births	Legitimate	Illegitimate	Illegitimate Births per cent. of Live Births
1st Quarter 1939	...	1,738	1,633	105	6.0
2nd " "	...	2,056	1,945	111	5.4
3rd " "	...	1,883	1,780	103	5.5
4th " "	...	1,623	1,525	98	6.0
Year 1939	...	7,300	6,883	417	5.7
1st Quarter 1940	...	1,804	1,686	118	6.5
2nd " "	...	1,896	1,788	108	5.7
3rd " "	...	1,706	1,593	113	6.6
4th " "	...	1,524	1,452	72	4.7
Year 1940	...	6,930	6,519	411	5.9
1st Quarter 1941	...	1,676	1,555	121	7.2
2nd " "	...	1,839	1,706	133	7.2
3rd " "	...	1,755	1,611	144	8.2
4th " "	...	1,664	1,558	106	6.4
Year 1941	...	6,934	6,430	504	7.3
1st Quarter 1942	...	1,791	1,674	117	6.5
2nd " "	...	1,967	1,806	161	8.2
3rd " "	...	1,838	1,671	167	9.1
4th " "	...	1,790	1,676	114	6.4
Year 1942	...	7,386	6,827	559	7.6
1st Quarter 1943	...	1,808	1,672	136	7.5
2nd " "	...	2,052	1,882	170	8.3
3rd " "	...	1,905	1,726	179	9.4
4th " "	...	1,840	1,688	152	8.3
Year 1943	...	7,605	6,968	637	8.4
1st Quarter 1944	...	1,848	1,683	165	8.9
2nd " "	...	2,103	1,926	177	8.4
3rd " "	...	1,971	1,789	182	9.2
4th " "	...	1,986	1,790	196	9.9
Year 1944	...	7,908	7,188	720	9.1
1st Quarter 1945	...	1,812	1,627	185	10.2
2nd " "	...	1,899	1,706	193	10.2
3rd " "	...	1,832	1,643	189	10.3
4th " "	...	1,819	1,663	156	8.6
Year 1945	...	7,362	6,639	723	9.8
1st Quarter 1946	...	1,952	1,781	171	8.8
2nd " "	...	2,312	2,138	174	7.5
3rd " "	...	2,494	2,332	162	6.5
4th " "	...	2,592	2,441	151	5.8
Year 1946	...	9,350	8,692	658	7.0
1st Quarter 1947	...	2,669	2,536	133	5.0
2nd " "	...	2,716	2,570	146	5.4
3rd " "	...	2,405	2,242	163	6.8
4th " "	...	2,075	1,957	118	5.7
Year 1947	...	9,865	9,305	560	5.7

TABLE 22.—BIRTH RATES for eight large towns in Scotland and for the whole of Scotland.

Year	Scotland	Glasgow	Edin- burgh	Dundee	Aberdeen	Paisley	Greenock	Mother- well and Wishaw	Clyde- bank
1937	17.6	19.8	15.8	17.6	17.1	18.9	21.6	20.0	17.9
1938	17.7	19.5	16.1	17.6	16.9	18.7	20.2	19.5	18.2
1939	17.4	19.2	15.5	15.8	16.6	18.4	20.3	18.8	17.7
1940	17.1	19.1	15.5	16.6	15.6	18.5	19.7	19.3	19.1
1941	17.5	18.7	15.0	16.3	16.2	19.4	18.8	20.1	19.6
1942	17.6	18.8	15.8	15.9	16.1	17.1	20.1	18.8	19.9
1943	18.4	20.0	16.2	16.3	16.0	19.0	21.0	19.7	21.0
1944	18.5	19.7	16.6	18.0	16.5	18.9	20.5	20.8	21.2
1945	16.9	18.1	15.4	16.1	15.5	16.0	18.6	17.7	18.6
1946	20.3	21.0	19.5	22.3	20.4	20.0	20.7	21.2	20.5
1947	22.0	23.3	20.3	23.1	21.9	22.5	23.8	23.7	21.5

TABLE 23.—NOTIFICATION OF BIRTHS.

I.	Total number of births occurring in the area during year	...	...	...	12,169
II.	Total number of births classified according to nature of attendance at confinement :—				
	(1) MATERNITY SERVICES SCHEME CASES				
	(a) with private doctor	...	...	...	144
	(b) with hospital staff only	...	...	...	1,761
					1,905
	(2) OTHER DOMICILIARY CASES				
	(a) with doctor	...	...	...	1,595
	(b) with midwife alone (no doctor booked)	...			31
	(c) conducted by outdoor staff of institution	...			184
	(d) without doctor or midwife	...	...	...	0
					1,810
	(3) INSTITUTIONAL CASES (including those in private maternity and nursing homes)				
	(a) Simpson Memorial Pavilion	...	...	...	3,372
	(b) Elsie Inglis Memorial Hospital	...	...	...	1,448
	(c) Western General Hospital	...	...	...	1,117
	(d) Eastern General Hospital	...	...	...	719
	(e) Nursing Homes	...	...	...	1,798
					8,454
	TOTAL	...	...	...	12,169
					12,169

TABLE 24.—BIRTHS occurring in Municipal Institutions since the passing of the Local Government Act, 1929.

1929	63	Craiglockhart Poorhouse.
1930	44	Craigleith Hospital.
1931	66	Craigleith Hospital.
1932	59	Western General Hospital.
1933	118	Western General Hospital.
1934	161	Western General Hospital.
1935	206	Western General Hospital.
1936	353	Western General Hospital.
1937	491	Western General Hospital.
1938	666	Western General Hospital.
1939	483	Western General Hospital.
	20	Northern General Hospital.
	1	Craiglockhart Institution.
1940	434	Western General Hospital.
	4	Northern General Hospital.
1941	704	Western General Hospital.
1942	881	Western General Hospital.
	1	Edinburgh City Hospital.
1943	1,105	Western General Hospital.
1944	1,289	Western General Hospital.
1945	1,211	Western General Hospital.
	275	Eastern General Hospital.
	2	Edinburgh City Hospital.
1946	1,461	Western General Hospital.
	436	Eastern General Hospital.
1947	1,117	Western General Hospital.
	719	Eastern General Hospital.

TABLE 25.—OPHTHALMIA NEONATORUM. The interval in days between the Birth of the Child and the onset of the disease.

Days	1	2	3	4	5	6	7	8	9	10	11-21 days	No particulars	Total
Cases	1	0	3	1	0	2	1	0	1	0	2	0	11

The confinement was attended by:—

	Cases
A doctor and nurse	1
Nurses from institutions	4
Dispensaries	2
In institutions	4
Midwives	0
TOTAL	11

Treatment was given:—

	Cases
At home	5
At home and welfare centres	1
In hospital	5
TOTAL	11

Cases occurring under Maternity Services Scheme—6.

TABLE 26.—INFANT MORTALITY RATES in Scotland
and Eight Large Burghs.

Year	Scotland	Glasgow	Edin- burgh	Dundee	Aberdeen	Paisley	Greenock	Mother- well and Wishaw	Clyde- bank
1937	80	104	70	87	72	93	97	72	82
1938	70	87	61	77	71	76	75	61	68
1939	69	80	59	74	59	91	88	91	76
1940	78	95	68	67	86	115	82	65	80
1941	83	111	66	89	77	116	90	73	95
1942	69	91	56	68	67	97	104	70	57
1943	65	82	54	69	68	81	80	69	61
1944	65	95	51	60	57	80	81	54	71
1945	56	68	50	57	54	75	74	64	52
1946	54	67	52	47	42	57	62	54	59
1947	56	77	49	70	64	62	64	64	48

TABLE 27.—EDINBURGH—INFANT MORTALITY RATES (deaths under
ONE YEAR per 1000 Live Births).

Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality
1880	143	1897	164	1914	110	1931	69
1881	128	1898	*141	1915	132	1932	73
1882	121	1899	147	1916	100	1933	66
1883	128	1900	132	1917	T123	1934	62
1884	135	1901	143	1918	94	1935	70
1885	120	1902	119	1919	Y117	1936	68
1886	136	1903	117	1920	89	1937	70
1887	137	1904	125	1921	P96	1938	61
1888	128	1905	124	1922	91	1939	59
1889	133	1906	112	1923	82	1940	68
1890	144	1907	121	1924	89	1941	66
1891	138	1908	R114	1925	96	1942	56
1892	135	1909	113	1926	80	1943	54
1893	148	1910	103	1927	80	1944	51
1894	125	1911	115	1928	75	1945	50
1895	152	1912	110	1929	80	1946	52
1896	122	1913	101	1930	82	1947	49

* Sanitary Department formed 1898. P City Boundaries extended. R Voluntary Visiting in Homes.
T Child Welfare Department formed May, 1917. Y Reflection world influenza epidemic, 1918-1919.

TABLE 28.—EDINBURGH—INFANT MORTALITY RATES in Wards.

Ward	Infant Mortality Rates (per 1000 Live Births)											
	1916-1920	1921-1925*	1926-1930	1931-1935	1936-1940	1941	1942	1943	1944	1945	1946	1947
1. Calton	101	82	67	69	55	91	64	68	48	37	35	44
2. Canongate	120	103	91	66	64	69	42	44	46	84	57	63
3. Newington	65	70	69	70	35	55	25	46	42	26	40	21
4. Morningside	67	56	40	46	41	62	28	68	53	60	31	42
5. Merchiston	68	54	53	56	59	33	36	38	40	38	50	32
6. Gorgie	102	71	68	64	56	59	38	57	53	41	64	39
7. Haymarket	71	73	36	60	56	90	36	41	49	55	36	37
8. St. Bernard's	91	73	57	45	64	60	78	55	45	37	38	41
9. Broughton	79	64	79	66	63	73	60	50	56	74	26	59
10. St. Stephen's	79	72	69	80	88	50	74	52	49	61	33	26
11. St. Andrew's	125	109	97	72	70	70	72	113	90	35	89	53
12. St. Giles	143	131	99	79	90	58	82	98	52	84	65	66
13. Dalry	99	81	75	65	58	62	52	40	49	49	49	37
14. George Sq.	114	85	75	83	70	76	84	76	43	47	48	34
15. St. Leonard's	134	110	98	76	65	70	82	41	79	61	63	48
16. Portobello	100	77	76	64	63	65	37	66	58	43	57	39
17. South Leith	...	89	77	64	68	72	71	48	61	58	61	66
18. North Leith	...	123	95	77	69	81	51	44	39	42	52	58
19. West Leith	...	80	73	68	81	53	48	49	34	33	61	60
20. Central Leith	...	118	92	89	73	71	76	53	59	72	55	44
21. Liberton	...	77	81	60	91	86	91	43	56	42	71	72
22. Colinton	...	52	50	59	59	50	53	39	25	29	57	38
23. Corstorphine and Cramond	...	48	59	61	51	61	38	40	35	40	47	54
City Rate	105	91	79	68	65	66	56	54	51	50	52	49

* City Boundaries extended—November, 1920.

TABLE 29.—CAUSES of DEATH among CHILDREN under FIVE YEARS during 1947.

Cause of Death	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total under 12 months	12 months and under 2 years	2 and under 3 years	3 and under 4 years	4 and under 5 years	Total 1-5 years	Total under 5 years
Cerebro-spinal Fever	...	...	...	...	...	...	2	...	2	4	...	...	...	...	...	4
Chickenpox	...	...	...	...	...	...	2	2	1	5	2	1	...	...	3	8
Measles	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	4	3	4	12	3	3	2	...	8	20
Diphtheria	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1	2
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	1	...	1	2	1	...	2	1	4	6
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Disease	...	...	1	...	1	1	2	1	1	6	3	1	1	3	8	14
Meningitis (not Tuberculous)	...	...	...	...	...	...	2	...	2	4	...	...	...	...	...	4
Hydrocephalus	4	1	...	1	6	...	1	...	1	8	...	...	...	...	...	8
Convulsions	2	...	...	...	2	1	...	...	1	4	...	...	1	...	1	5
Pneumonia (all forms)	16	4	7	3	30	19	14	13	8	84	8	1	1	1	11	95
Bronchitis	...	...	...	...	...	4	2	2	2	10	1	...	...	...	1	11
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea and Enteritis	...	3	4	3	10	24	33	24	6	97	3	...	...	...	3	100
Other Digestive Diseases	...	...	...	1	1	2	1	...	...	4	...	1	...	...	1	5
Congenital Malformations	18	3	3	3	27	7	3	1	1	39	...	...	...	...	...	39
Congenital Heart	1	1	...	...	2	3	1	1	...	7	...	...	...	...	...	7
Premature Birth	77	9	4	...	90	4	...	...	...	94	...	...	...	...	...	94
Atrophy, Debility, and Marasmus	1	...	3	...	4	2	3	...	...	9	2	1	1	...	4	13
Atelectasis	11	...	...	...	11	...	...	...	...	11	...	...	...	...	...	11
Injury at Birth	24	...	...	...	24	1	1	...	...	26	...	...	...	...	...	26
Suffocation, Overlaying	1	...	2	1	4	10	3	...	...	17	1	...	...	...	1	18
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
All other Causes	12	...	...	1	13	8	5	6	4	36	6	9	5	...	20	56
Total	167	21	24	13	225	87	80	54	34	480	30	17	14	5	66	546

TABLE 30.—EDINBURGH—NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

Year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	Total under 1 year
1912	29.6	4.3	6.9	4.1	45	110
1913	25.9	4.3	5.4	5.0	41	101
1914	28.6	6.5	5.7	2.9	44	110
1915	26.5	7.2	6.1	4.1	44	132
1916	29.7	5.2	2.8	7.1	45	100
1917	27.1	5.9	4.3	4.3	42	123
1918	28.8	5.0	3.5	3.1	40	94
1919	28.2	5.3	5.2	4.6	43	117
1920	23.7	5.3	5.8	3.1	38	89
1921	24.8	4.7	3.9	4.9	38	96
1922	24.1	4.2	5.5	2.9	37	91
1923	21.1	3.7	4.7	3.5	33	82
1924	22.0	5.8	5.0	2.7	36	89
1925	22.9	4.0	4.1	2.0	33	96
1926	19.3	4.7	4.2	2.0	30	80
1927	24.1	3.7	3.5	2.0	33	80
1928	20.8	3.4	3.9	2.4	31	75
1929	24.9	4.0	3.8	2.1	35	80
1930	25.2	3.1	2.6	1.2	32	82
1931	23.6	3.6	2.7	2.7	33	69
1932	26.2	2.2	0.9	2.7	32	73
1933	24.4	3.2	2.5	1.6	32	66
1934	21.8	3.2	2.2	1.5	29	62
1935	21.9	4.7	5.0	2.8	34	70
1936	24.2	4.2	3.4	2.3	34	68
1937	25.9	6.1	4.3	1.9	38	70
1938	24.0	4.2	3.3	2.5	34	61
1939	21.6	4.8	3.6	2.7	33	59
1940	23.2	5.1	3.0	2.3	34	68
1941	23.2	3.6	3.3	2.0	32	66
1942	20.7	4.5	2.2	1.4	29	56
1943	20.4	2.4	2.8	1.8	27	54
1944	20.5	3.3	3.2	2.0	28	51
1945	22.4	2.0	0.5	1.4	25	50
1946	19.1	3.8	1.4	1.7	26	52
1947	16.9	2.1	2.4	1.3	23	49

TABLE 31.—EDINBURGH—NEO-NATAL AND INFANT MORTALITY.

RATES PER 1000 LIVE BIRTHS.

(QUINQUENNIAL AVERAGES.)

	Births		Neo-natal Deaths		Deaths 1-12 months		Deaths Under 1 year	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1911-15	6,283	19.5	271	43	442	71	713	114
1916-20	5,775	18.1	239	42	356	63	595	105
1921-25	8,542	20.1	303	35	474	56	777	91
1926-30	7,516	17.3	242	32	352	47	594	79
1931-35	7,037	15.6	224	32	254	36	478	68
1936-40	7,309	16.0	253	35	224	31	477	65
1941-45	7,439	15.8	209	28	201	27	410	55
1946	9,350	19.5	244	26	246	26	490	52
1947	9,865	20.3	225	23	255	26	480	49

TABLE 32.—Contributory Causes of INFANT MORTALITY.
RATES PER 1000 LIVE BIRTHS.

Cause of Death	Average 1924-1928		Average 1929-1933		Average 1934-1938		Average 1939-1943		1944		1945		1946		1947	
	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births	Number of Deaths	Rate per 1000 Births
Whooping Cough	34	4.3	21	3.0	13	1.8	14	1.9	5	0.6	7	1.0	5	0.5	12	1.2
Measles ...	25	3.2	12	1.7	12	1.6	3	0.4	...	...	6	0.8	3	0.3	5	0.5
Diphtheria ...	3	0.4	2	0.3	1	0.1	1	0.1	1	0.1	...	...	2	0.2	2	0.2
Other Infectious Diseases ...	5	0.6	2	0.3	6	0.8	1	0.1	2	0.3	2	0.3	1	0.1	5	0.5
Tuberculous Diseases ...	17	2.2	10	1.4	7	1.0	6	0.8	3	0.4	5	0.7	3	0.3	8	0.8
Meningitis and Convulsions ...	33	4.2	20	2.8	13	1.8	12	1.7	7	0.9	9	1.2	5	0.5	8	0.8
Bronchitis and Pneumonia ...	143	18.2	114	16.0	98	13.4	93	12.9	74	9.4	63	8.6	86	9.2	94	9.5
Diarrhoea and Enteritis ...	45	5.7	33	4.6	37	5.1	39	5.4	47	6.0	52	7.1	95	10.1	97	9.8
Other Digestive Diseases ...	12	1.5	11	1.5	10	1.4	6	0.8	8	1.0	5	0.7	4	0.4	4	0.4
Premature Birth, Malformations, Atelectasis, Injury at Birth ...	267	34.0	235	33.0	230	31.5	192	26.5	208	26.3	178	24.2	228	24.4	206	20.9
Overlying ...	3	0.4	4	0.6	5	0.7	6	0.8	14	1.8	12	1.6	22	2.4	17	1.7
Syphilis ...	5	0.6	4	0.6	1	0.1	1	0.1	1	0.1	2	0.3	3	0.3	...	...

TABLE 33.—NEO-NATAL MORTALITY.

RATE PER 1000 LIVE BIRTHS.

Year	Premature Birth	Injury at Birth	Congenital Malformation	Atrophy Debility Marasmus	Diarrhoea and Enteritis
1911	21.1	2.0	3.6	5.7	0.6
1912	21.3	1.4	3.0	6.9	0.3
1913	20.5	1.1	2.6	5.1	1.4
1914	17.0	1.4	3.1	9.9	0.5
1915	18.3	0.2	2.4	9.9	0.7
1916	22.8	0.3	4.3	7.0	0.7
1917	22.4	0.4	1.8	5.5	0.2
1918	18.4	1.2	1.7	10.6	0.2
1919	22.3	0.9	2.1	9.5	0.2
1920	16.0	1.8	2.3	5.7	0.1
1921	19.5	0.3	2.3	5.2	1.0
1922	18.6	1.0	2.4	5.7	0.9
1923	16.3	0.8	2.3	4.6	0.7
1924	15.9	1.2	3.9	6.3	1.2
1925	15.6	1.4	3.4	4.0	0.1
1926	13.4	2.1	2.6	5.9	0.1
1927	17.1	2.5	2.8	3.9	0.5
1928	14.3	3.0	2.0	3.8	0.3
1929	17.1	2.7	3.3	3.4	0.7
1930	17.1	3.1	3.1	4.1	...
1931	15.3	3.2	1.5	3.5	0.3
1932	17.8	3.9	1.4	1.3	0.3
1933	17.8	2.8	2.3	3.1	0.1
1934	15.2	3.3	2.7	2.5	0.4
1935	15.2	5.3	1.6	3.3	1.6
1936	15.4	3.2	2.6	5.4	0.8
1937	17.3	4.2	2.6	5.9	0.9
1938	11.5	7.0	3.0	3.0	1.2
1939	8.1	6.4	3.6	4.5	1.4
1940	13.0	4.9	2.9	2.0	1.6
1941	15.7	2.3	3.2	1.7	1.4
1942	11.0	4.6	4.6	0.4	0.8
1943	11.3	3.2	3.8	1.6	1.1
1944	10.2	2.3	3.4	1.8	2.4
1945	9.9	1.6	3.5	1.2	0.3
1946	10.7	1.6	3.2	1.1	0.6
1947	9.1	2.4	3.5	0.4	1.0

TABLE 34.—DEATHS from RESPIRATORY DISEASES.

	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Pneumonia—											
Under 4 weeks	26	17	12	19	22	24	14	17	11	32	30
Total under 1 year	102	73	71	93	89	77	51	63	52	75	84
Total under 5 years	150	97	84	124	105	92	67	70	67	83	95
Bronchitis—											
Under 4 weeks	5	...	...	2	2	2	1	2	...	...	...
Total under 1 year	21	10	11	20	16	16	26	11	11	11	10
Total under 5 years	24	16	14	23	20	21	28	13	12	13	11
Laryngitis—											
Under 4 weeks	...	...	...	...	...	...	...	...	...	...	...
Total under 1 year	4	...	...	...	...	...	...	...	...	...	...
Total under 5 years	5	1	1	1	...	1	1	1	1	1	...

TABLE 35.—HOME VISITS to MOTHERS and CHILDREN.

	First Visits		Subsequent Visits		Ante-natal	
	- 1 year	+ 1 year	- 1 year	+ 1 year	First	Subsequent
By Health Visitors	8,515	220	20,212	24,702	2,302	1,255
By Students	425	225	1,605	3,274	99	61
	8,940	445	21,817	27,976	2,401	1,316
	9,385		49,793		3,717	
	59,178					

TABLE 36.—HEALTH SUPERVISION.

Centre	Number of Clinics held	New Cases			Old Cases			Totals
		Under 1 year	Over 1 year	Total	Under 1 year	Over 1 year	Total	
Abbeyhill ...	52	240	59	299	1,815	467	2,282	2,581
Cowgate ...	105	97	31	128	627	190	817	945
E.G.H. ...	52	345	2	347	1,073	87	1,160	1,507
Firrhill ...	45	115	63	178	732	145	877	1,055
Gorgie ...	104	388	29	417	3,577	676	4,253	4,670
Granton ...	107	356	93	449	2,343	862	3,205	3,654
High Street ...	105	206	28	234	2,527	919	3,446	3,680
Leith ...	159	671	119	790	4,195	1,120	5,315	6,105
Lochend ...	105	240	35	275	1,882	539	2,421	2,696
Marshall Street	104	356	84	440	2,349	603	2,952	3,392
Murrayburn ...	51	173	59	232	1,610	434	2,044	2,276
Niddrie ...	107	211	35	246	1,943	661	2,604	2,850
Pilton ...	41	140	74	214	1,137	310	1,447	1,661
Pleasance ...	104	214	53	267	2,272	684	2,956	3,223
Portobello ...	104	276	34	310	2,904	535	3,439	3,749
Prestonfield ...	51	182	36	218	1,384	420	1,804	2,022
S.M.M.P. ...	159	1,195	...	1,195	5,646	371	6,017	7,212
Stenhouse ...	104	290	65	355	2,378	851	3,229	3,584
Stockbridge ...	105	375	66	441	3,345	714	4,059	4,500
Torphichen Street	104	348	73	421	2,674	713	3,387	3,808
Windsor Street	106	413	93	506	3,381	1,026	4,407	4,913
Totals ...	1,974	6,831	1,131	7,962	49,794	12,327	62,121	70,083

TABLE 37.—MINOR AILMENTS.

Centre	Number of Clinics held	New Cases			Old Cases			Totals
		Under 1 year	Over 1 year	Total	Under 1 year	Over 1 year	Total	
Abbeyhill ...	52	21	14	35	74	38	112	147
Cowgate ...	105	20	38	58	157	232	389	447
E.G.H. ...	52	1	...	1	10	9	19	20
Firrhill ...	45	4	16	20	18	18	36	56
Gorgie ...	104	4	4	8	79	89	168	176
Granton ...	107	5	7	12	40	69	109	121
High Street ...	105	11	3	14	119	284	403	417
Leith ...	159	22	7	29	108	110	218	247
Lochend ...	105	11	11	22	122	176	298	320
Marshall Street	104	2	22	24	79	166	245	269
Murrayburn ...	51	1	7	8	21	51	72	80
Niddrie ...	107	19	27	46	173	206	379	425
Pilton ...	41	5	16	21	21	42	63	84
Pleasance ...	104	4	9	13	141	137	278	291
Portobello ...	104	15	11	26	156	120	276	302
Prestonfield ...	51	3	1	4	8	11	19	23
Stenhouse ...	104	3	8	11	42	87	129	140
Stockbridge ...	105	10	15	25	136	98	234	259
Torphichen Street	104	17	19	36	284	221	505	541
Windsor Street	106	15	11	26	120	145	265	291
Totals ...	1,815	193	246	439	1,908	2,309	4,217	4,656

TABLE 38.—ULTRA-VIOLET RAY CLINICS.

Centre	Number of Clinics held	New Cases			Old Cases			Totals
		Under 1 year	Over 1 year	Total	Under 1 year	Over 1 year	Total	
Gorgie ...	78	14	69	83	182	1,091	1,273	1,356
Granton ...	78	12	61	73	99	506	605	678
Leith ...	70	5	85	90	70	895	965	1,055
Leith Nurseries	...	1	4	5	8	46	54	59
Pleasance ...	69	16	88	104	88	786	874	978
Portobello ...	79	3	44	47	13	442	455	502
Prestonfield ...	70	8	58	66	41	475	516	582
Windsor Street	107	13	62	75	66	854	920	995
Totals ...	551	72	471	543	567	5,095	5,662	6,205

TABLE 39.—ANALYSIS OF NEW CASES SEEN AT RHEUMATIC CLINIC.

New cases :—

Rheumatic ... 28

Non-rheumatic ... 17

45

Rheumatic :—

Prodromal symptoms ... 8

Rheumatic carditis only ... 5

Chorea only ... 1

Arthritis ... 14

28

Non-rheumatic :—

Nervous instability (anxiety state) ... 5

Erythema nodosum ... 2

Intestinal indigestion ... 2

Myositis ... 1

Respiratory infection ... 2

Trauma ... 1

Flat foot ... 1

Congenital heart disease ... 1

Postural limb pains with congenital heart ... 1

Peripheral circulatory disease ... 1

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TABLE 40.—RESIDENTIAL NURSERIES and CHILDREN'S HOMES.

(a) MAINTAINED BY THE LOCAL AUTHORITY.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1947		
		Aged 0-2½	Aged 2½-5	Others
PUBLIC HEALTH DEPARTMENT				
Victoria Park House, Newhaven Road ...	Short-stay	8	12	...
Willowbrae House, Willowbrae Road ...	"	25	15	...
Viewforth Nursery, 22 Viewforth Terrace ...	"	10	5	...
Henderson Row Nursery, 73 Henderson Row	"	9	6	...
SOCIAL SERVICES DEPARTMENT				
St. Katherine's Children's Home, Howdenhall Road, Liberton ...	Both	50	...	...
Clerwood Children's Home, Clermiston Road, Corstorphine ...	"	38	...	...
Canaan Lodge Children's Home, Canaan Lane	"	...	...	Approx. 120
Redhall Children's Home, Craiglockhart Drive South ...	"	...	...	40

(b) MAINTAINED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number of Beds provided at the end of 1947		
		Aged 0-2	Aged 2-5	Others
Adoption Home, 3 Forbes Road ...	Short-stay	15	...	...
Challenger Lodge (Edinburgh Cripple Aid Society), Boswall Road ...	Long-stay	...	9	18
Children's Shelter (Royal Society for the Prevention of Cruelty to Children), 142 High Street ...	Short-stay	9	9	17
Edinburgh Home for Babies, "Avenel," 30 Colinton Road ...	Both	29	6	...
Edzell Lodge Children's Home (Guild of Service for Women), 35 Inverleith Terrace	"	4	6	5
Lord and Lady Polwarth Home (Church of Scotland), 22 Colinton Road ...	Long-stay	8	17	...
Widowers' Children's Home, Corstorphine Road ...	"	1	12	59

TABLE 41.—TODDLERS' PLAYGROUNDS.

Centre	Number on Roll	Daily Attendances	Centre	Number on Roll	Daily Attendances
Fountainbridge ...	20	15	Admiralty Street ...	28	24
Moray Knox ...	25	21	Boswall Parkway ...	22	20
Pleasance ...	30	25	Granton ...	40	34
Stockbridge ...	16	14	Lochend ...	23	20
Tron Square ...	18	15	Marshall Street ...	25	20
Barony Place ...	33	24	Portobello ...	30	24
Elm Row ...	28	25	St Ninian's, Leith ...	30	25
Craigentinny ...	20	16	Lochinvar ...	31	28
Jamaica Street ...	20	17	Carrick Knowe ...	25	20

TABLE 42.—MOTHER and BABY HOMES.

PROVIDED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Home or Hostel	Number of Beds				Average Length of Stay		
	Ante-natal	Post-natal	Total Ante- and Post-natal	Maternity (excluding labour and isolation)	Cots	Ante-natal	Post-natal (exclusive of lying-in period)
*Edinburgh Home for Mothers and Infants, 17 Claremont Park, Leith ...	...	...	12	...	3 months	6 weeks	2-3 months
Haig-Ferguson Memorial Home, 4 Lauriston Park ...	12	...	12	...	...	1 month	...
Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Rd. ...	7	13	20	...	3 months	6-8 weeks	3 months

* Re-opened in June 1947.

Total number of women admitted during the year to the above-mentioned Homes—110.

DEPARTMENT OF VENEREAL DISEASES

CLINICAL MEDICAL OFFICER'S REPORT.

New Registrations.—As was expected, the year 1947 marked a falling off in the number of persons reporting to the clinics, the total of new registrations being 5,081 as compared with 5,979 in 1946, a decrease of 898. Although the great increase recorded in 1946 has not been maintained, the number of new registrations remains at a high level.

Examination of the new applicants showed that those actually infected numbered 3,398, a decrease of 775 from the phenomenally high figure (4,173) returned for the preceding year, 1946. The subjoined table gives the details of the 1947 infections and comparison with 1946 is facilitated by including the figures for the latter year placed in brackets after those for 1947.

	New Cases	Transfers in	Total	Percentage
Syphilis	791 (854)	231 (378)	1,022 (1,232)	30·1
Gonorrhœa	987 (1,246)	82 (219)	1,069 (1,465)	31·5
Chancroid	26 (38)	1 (2)	27 (40)	0·8
Non-specific venereal disease.	1,260 (1,400)	20 (36)	1,280 (1,436)	37·6

This table shows that the syphilis cases coming to the clinics account for a percentage, viz. 30·1, of the total, which is approaching nearly to the proportion, viz. 31·5 per cent., annexed by the gonorrhœa cases. The cases of non-specific venereal disease again greatly exceed the gonorrhœa or syphilis figures and now constitute the greatest percentage (37·6) of the total new infections.

The admissions to hospital totalled 1,114 as against 1,227 in 1946. The out-patient attendances were 65,940 as compared with 69,171 in 1946.

Syphilis.—The new cases of syphilis, numbering 791, show a decrease of 7 per cent. below the figure, 854, for the year 1946.

Total New Cases of Syphilis, including "Transfers-in."

Year	Males	Females	Total
1938	342	360	702
1939	321	423	744
1940	328	384	712
1941	550	362	912
1942	690	392	1,082
1943	598	468	1,066
1944	406	415	821
1945	342	403	745
1946	668	564	1,232
1947	526	496	1,022

When "transfers-in" are included the total of new cases for the year is 1,022. The 1942 total (1,082) also topped the 1,000 mark, but differed in its composition in that the males greatly outnumbered the females, whereas in 1947 the female new cases nearly reached equality with the males. The number of infected females has been consistently high for the last 10 years, and is less subject than is the figure for males to the fluctuations produced by mobilization, demobilization and transfers abroad.

The next table gives a further analysis of the syphilis cases.

Year	Early Syphilis		Syphilis under Treatment		Later stages of Syphilis		Congenital Syphilis	
	Males	Females	Males	Females	Males	Females	Males	Women & Children
1938	94	30	80	45	145	136	23	149
1939	137	62	50	84	117	123	17	154
1940	142	88	50	42	125	122	11	132
1941	345	87	78	47	106	104	21	124
1942	445	183	107	42	110	73	28	94
1943	313	196	174	66	97	79	14	127
1944	117	133	189	43	89	94	16	140
1945	110	115	144	80	84	104	4	104
1946	287	220	289	89	82	95	10	160
1947	259	184	119	112	89	109	5	145

Early Syphilis.—The striking thing about this table is the evidence it provides that the high incidence of the recent years is due to early fresh infections. When compared with 1938, the fresh infections in 1947 show increases of almost three-fold in men and six-fold in women, whereas, over the last 10 years, the figures for the "later stages" have shown a decline, almost steady in the male cases and arrested in the females. These deductions afford proof that this last war of 1939-45 has caused a significant increase and spread of syphilis. Basing on experience after the 1914-18 war, the present rise in incidence was expected and predicted, and it seems reasonable to conclude that it will take years before the disease can once again be brought under control.

Syphilis under Treatment.—The male cases (119) coming under this heading have dropped sharply to less than half the figure (289) for the previous year, whereas the female cases have risen appreciably. These changes appear to reflect the influence of the lessened volume of demobilization so far as men are concerned, and the carrying over from the previous year of some of the many newly infected women in whom treatment had been commenced.

Later Stages of Syphilis.—Cases in the late stages are becoming fewer—a result of the enhanced efficacy of modern therapy. The female cases outnumber the males, probably due to a multiplicity of reasons; the early stages may escape recognition in women oftener than in men.

Congenital Syphilis.—A decrease in transmission of the disease to offspring is one of the most gratifying effects of successful control. While the figure for 1947 is lower than that for the preceding year, on the other hand it shows little sign of progressive improvement over the pre-war level. Congenital syphilis is preventable and should be prevented by recognition and treatment of the disease in the expectant mother. In practice, penicillin has proved to be the most effective agent for the treatment of syphilis in pregnant women; in contrast to arsenic it is relatively non-toxic, and it can protect the unborn child from the ravages

of the disease with greater certainty than can either arsenic or bismuth. The suitability of penicillin for this purpose imparts an added importance to the practice of routine Wassermann blood-testing of all women reporting to the ante-natal departments. During 1947, in the Royal Infirmary ante-natal department, the number of pregnant women blood-tested on their first visit was 3,329. Of the 3,329 women examined, 19, *i.e.* 0.6 per cent., were found to have syphilis and were given treatment. Although the number of cases thus detected annually seems small, yet over the years the effect of missing them, spelled in terms of death and disablement, would soon show itself as a baleful influence on the health of the community.

Gonorrhœa.—The subjoined table gives the incidence for the last ten years.

New Cases of Gonorrhœa.

Year	Males	Females	Total
1938	780	288	1,068
1939	561	242	803
1940	609	205	814
1941	903	284	1,187
1942	835	278	1,113
1943	688	306	994
1944	397	251	648
1945	553	330	883
1946	1,091	374	1,465
1947	767	302	1,069

From the figures quoted, it will be seen that the incidence of gonorrhœa remains at a high level. Certainly the great increase, which followed the rapid demobilization in 1946, has not been maintained. At a glance it would appear that the position is now comparable to that in the pre-war year of 1938, but this similarity is misleading. In the last four years penicillin has appeared as the most amazingly successful treatment for gonorrhœa, and yet the records now exhibited show no sign that the disease is being eradicated. Moreover, the sulphonamide drugs and penicillin afford treatment methods which are easily applied in general practice, and it seems certain that many of the gonorrhœa cases are treated privately and never appear in the clinics even for tests of cure. On the whole, our statistics lead to the belief that the position in regard to gonorrhœa is disquieting, in so far as it seems probable that this disease is still exceedingly prevalent.

Non-Specific Venereal Disease.—A feature of recent annual reports has been the large numbers of cases recorded as non-specific.

Non-Specific Venereal Disease—Percentage of New Infections.

Year	Percentage
1942	22.5
1943	27.8
1944	31.2
1945	32.6
1946	34.4
1947	37.6

In the 1946 report it was noticed that some of the cases of non-specific (*i.e.* non-gonorrhœal) urethritis had shown one or more of the characteristic features of Reiter's syndrome, especially arthritis, horny eruptions on the skin, and inflammations in the eyes. Furthermore, cases classed as "abacterial pyuria" continued to appear, the outstanding feature of these cases being their complete lack of response to penicillin or to the sulphonamide drugs, and their responsiveness to the intravenous injection of the traditional anti-syphilitic drug, neoarsphenamine. The new improvements in the treatment of non-specific infections included the successful use of local applications of a paraffin suspension of podophyllin for the eradication of "venereal warts."

Penicillin in the Treatment of Gonorrhœa and Syphilis.—Another year's experience in the use of penicillin has led to its retention as the therapy of first choice in gonorrhœa, except when that disease is complicated by conditions such as erosions or balanitis suggesting a concomitant syphilitic infection. In this latter type of case, a sulphonamide drug such as sulphadiazine is preferred for exhibition in the first instance, and until the risk, that the premature use of penicillin might prejudice the routine diagnostic tests for syphilis, has been avoided.

During 1947 further experience has been gained in the application of methods of prolonging the action of a single injected dose of penicillin. Many cases, both of gonorrhœa and of syphilis, have been treated with "P.O.B.," *i.e.* a suspension of penicillin in oil carrying a sufficient percentage (usually 4·5 per cent.) of beeswax to ensure slow uniform absorption from the tissues and, therefore, the desired prolongation of action. In recent uncomplicated infections of gonorrhœa in men satisfactory results have been achieved with a single intramuscular injection of "P.O.B." carrying a dose of penicillin of 300,000 units. Out of a group of 73 cases of acute gonorrhœa in the male treated (July-October, 1947) with a single injection of 300,000 units of penicillin in oil-wax suspension there was only one case assessed as a failure, and in it the possibility of reinfection could not be excluded.

The methods adopted for the treatment of early syphilis have remained substantially the same as those described in the 1946 report. Throughout 1947, all cases of primary and secondary syphilis have wherever possible received a combination of the three accepted therapeutic agents, *viz.* penicillin, arsenic and bismuth. Mapharside, administered twice weekly for a minimum period of ten weeks, has been retained as the routine arsenical in preference to neoarsphenamine because of its therapeutic efficiency, low toxicity and rapidity of administration. In the women's clinic, some cases with "difficult veins" unsuitable for intravenous injections have been treated with intramuscular stabilarisan. The exhibition of this drug, or of a similar arsphenamine, has occasionally been followed by arsenical dermatitis, but the continuance and severity of such dermatitis has been greatly mitigated by breaking the combination of the arsenic with the body tissues by the use of the potent anti-intoxicant, British Anti-Lewisite ("B.A.L."). This wartime discovery has robbed the toxic arsphenamines of some of their obnoxious side effects.

In treating cases of early syphilis, when the patients have accepted admission to the wards, penicillin has been given by the three-hourly injection method,

the standard three-hourly dose being one of 100,000 units. When admission to hospital was impracticable, ambulant treatment on an out-patient basis was achieved by the adoption of "P.O.B." and by giving a daily intramuscular dose of 2 c.c., equivalent to 600,000 units of penicillin with its action prolonged over 24 hours.

As parenteral penicillin has been preferred invariably to the oral administration of penicillin tablets in the treatment of gonorrhœa, and as the three-hourly injection (in-patient) method has been extensively employed in the treatment of syphilis, the enormous number of injections given in 1947, viz. 91,455, and given without serious mishap, reflects the high level of efficiency attained by the nursing staff.

Fever Cabinet Treatment.—Throughout 1947 continued use has been made of hyperpyrexia in obstinate cases of non-specific urethritis, arthritis and Reiter's syndrome. Fever therapy induced by the inoculation of malaria has been frequently employed, and with great benefit, for patients suffering from general paresis.

Default.—Although the influx of patients has been lower, the number of defaulters has increased. This increase is largely due to the difficulty of keeping penicillin-treated gonorrhœa patients under observation until they have completed a six-months period of surveillance. The comparatively small doses of penicillin sufficient for the cure of gonorrhœa may delay the recognizable manifestations of a syphilitic infection acquired about the same time. Hence it is that the gonorrhœa patients are asked to keep on attending for examinations and blood-tests long after all symptoms of the original disease have vanished. As the patient sees no sign of anything being uncured, he is apt to become careless and neglects the advice given, or simply forgets to come.

Defaulters.

Year	Number	Per Cent.
1938	528	23·5
1939	539	24·3
1940	393	21·9
1941	397	19·8
1942	376	20·8
1943	404	23·4
1944	328	23·0
1945	399	16·2
1946	471	14·1
1947	588	15·6

Turn-Over of Patients.—While the figures indicate a drop from the peak level of 1946, the turn-over of patients in 1947 remained high; for comparison, the figures for 1946 are appended in brackets. During 1947 the total number of patients under treatment was 7,756 (8,273). During the year 588 (471) patients defaulted, 803 (1,287) were transferred, 2,575 (3,522) were discharged and 19 (22) died, thus leaving at the end of the year 3,773 (2,916) patients still under observation and treatment.

“ Regulation 33B.”—The following is the summary of the year's working of Regulation 33B :—

Number of cases notified once only	...	...	70
Number of cases notified twice or more	...	...	4
Total number of cases notified	...	...	74
Total notifications received	...	...	<u>74</u>

Ten of these notifications were referred to the Services or to other Local Authorities and 19 could not be traced, but during 1947, 25 persons were brought to the clinics, and, on medical examination, 19 (72 per cent.) of these had either syphilis or gonorrhœa.

At the end of the year under review, “ Regulation 33B ” was rescinded, and the powers conferred became non-operative after 31st December, 1947. A résumé of the results achieved is appropriate and is now subjoined.

Year		Number brought to Clinics	Number found to have Syphilis or Gonorrhœa	Percentage of Major V.D.
1943	...	83	64	77
1944	...	71	54	76
1945	...	77	43	56
1946	...	40	37	92.5
1947	...	25	19	72

In districts such as Edinburgh, where “ Regulation 33B ” was operated in the spirit as well as in the letter, the results achieved were such as to warrant, if not the retention of an admittedly purely wartime defence measure, at least careful consideration of the practicability of substituting some other means of controlling the incorrigibles. While the number of irresponsibles is not large, the damage they do in spreading infection is out of all proportion to their number. They continue to exert a serious antisocial influence, and in the worst cases all attempts at persuasion are met with contempt, insolence and abuse. There should be some means of protecting the community against moral imbeciles or persistent and cynical procurers.

The Nurse Almoner's Report.—In 1947, 773 (869) cases were followed up, and of these 715, or 92 per cent., returned to the clinics for treatment. To secure these results the nurse almoner paid 1,919 (1,986) visits during the year.

Staff Changes.—Dr. G. O. Horne was appointed to the vacant post of Senior Assistant, and Dr. R. P. Jack, who was attached to the department and had been deputising, was transferred.

Acknowledgments.—Thanks are due to the staff for their zeal throughout the year, and the Clinical Officer acknowledges with very sincere appreciation their sustained efforts in cheerfully overcoming many difficulties.



THE DENTIST
DEMONSTRATES

at a Health
Exhibition
in Leith Walk
School.

*Evening
Dispatch
Photo.*



QUESTION TIME
at a Sunday
Evening Film
Show.

*Scottish
Daily Mail
Photo.*

SCHOOL HEALTH SERVICE.

REPORT BY THE CHIEF EXECUTIVE SCHOOL MEDICAL OFFICER.

The following report for the year ended 31st July 1947 is the fortieth since the institution of school medical inspection in Edinburgh and the seventeenth since the transfer of the service to the municipality.

General Statistics.

Population of the area	...	...	...	...	...	485,664
Number of schools (under the Education Committee) :—						
(a) Nursery	...	...	...	...	...	7
Nursery classes	...	...	...	...	...	10
(b) Primary	...	...	...	...	...	80
(c) Secondary	...	...	...	...	...	20
* (d) (i) Special schools	...	...	...	...	...	17
(ii) Special classes in ordinary schools	...	...	...	...	...	1
(e) In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School)	...	...	...	...	...	1
Total	...	...	...	...	...	136

* Includes the following not medically inspected by the Authority : four special schools (Bangour Hospital, Challenger Lodge, Gogarburn Institution and Muirfield Convalescent, Gullane).

Number of children on the registers :—						
Primary	...	...	...	...	...	34,947
Primary (in outwith area)	...	...	...	...	...	11
Secondary	...	...	...	...	...	13,699
Secondary (in outwith area)	...	...	...	...	...	8
Roman Catholic	...	...	...	...	...	5,356
Episcopal	...	...	...	...	...	564
Special	...	...	...	...	...	1,076
Special (in outwith area)	...	...	...	...	...	80
Special (under P.H. Department)	...	...	...	...	...	97
Nursery schools	...	...	...	...	...	405
Nursery classes	...	...	...	...	...	285
Normal (Moray House Provincial Committee)	...	...	...	...	...	558
Total	...	...	...	...	...	57,086

Average number of children in attendance	...	...	...	...	...	52,124
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Organisation and Administration.

A.—System and extent of medical inspection and treatment.

Unchanged from previous report.

B.—System and extent of dental inspection and treatment.

REPORT BY THE SENIOR DENTAL OFFICER.

In the last quarter of the school year the dental staff was increased by one, and now comprises six dental officers and six dental attendants. They devoted 2,195 half-days to the inspection and treatment of school children, 10 to children under school ages and 64 to expectant or nursing mothers.

In December, the urgent dental work for the city hospitals was taken over, and is to continue pending decisions made under the new National Health Service.

Schools.—In the schools, 600 more children were treated than in the previous year, using three main clinics and a mobile dental unit. Unfortunately, the number of children requiring urgent attention is rising, as the following comparative figures will show :—

Year 1944-5	...	...	" Casuals " were	1,450.
„ 1945-6	...	...	„ „	2,900.
„ 1946-7	...	...	„ „	3,900.

Conservation of teeth has been practised as far as the high figures for emergency treatment would allow, and the number of fillings in permanent teeth amounted to 5,321.

Regarding the extraction of 3,798 permanent teeth, it is estimated that 75 per cent., or 2,800 of them, might have been saved by early attention, but it is impossible to assess the reduction, per individual, in the power of mastication after the loss of molars or grinding teeth.

Extraction of septic teeth is preferable to a dirty mouth, but in each case the potential value of the limited food available must be lowered by the inability to chew properly.

To overcome this, the school dental service must extend its scheme so that every child may have the opportunity of an annual inspection and treatment where necessary.

Further details of the work done for the schools are listed in the appended tables. Apart from routine work, 19 appliances for the regulation of teeth were fitted, and a total of 800 permanent teeth were extracted to correct "crowded" or irregular dentures in children.

The 512 attendances for treatment of inflamed gums is 102 less than in the previous year. In acute conditions a course of penicillin lozenges provided astonishing improvement.

Health Weeks.—The dental exhibits at the two schools, Craigmillar and Leith Walk, were given their share of public interest and many questions were asked and answered. In each week the mobile unit was "on show," attracting many visitors.

An important event in the wandering life of this travelling surgery was at Burdiehouse School, when an informal visit was made by the Lady Provost and the Director of Education.

Maternity and Child Welfare.—Parents brought 97 children of pre-school age to the clinics for treatment, and many others for advice. Mothers in general appreciated the simplicity and absence of pain in early attention to their children's teeth.

Particulars of 68 nursing or expectant mothers are given, showing that, although only 25 fillings were inserted during the year, the net result was encouraging, and more conservative work is to be encouraged. Nearly 500 teeth were extracted and 34 dentures fitted.

As in the other dental sections there is a demand for increased services, and in this connection three temporary centres are to be set up, at or in conjunction

with existing Maternity and Child Welfare Centres, at Gorgie, Leith and Stenhouse.

It is probable that in the future four full-time dentists will be necessary to deal with this work, and in addition a laboratory and mechanic for the processing of dentures may be required.

C.—School nursing and arrangements for following up.

No change in arrangements falls to be reported. During the session nurses paid 1,939 home visits.

D.—Co-ordination with other Authority Departments.

This co-ordination remains unchanged.

E.—Co-operation with voluntary bodies and other outside agencies.

This very helpful co-operation remains unchanged. A point of some importance is the increased co-operation with almoners of the various hospitals in the city regarding the supply of medical and surgical appliances and the disposal of ex-patients of school age.

In connection with the Mental Survey of children born in 1936, the Health Service, in common with others, was asked to conduct a Mental Sociological Survey of a Random Sample of these children who were tested.

In this connection, 600 schedules were completed.

F.—Co-operation with teachers and parents.

There is no change to report. Several meetings of parents' associations were addressed by doctors and nurses during the session.

TABLE I.

Total number of children examined at :—

				Systematic Examinations	Other Systematic Examinations
Nursery	...	...	...	642	...
5 year-olds	...	...	...	5,541	...
9 „	...	...	...	5,345	...
13 „	...	...	...	4,171	...
16 „	...	...	...	208	...
Various	...	...	...	...	111
Total				15,907	111
Other examinations :—					
Special cases	...	...	...	18,693	
Re-inspections	...	...	...	4,379	
Total				23,072	

Treatment Advised.

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries) :—

Nursery	...	...	...	70
5-year-olds	...	...	...	758
9	„	...	...	740
13	„	...	...	586
16	„	...	...	22
Total				2,176

TABLE II.

Systematic Examinations.
Clothing.

	Number Examined	Unsatisfactory	
		Number	Per cent.
Nursery—			
Boys ...	321	...	...
Girls ...	321	...	...
Infants—			
Boys ...	2,762	...	...
Girls ...	2,779	2	0·07
9-year-olds—			
Boys ...	2,658	...	...
Girls ...	2,687	...	...
13-year-olds—			
Boys ...	2,059	2	0·10
Girls ...	2,112	...	...
16-year-olds—			
Boys ...	95	...	...
Girls ...	113	...	...
Total ...	15,907	4	0·02

Footgear.

	Number Examined	Unsatisfactory	
		Number	Per cent.
Nursery—			
Boys ...	321	...	...
Girls ...	321	...	...
Infants—			
Boys ...	2,762	...	...
Girls ...	2,779	...	...
9-year-olds—			
Boys ...	2,658	2	0·08
Girls ...	2,687	1	0·04
13-year-olds—			
Boys ...	2,059	2	0·10
Girls ...	2,112	1	0·05
16-year-olds—			
Boys ...	95	...	...
Girls ...	113	...	...
Total ...	15,907	6	0·04

Heights and Weights.

					Number Examined	Average Height	Average Weight
<i>Nursery—</i>							
	Boys	...	...	...	15	36.85	35.67
	Girls	...	...	...	24	38.09	35.34
<i>Infants—</i>							
	Boys	...	...	...	2,479	42.20	41.79
	Girls	...	...	...	2,659	41.89	40.41
<i>9-year-olds—</i>							
	Boys	...	...	...	2,470	51.27	62.58
	Girls	...	...	...	2,483	50.78	60.91
<i>13-year-olds—</i>							
	Boys	...	...	...	1,849	58.70	90.98
	Girls	...	...	...	1,939	59.47	96.31
<i>16-year-olds—</i>							
	Boys	...	...	...	98	66.83	132.56
	Girls	...	...	...	120	63.58	121.59

Cleanliness of Head.

				Number Examined	Nits		Vermineous		Dirty		
					Number	Per cent.	Number	Per cent.	Number	Per cent.	
<i>Boys—</i>											
	Nursery	...	...	321	1	0.31	...	...	1	0.31	
	Infants	...	...	2,762	46	2.02	2	0.07	4	0.14	
	9-year-olds	...	...	2,658	67	2.52	3	0.11	4	0.16	
	13-year-olds	...	...	2,059	36	1.74	...	...	13	0.63	
	16-year-olds	...	...	95	...	...	...	...	...	...	
<i>Girls—</i>											
	Nursery	...	...	321	13	4.05	2	0.62	1	0.31	
	Infants	...	...	2,779	212	7.63	6	0.22	5	0.18	
	9-year-olds	...	...	2,687	288	10.72	7	0.26	8	0.29	
	13-year-olds	...	...	2,112	319	15.10	1	0.05	33	1.56	
	16-year-olds	...	...	113	...	...	...	...	...	...	
Total				...	15,907	969	6.09	21	0.13	69	0.43

Cleanliness of Body.

			Number Examined	Dirty		Vermineous	
				Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
	Boys	...	321	...	...	...	
	Girls	...	321	1	0.31	...	
<i>Infants—</i>							
	Boys	...	2,762	2	0.07	2	
	Girls	...	2,779	...	...	...	
<i>9-year-olds—</i>							
	Boys	...	2,658	2	0.08	...	
	Girls	...	2,687	...	...	...	
<i>13-year-olds—</i>							
	Boys	...	2,059	1	0.05	1	
	Girls	...	2,112	3	0.14	1	
<i>16-year-olds—</i>							
	Boys	...	95	...	...	...	
	Girls	...	113	...	...	...	
Total			15,907	9	0.06	4	

Condition of Skin.

(a) Head.

	Number Examined	Ringworm		Impetigo		Others	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
Boys ...	321	...	...	...	...	...	...
Girls ...	321	...	...	...	...	...	...
<i>Infants—</i>							
Boys ...	2,762	...	...	4	0·14	5	0·18
Girls ...	2,779	2	0·07	6	0·22	...	...
<i>9-year-olds—</i>							
Boys ...	2,658	...	...	3	0·11	5	0·19
Girls ...	2,687	...	...	4	0·15	6	0·22
<i>13-year-olds—</i>							
Boys ...	2,059	1	0·05	1	0·05	4	0·19
Girls ...	2,112	14	0·66	2	0·09	8	0·38
<i>16-year-olds—</i>							
Boys ...	95	...	...	...	...	...	...
Girls ...	113	...	...	...	...	1	0·88
Total ...	15,907	17	0·11	20	0·13	29	0·18

(b) Body.

	Number Examined	Ringworm		Impetigo		Scabies		Others	
		Number	Per cent.	Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>									
Boys ...	321	...	...	...	...	...	...	7	2·18
Girls ...	321	1	0·31	...	...	1	0·31	5	1·56
<i>Infants—</i>									
Boys ...	2,762	1	0·04	2	0·07	8	0·22	34	1·23
Girls ...	2,779	2	0·07	...	...	6	0·21	26	0·94
<i>9-year-olds—</i>									
Boys ...	2,658	2	0·08	1	0·04	11	0·41	32	1·21
Girls ...	2,687	...	...	...	...	12	0·45	30	1·12
<i>13-year-olds—</i>									
Boys ...	2,059	...	...	...	...	6	0·29	42	2·04
Girls ...	2,112	...	...	1	0·05	7	0·33	27	1·27
<i>16-year-olds—</i>									
Boys ...	95	...	...	...	...	...	...	1	1·05
Girls ...	113	...	...	...	...	...	...	7	6·19
Total ...	15,907	6	0·04	4	0·02	51	0·32	211	1·33

Nutrition.

	Number Examined	Slightly Defective		Bad	
		Number	Per cent.	Number	Per cent.
<i>Nursery—</i>					
Boys ...	321	8	2·49	2	0·62
Girls ...	321	14	4·35	...	...
<i>Infants—</i>					
Boys ...	2,762	123	4·45	19	0·69
Girls ...	2,779	188	6·76	37	1·33
<i>9-year-olds—</i>					
Boys ...	2,658	139	5·23	15	0·56
Girls ...	2,687	173	6·44	6	0·22
<i>13-year-olds—</i>					
Boys ...	2,059	144	6·99	38	1·85
Girls ...	2,112	82	0·39	22	1·04
<i>16-year-olds—</i>					
Boys ...	95	...	...	...	...
Girls ...	113	...	...	...	...
Total ...	15,907	871	5·48	139	0·87

Teeth.

	Number Examined	Mouth and Teeth Unhealthy	
		Number	Per cent.
<i>Nursery—</i>			
Boys	321	7	2.18
Girls	321	5	1.56
<i>Infants—</i>			
Boys	2,762	164	5.94
Girls	2,779	187	6.73
<i>9-year-olds—</i>			
Boys	2,658	95	3.55
Girls	2,687	89	3.31
<i>13-year-olds—</i>			
Boys	2,059	93	4.46
Girls	2,112	91	4.31
<i>16-year-olds—</i>			
Boys	95	1	1.05
Girls	113	3	2.65
Total	15,907	735	4.61

Nose, Throat and Glands.

(a) Nose.

	Number Examined	(i) Obstruction (Observation)		(ii) Obstruction (Adenoids)		(iii) Other Conditions	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
Boys	321	4	1.25	15	4.67	7	2.18
Girls	321	3	0.93	21	6.54	5	1.56
<i>Infants—</i>							
Boys	2,762	68	2.46	252	9.13	83	3.01
Girls	2,779	54	1.94	218	7.89	13	0.47
<i>9-year-olds—</i>							
Boys	2,658	14	0.53	83	3.12	19	0.71
Girls	2,687	10	0.37	94	3.50	11	0.41
<i>13-year-olds—</i>							
Boys	2,059	3	0.15	12	0.58	6	0.29
Girls	2,112	4	0.19	23	1.09	3	0.14
<i>16-year-olds—</i>							
Boys	95	...	...	...	...	...	...
Girls	113	...	...	...	...	...	...
Total	15,907	160	1.01	718	4.51	147	0.92

(b) Throat.

	Number Examined	(i) Tonsils (Observation)		(ii) Tonsils (Operation)	
		Number	Per cent.	Number	Per cent.
<i>Nursery—</i>					
Boys	321	12	3.74	23	7.17
Girls	321	16	4.98	28	8.72
<i>Infants—</i>					
Boys	2,762	159	5.76	301	10.90
Girls	2,779	137	4.93	260	9.36
<i>9-year-olds—</i>					
Boys	2,658	66	2.48	120	4.51
Girls	2,687	76	2.83	120	4.47
<i>13-year-olds—</i>					
Boys	2,059	32	1.55	36	1.75
Girls	2,112	34	1.61	65	3.08
<i>16-year-olds—</i>					
Boys	95	2	2.10	...	...
Girls	113	1	0.88	...	...
Total	15,907	535	3.36	953	5.99

(c) *Glands.*

			Number Examined	(i) Requiring Observation		(ii) Requiring Operative Treatment	
				Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
	Boys	...	321	...	...	...	
	Girls	...	321	2	0.62	...	...
<i>Infants—</i>							
	Boys	...	2,762	49	1.77	...	...
	Girls	...	2,779	31	1.12	...	...
<i>9-year-olds—</i>							
	Boys	...	2,658	20	0.75	1	0.04
	Girls	...	2,687	15	0.56	...	...
<i>13-year-olds—</i>							
	Boys	...	2,059	5	0.24	...	...
	Girls	...	2,112	8	0.38	...	...
<i>16-year-olds—</i>							
	Boys	...	95	...	...	...	...
	Girls	...	113	1	0.88	...	...
Total			15,907	131	0.82	1	0.006

(a) *External Eye Diseases.*

	Number Examined	Blepharitis		Conjunctivitis		Corneal Opacitis		Strabismus		Other Diseases	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Nursery—											
Boys ...	321	2	0.62	...	...	...	...	7	2.18	...	...
Girls ...	321	2	0.62	...	...	...	...	8	2.49	...	...
	642	4	0.62	...	...	...	...	15	2.34	...	...
Infants—											
Boys ...	2,762	9	0.33	3	0.11	...	...	95	3.44	9	0.33
Girls ...	2,779	11	0.40	3	0.11	1	0.04	88	3.17	9	0.32
	5,541	20	0.36	6	0.11	1	0.02	183	3.30	18	0.33
9-year-olds—											
Boys ...	2,658	11	0.41	2	0.08	...	...	63	2.37	4	0.15
Girls ...	2,687	12	0.45	1	0.04	1	0.04	43	1.60	...	...
	5,345	23	0.43	3	0.06	1	0.02	106	1.98	4	0.07
13-year-olds—											
Boys ...	2,059	14	0.68	...	...	...	...	29	1.41	3	0.15
Girls ...	2,112	8	0.38	3	0.14	3	0.14	21	0.99	...	...
	4,171	22	0.53	3	0.07	3	0.07	50	1.20	3	0.07
16-year-olds—											
Boys ...	95	...	...	...	...	...	...	...	...	...	...
Girls ...	113	...	...	...	...	...	...	...	...	...	...
	208	...	...	...	...	...	...	...	...	...	...
Totals ...	15,907	69	0.43	12	0.08	5	0.03	354	2.22	25	0.16

Special Cases.

Of the 18,693 Special Cases, 154 had squints giving with the Routine Cases a total of 508. The corresponding numbers for 1945-46 were Special Cases 148, Routine Cases, boys, 197 ; girls, 191—Total 388.

(b) Visual Acuity.

	No. Exam- ned	6/6c		6/6s		6/9-6/12c		6/9-6/12s		6/18+c		6/18+s		Recom- mended for refraction	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
9-year-olds—															
Boys ...	2,658	24	0.90	2,214	83.30	67	0.25	250	9.41	20	0.75	83	3.12	144	5.42
Girls ...	2,687	41	1.53	2,197	81.76	68	2.53	267	9.94	32	1.19	82	3.05	118	4.39
13-year-olds—															
Boys ...	2,059	35	1.70	1,722	83.53	54	2.62	146	7.09	18	0.87	84	4.08	78	3.78
Girls ...	2,112	23	1.09	1,680	79.55	75	3.55	196	9.28	42	1.99	96	4.55	122	5.78
16-year-olds—															
Boys ...	95	2	2.10	73	76.84	6	6.32	4	4.21	7	7.37	3	3.16	2	2.10
Girls ...	113	3	2.55	86	76.11	9	7.96	6	5.31	2	1.77	7	6.19	5	4.42
Total ...	9,724	128	1.32	7,972	81.98	279	2.87	869	8.94	121	1.24	355	3.65	469	4.82

Ears.

(a) Diseases.

	Number Examined	Otorrhœa		Other Diseases	
		Number	Per cent.	Number	Per cent.
Nursery—					
Boys ...	321	7	2.18	7	2.18
Girls ...	321	2	0.62	1	0.31
Infants—					
Boys ...	2,762	17	0.62	9	0.33
Girls ...	2,779	7	0.25	8	0.29
9-year-olds—					
Boys ...	2,658	20	0.75	...	...
Girls ...	2,687	16	0.60	4	0.15
13-year-olds—					
Boys ...	2,059	14	0.68	2	0.10
Girls ...	2,112	9	0.43	9	0.43
16-year-olds—					
Boys ...	95	...	...	...	...
Girls ...	113	...	...	...	...
Total ...	15,907	92	0.58	40	0.26

(b) Hearing.

	Number Examined	Grade I		Grade IIa		Grade IIb		Grade III	
		Number	Per cent.	Number	Per cent.	Number	Per cent.	Number	Per cent.
Nursery—									
Boys ...	321	...	...	...	...	...	...	...	...
Girls ...	321	...	...	...	...	...	...	...	...
Infants—									
Boys ...	2,762	3	0.11	1	0.04	1	0.04	...	...
Girls ...	2,779	2	0.07	...	...	...	...	...	...
9-year-olds—									
Boys ...	2,658	14	0.53	25	0.94	2	0.08	...	...
Girls ...	2,687	18	0.67	9	0.33	1	0.04	...	...
13-year-olds—									
Boys ...	2,059	8	0.39	2	0.10	...	...	...	...
Girls ...	2,112	5	0.24	4	0.19	1	0.05	...	...
16-year-olds—									
Boys ...	95	...	...	...	...	...	...	...	...
Girls ...	113	...	...	...	...	...	...	...	...
Total ...	15,907	50	0.31	41	0.26	5	0.03	...	...

Speech.

			Number Examined	Defective Articulation		Stammering	
				Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
	Boys	...	321	2	0.62	...	...
	Girls	...	321	1	0.31	...	...
<i>Infants—</i>							
	Boys	...	2,762	16	0.58	1	0.04
	Girls	...	2,779	10	0.36	...	...
<i>9-year-olds—</i>							
	Boys	...	2,658	8	0.30	4	0.15
	Girls	...	2,687	2	0.08	1	0.04
<i>13-year-olds—</i>							
	Boys	...	2,059	2	0.10	8	0.39
	Girls	...	2,112	2	0.09	2	0.09
<i>16-year-olds—</i>							
	Boys	...	95	...	...	1	1.05
	Girls	...	113	...	...	...	...
Total			15,907	43	0.27	17	0.11

Mental and Nervous Condition.

			No. Examined	(a) Backward		(b) Dull		(c) M.D. Educable		(d) M.D. Ineducable		(e) Nervous or Unstable		Difficult in Behaviour		
				No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	
Nursery—																
	Boys	...	321	...	...	...	...	...	...	...	...	...	...	...	...	
	Girls	...	321	...	...	...	...	...	...	...	...	...	...	...	...	
Infants—																
	Boys	...	2,762	2	0.07	...	...	1	0.04	...	...	...	...	2	0.07	
	Girls	...	2,779	3	0.11	2	0.07	...	...	1	0.04	...	...	...	...	
9-year-olds—																
	Boys	...	2,658	...	...	1	0.04	1	0.04	1	0.04	4	0.15	1	0.04	
	Girls	...	2,687	3	0.11	...	...	...	...	...	...	2	0.08	...	...	
13-year-olds—																
	Boys	...	2,059	2	0.10	1	0.05	9	0.44	...	...	...	...	1	0.05	
	Girls	...	2,112	1	0.05	...	...	...	...	...	...	2	0.09	...	...	
16-year-olds—																
	Boys	...	95	...	...	...	...	...	...	...	...	...	...	...	...	
	Girls	...	113	...	...	...	...	...	...	...	...	...	...	...	...	
Total			...	15,907	11	0.07	4	0.02	11	0.07	2	0.01	8	0.05	4	0.02

Circulatory System.

	Number Examined	Organic Heart Disease				Functional Conditions	
		Congenital		Acquired		Number	Per cent.
		Number	Per cent.	Number	Per cent.		
<i>Nursery—</i>							
Boys ...	321	1	0.31	2	0.62	1	0.31
Girls ...	321	2	0.62	...	...	...	...
<i>Infants—</i>							
Boys ...	2,762	2	0.07	3	0.11	1	0.04
Girls ...	2,779	8	0.29	5	0.18	4	0.14
<i>9-year-olds—</i>							
Boys ...	2,658	2	0.08	11	0.41	4	0.15
Girls ...	2,687	9	0.33	5	0.19	4	0.15
<i>13-year-olds—</i>							
Boys ...	2,059	2	0.10	6	0.29	2	0.10
Girls ...	2,112	3	0.14	8	0.38	8	0.38
<i>16-year-olds—</i>							
Boys ...	95	...	...	...	...	...	...
Girls ...	113	...	...	...	...	...	...
Total ...	15,907	29	0.18	40	0.26	24	0.15

Lungs.

	Number Examined	Chronic Bronchitis		Suspected Tuberculosis		Other Diseases	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
Boys ...	321	3	0.93	...	...	4	1.25
Girls ...	321	2	0.62	...	...	8	2.49
<i>Infants—</i>							
Boys ...	2,762	18	0.65	...	...	38	1.38
Girls ...	2,779	16	0.58	...	...	36	1.30
<i>9-year-olds—</i>							
Boys ...	2,658	16	0.60	2	0.08	19	0.71
Girls ...	2,687	6	0.22	2	0.08	13	0.48
<i>13-year-olds—</i>							
Boys ...	2,059	6	0.29	...	...	19	0.92
Girls ...	2,112	5	0.24	1	0.05	13	0.62
<i>16-year-olds—</i>							
Boys ...	95	...	...	...	...	...	...
Girls ...	113	...	...	...	...	...	...
Total ...	15,907	72	0.45	5	0.03	150	0.94

Deformities.

	Number Examined	(a) Congenital		(b) Acquired (Infantile Paralysis)		(c) Acquired (probable Rickets)		(d) Acquired (other causes)	
		Number	Per cent.	Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>									
Boys ...	321	...	...	...	...	8	2.49	3	0.93
Girls ...	321	1	0.31	1	0.31	4	1.25	2	0.62
<i>Infants—</i>									
Boys ...	2,762	19	0.69	...	...	21	0.76	23	0.83
Girls ...	2,779	14	0.50	...	...	8	0.29	17	0.61
<i>9-year-olds—</i>									
Boys ...	2,658	16	0.60	3	0.11	7	0.26	25	0.95
Girls ...	2,687	8	0.29	2	0.08	3	0.11	23	0.86
<i>13-year-olds—</i>									
Boys ...	2,059	10	0.49	2	0.10	4	0.19	26	1.26
Girls ...	2,112	6	0.28	1	0.05	3	0.14	24	1.14
<i>16-year-olds—</i>									
Boys ...	95	1	1.05	...	...	...	...	...	...
Girls ...	113	...	...	...	...	...	...	1	0.88
Total ...	15,907	75	0.47	9	0.06	58	0.30	144	0.90

Infectious Disease.

	Number Examined	Infectious Disease	
		Number	Per cent.
<i>Nursery—</i>			
Boys ...	321	1	0.31
Girls ...	321	2	0.62
<i>Infants—</i>			
Boys ...	2,762	5	0.18
Girls ...	2,779	17	0.61
<i>9-year-olds—</i>			
Boys ...	2,658	...	...
Girls ...	2,687	1	0.04
<i>13-year-olds—</i>			
Boys ...	2,059	...	...
Girls ...	2,112	...	...
<i>16-year-olds—</i>			
Boys ...	95	...	...
Girls ...	113	...	...
Total ...	15,907	26	0.16

Other Diseases or Defects.

	Number Examined	Other Diseases or Defects		Individual Children Notified		Notices Issued	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
<i>Nursery—</i>							
Boys ...	321	25	7.79	32	9.97	39	12.15
Girls ...	321	16	4.98	37	11.53	39	12.15
<i>Infants—</i>							
Boys ...	2,762	110	3.98	412	14.92	517	18.72
Girls ...	2,779	78	2.81	356	12.81	455	16.34
<i>9-year-olds—</i>							
Boys ...	2,658	90	3.39	359	13.51	457	17.19
Girls ...	2,687	118	4.39	363	13.51	511	19.02
<i>13-year-olds—</i>							
Boys ...	2,059	82	3.98	287	13.94	364	17.68
Girls ...	2,112	68	3.22	328	15.53	569	26.94
<i>16-year-olds—</i>							
Boys ...	95	...	...	11	11.58	9	9.47
Girls ...	113	4	3.54	16	14.16	6	5.31
Total ...	15,907	591	3.71	2,181	13.71	2,966	18.65

Average Heights and Weights.

	1937-38		1940-41		1941-42		1942-43		1943-44		1944-45		1945-46		1946-47	
	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.	Av. Ht.	Av. Wt.
Nursery Boys ...	...	...	...	...	...	...	...	...	...	...	...	...	36.85	33.96	36.85	35.67
Nursery Girls ...	...	...	...	...	...	...	...	...	...	...	...	...	37.95	34.86	38.09	35.34
Infant Boys ...	42.48	41.84	42.99	42.83	44.06	41.19	42.25	41.74	41.97	41.61	42.31	41.97	42.22	41.74	42.20	41.79
Infant Girls ...	42.12	40.34	42.61	41.42	41.86	39.86	41.92	40.14	41.95	40.50	41.97	40.58	41.61	40.62	41.89	40.41
9-year-old Boys	...	...	51.63	61.16	51.08	61.56	51.06	61.67	50.86	61.86	51.11	62.39	51.24	62.75	51.27	62.58
9-year-old Girls	...	...	51.26	60.93	50.78	59.81	50.81	60.16	50.54	60.28	52.56	63.31	50.92	60.99	50.78	60.91
13-year-old Boys	56.69	80.00	59.19	91.45	...	...	59.10	91.72	58.65	88.33	59.15	92.16	58.90	91.62	58.70	90.98
13-year-old Girls	57.43	81.80	59.89	95.05	...	...	59.76	95.94	59.64	95.74	65.45	104.50	59.64	96.39	59.47	96.31
16-year-old Boys	64.80	117.70	...	...	59.19	91.60	...	...	67.48	130.52	...	...	65.69	126.18	66.83	132.56
16-year-old Girls	63.30	114.88	...	...	59.72	93.84	...	...	62.52	118.77	...	...	63.89	124.97	63.58	121.59

TABLE III.
Systematic Medical Examinations.

GROUP CLASSIFICATION	Nursery		5-year-olds		9-year-olds		13-year-olds		16-year-olds		Total	
	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.	No. Exam.	Per cent.
I. No defect	436	67.91	3,787	68.35	3,791	70.93	3,012	72.21	159	76.44	11,185	70.31
II. (a) 6/12+ (better eye) with or without glasses ...	...	...	11	0.20	252	4.71	244	5.85	24	11.54	531	3.33
(b) Mouth or teeth likely to cause ill-health ...	4	0.62	105	1.89	60	1.12	75	1.80	1	0.48	245	1.54
(c) Both (a) and (b)	...	...	1	0.02	3	0.06	1	0.02	...	...	5	0.03
Total	4	0.62	117	2.11	315	5.89	320	7.67	25	12.02	781	4.91
III. Temporary illness only	112	17.45	839	15.14	664	12.42	393	9.42	17	8.17	2,025	12.73
IV. (a) Cure expected by treatment	85	13.24	734	13.25	468	8.75	338	8.10	2	.96	1,627	10.23
(b) Improvement only by treatment	5	0.78	64	1.16	107	2.00	108	2.59	5	2.40	289	1.82
Total	90	14.02	798	14.40	575	10.76	446	10.69	7	3.37	1,916	12.05
Total number of children examined	642	100	5,541	100	5,345	100	4,171	100	208	100	15,907	100

TABLE IV.

Return of all Exceptional Children of School Age in the Area.

Disability	At Ordinary Schools	At Special Schools	Not at School or Institut'n	Total	
1. <i>Blind</i>	...	18	5(a)	23	(a) Waiting admission to R.B.S.
2. <i>Partially-sighted</i> —					
(a) Refractive errors	...	14(b)	...	14	(b) 2 in P.H. schools.
(b) Other conditions	...	27(c)	...	27	(c) 12 in M.H. and 1 in P.H. schools.
3. <i>Deaf</i> —					
Grade I	963	...	...	963	
Grade IIa	506	...	...	506	
Grade IIb	41	112(d)	...	153	(d) 13 in M.H. and 1 in P.H. schools.
Grade III	1	55(e)	5 (under 5)	61	(e) Donaldson's, 44. St. Vincent's, 8. St. Giles', 8. Waiting list, 6.
4. <i>Defective Speech</i> —					
(a) Articulation	85(f)	64(g)	...	149	(f) Waiting lists for treatment.
(b) Stammering	19(f)	29(g)	...	48	(g) Excluding M.H. cases.
5. <i>Educationally Subnormal</i> —					
(a) I.Q. approx. 70-50—					
(i) Education Act	50(h)	625	...	675	(h) Awaiting vacancies.
(ii) M.D. Acts	...	50(i)	...	50	(i) In Certified Institutions.
(b) I.Q. under 50—					
(i) Education Act	...	97(j)	17(k)	114	(j) In Occupation Centre.
(ii) M.D. Acts	...	...	264(l)	264	(k) Awaiting vacancies. (l) Notified to G.B.O.C. and P.A.
6. <i>Epilepsy</i> —					
(a) Mild	44	13	...	57	
(b) Severe	...	7(m)	...	7	(m) 4 taught at home ; 3 in Colony.
7. <i>Physically Defective</i> —					
(a) Non-pulm. T.B.	102	51(n)	9	162	(n) 28 in Bangour ; 5 taught at home.
(b) Gen. Orthopædic	1,073	82(o)	10	1,165	(o) 20 in Challenger Lodge ; 18 taught at home ; 5 in Fairmilehead.
(c) Organic Heart Disease	81	17(p)	2	100	(p) 9 taught at home.
(d) Other causes	...	160(q)	52	212	(q) 29 taught at home.
8. <i>Multiple Defects</i>		Not	recorded		

Medical Treatment.

A. Minor Ailments :						New Cases	Attendances
(1)	Cuts, bruises, sprains, minor injuries, etc.					5,225	13,984
(2)	Diseases of the ear					824	4,557
(3)	Diseases of the eye, excluding def. vision					661	2,224
(4)	Diseases of the Skin :—						
	Ringworm (scalp)					3	5
	X-ray treatment					—	—
	Other treatment					2	10
	Ringworm (body)					73	617
	Scabies					1,350	13,892
	Impetigo					895	3,936
	Other diseases					736	3,424
						9,769	42,649
B. Defective Vision						1,277	2,409
	Squint					335	627
	Glasses prescribed					1,225	
C. Nose and Throat						1,324	1,672
	Recommended for operative treatment					1,078	
D. Orthopaedic Clinic Treatments						686	8,241
	Cases seen by surgeon					199	
E. Edinburgh Foot Clinic :—							
	Cases recommended					115	

Diphtheria Immunisation.—4,276 children received injections of A.P.T. (of these 2,846 were “ Boost ” doses).

3,936 children received injections of T.A.F. (of these 2,847 were “ Boost ” doses).

Whooping Cough Immunisation.—62 children received injections.

Vision and Hearing Returns.—Nurses test the vision and hearing of seven-year-old children : 3,923 were tested (vision 643, hearing 22 : of these 117 and 13 respectively were referred to the school doctor).

Infectious Diseases.—There were 10,985 cases and 1,891 contacts absent from school on account of infectious diseases.

Scabies.

The number of cases treated at the municipal clinics continues to fall.

Year	Age 0-5 Years	Age 5-15 Years	Age 15 Years+	All Ages	Total Attendances
1942 (ten months)	510	2,844	366	3,720	31,742
1943	607	3,504	1,066	5,177	37,900
1944	466	2,592	909	3,967	33,120
1945	297	2,087	473	2,857	23,472
1946	212	1,401	264	1,877	18,027
1947	114	754	214	1,082	9,868

Note.—Figures in the above table are for calendar years : those under “ Medical Treatment ” are for the school session.

TABLE V.
Dental Inspection and Treatment.

Number of Children :—

Age	(a) Routine Cases	(b) Special Cases	(c) Total
1. Inspected—4 years	17	3	20
5 „	527	242	769
6 „	2,586	342	2,928
7 „	1,176	480	1,656
8 „	1,023	580	1,603
9 „	2,086	570	3,556
10 „	1,337	468	1,805
11 „	1,188	354	1,542
12 „	2,372	295	2,667
13 „	1,143	313	1,456
14 „	192	234	426
15 „	75	64	139
16 „	40	25	65
17 „	...	2	2
Total	14,662	3,972	18,634
2. Requiring treatment	9,083	3,964	13,047
3. Accepting treatment	5,307	3,940	9,247
4. Actually treated	4,501	3,940	8,441
5. Attendances for treatment	7,716	3,941	11,657
6. Fillings—Permanent teeth	5,105	126	5,231
„ Temporary teeth	197	18	215
7. Extractions—Permanent teeth	2,047	1,751	3,798
„ Temporary teeth	5,411	4,926	10,337
8. General Anæsthetics	2,987	2,925	5,912
Local Anæsthetics	1,790	261	2,051
9. Other Operations :—			
AgNo3—Permanent teeth	46	10	56
„ Temporary teeth	501	292	793
Dressings—Permanent teeth	221	232	453
„ Temporary teeth	16	40	56
Scalings	320	121	441
Gum treatment	193	319	512
Trimming of temporary teeth	187	46	233
Regulation plates fitted	19	...	19
Dentures fitted	24	...	24
Sundries	...	...	379

10. Half-days of treatment 2,074

„ inspection 121

11. Number of children treated privately 250

12. Number of absentees 1,141

(The extractions of 801 permanent teeth for orthodontic reasons are included in 7 above.)

Maternity and Child Welfare

Mothers :

No. of mothers referred during the year	...	...	...	...	72
„ mothers accepting treatment	...	...	...	...	68
„ attendances	...	...	...	...	279
„ extractions	...	...	...	...	483
„ fillings	...	...	...	...	25
„ scalings	...	...	...	...	19
„ anæsthetics, general	...	...	...	...	64
„ anæsthetics, local	...	...	...	...	42
„ impressions	...	...	...	...	55
„ bites	...	...	...	...	24
„ try-ins	...	...	...	...	25
„ dentures fitted	...	...	...	...	34
„ repairs to dentures	...	...	...	...	—
„ sessions occupied (session—2½ hours)	...	...	...	...	64

Toddlers :

No. of patients	...	...	...	...	97
„ attendances	...	...	...	...	110
„ extractions	...	...	...	...	109
„ dressings	...	...	...	...	14
„ dressings AgNo3	...	...	...	...	108
„ fillings	...	...	...	...	10
„ anæsthetics, general	...	...	...	...	50
„ anæsthetics, local	...	...	...	...	6
Time occupied, in sessions	...	...	...	...	10

SPECIAL SCHOOLS AND CLASSES.

- (a) **Physically Handicapped.**—There are three day schools for physically handicapped children and one residential school for delicate and convalescent children. In addition, there are six certificated teachers who visit at home children too physically handicapped to attend special schools. Each teacher has ten children under her charge and each child receives one visit per week. The teachers are on the staff, and the children are on the roll of Willowbrae Special School, the headmistress of the school being in charge of the scheme. The number of children in the day schools is slowly but steadily decreasing, but the number taught at home is increasing.
- (b) **Partially-Sighted** children to the number of 29 are educated in Lauriston Special School; 19 refractive errors and 10 other conditions: in other special schools are 3 and 2 respectively. The numbers requiring special school accommodation are gradually diminishing.
- Blind** children to the number of 18 are maintained in the Royal Blind School, Edinburgh.
- (c) **Deaf** children are maintained in Donaldson's School, Edinburgh (44), and St. Vincent's School, Glasgow (8), while 6 are awaiting admission.
- (d) **Educationally Subnormal Children.**—There are six day schools and one special class with a roll of 625, and a waiting-list of 50. The Occupation Centre has a roll of 97 with a waiting-list of 17. In addition, 50 children are maintained by the authority in certified institutions.

- (e) **Mal-adjusted Children.**—A number of these children are accommodated in—

Rudolf Steiner School, Aberdeenshire	...	3
Rudolf Steiner School, Dolphinton		2
Barns Special School		30

- (f) **Speech Therapy** is given in special classes. There are 64 pupils with defective articulation and 29 stammerers, total 93, with waiting-lists of 85 and 19 respectively.
- (g) **Middleton House**, near Gorebridge, accommodates 40 delicate and convalescent children.

Class Inspections.

These inspections, both by medical officers and by nurses, are more than cleanliness examinations as the analysis of defect notices given below shows; for each class-room, comments on hygiene—particularly heating and lighting—are asked and, during holidays, comments on the hygiene of the dining centres.

During the evacuation period the children inspected were divided into three categories: "Passed," that is, suitable for immediate evacuation: "Slight Defect," those who could be rendered fit in a few hours: and "Marked Defect," those who would require to be detained in hostels for some days or for whom special arrangements would be necessary.

This categorisation has been retained as giving a useful basis of comparison of non-routine inspections from session to session. The percentage figures for the last seven sessions are given below.

	1940-1	1941-2	1942-3	1943-4	1944-5	1945-6	1946-7
Examined ...	39,720	40,151	28,128	40,514	45,826	44,002	40,473
Passed	70·6	75·1	79·2	76·8	73·4	69·8	72·3
Slight Defect ...	21·3	18·8	16·2	18·5	21·3	25·4	23·5
Marked Defect ...	8·0	5·9	4·5	4·6	5·3	4·7	4·2

In 1944-45 the percentage of Head cards of those inspected was 12·8 (5,870 out of 45,826), in 1945-46 it was 13·1 (5,758 out of 44,002), in 1946-47 it was 11·97 (4,843 out of 40,473).

The high percentages are partly due to the fact that classes known to be the least satisfactory are selected for inspection.

Child Guidance Clinic.

In view of the fact that, under the Education (Scotland) Act, 1946, "Child Guidance" will be, in future, predominantly educational and child psychiatry will, therefore, be part of the psychiatric service, the statistics given below relate only to the psychiatric aspect of the work.

The sources of referral of cases were, in descending order: School Medical Service, Social Agencies, Child Welfare Department, Courts, headmasters, parents, hospitals and general practitioners.

Psychiatrist's Statistics.

A.—For 4 years 8 months (1/12/42 to 1/9/47).

Cases referred ...	1,637
Cases closed ...	948
Of these 948	
Adjusted ...	144 (15.2%)
Improved ...	353 (37.2%)
*I.S.Q. ...	103
† Transferred ...	348

Followed up by Psychiatric Social Worker—

For six months ...	67
For one year ...	243
For two years ...	92

* "I.S.Q." means not improved—usually due to lack of co-operation of parent.

† "Transferred" includes to other clinics, to educational psychologist, and left district.

B.—Session 1946-47.

Psychiatrist—

Total referred ...	422
Diagnostic interviews ...	356
Refused to attend ...	21
Waiting for diagnostic interview ...	38
Accepted for treatment ...	271
Waiting for treatment ...	55
Treatment interviews ...	4,143

Psychiatric Social Worker—

Interviews—(a) Clinic ...	1,999
(b) Home ...	2,738

AUDIOMETRIC TESTING.

This testing is carried out under the direction of the Headmaster of St. Giles' Special School for hard-of-hearing pupils, Mr. Leslie E. Heath, B.Sc., who has kindly furnished the statistics given below.

A.—Gramophone Audiometer.

During the session 1946-47, 7,565 children were tested by the gramophone audiometer. 1,532 children are now known to possess defect of hearing. Of these, 153 are cases of Grade IIB defect and 506 are Grade IIA cases.

Results for specific groups such as the age groups cannot be quoted owing to the lack of reliability of the instrument, which has since been overhauled and restandardised.

Forty-three children were admitted to St. Giles' School during the session. Ten left school at the leaving age and 3 were transferred back to normal schools, having recovered hearing and having regained lost education.

B.—Pure Tone Audiometer.

This electric audiometer produces a series of waves of single frequencies from 128 to 4,096 cycles per second, each wave being constant. Both air and bone conduction can be tested. It is, of course, capable of use in individual cases only but a graph of hearing at the various frequencies—an audiogram—can be plotted. It is particularly useful in the diagnosis of high-pitch deafness and is in increasing demand by the specialists.

MEALS.

Meals were prepared at thirteen centres ; this number is being increased to fifteen—of which eight are attached to or near schools. A special meal for nursery schools is also provided.

The number of children taking the school meal still increases. The number of meals supplied to schools and nurseries during the year ending 15th May 1947 was 4,366,267 (3,969,457 to Edinburgh schools and 398,810 to Midlothian schools). The total cost involved was £164,322. The average cost per meal was 9·031d. (5·288d. for food and 3·803d. for administration). The income from payments received for meals was £82,260. Applications for provision of free meals were received from 1,262 parents or guardians ; 925 of these applications were granted.

Nursery Meals.

The increase in nursery meals is shown in the following table :—

	Nursery Schools		Wartime Nurseries	Total
	Corporation	Voluntary		
1942-43	32,301	62,783	81,083	176,167
1943-44	47,856	80,676	172,735	301,267
1944-45	47,565	82,689	207,216	337,470
1945-46	59,383	69,694	161,767	290,844
1946-47	120,181	57,326	33,869	211,376

MILK.

The Government Free Milk Scheme is now in operation in all schools. Under this scheme, no milk is supplied during holidays. On the average, 50,343 pupils are now receiving a daily bottle of milk.

Pre-Apprenticeship Courses.

The students attending the School of Building and Crafts are all examined to see that they are fit for the occupations of their choice. In addition, those taking the painters' course are tested for colour-blindness.

Pre-nursing candidates who have passed interview are submitted to a somewhat strict medical inspection in view of the nature of their future work.

CITY HOSPITAL FOR INFECTIOUS DISEASES.

REPORT BY THE MEDICAL SUPERINTENDENT.

The number of patients admitted to the City Hospital during 1947 was 2,769, of which 224 were suffering from pulmonary tuberculosis. Of the fever patients 95 were admitted at the request of neighbouring local authorities and 95 were service patients. The greatest number of patients treated on any one day was 444 on 8th February, and the lowest 313 on 31st July.

Fortunately for the resources of the hospital the epidemic situation, as far as numbers are concerned, never rose to the levels reached in the years from 1938 to 1944 inclusive. During these the greatest number of annual admissions was 4,924 in 1940, whilst the highest number on any one day was 713 in 1938. At the present time owing to staff shortages it would be impossible to accommodate patients on anything like the scale of former years, and we now find that when the total number of occupied beds reaches 400 a distinct strain begins to make itself felt.

It is impossible to predict for how long the present favourable situation in respect of acute infectious disease will last, and it certainly would be most unwise to assume that present conditions have come to stay. The manner in which a sudden demand for acute infectious beds will be met in the future is a matter which should engage the early attention of the new hospital authority.

The corrected diagnoses for the principal acute infectious diseases in 1947 are tabulated as follows:—

<i>Disease</i>	<i>No. of cases</i>	<i>Case fatality</i>
Diphtheria	51	1.96 per cent.
Scarlet fever	235	Nil.
Measles	252	2.77 per cent.
Whooping cough	175	12.00 per cent.
Puerperal sepsis	72	Nil.
Enteric fever	6	Nil.
Erysipelas	62	4.83 per cent.
Cerebrospinal fever	63	12.69 per cent.
Rubella	130	Nil.
Chickenpox	127	Nil.
Bacillary dysentery	44	Nil.
Mumps	59	Nil.
Pneumonia	82	10.97 per cent.
Poliomyelitis	172	12.20 per cent.

From the table it will be seen, after comparison with the annual reports of former years, that in nearly every type of acute infectious disease there was a decrease in the number of patients. In the case of diphtheria the diminution was outstanding, only 51 cases requiring hospital treatment during the year. Satisfaction was expressed in the report for 1946 at the record low number of diphtheria cases, 188, admitted during that year and the new record is inexplicable on any other basis than that of active immunisation. When we recollect that as recently as 1929 there were 1,135 diphtheria admissions to the City Hospital we can hardly regard the present figure as the result of the normal ebb and flow of diphtheria prevalence. The reduction in diphtheria deaths to two is also noteworthy.

The record low number of scarlet fever patients reported in 1946 has shown a further decrease, from 361 to 235, and again there have been no scarlet fever deaths. Bacillary dysentery also showed a welcome fall. Into the category of diseases showing a markedly diminishing fatality has come puerperal sepsis, not a single death occurring among 72 patients admitted in 1947. In view of the public concern manifested in maternal mortality this is of considerable importance, and, though administrative measures have played their part in arriving at this result, there can be little doubt that the greatest single contributory factor has been the advances in treatment provided by the introduction of the sulphonamide drugs and particularly by penicillin.

Among the diseases still associated with a substantial fatality we must number whooping cough, 12 per cent., pneumonia, 10·97 per cent., and cerebrospinal fever, 12·69 per cent. Whilst modern methods of treatment have undoubtedly saved many lives in the latter two diseases we are still left with a residuum of severe cases, patients with pneumonia often suffering from severe forms of other diseases, and in the case of cerebrospinal fever many of the patients are in the earliest months of life.

Poliomyelitis.—The outstanding event in the epidemic situation during 1947 was the unprecedented outbreak of poliomyelitis which affected the whole country and in which Edinburgh shared. Only on three occasions since 1928 had the annual number of cases admitted to the City Hospital exceeded 20, and the fact that in 1947 proved cases to the number of 172 were admitted from Edinburgh and district indicates the serious nature of the epidemic. The hospital case fatality was 12·20 per cent. but this gives only an incomplete picture of the ravages of the disease, as a proportion were severely crippled and will require a long period of treatment before even a moderate degree of functional activity will be attained.

Although by the standards of other epidemics, *e.g.* scarlet fever, the number of cases was not great, the individual case or suspected case of poliomyelitis requires a considerable amount of investigation by the medical staff and care on the part of the nursing staff, so that the strain imposed on the hospital was considerable. This will be more readily appreciated when it is pointed out that in addition to the proved cases there were sent into hospital 165 cases provisionally classified as poliomyelitis but in which the diagnosis was not confirmed. To meet the emergency five cabinet respirators were borrowed from neighbouring hospitals to supplement the two already part of the hospital equipment, and it may be stated in parenthesis that on several occasions six of the seven were in action. A staff of four physiotherapists had to be added temporarily to the establishment, an orthopaedic surgeon was attached temporarily to the hospital, whilst the services of a neurologist were frequently made use of in consultation.

Epidemic prevalence began in July, reached its maximum in August and September, and did not die down till the close of the year. No one can predict how poliomyelitis will behave in 1948, but on the analogy of another epidemic disease of the central nervous system with which we are better acquainted in this country, *viz.*, cerebrospinal fever, we would expect another wave of epidemic prevalence in the summer or autumn but on a diminished scale as compared

with 1947. Moreover it is possible that poliomyelitis incidence may not return over several years to the negligible rates experienced in all years prior to 1947 except 1936, 1938 and 1941, in which we had 21, 22, and 22 cases respectively. It is likely therefore that the forecast made in this report for 1938 that "in coming years this disease will make a regular contribution to our hospital admissions" may be borne out.

Gastro-Enteritis.—A new departure in the hospital activities during 1947 was the setting aside of a ward for the treatment of gastro-enteritis. This has made considerable demands on staff, particularly nursing staff, and owing to the fact that many patients require a relatively long period of treatment in hospital, approximately 30 days on an average, this new commitment has introduced several problems. The accommodation at our disposal cannot be regarded as ideal, a unit consisting of single-cot cell wards would be more in line with present-day requirements, but improvements are continually being contrived. An overall fatality rate of 16.45 per cent. in 79 completed cases during the year indicates the nature of the problem with which we are confronted.

Nursing Staff.—The year opened with a shortage of full-time nursing trainees and as recruitment continued on a diminishing scale the shortage became progressively more pronounced. The administrative difficulties arising from this were met to some extent by the inauguration of a part-time employment scheme for non-resident nurses in February and throughout the year an average strength of 55 part-time nurses was maintained. From the experience gained it is clear that the part-time nurse is only a partial remedy for our shortage. Some have been most regular in their attendance but it is to be regretted that for various reasons there is a high rate of wastage and often a reluctance to undertake duty in the tuberculosis wards.

Thirty-eight nurses completed their training during the year and twenty-nine were granted State Registration as fever nurses after examination. Two nurses from Kirkcaldy Hospital and two from the County Infectious Hospital, Haddington, both affiliated with us, completed one year's training. One general trained nurse obtained registration as a fever nurse after one year's training. Twenty-four nurses went to general training schools for further training and seven left for other reasons such as marriage.

The nurses' prize-giving and reunion was held on 25th June, the Claude Buchanan Ker Memorial Medal being awarded to Nurse J. Clyde. The prizes were presented by Dr. John Ritchie, formerly Medical Officer of Health for the County of Dumfries and a resident in the hospital in 1908. Dr. Ritchie had many reminiscences of the early days of the hospital and concluded his address with an eloquent appreciation of the work of the nursing profession.

Catering.—In April the Catering Officer was detailed for supervisory duties at the hospital and immediately began the reorganisation of the kitchen staff. The number of trained staff was increased, chiefly by the engagement of male cooks, and a male kitchen superintendent was appointed. The latter introduced many improvements, and these, together with the provision of various items of equipment, including an electric trolley to ensure quick delivery of food to the wards, produced an all-round betterment in the standard of catering. It is clear,

however, that steady effort is necessary to maintain this standard and repeated changes in kitchen personnel have not tended to ensure the required continuity of purpose.

Works, Furnishings and Equipment.—Two main works were sanctioned and begun during the year, viz., the long-awaited introduction of the cable to enable the hospital electricity supply to be altered from direct to alternating current, and the provision of an X-ray department. Sanction was given for approximately two-thirds of the work entailed by the former and it is hoped the operation will be completed in the incoming financial year. The X-ray department has been provided by alterations in Cottage 13 which occupies a central position in the hospital. The general lay-out of the conversion has been planned by Dr. Cummack, Radiologist to the Corporation, and we are greatly indebted to him for his assistance in this highly-technical matter.

Unfortunately, during the year no progress was made with the upgrading of the hospital laboratory owing to the difficulty of procuring labour and material. A laboratory in close association with the clinical work in the wards is fundamental for the proper functioning of an infectious diseases hospital, and, however well equipped in other respects, the failure to move with the times in this matter is a serious handicap. It need hardly be stated that the fact that there has been no recent progress cannot be ascribed to the lack of activity on the part of the Corporation or its officers.

Various furnishings in the shape of food containers for the service of patients' meals, hot plates in nursing and domestic staff dining rooms, ward beds and cots, ward and dressing trolleys, curtains for the recreation room, and rubber mattresses for patients have been provided.

Acknowledgments.—This is the last annual report which will be presented officially to the Medical Officer of Health by the Medical Superintendent of the City Hospital and the realisation that this is so cannot but bring a deep sense of regret on personal grounds to many in the hospital. The infectious diseases hospital has always been one of the most important instruments for the implementation of the policy of the medical officer of health as regards infectious disease and the logic of events will permit little alteration of this function. Therefore, as far as the hospital is concerned, whatever may be the new arrangements for its management, it will require to work hand in glove with the medical officer of health in the future as in the past, and there is not likely to be the slightest disturbance in the close mutual collaboration which has always existed. For the lively and almost paternal interest that the Corporation has ever taken in the City Hospital through its Public Health and ancillary committees we are very grateful and tender our sincere thanks.

I have again to express my indebtedness to all members of the medical, nursing and domestic staffs who have given of their best in maintaining the smooth working of the hospital. Among these I must mention specially the Matron, Miss Adams, who has spared no effort to maintain nursing staff recruitment and efficiency; also the Senior Assistant, Dr. Margaret Main, who was in charge of the hospital at the height of the poliomyelitis outbreak during my annual leave in September.

MUNICIPAL GENERAL HOSPITALS.

WESTERN GENERAL HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

The hospital has again had an active year with 5,189 admissions, and the tables which follow show in detail the work carried out.

The Paderewski Hospital, which had been so closely associated with the Western during the war, ceased to function as a hospital in April, but Polish out-patient clinics have continued since that time. This removal set free for our own use one of the operating theatres and this has proved invaluable.

The Thoracic Surgical Unit was removed from the Western to the Eastern General Hospital, where beds were more readily available.

With the steady demobilisation programme there has been less demand from the Services for beds and in consequence the number of Scheme beds has been reduced from eighty to thirty, but there has been, nevertheless, a steady flow of Scheme cases into the various units, and the Urological Unit continues to admit E.M.S. civilian cases from a very wide area.

Apart from the above there have not been any major changes and the General Surgical Unit still acts as host to the Gynæcological Unit, which consists at present of fifteen beds. Both units have been fully utilised, as have the Medical and Midwifery Units, although the latter has not been subjected to the terrific pressure of the previous year. The Children's Unit has shown a numerical decrease in cases admitted. This was entirely due to the closure of the eight-bedded ear, nose and throat ward for the second half of the year on account of the epidemic of poliomyelitis. The amount of children's surgery has, however, increased markedly, and it is planned in 1948 to increase the total number of children's beds and to have separate units for medical and surgical cases.

The ancillary services have had a busy year made more arduous by the physical difficulties inherent in inadequate premises, but it is hoped that the ensuing year will see improvements in the accommodation, particularly in the X-ray and physiotherapy departments, which have now increased staff to deal with the ever-increasing demands of the clinical staff.

The nursing staff, as usual, bore the heat and burden of the day with their usual skill and in the course of the year forty-four probationers entered the Preliminary Training School, but of these five fell out before completing the twelve weeks' course. In the State examinations forty-three out of forty-six passed in the preliminary examination and twenty-seven out of twenty-nine in the finals, while of the eight male nurses at present in the hospital four have passed the preliminary State examination. In the Maternity Unit twenty-eight out of thirty-one nurses passed in Part I. of the C.M.B. examination and in this, our first year as a training school for Part II., all four entrants were successful.

There was once again keen competition for the David Band Tennis Cup, and this was won by Nurse Audrey Hickman and Dr Colin Walker.

Towards the end of the year there were two resignations from senior members of the staff. Dr McMillan, who had been medical superintendent since 1942, left to take up an appointment in the south, and at the annual prize-giving was

presented with a gold watch from the hospital staff in appreciation of his services to the hospital for which he had never spared himself during the busy war years. Miss Lawson, who had been assistant matron for many years, also resigned and was presented with a travelling rug and hold-all from the nursing staff and a work-table from the domestic staff. Both leave us with our very best wishes for the future.

It was with deep regret that we heard of the death of our visiting dental officer, Mr Angus Millar, who, during his ten years of office, gave unstinting service to the hospital.

Finally, I would like to thank all members of the staff for their work during the year, the best testimony to its value being the gratitude of the patients.

Statistics for the Year 1st January to 31st December 1947.

		Remaining 1st Jan.	Admitted	Discharged	Died	Remaining 31st Dec.
Adults	Males	80	1,023	932	92	79
	Females	123	2,481	2,393	95	116
Children	Boys	53	929	899	30	53
	Girls	10	756	725	19	22
Totals		266	5,189	4,949	236	270

The number of cases treated during the year was 5,455, which included the following :—

Military	...	...	...	194	Royal Navy	...	...	...	4
R.A.F.	...	...	...	26	Prisoners of war	...	...	...	5
A.T.S.	...	...	...	11	Polish civilians	...	...	...	115
W.A.A.F.	...	...	...	2	Ministry of Pensions	...	...	...	34
Scheme Cases				...	...	...	...	129	
Total beds	...	...	...	...	395	(including 46 cots in maternity department)			
Average number of occupied beds				...	260				
Average length of stay, in days, per patient				...	16				
Highest daily number of patients				...	317	(13/11/47)			
Lowest daily number of patients				...	221	(10/8/47)			

SURGICAL UNIT.

During the year 1,220 operations were performed ; 510 of these were major operations and 710 minor operations. A general anæsthetic was administered in 1,099 operations, and 43 operations were carried out with a spinal anæsthetic ; 78 operations were performed under local anæsthesia or without an anæsthetic.

CLASSIFICATION OF OPERATIONS.

MAIN THEATRE.

1. Operations on brain, spinal cord and peripheral nerves	...	...	...	8
2. " lymph glands	...	...	...	18
3. " upper air and food passages	...	...	...	2
4. " breast and thorax	...	...	...	22
5. " abdomen	...	...	...	285
6. " genito-urinary organs	...	...	...	369
7. " bones and joints (including amputations)	...	...	...	41
8. Various unclassified operations	...	...	...	301
9. Abscesses—incisions, etc. (including out-patients)	...	...	...	174

1,220

Number of plasters 143

EAR, NOSE AND THROAT THEATRE.

Total number of operations	...	...	...	...	...	323
Operations on tonsils and adenoids	...	...	...	...	211	
" for mastoid, etc.	...	...	...	...	5	
" on nose and throat	...	...	...	...	89	
						305
Bronchoscopies, laryngoscopies, œsophagoscopies, etc.	...	...	...	...	12	
Mastoid and antrum dressings	...	...	...	...	6	
						323

(The above E.N.T. operations include 42 Polish cases.)

DENTAL DEPARTMENT.

Number of patients treated—adults 22 ; children 0	...	...	...	...	...	22
Number of extractions	...	...	...	...	...	22

CLASSIFICATION OF SURGICAL CASES TREATED ON ADMISSION.

1. Diseases of brain, spinal cord and peripheral nerves	...	...	...	...	...	17
2. " lymph glands	...	...	...	...	...	20
3. " blood vessels, including gangrene	...	...	...	...	...	36
4. " tongue and jaws, upper air and food passages	...	...	...	...	...	45
5. " breast	...	...	...	...	...	21
6. " thorax	...	...	...	...	...	15
7. " abdominal organs	...	...	...	...	...	388
8. " urinary and genital organs	...	...	...	...	...	368
9. " female pelvic organs	...	...	...	...	...	200
10. " bones and joints	...	...	...	...	...	159
11. " skin and cellular tissue	...	...	...	...	...	110
12. Primary cardiac failure and surgical trauma	...	...	...	...	...	—
13. Various unclassified diseases	...	...	...	...	...	28
						1,397

(Included in above are 31 children.)

UROLOGY DEPARTMENT.

CLASSIFICATION OF DISEASES OF CASES EXAMINED IN UROLOGICAL THEATRE.

1. Diseases of prostate	...	...	...	...	...	58
2. " bladder (including neurogenic bladders—25)	...	...	...	...	...	117
3. " kidneys and ureters	...	...	...	...	...	69
4. " urethra	...	...	...	...	...	30
5. Miscellaneous diseases	...	...	...	...	...	14
Reporting well	...	...	...	...	...	64
No abnormality in urinary tract	...	...	...	...	...	36
						388

UROLOGICAL THEATRE.

Examinations :—

Cystoscopic and pyelographic	...	...	...	...	...	295
Cystometrographic	...	...	...	...	...	29
Bougies	...	...	...	...	...	144
Urethrograms	...	...	...	...	...	6
Cystograms	...	...	...	...	...	7
Uterography (3 Poles)	...	...	...	...	...	4
Changing of suprapubic tube	...	...	...	...	...	6
" nephrostomy tube	...	...	...	...	...	3
" catheters	...	...	...	...	...	3
						497

Operations :—

Transurethral resection of prostate	...	...	...	...	...	44
Fulguration of tumours	...	...	...	...	...	17
Suprapubic cystostomy	...	...	...	...	...	3
Lithotripsy	...	...	...	...	...	4
Tapping of hydrocele	...	...	...	...	...	1
Biopsy	...	...	...	...	...	1
						70

MEDICAL UNIT.

Classification of Cases Treated on Admission.

1. Infectious and parasitic diseases	...	...	...	...	...	11
2. Cancer and other tumours	...	...	...	...	...	28
3. Rheumatism, diseases of nutrition and other general diseases	...	...	...	...	...	70
4. Diseases of blood, and blood-forming organs	...	...	...	...	...	35
5. „ nervous system and sense organs	...	...	...	...	...	65
6. „ circulatory system	...	...	...	...	...	190
7. „ respiratory system	...	...	...	...	...	209
8. „ digestive system	...	...	...	...	...	108
9. Non-venereal diseases of genito-urinary system	...	...	...	...	...	36
10. Diseases of skin and cellular tissue	...	...	...	...	...	6
11. „ bones and organs of locomotion	...	...	...	...	...	20
12. Congenital malformations	...	...	...	...	...	—
13. Senility	...	...	...	...	...	2
14. Endocrine disorders	...	...	...	...	...	34
15. Unclassified diseases	...	...	...	...	...	32
						846

CHILDREN'S UNIT.

Classification of Cases Treated on Admission.

1. Infectious diseases (including gastro-enteritis)	...	...	...	...	...	22
2. Premature babies	...	...	...	...	...	—
3. Rheumatism, diseases of nutrition and other general diseases	...	...	...	...	...	12
4. Diseases of blood and blood-forming organs	...	...	...	...	...	8
5. „ nervous system and sense organs	...	...	...	...	...	1
6. „ circulatory system	...	...	...	...	...	2
7. „ respiratory system	...	...	...	...	...	45
8. „ digestive system	...	...	...	...	...	7
9. Non-venereal diseases of genito-urinary system	...	...	...	...	...	2
10. Diseases of skin and cellular tissue	...	...	...	...	...	8
11. „ bone and organs of locomotion	...	...	...	...	...	14
12. Congenital malformations	...	...	...	...	...	14
13. Mental deficiency	...	...	...	...	...	1
14. Convenience cases	...	...	...	...	...	3
15. Tonsillectomy cases	...	...	...	...	...	190
16. Surgical cases	...	...	...	...	...	136
17. Convulsions of unknown origin	...	...	...	...	...	1
18. Tuberculosis (notifiable cases)	...	...	...	...	...	10
19. Glands of neck (not operable)	...	...	...	...	...	1
20. Various unclassified diseases	...	...	...	...	...	14
21. Ear, nose and throat cases	...	...	...	...	...	17
						508

MATERNITY UNIT.

Number of cases treated	...	...	...	...	...	1,495
„ „ admitted (including mothers with babies)	...	...	...	...	...	1,469
„ „ discharged	...	...	...	...	...	1,481
„ „ delivered (925 normal ; 175 abnormal)	...	...	...	...	...	1,100
„ post-partum puerperal admissions	...	...	...	...	...	20
„ deaths—mothers 0 ; infants 32	...	...	...	...	...	32
„ babies born (including 27 sets of twins)	...	...	...	...	...	1,127
„ „ stillborn	...	...	...	...	...	34

Abortion cases totalled 14. The abnormal deliveries included 79 by forceps and 29 cæsarean section.

OUT-PATIENT DEPARTMENT.

Recommended cases : (attendances)

Surgical	...	...	...	1,499
Medical	...	...	...	1,283
Ante-natal	...	...	...	7,298
Gynaecological	...	...	...	367
Sick children	...	...	...	787
Ear, nose and throat	...	...	...	663
Post-natal and Infant Welfare	...	...	...	1,246
Urological	...	...	...	378
				13,521
Ordinary out-patients treated	...	...	...	7,766
Polish out-patients treated	...	...	...	2,007
				23,294

Table to show the Results of Treatment or Termination of Illness.

Cured	...	...	4,315	Not improved	...	...	279
Improved	...	...	355	Died	...	...	236
Remaining under treatment	...	...	...	...	...	...	270

CAUSES OF DEATH.

	Adults		Children	
	Males	Females	Boys	Girls
1. Infectious and parasitic diseases	5	5	—	—
2. Cancer and other tumours	21	26	—	—
3. Rheumatism, diseases of nutrition and other general diseases	—	2	—	—
4. Diseases of the blood and blood-forming organs	2	2	—	—
5. Chronic poisoning	—	—	—	—
6. Diseases of the nervous system and sense organs	11	12	—	—
7. „ „ circulatory system	25	28	1	—
8. „ „ respiratory system	10	9	5	1
9. „ „ digestive system	6	7	—	1
10. Non-venereal diseases of the genito-urinary system	7	3	—	1
11. Diseases of pregnancy and childbirth	—	—	—	—
12. „ the skin and cellular tissue	1	—	—	—
13. „ bones and organs of locomotion	4	1	—	—
14. Congenital malformations	—	—	4	—
15. Diseases peculiar to the first year of life	—	—	20	16
16. Senility	—	—	—	—
17. Deaths due to violence	—	—	—	—
Totals	92	95	30	19

Number of post-mortem examinations 206, including 6 Poles.

PHYSIOTHERAPY DEPARTMENT.

In January 1947 there was one physiotherapist working at the Western General Hospital. The number of treatments given during 1947 was 8,015. During 1947 the staff has been increased to four physiotherapists. Maintenance exercises are given daily in all surgical and maternity wards. These are participated in by all patients; 635 patients have received individual treatment. Treatments carried out numbered 19,969.

BIO-CHEMICAL LABORATORY.

Analyses carried out during the year totalled 4,656, made up as follows :—

Western General Hospital	3,062
Eastern General Hospital	988
Northern General Hospital	345
City Hospital, etc.	261

4,656

Total number of electrocardiograms	...	...	603
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SPECIAL DIET DEPARTMENT.

Cases treated by special diet during the year ...	...	...	...	...	...	327
Remaining at 1st January 1947 ...	...	...	...	...	...	32
Number of cases admitted ...	...	...	...	...	...	295
" " " discharged ...	...	...	...	...	...	250
" " " died ...	...	...	...	...	...	20
" " " remaining at 31st December 1947 ...	...	...	...	...	...	25

The disabilities treated included the following :—

[illegible]

X-RAY DEPARTMENT.

Number of X-ray examinations—1st half-year	...	...	...	3,859	
2nd half-year	...	...	...	3,724	
					7,583
These include—In-patients	...	...	...	3,505	
Out-patients	...	...	...	2,345	
Poles	...	...	...	976	
Other hospitals	...	...	...	757	
					7,583
Barium examinations	...	...	...	...	689
Pregnancies	...	...	...	...	791

DOMICILIARY MATERNITY SERVICE.

In order to carry out Part II training for midwives a Domiciliary Maternity Service based on the Western was started in May 1947 and has had a most successful beginning, although the number of cases has not been very great. The table on following page shows the work carried out during the seven and a half months to the end of the year.

DISTRICT REPORT—MAY to DECEMBER 1947.

	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Deliveries— Queen's ...	...	...	...	5	6	4	4	12	31
D.M.S. ...	9	14	16	13	12	9	8	17	98
Private ...	...	...	...	...	3	...	...	...	3
Bookings ...	13	19	21	18	14	10	8	20	132 123
Cases Transferred to Hospital ...	4	5	5	5	2	1	...	3	25
Ante-Natal Visits	20	112	155	125	151	160	141	190	1,054
Puerperium Visits	108	169	251	294	345	270	196	289	1,922
Post-Natal Visits	...	18	28	26	24	24	26	24	170
Babies— Healthy Babies	9	13	13	12	15	9	8	17	96
Still Births ...	...	1	...	...	...	...	...	...	1
Transferred to Hospital ...	...	...	3 died	1 died 3rd day	...	...	...	...	4

Of the four babies who died all were premature and two were in unbooked cases.

EASTERN GENERAL HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

There has been a considerable increase in the work of the hospital during the year in spite of the fact that some beds remained unoccupied owing to structural alterations. During 1947, 2,207 patients received treatment as opposed to 1,964 in the year 1946. In addition, 709 babies were born in the Maternity Unit.

Patients were admitted to the ordinary Medical Wards, Tropical Diseases Unit and the Maternity Unit as before, with the addition of the two new units, viz., Thoracic Surgery and Gynæcology. In each unit there was an increased number of admissions with the exception of the Tropical Diseases Unit, in which the decrease was due to fewer service personnel returning from overseas. The number of admissions in the Maternity Unit rose markedly from 445 in 1946 to 771 in 1947.

The Thoracic Surgical Unit, in charge of Mr Andrew Logan, opened on the 28th February with 24 beds as interim accommodation pending the alterations taking place which, when completed, will make 56 beds available for this service.

The Gynæcological Unit opened late in the year on the 11th November with 15 beds, which will be increased later to 26.

As a result of these two new units, the work of the operating theatre has steadily increased and will continue to do so. The number of operations carried out under anæsthesia increased from 155 in 1946 to 917 in 1947.

Another new service was begun on the 11th November with the opening of the Out-Patient Follow-up Department and Ante-Natal Clinic. This already

busy department should improve the co-operation between the hospital staff and medical practitioners, particularly in the Leith district.

A Midwifery Training School was opened in the hospital on 1st December, providing Part I. training for the certificate of the Central Midwives' Board. Both post-graduate and under-graduate medical teaching was undertaken on an increasing scale in the medical and surgical wards.

The great increase in the work of the hospital during the year was also reflected in the increase in the number of X-ray examinations, and in the rise in the number of patients treated in the Physiotherapy Department. To cope with the work, an increased number of medical and auxiliary staff has been required. Unfortunately, the position regarding the nursing staff has not improved, but the part-time nursing scheme has made it possible to continue and increase the work of the hospital. The position cannot, however, fail to give rise to anxiety.

An improvement was effected in the standard of the meals of patients and staff. A dietetic survey carried out in August showed generally satisfactory results with regard to the food supplied to both. During the year 16,425 special meals were served from the dietetic kitchen.

The hospital lost the services of Dr R. B. McMillan, the Medical Superintendent, when he left to take up an appointment in England on the 31st August. The staff presented gifts to Dr and Mrs McMillan at a farewell garden party held in the hospital grounds.

Miss Mary H. Lees was appointed Matron in succession to Miss Agnes Edwards, who retired in 1946. The sudden and untimely death of Mr Angus Millar, the visiting dentist, deprived the hospital of one of the most popular members of its staff. He has been succeeded by Mr Geoffrey Moody. On the retiral of Mr Charles Cutcliffe, the gate porter, another familiar figure has been lost to the hospital. A gift, towards which the members of the staff contributed, was presented to him at a farewell party.

In conclusion, I wish to thank the Matron and all members of the medical, nursing, clerical, domestic and maintenance staff for their willing services during the year.

EDINBURGH CASES.

Statistics for Year 1st January to 31st December 1947.

	Remaining 1st Jan.	Admitted	Discharged	Died*	Remaining 31st Dec.
Males	40	633	401	199	73
Females	49	340	255	58	76
Total	89	973	656	257	149

Number of cases treated	...	...	...	...	1,062
Total number of beds	...	...	...	...	320
*Average number of occupied beds	...	...	...	...	124
Highest daily number of occupied beds	...	...	...	...	161 (19/12/47)
Lowest daily number of occupied beds	...	...	...	...	89 (1/1/47)
Average length of stay in days per patient	...	...	...	...	51
Number of post-mortems	...	...	...	...	85

* The reason for the small average number of occupied beds is that, for a short period at the beginning of the year, the Nursing Staff was such that very few patients could be accommodated. During the last few months of the year this number rose to approximately 230.

Table to show the Results of Treatment.

	Cured	Improved	Not Improved
Males	82	241	78
Females	60	145	50
Total	142	386	128

Classification of Admissions, Discharges and Deaths.

Disease	Admissions		Discharges		Deaths	
	Male	Female	Male	Female	Male	Female
Infective and parasitic diseases	69	54	60	54	14	4
Cancer and other tumours	80	29	45	16	38	10
Rheumatism, diseases of nutrition and of endocrine glands, other general diseases and vitamin deficiency diseases ...	16	16	16	19	2	2
Diseases of blood and of blood-forming organs	5	4	4	3	2	...
Chronic poisoning and intoxication	1	...	1	...	...	...
Diseases of nervous system and of sense organs	62	20	36	14	9	4
Diseases of circulatory system	147	67	61	23	76	24
Diseases of respiratory system	122	46	72	33	29	7
Diseases of digestive system	21	4	18	4	6	...
Non-venereal diseases of genito-urinary system	22	38	18	34	8	2
Diseases of pregnancy and childbirth ...	...	10	...	10	...	1
Diseases of skin and cellular tissue	70	27	57	25	1	1
Diseases of bones and organs of movement	3	1	3	1	...	...
Congenital malformations	...	...	...	...	...	...
Diseases of early infancy	...	...	...	...	...	...
Senility	4	17	3	9	14	3
Violence	8	2	4	5	...	...
Nil	3	5	3	5	...	...
	633	340	401	255	199	58
	Total—973		Total—656		Total—257	

SCHEME CASES.

Statistics for Year 1st January to 31st December 1947.

	Remaining 1st Jan.	Admitted	Discharged	Died	Remaining 31st Dec.
Males	41	273	300	...	14
Females	3	22	24	1	...
Total	44	295	324	1	14

Of the total number admitted, 170 were Service cases, and 208 patients were admitted to the Tropical Diseases Unit.

Table to show Results of Treatment.

	Cured	Improved	Not Improved
Males	194	96	10
Females	9	13	2
Total	203	109	12

Classification of Admissions, Discharges and Deaths.

Disease	Admissions		Discharges		Deaths	
	Male	Female	Male	Female	Male	Female
Infective and parasitic diseases	201	16	209	18	...	...
Cancer and other tumours	4	1	4	1	...	1
Rheumatism, diseases of nutrition and of endocrine glands, other general diseases and vitamin deficiency diseases	6	...	7	...	...	...
Diseases of blood and of blood-forming organs	...	...	...	...	...	...
Chronic poisoning and intoxication	...	...	...	...	...	...
Diseases of nervous system and of sense organs	1	...	4	...	...	...
Diseases of circulatory system	2	...	2	...	...	...
Diseases of respiratory system	34	3	36	3	...	...
Diseases of digestive system	11	...	14	...	...	...
Non-venereal diseases of genito-urinary system	6	...	6	...	...	...
Diseases of pregnancy and childbirth	...	...	...	...	...	...
Diseases of skin and cellular tissue	4	...	4	...	...	...
Diseases of bones and organs of movement	...	2	2	2	...	...
Congenital malformations	...	...	...	...	...	...
Diseases of early infancy	...	...	...	...	...	...
Senility	...	...	...	...	...	...
Violence	3	...	11	...	...	...
Nil	1	...	1	...	...	...
	273	22	300	24	...	1
	Total—295		Total—324		Total—1	

MATERNITY UNIT.

	Adults	Infants	
		Male	Female
Remaining on 1st January 1947	18	8	9
Admitted during 1947	771	352	357
Discharged during 1947	759	341	345
Died during 1947	2	8	6
Stillborn during 1947	...	10	8
Remaining on 31st December 1947	28	11	15

Causes of Death.

Adults : (1) Submucous fibroid polypus.

Second post-partum hæmorrhage.
Shock.

(2) Post-operative shock.

Supra-vaginal hysterectomy.

Ectopic pregnancy (intra-ligamentous).

Infants : Eight premature births.

One each—

Cerebral hæmorrhage as a result of a prolonged and difficult labour.

Multiple deformities.

Atelectasis : hydrocephalic : spina-bifida.

Extreme prematurity : atelectasis.

Erythroblastosis fœtal.

Lobar pneumonia.

THEATRE.

Major operations	...	...	...	...	180
Minor operations	...	...	...	...	727
Sigmoidoscopies	...	...	...	...	185
Anæsthetics : General	...	...	...	...	144
Spinal	...	...	...	...	13
Local	...	...	...	...	760
					917
Sick staff	...	...	...	...	272 attendances

X-RAY DEPARTMENT.

X-ray examinations during 1947 ... 2,280

PHYSIOTHERAPY DEPARTMENT.

Number of patients treated	...	...	615
„ „ „ discharged	...	...	359
„ „ „ remaining	...	...	75
„ „ treatments	...	...	9,742
Cured	...	...	52
Improved	...	...	206
Not improved	...	...	101
Died	...	...	8

DIET KITCHEN.

The approximate daily output of special diets during 1947 was 45 diets per day, distributed thus :—

				Per Year
Gastric	...	...	14	5,110
Obesity	...	...	8	2,920
Diabetic	...	...	7	2,555
Low residue	...	...	7	2,555
High protein	...	...	3	1,095
Sprue	...	...	2	730
Cardiac	...	...	2	730
Jaundice	...	...	1	365
Nephritic	...	...	1	365
Total	...	45		16,425

HOSPITAL LABORATORY SERVICE.

Summary of work done during the year :—

1. Hæmatology	...	...	...	...	5,204
2. Fæces	...	...	...	...	2,516
3. Miscellaneous	...	...	...	...	907
4. Bacteriology	...	...	...	...	806
Grand Total					<u>9,433</u>

NORTHERN GENERAL HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

During the past year the above hospital has had a very trying time due to the fact that it was decided early in the year to transfer the patients from the Southern General Hospital, where they had been for the duration of the war, back to their previous home in Ferry Road, which was occupied throughout the war by Public Assistance cases. This move was carried out under great difficulty, and one cannot speak too highly of the Matron and the staff for the way the transfer was done.

The nursing shortage has been acute, and it has been found extremely difficult to recruit nurses for the type of case which has been admitted to the hospital. In October, however, a thirty-bedded Rheumatic Unit was opened for treatment and research into rheumatic diseases, and in conjunction with the Rheumatic Unit one of the wards has been converted into a Physiotherapy Department which, at the moment, is probably the best equipped in the Municipal General Hospitals.

Towards the end of the year the hospital settled down in its new quarters, and the number of patients and staff, with the aid of part-time nurses, has been built up slowly, and I should like to take this opportunity of conveying my thanks to the Matron and staff generally for what they have done during the past very difficult year.

Statistics for Year 1st January to 31st December 1947.

	Remaining 1st Jan.	Admitted	Discharged	Died	Remaining 31st Dec.
General Wards { Male	35	229	143	83	38
{ Female	34	106	60	43	37
Rheumatic Unit { Male	...	7	3	...	4
{ Female	...	22	11	...	11
Total ...	69	364	217	126	90

Number of cases treated—General	...	404
Rheumatic	...	29
Total	...	<u>433</u>

The sources of admission were as follows :—

From Own home	279
Glenlockhart	37
Western General Hospital	22
Whitefoord House	6
Royal Infirmary	5
Salvation Army Homes	4
Homeless	3
City Hospital	2
Queensberry House	2
Davidson Home	1
Eastern General Hospital	1
Monteviot Convalescent Home	1
Naval Hospital, Port Edgar	1
	364

Discharges were as follows :—

To Own home	134
Western General Hospital	28
Glenlockhart	26
Bangour Hospital	10
City Hospital	5
Eastern General Hospital	4
Whitefoord House	2
Homeless	2
Church of Scotland Home, Loanhead	1
Little Sisters of the Poor	1
Salvation Army Home	1
Davidson Home	1
St Michael's Home, Linlithgow	1
P.A. Offices, Co. Durham	1
	217

Table to show the Results of Treatment or Termination of Illness.

Cured	11
Improved	149
Not improved	57
Died	126
Remaining under treatment	90

CAUSES OF DEATH.

	Male	Female
1. Infectious and parasitic diseases	1	—
2. Cancer and other tumours	17	6
3. Rheumatism, diseases of nutrition and other general diseases	1	—
4. Diseases of the blood and blood-forming organs	4	2
5. „ „ nervous system and sense organs	17	13
6. „ „ circulatory system	16	13
7. „ „ respiratory system	8	4
8. „ „ digestive system	6	—
9. Non-venereal diseases of the genito-urinary system	11	—
10. Diseases of pregnancy and child-birth	—	—
11. „ skin and cellular tissue	2	—
12. „ bones and organs of locomotion	—	4
13. Congenital malformations	—	—
14. Senility	—	1
	83	43

Number of post-mortem examinations 30

CLASSIFICATION OF PATIENTS DISCHARGED.

1. Infectious and parasitic diseases	5
2. Cancer and other tumours	8
3. Rheumatism, diseases of nutrition and other general diseases ...	19
4. Diseases of the blood and blood-forming organs	3
5. „ „ nervous system and sense organs	46
6. „ „ circulatory system	53
7. „ „ respiratory system	26
8. „ „ digestive system	7
9. Non-venereal diseases of genito-urinary system	6
10. Diseases of skin and cellular tissue	6
11. „ „ bones and organs of locomotion	20
12. Congenital malformations	—
13. Senility	18
	217

Average number of occupied beds	66
Highest daily number of patients	93 (23/12/47)
Lowest daily number of patients	39 (16/5/47)
Average length of stay in days per patient ...	40

PHYSIOTHERAPY DEPARTMENT.

During the early months of 1947 the work of this department was entirely with the chronic sick and treatment was given in the wards. One physiotherapist was employed. In October the Rheumatic Unit was opened and at the same time a new and well-equipped Physiotherapy Department was opened in Ward 10. Patients treated during 1947 numbered 93, with 4,338 individual treatments carried out. Maintenance exercises are given daily in the Rheumatic Wards, all patients participating.

BACTERIOLOGICAL SERVICES.

The following report is submitted by the Director of Bacteriological Services on the work carried out for the city by the Bacteriology Department of Edinburgh University during the year 1947.

The total number of examinations was 45,641 as compared with 41,030 in 1946, an increase of 4,611. The number of examinations for the Municipal Hospitals was 33,338 as compared with 27,657 in 1946. The number for the General Hospitals was 17,792 as compared with 14,741 in 1946, an increase of 3,051, and this was mainly in respect of the Eastern General Hospital. The work done for the City Infectious Diseases Hospital also showed a substantial increase: from 5,099 examinations in 1946 to 7,104 in 1947, due mainly to the larger number of examinations for intestinal infections and for the tubercle bacillus.

Diagnostic work required in cases of diphtheria, including virulence tests and determination of the biological types of diphtheria bacillus, was less than in 1946, with a considerably reduced number of positive findings. This seems to reflect the lessened incidence of the disease which has been noteworthy since the introduction of large-scale diphtheria immunisation. In 1947 the relative prevalence of the different types of diphtheria bacillus is illustrated as follows:—

Type	Number of Cases
" <i>Mitis</i> "	17
" <i>Intermedius</i> "	8
Typical " <i>Gravis</i> "	24
Atypical " <i>Gravis</i> "	5
	54

As in 1946, an increased number of diagnostic examinations for tuberculosis has to be recorded and this work has again involved a large number of animal inoculation tests.

As in recent years, the number of typhoid-paratyphoid infections dealt with has been very small, but in 1947 there was some degree of prevalence of gastro-enteritis due to *Bacillus ærtrycke* (*Salmonella typhi-murium*). One case of undulant fever due to *Bacillus abortus* was diagnosed bacteriologically. One case of leptospiral jaundice was recognised.

The number of cases of bacillary dysentery (as proved by bacteriological examination) was less than in 1946. The *Sonne* type of dysentery bacillus predominated, while the *Newcastle* type, which was prevalent in 1946, seemed to be quite absent.

Water samples examined amounted to 838. Of 57 samples of milk examined for the tubercle bacillus, 4 were found to contain this organism (about 7 per cent.). 107 samples of ice-cream were examined by the methods applicable to specimens of milk. Further development of this work will be required in future to control the bacteriological purity of this article of food.

As emphasised in previous annual reports, these services for the City Public Health Department and the Municipal Hospitals have been steadily increasing, and 1947 again showed the same development. Thus the amount of work demanded in this branch of public health and medical work is far from becoming stabilised, and each year the resources of the bacteriological services as regards personnel, laboratory accommodation, apparatus and materials have had to be

augmented with consequent additional financial expenditure. A substantial part of this additional work may be regarded as absolutely essential in the interests of the patients dealt with, but, particularly in the general hospitals, there has been a growing tendency to submit specimens for laboratory examination as a mere matter of routine, and without careful consideration as to whether the labour and expenditure involved in their examination is likely to be repaid by the results obtained. This is illustrated by the large proportion of specimens submitted which on examination prove to be within the range of normality as regards their bacteriological condition. While part of this work may be necessary to exclude in clinical diagnosis the possibility of certain infections, much of it could be dispensed with by greater discrimination on the part of the clinical officers in their requests for laboratory investigation. Such "negative" work when it assumes certain proportions also reduces the personal interest of the laboratory staff in the examinations requested and creates an atmosphere in the laboratory of unproductive and monotonous routine which is prejudicial to the best interests of the bacteriological service.

The tables which follow give numerical details of the work done in all categories and the more important results obtained. The examinations for Municipal Hospitals are separately tabulated. Brief references are also made to certain investigations of special public health interest.

The bacteriological services have been carried out under the direction of Professor T. J. Mackie. The professional staff of the University who took part in the work during the year were :—Dr. J. C. J. Ives, Lecturer for Bacteriological Services, Drs. Helen A. Wright, G. B. Ludlam, A. F. Maccabe and J. P. Duguid, Lecturers, and Miss Joyce Cranfield, B.Sc., Assistant. Special assistance was also given by Dr. R. H. A. Swain, Lecturer, and Dr. A. T. Wallace, attached to the Bacteriological Department while holding a Class III appointment under the Government's scheme for ex-service medical officers.

ROUTINE BACTERIOLOGICAL EXAMINATIONS

(including examinations for Municipal Hospitals)			Total
Swabs from throat, nose and ear examined for <i>B. diphtheriae</i> ...	Positive	31	2,219
Cultures examined for <i>B. diphtheriae</i> (including determination of biological types and virulence tests) ...	Positive	74	580
Swabs from throat, nose and ear examined for hæmolytic streptococci and other pathogenic organisms			
Positive—Hæmolytic streptococci		1,046	4,632
Determination of types of hæmolytic streptococci ...			6
"Cough-plate" for <i>B. pertussis</i> ...	Positive	4	21
Sputum examined for <i>B. tuberculosis</i> by the microscopic method*	Positive	1,195	6,915
Urine, fæces, pus and stomach washings examined for <i>B. tuberculosis</i> by the microscopic method ...	Positive	30	857
Cultivation test for <i>B. tuberculosis</i> † (sputum and other specimens)	Positive	638	6,639
Animal inoculation for <i>B. tuberculosis</i> (sputum and other specimens) ...	Positive	193	833
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method)* ...			413
Cerebro-spinal fluid for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method)‡			
Positive {			
Meningococcus		24	
Pneumococcus		8	
<i>B. tuberculosis</i>		8	453
Carry forward ...			23,568

* After "concentration" of specimen.

† Negative by microscopic method.

‡ This number includes repeat tests.

Brought forward	...	23,568	
Blood culture (general)	...	152	
Blood for Widal reaction (including agglutination test for <i>B. abortus</i>)	...	1	219
Blood-clot-cultures from specimens submitted for Widal reaction	...	74	
Fæces and urine† examined for organisms of enteric and dysentery groups	Positive	6	
		Organisms of <i>Salmonella</i> group (other than typhoid-paratyphoid bacilli)	74
		<i>B. dys.</i> Shiga type	1
		<i>B. dys.</i> Flexner type	10
		<i>B. dys.</i> Sonne type	203
			3,999
Number of cases proved by isolation of specific organism and/or serological examination to be due to:—			
		<i>B. paratyphosus B.</i>	2
		Other organisms of <i>Salmonella</i> group	46
		<i>B. dysenteriae</i> Shiga type	1
		<i>B. dysenteriae</i> Flexner type	4
		<i>B. dysenteriae</i> Sonne type	91
		<i>B. abortus</i>	1
Fæces examined for protozoa and helminth ova	Positive	1	
		<i>Strongyloides stercoralis</i>	1
		<i>Ascaris lumbricoides</i>	2
		<i>Anklyostoma duodenale</i>	2
			128
Blood examined for agglutination of <i>Leptospira icterohæmorrhagiae</i>	Positive	1	1
Urine examined for <i>Leptospira icterohæmorrhagiae</i>	...	...	24
Pus for general bacteriological examination, including exudate from wounds	...	...	320
Staphylococcus coagulase test	...	...	20
Urine for general bacteriological examination	...	...	2,096
Sputum for general bacteriological examination	...	...	1,155
Blood for Wassermann reaction	...	Positive	179
Syphilis Flocculation test—method of Bacteriology Department, Edinburgh University	...	Positive	149
			3,390
Syphilis Flocculation test—Kahn method	...	Positive	5
			19
Kahn "verification test" for syphilis	...	Positive	70
			249
Cerebrospinal fluid for Wassermann reaction	...	Positive	8
			102
Cerebrospinal fluid for colloidal gold test	...	Positive	18
			91
Cerebrospinal fluid for cytological examination, protein, sugar and chlorides	...	...	428
Cerebrospinal fluid for globulin	...	...	22
Vaginal, uterine, urethral swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination.	Positive—Hæmolytic streptococci	29	1,770
Conjunctival swabs and smears for gonococcus and general bacteriological examination	...	...	74
Complement fixation test for gonococcal infection	...	Positive	16
			111
Paul-Bunnell test for glandular fever	...	Positive	19
			110
Swabs examined for thrush fungus	...	...	75
Blood for malaria parasites	...	...	3
Sulphanilamide sensitivity test	...	...	13
Penicillin content of blood	...	...	48
Penicillin content of body fluids	...	...	8
Penicillin sensitivity test	...	...	131
Streptomycin content of blood or body fluids	...	...	3
Food for general bacteriological examination	...	...	40
Serum colloidal gold test	...	...	11
Water specimens for complete bacteriological examination	...	...	273
Water specimens for presumptive <i>B. coli</i> test	...	...	775
Total water specimens examined	838.		
Milk specimens for bacterial count	...	...	629
Milk specimens for <i>B. coli</i> test	...	...	879
Milk specimens for methylene blue reduction test	...	...	438
Milk specimens for phosphatase test	...	...	313
Total milk specimens examined	982.		
Milk for <i>B. tuberculosis</i> by animal inoculation	...	Positive	4
			57
Ice-cream specimens for bacterial count	...	...	107
Ice-cream specimens for <i>B. coli</i> test	...	...	107
Ice-cream specimens for methylene blue reduction test	...	...	71
Total ice-cream specimens examined	107.		
Autogenous vaccines prepared	...	...	4
Miscellaneous examinations	...	...	88
			45,641

† This number includes repeat tests.

EXAMINATIONS FOR MUNICIPAL HOSPITALS.

Western, Eastern, Southern and Northern General Hospitals.				Total
Swabs from throat, nose and ear examined for <i>B. diphtheriae</i> ...	...	...	...	302
Swabs from throat, nose and ear examined for hæmolytic streptococci and other pathogenic organisms ...	...	...	...	1,633
"Cough-plate" for <i>B. pertussis</i> ...	...	...	...	2
Sputum examined for <i>B. tuberculosis</i> by the microscopic method ...	...	...	...	1,679
Urine, fæces, pus and stomach washings examined for <i>B. tuberculosis</i> by the microscopic method ...	...	...	...	323
Cultivation test for <i>B. tuberculosis</i> (sputum and other specimens) ...	...	...	...	1,931
Animal inoculation for <i>B. tuberculosis</i> (sputum and other specimens) ...	...	...	...	315
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method) ...	...	...	...	302
Cerebrospinal fluid for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method) ...	...	...	...	54
Blood culture (general) ...	...	...	...	85
Blood for Widal reaction (including agglutination test for <i>B. abortus</i>) ...	...	...	...	34
Blood-clot-cultures from specimens submitted for Widal reaction ...	...	...	...	18
Fæces and urine examined for organisms of enteric and dysentery groups ...	...	...	...	301
Fæces examined for protozoa and helminth ova ...	...	...	...	64
Blood examined for agglutination of <i>Leptospira icterohæmorrhagiae</i> ...	...	...	...	1
Urine examined for <i>Leptospira icterohæmorrhagiae</i> ...	...	...	...	2
Pus for general bacteriological examination, including exudate from wounds	...	...	...	237
Staphylococcus coagulase test ...	...	...	...	9
Urine for general bacteriological examination ...	...	...	...	1,588
Sputum for general bacteriological examination ...	...	...	...	983
Blood for Wassermann reaction ...	...	...	...	2,831
Syphilis Flocculation test—method of Bacteriology Department, Edinburgh University ...	...	...	...	2,824
Syphilis Flocculation test—Khan method ...	...	...	...	11
Kahn "verification test" for syphilis ...	...	...	...	157
Cerebrospinal fluid for Wassermann reaction ...	...	...	...	87
Cerebrospinal fluid for colloidal gold test ...	...	...	...	83
Cerebrospinal fluid for cytological examination, protein, sugar and chlorides	...	...	...	37
Cerebrospinal fluid for globulin ...	...	...	...	22
Vaginal, uterine, urethral swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination ...	...	...	...	1,467
Conjunctival swabs and smears for gonococcus and general bacteriological examination ...	...	...	...	49
Complement fixation test for gonococcal infection ...	...	...	...	90
Paul-Bunnell test for glandular fever ...	...	...	...	29
Swabs examined for thrush fungus ...	...	...	...	44
Sulphanilamide sensitivity test ...	...	...	...	9
Penicillin content of blood ...	...	...	...	49
Penicillin content of body fluids ...	...	...	...	8
Penicillin sensitivity test ...	...	...	...	92
Autogenous vaccines prepared ...	...	...	...	4
Miscellaneous examinations ...	...	...	...	36
				17,792
Western General Hospital ...	...	...	8,967	
Eastern General Hospital ...	...	...	7,691	
Northern General Hospital ...	...	...	668	
Southern General Hospital ...	...	...	466	
				17,792

City Hospital for Infectious Diseases.		Total
Swabs from throat, nose and ear examined for <i>B. diphtheriae</i> ...	...	12
Cultures examined for <i>B. Diphtheriae</i> (including determination of biological type and virulence tests) ...	...	580
Swabs from throat, nose and ear examined for hæmolytic streptococci and other pathogenic organisms ...	...	148
Sputum examined for <i>B. tuberculosis</i> by the microscopic method ...	...	518
Urine, fæces, pus and stomach washings examined for <i>B. tuberculosis</i> by the microscopic method ...	...	94
Cultivation test for <i>B. tuberculosis</i> (sputum and other specimens) ...	...	437
Animal inoculation for <i>B. tuberculosis</i> (sputum and other specimens) ...	...	102
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method) ...	...	62
Cerebrospinal fluid for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method) ...	...	389
Blood culture (general) ...	...	42
Blood for Widal reaction (including agglutination test for <i>B. abortus</i>) ...	...	83
Blood-clot-cultures from specimens submitted for Widal reaction ...	...	40
Fæces and urine for organisms of enteric and dysentery groups ...	...	3,256
Fæces examined for protozoa and helminth ova ...	...	49
Pus for general bacteriological examination, including exudate from wounds ...	...	16
Urine for general bacteriological examination ...	...	392
Sputum for general bacteriological examination ...	...	32
Blood for Wassermann reaction ...	...	90
Syphilis Flocculation test—method of Bacteriology Department, Edinburgh University ...	...	88
Syphilis Flocculation test—Kahn method ...	...	3
Kahn "verification test" for syphilis ...	...	26
Cerebrospinal fluid for Wassermann reaction ...	...	10
Cerebrospinal fluid for colloidal gold test ...	...	11
Cerebrospinal fluid for cytological examination, protein, sugar and chlorides ...	...	387
Vaginal, uterine, urethral swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination ...	...	166
Conjunctival swabs and smears for gonococcus and general bacteriological examination ...	...	4
Complement fixation test for gonococcal infection ...	...	5
Paul-Bunnell test for glandular fever ...	...	38
Sulphanilamide sensitivity test ...	...	3
Penicillin sensitivity test ...	...	5
Food for general bacteriological examination ...	...	1
Serum colloidal gold test ...	...	11
Miscellaneous examinations ...	...	4
		7,104
Royal Victoria Hospital and Dispensary.		Total
Swabs from throat, nose and ear examined for <i>B. diphtheriae</i> ...	...	2
Swabs from throat, nose and ear examined for hæmolytic streptococci and other pathogenic organisms ...	...	5
Sputum examined for <i>B. tuberculosis</i> by the microscopic method ...	...	4,034
Urine, fæces, pus and stomach washings examined for <i>B. tuberculosis</i> by the microscopic method ...	...	388
Cultivation test for <i>B. tuberculosis</i> (sputum and other specimens) ...	...	3,587
Animal inoculation for <i>B. tuberculosis</i> (sputum and other specimens) ...	...	344
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i> by the microscopic method) ...	...	30
Blood for Widal reaction (including agglutination test for <i>B. abortus</i>) ...	...	2
Fæces and urine examined for organisms of enteric and dysentery groups ...	...	2
Pus for general bacteriological examination, including exudate from wounds ...	...	4
Urine for general bacteriological examination ...	...	4
Sputum for general bacteriological examination ...	...	1
Blood for Wassermann reaction ...	...	12
Syphilis Flocculation test—method of Bacteriology Department, Edinburgh University ...	...	12
Blood for malaria parasites ...	...	1
Penicillin sensitivity test ...	...	14
Miscellaneous examinations ...	...	—
		8,442
Total for Municipal Hospitals ...		33,338

SPECIAL INVESTIGATIONS.

AN OUTBREAK OF *BACILLUS ÆRTRYCKE* ENTERITIS.

During the months May to September 1947 a number of cases of gastro-enteritis occurred in the city due to infection with *Bacillus ærtrycke* (*Salmonella typhi-murium*). This organism was isolated from the stools of a total of 38 cases, though it is probable that the actual number of infected persons was very much greater.

Strains isolated from 5 cases were sent to the Salmonella Reference Laboratory of the Public Health Laboratory Service (Medical Research Council) and the antigenic structure was reported on by Dr. Joan Taylor. Four gave the formula IV, V, XII; i—1, 2, 3; and one I, IV, V, XII; i—1, 2, 3; *i.e.*, the typical antigenic constitution of *Salmonella typhi-murium*.

No evidence was found to incriminate any article of foodstuff as the source of infection. Samples of dried and frozen egg, synthetic cream, milk and dried milk powder were examined, but in no instance were pathogenic organisms isolated. Although there was no evidence to suggest a common source of infection, the cases being scattered over the city and of all ages, it was thought it would be of interest to know the phage type of the different strains isolated. 24 strains were accordingly submitted to Dr. Felix of the Public Health Laboratory Service, who kindly typed them. The strains fell into either type 2a (15 strains) or 2b (4 strains), but 5 were untypable. Thus the cases did not represent a single outbreak derived from one source. The origin and mode of this *Bacillus ærtrycke* infection remain quite obscure.

From a number of cases admitted to the City Fever Hospital, blood serum was examined for agglutinins. Titres varying from 1/30–1/960 with standard suspensions of *Salmonella typhi-murium* (H specific) were obtained; a rising titre was also noted with the O-suspension of *B. paratyphosus B* (*B. paratyphosus B* sharing common O-antigens with *Salmonella typhi-murium*). Of 14 cases from which serum was received for agglutination test, one gave a titre of 1/960, two 1/480, one 1/240, three 1/120, two 1/60, two 1/30 and three showed no agglutinins for the specific H-suspension of *Salmonella typhi-murium*. The significance of these findings and the importance which can be attached to the agglutination test as a method of retrospective diagnosis depend upon the level of agglutinins to *Salmonella typhi-murium* in normal sera and also on the possibility of a non-specific anamnestic rise in agglutinins in cases of other infections. Agglutination tests with the specific H-suspension of *Salmonella typhi-murium* are included in the routine Widal reaction carried out on sera sent to this laboratory and titres higher than 1/30 have never been observed. In view of this, it would seem that the agglutination test may be used as a method of retrospective diagnosis in such cases of gastro-enteritis.

(J. C. J. Ives.)

AIR-BORNE INFECTION WITH DUST FROM CLOTHING.

In last year's Report an account was given of an investigation relating to the dissemination and spread of respiratory tract pathogenic organisms. Although large numbers of secretion droplets are expelled in speaking, coughing and sneezing,

and may remain air-borne for a considerable time, only a very small proportion of these are likely to contain pathogenic organisms even from persons suffering from active bacterial infections of the respiratory passages. Observations made in rooms occupied by persons with tonsillitis due to hæmolytic streptococci suggested that air infection with these organisms is due less to droplet-spray than to liberation of dust from clothing, bedding and the floor.

During the past year this study has been followed up. Using a test chamber of 100 cu. ft. capacity, measurement has been made of the number of bacteria-carrying particles which are liberated from clothing into the air as a result of various bodily activities. When a person entered the test chamber quietly, stood motionless for ten minutes and then left quietly, there was no appreciable increase in the bacterial content of the air. As a result of slight activity for ten minutes, involving movement mainly of the hands and arms, from 1,000 to 40,000 bacteria-carrying particles were liberated. As a result of ten minutes' vigorous activity, "marking time" with the feet and swinging the arms, from 30,000 to 400,000 bacteria-carrying particles were liberated. Brushing of the clothes caused similar heavy infection of the air. So did the activity of dressing and undressing: as a result of removing all clothes and replacing them, about 200,000 bacteria-carrying particles were given off.

It is of interest to know the length of time during which the infected dust particles may remain suspended in the air. In these experiments a significant proportion of the infected particles were found to remain air-borne for half an hour after the cessation of activity, on some occasions for as much as one hour.

The persons tested were healthy and not infected with pathogenic organisms; accordingly all the bacteria recovered were non-pathogenic commensals or saprophytes. Pathogenic organisms are known to be present on the clothing of persons with respiratory tract infection and such persons will certainly liberate from their clothing these pathogenic organisms, as well as other organisms. However, it should be assumed that the number of pathogen-infected dust particles liberated into the air will be not more than a small proportion of the total number of bacteria-carrying particles liberated.

In the above-mentioned experiments ordinary clothing was worn. Further experiments were made to determine whether air infection could be prevented by wearing a sterile gown on top of the ordinary clothing. The standard surgical gown, which is open at the bottom and only loosely tied together at the back, proved entirely ineffective in preventing the liberation of infected particles. On the other hand, a complete "air-tight" covering was effective in reducing the amount of air infection by more than 95 per cent.; this complete covering was provided by a boiler suit which was fitted with a zip fastener instead of buttons, closed at the feet and fastened tightly at the neck and wrists.

(J. P. Duguid.)

THE BACTERIOLOGICAL EXAMINATION OF ICE-CREAM.

Since the relaxation of the war-time ban on the manufacture and sale of ice-cream, regulations issued by the Ministry of Health, under the Food and Drugs Act, 1938, and designated the Ice Cream (Heat Treatment) Regulations,

1947, give local authorities in England power to enforce some measure of control over the methods of manufacture and storage of ice-cream.

No bacteriological standards, however, have as yet been adopted to which samples of ice-cream should conform if properly treated in the manner required by the regulations. The Ministry of Health's Circular No. 69/47, which deals with the regulations, states that the Minister of Health "is still not satisfied that there is any test, the reliability of which is sufficiently established to justify its use as a statutory test, non-compliance with which would constitute an offence." But, at the same time, attention is drawn to a modification of the methylene blue reduction test which is considered to be the best test of bacterial cleanliness of ice-cream available at present. A description of this test, its technique and the method of grading samples according to its results, are given in the Ministry of Health's Monthly Bulletin for March 1947. It is stated, however, by the authors that the conclusions and suggested grading of samples by this method are at present provisional. Further information from other workers as to the reliability of the test is therefore clearly called for.

In Scotland, up to the present, no regulations are in force for the bacteriological control of ice-cream; but from time to time samples of ice-cream are submitted to laboratories for bacteriological examination. In this laboratory it has been customary to test these samples by means of the plate count and *B. coli* tests, in the same way as that employed in Scotland for testing designated milks of "T.T." and "Standard" grades. It has been left to the health officials to interpret the results in the light of conditions under which the ice-creams were manufactured.

After the publication of the Ministry of Health's Monthly Bulletin in March and Circular 69/47 in April 1947, it was decided that for the examination of further samples the modified methylene blue test should be adopted in addition to the above-mentioned tests. During the months May to November 100 ice-cream samples were tested in this way, and the results of the three tests were compared.

Mr. Gill, Food and Drugs Inspector, Edinburgh Public Health Department, co-operated in this inquiry and he was responsible for the taking of over 90 samples of ice-cream from vendors in the City of Edinburgh.

The Methylene Blue Test.—The technique adopted was similar to that laid down in the appendix to the report in the Ministry of Health's Bulletin. Normal saline was used as a diluent. The test was set up at 5 p.m. on the day of sampling. Two ml. of the ice-cream to be tested were added to a tube marked at 10 ml. containing 7 ml. saline and 1 ml. methylene blue solution. The tube was closed with a sterile stopper and inverted once.

Pre-Incubation.—Since the storing of milk samples at atmospheric temperature or at a controlled temperature before carrying out the methylene blue test is a help in distinguishing samples with different degrees of contamination, it is suggested in the report cited above that the same may be equally effective when applied to ice-cream, a temperature of 20° C. for 17 hours being recommended for this purpose.

An incubator which could be relied upon to maintain a constant temperature of 20° C. was not at the time available and the tubes were placed instead at atmospheric shade temperature for 17 hours before commencing the methylene blue test at 37° C. The tests continued through the summer months but it is doubtful if at any time of testing the temperature in the laboratory exceeded, or even reached, 20° C.

Precautions observed in carrying out the Methylene Blue Test.—

1. All tests were carried out in duplicate (the times of reduction of the duplicate samples never varied from one another by more than half an hour and the resulting grades were invariably the same). 2. Two colour controls were set up with each test as end-points in determining the time of reduction of the methylene blue. One, an ice-cream colour control, consisted of 8 ml. saline and 2 ml. ice-cream only; the other, a methylene blue control, included saline, methylene blue and ice-cream as in the test proper. Both these control mixtures were boiled for 15 minutes to destroy the bacterial and enzymic reducing system in ice-cream. Since any reduction of the methylene blue which followed boiling would be mainly due to chemical or physical factors present in the ice-cream, the methylene blue control not only acted as a positive colour control, but as a precaution against the possibility of false results due to the above-mentioned factors.

(No sample would have been reported as failing the test as a result of factors other than bacterial bringing about reduction of the methylene blue.)

Method of Grading.—Samples were graded according to the time taken at 37° C. for complete decolorisation of the methylene blue. The grades depending on the times of reduction were the same as those provisionally adopted in the report, *i.e.* :—

Grade	Time taken to reduce methylene blue
1	4½ hours or more
2	2½ hours—4 hours.
3	½ hour—2 hours.
4	0 hours.

The Plate Count and *B. coli* Test Technique.—After setting up the methylene blue test at 5 p.m. on the day of sampling, the remainder of each sample was refrigerated overnight at a temperature of 33°–34° F. By the following mornings the ice-cream was sufficiently melted to allow of accurate pipetting without previous heating. A plate count and *B. coli* test were carried out on each sample, the results being read after incubation at 37° C. for 48 hours.

Comparison of Results.—The results of the methylene blue test have been carefully compared with those of the plate count and *B. coli* tests.

Of 30 samples with plate counts of more than 200,000 organisms per ml. and *B. coli* present in 0.01 ml., 27 (*i.e.* 90 per cent.) fell into grades 3 and 4 of the methylene blue test, and of 37 samples with plate counts of less than 200,000 and *B. coli* absent from 0.01 c.c., 37 (*i.e.* 100 per cent.) were in grades 1 and 2. Accordingly, if we take a maximum count of 200,000 organisms per ml. and *B. coli* absent from 0.01 ml. as the standard to which ice-cream samples should conform if they are to be considered satisfactory, then 90 per cent. of those which

failed to reach the standard were detected by the methylene blue test and were graded as 3 and 4, and 100 per cent. of those samples which satisfied that standard were graded as 1 and 2. Thus it will be seen that in no case was a sample unfairly judged by the methylene blue test. 44 samples had coliform organisms present in 0.01 ml.; of these 33 (*i.e.* 75 per cent.) were in grades 3 and 4. 8 out of 56 samples (*i.e.* 14 per cent) having coliform organisms absent from 0.01 ml. fell into grades 3 and 4, but of these, 5 had plate counts of more than 200,000 and 3 contained spore-forming organisms which covered the surface of the plate and rendered counting impossible. 32 out of 46 samples (*i.e.* 70 per cent.) with counts of more than 200,000 were in grades 3 and 4, while 5 out of 49 (*i.e.* 10 per cent.) with counts of less than 200,000 were in grades 3 and 4, all of these 5 containing coliform organisms in 0.01 ml.

From the foregoing results it would appear that the methylene blue test as recommended in the Ministry of Health's Bulletin, March 1947, but with a pre-incubation period of 17 hours at temperatures less than 20° C., is a reliable test in judging the bacteriological purity of ice-cream, where a maximum plate count of 200,000 organisms per ml. and coliform organisms absent from 0.01 ml. is the standard to which samples should conform if they are to be considered satisfactory. It is suggested that 20° C. may be too high for complete accuracy, and may account for discrepancies in the results of other workers.

It is suggested that atmospheric shade temperature be employed, as in milk-testing, provided this does not exceed 20° C. During the warm months a water-cooled incubator with an 18° C. capsule and a maximum and minimum thermometer might be utilised.

As a routine test for large-scale sampling of ice-cream, the methylene blue test may be considered to be very suitable. It may be carried out on the day of sampling or on the day following (without a pre-incubation period) for those samples coming from a distance.

Since the results of a sample failing the test are known on the morning following sampling, the bacterial count and *B. coli* test may still be carried out if further investigation is thought necessary, provided the samples have been refrigerated overnight.

Summary.—1. One hundred samples of ice-cream were tested by the modified methylene blue test as described in the Ministry of Health's Monthly Bulletin for March 1947, and recommended in the Ministry of Health's Circular No. 69/47, but with a pre-incubation period of 17 hours at atmospheric shade temperature, not at 20° C. as recommended in the Bulletin. 2. The plate count and *B. coli* tests were carried out on all samples after refrigeration overnight. 3. Correlation between the results of the three tests is good. 90 per cent. of samples with plate counts of more than 200,000 organisms per ml. and *B. coli* present in 0.01 ml. were graded as 3 or 4 by the methylene blue reduction test. 100 per cent. of samples with plate counts of less than 200,000 organisms per ml. and *B. coli* absent from 0.01 ml. were graded as 1 or 2 by the methylene blue reduction test. 4. The methylene blue reduction test is considered to be efficient in detecting samples with a high bacterial count and *B. coli* content. In no case was a sample with a high standard of bacteriological cleanliness unjustly condemned by the methylene blue test

(Foyce Cranfield.)

VIRUS STUDIES.

In recent years many advances have been made in the study of viruses by using various tissues of the embryo chick for the cultivation of these infective agents ; for viruses, unlike bacteria, cannot be grown on inanimate food materials such as the ordinary culture media. Thus fertile eggs have proved a valuable alternative to animals in the diagnosis of virus diseases, and in a bacteriological laboratory engaged in the public health service egg cultivation of viruses will tend to become an essential part of the everyday routine.

During the year under review a start has been made to institute in the Bacteriology Department of the University a virus research unit in which egg cultivation, along with other methods, may be utilised for the investigations of the commoner infective diseases due to viruses.

A number of virus strains have now been established in the laboratory in this way. For example, the psittacosis and lymphogranuloma viruses have been maintained by cultivation in the yolk sac, and "harvests" of these agents have been obtained in a pure state. These in turn have been used to prepare antigens for complement fixation tests and the reagent for the Frei allergic test. It is hoped that these tests may be of value to clinicians in the diagnosis of psittacosis and lymphogranuloma, and in assessing cases of "virus pneumonia."

The virus of the Newcastle disease of fowls has also been cultivated in eggs with a view to studying its relationship to the influenza virus and to certain other viruses which infect the human subject. The vaccinia virus has been grown on the chorio-allantoic membrane, and in this way large yields have been obtained for experimental work ; after purification the virus particles have been subjected to X-ray irradiation and the resultant effects on the pathogenicity and hæmagglutinating properties of the virus are being studied.

It is hoped also that it will be possible to commence studies on the influenza virus should the occasion offer. By the use of egg cultivation it is possible to isolate the virus from the throat washings of patients suffering from influenza and to identify the prevailing type of infection. There is always the possibility of an epidemic of influenza, and the detection of the causal agent, combined with the use of serological methods, may give valuable information in tracing the origin and mode of spread of this disease.

Adaptation of the technique of egg cultivation to the general problems of bacteriology is in progress, and this is proving in some ways more suitable than animal experiments for studying the reaction of living tissues to bacterial agents. Thus meningococcal infection of the chick embryo is under investigation, and also the use of fertile eggs as a means for the rapid growth of the tubercle bacillus.

As opportunity arises it is hoped to develop both the diagnostic and research sides of virus work, in this way offering an increasing range of help to the clinician, and to establish a research unit to which can be referred the various practical problems of virus diseases encountered in clinical and epidemiological work.

(R. H. A. Swain.)

MENTAL HEALTH SERVICES.

BANGOUR HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

(1) The Mental Hospital.

The general statistics for the year 1947 are as follows :—

Under care, 31st December 1946—

				Males	Females	Total
Voluntary	...	...	...	49	21	70
Certified	...	...	...	312	164	476
				361	185	546

Admissions in 1947 (including Transfers)—

Voluntary	...	...	...	57	64	121
Certified	...	...	...	75	184	259
				132	248	380

Discharged—

Voluntary	...	...	...	43	38	81
Certified	...	...	...	29	38	67
				72	76	148

Died—

Voluntary	...	...	...	3	2	5
Certified	...	...	...	25	27	52
				28	29	57

Remaining at 31st December 1947—

Voluntary	...	...	...	60	43	103
Certified	...	...	...	333	283	616
				393	326	719

Admissions.—Of the 380 admissions, 75 were accounted for by the return of patients formerly evacuated to various hospitals. The balance of 305 were fresh admissions direct from the City of Edinburgh. Before the war the average annual intake was about 350 patients. Considering that about one-quarter of the Mental Hospital accommodation is still reserved for Emergency Hospital purposes, the intake was proportionately as large as in pre-war years.

The ages of the patients on direct admission were distributed thus :—

	Males	Females	Total
Under 20 years	3	—	3
20-30 years	23	33	56
31-40 „	21	25	46
41-50 „	32	32	64
51-60 „	18	33	51
61-70 „	27	28	55
Over 70 years	7	23	30
	131	174	305

Two female patients had reached the advanced age of 82 years when admitted ; one male was 83. In all three cases, this was their first admission.

The new admissions always make an interesting study, especially to those whose experience of psychiatry enables them to compare present-day with former trends. What sort of people are they? What is their family history? What factors in their social environment have contributed to their illness? The answers are almost as various as the patients themselves. In the main, however, they are far removed from the popular conception of the "lunatic." By and large, they are decent, hard-working respectable folks showing none of the weird eccentricities of appearance, speech or conduct which the uninitiated are so apt to attribute to them. It is often said, for example, that "you could tell by his eyes that he was insane." That is a myth quite unsupported by any evidence, but none the less persistent. Would that the diagnosis were as simple as that.

As time goes on one cannot help noticing a progressive change for the better in the general condition of the newcomers. There are now no signs of the extreme poverty and the shocking disregard of personal hygiene that were once so familiar. They are better clothed and nourished and, as a rule, even when seriously ill, retain some of their finer characteristics. It is comparatively rare now to see such extreme dilapidation of the personality as used to accompany the onset of mental disorder. Such a change is welcome if for nothing else than that it gives the hospital staff a better foundation on which to build.

Social Changes.—Among the particular changes, say of the last twenty years, one cannot but be struck by the great diminution in the incidence of alcoholic forms of illness. Alcohol plays a double rôle in relation to mental disorders—*i.e.* as a way of escape from an intolerable situation and, therefore, to a large extent masking the underlying factors; or by its own deleterious action over a long period of time giving rise to symptoms directly attributable to excess. These two conditions are, of course, not wholly independent of one another but they do form rough and ready categories. Neither is so commonly seen nowadays.

Whether by accident or design, a far-reaching change has been wrought in the social customs of the public and this modern habit of abstemiousness is directly reflected in the present type of admissions. Only in rare cases admitted during 1947 could alcohol be reckoned as a material factor in the causation of the break-down. Conspicuous by their absence were those degenerative forms of chronic alcoholism which were once so common.

Much the same story can be told of the ravages of syphilis. Cases of general paralysis are few and far between. Where, as formerly, practically all cases of general paralysis were cared for in the mental hospitals, their treatment is now largely undertaken in general hospitals. Those patients who do reach the mental hospitals are usually those whose active treatment has for one reason or another been delayed. Here the importance of early treatment (and treatment nowadays is highly successful) cannot be overemphasised. It must never be forgotten that general paralysis is due to the invasion of the grey matter of the brain by the highly destructive organisms of syphilis, and that grey matter, once destroyed, can never be replaced. The most successful forms of treatment can do no more than arrest the degenerative process at the stage at which it has then arrived. Although general paralysis—a late manifestation of specific infection—is now so

much rarer among mental hospital admissions, there is nothing in this apparent improvement to justify a slackening of the crusade against syphilis as a primary infection. On the contrary, the old adage is still as true as ever, "No syphilis, no general paralysis."

Future Trends.—As usual in recent years the largest number of admissions fall into the category of manic-depressive psychosis—with the depressive phases far more numerous than the manic. Here again there has been a marked change as compared with twenty years ago. States of manic excitement are now comparatively rare, so much so that a medical student may go through his whole course of training without ever seeing a typical example. This change has had its effect on the atmosphere of the mental hospital wards, for the manic was often a serious problem in management, thanks to his boisterous spirits, his propensity for interfering with his neighbours and his inclination to "rule the roost." Like the true alcoholic, the general paralytic and the eccentric, the manic almost seems to have had his day.

To counterbalance the reductions under these headings, one must keep in mind the larger influx of cases of senility at one end of the span of life and of "minor" cases at the other. The striking points about the great majority of the senile admissions were the absence of any family history of nervous or mental disorders and the fact that this was their first admission. Here we have a reliable indication of a possible future trend in relation to the care of the aged. If, as is confidently predicted, the population will before long contain a higher proportion of aged people, more adequate and more varied provision will require to be made for them. This need not take the form of more or larger mental hospitals.

There is little doubt that the present lack of alternative accommodation, properly staffed and run in accordance with sound geriatric practice, leads to the certification of many seniles who might well be dealt with otherwise. There will always be some in whose case mental hospital care is the best course. But that is not to say that alternative arrangements should not be possible or that certification should be the only mode of admission to the mental hospital when that is in the best interests of the patient. It is to be hoped that if and when legislation follows on the Russell Report, due consideration will be given to the needs of the aged. It is hardly to the credit of our lunacy laws that certification should virtually be forced for the first time in their lives at eighty or more years of age on working folks who have so well served their day and generation.

More Voluntary Admissions.—The advent of so many minor cases is a welcome sign of the times and accounts in large measure for the gradual rise in the numbers of voluntary admissions. If this tendency presages, as it does, the gradual disappearance of the traditional attitude towards the mental hospital, benefit will accrue to the public and the mental hospital alike. But while the change is welcome, the pace at which it is proceeding is not wholly satisfactory. As between the public and the private mental hospital there may be as large a difference as 20 per cent. in the proportion of voluntary admissions. There is no conceivable justification for this disparity, but there is every hope that when adequate out-patient facilities are developed under the National Health Service Act, the figures for all classes will be equalised.

There has been in recent years a further change, this time of an undesirable character. The mental hospital has always had to cope with the "psychopath," but it looks as if modern conditions were fostering this particular type. The decay of parental authority, the secularising of every aspect of life, the virtual abandonment of many of the ethical standards of our forefathers, the demoralising effects of two world wars, the imposition of innumerable controls bringing in their train previously unimagined temptations—these have proved too much for a certain class of weakling. They are people with a constitutional defect, temperamental rather than intellectual, and it is from them the pathological liars, the swindlers and such like are recruited. Most of them come to the mental hospital from the courts or from the prison.

Two features are common to them all—they are not deterred from their nefarious activities by punishment, and they so lack prevision that they snatch at any and every immediate personal advantage, however heavy the inevitable retribution may be. Some of them, being expert malingerers, raise fine questions as to the criminal responsibility of the insane. Once admitted to the mental hospital, they quickly learn the "tricks of the trade," and when again in conflict with the law tend to simulate insanity as a way of escaping the just penalty of their misdeeds. At the worst, however, the re-emergence of the psychopath is probably only a temporary phenomenon. Given more stable conditions in the social environment, he will be less in evidence than during the past few years.

Treatment.—The use of the newer physical methods of treatment has continued on an extended scale during the year—insulin therapy, electric convulsion, prolonged narcosis and leucotomy. While the results from these measures have been highly beneficial in large numbers of cases, there is still room in the mental hospital for every device of psychotherapy, including suggestion, varying degrees of analysis and the adaptation of occupation to the peculiar requirements of the individual patient. Bangour is particularly fortunate in having a large staff of physicians, surgeons and specialists, all of whom give valuable help to the mental hospital when asked, and who likewise appreciate the assistance of the mental staff in the management of those patients whose condition is complicated by psychoneurotic factors. In fact the present "set up" is an important experiment. Psychiatrists have dreamed of the day when physical and mental medicine would be brought closer together, to the advantage of both. How far this is possible is even now being tested in a practical way.

Besides the more direct methods of psychotherapy, other methods of treatment have been exploited to the full. To every patient is assigned the place in the work of the hospital which he or she is capable of filling, whether it be domestic or farm work, sewing or gardening. Of course, the hospital benefits, but that is as nothing compared with the benefit to the patient. Many a patient owes his salvation to regular, properly supervised employment, especially where the fruits of his labours are immediately apparent. For those not fitted for such work, the occupation therapy department gives an excellent outlet, encouraging initiative and rebuilding the self-reliance of the convalescent. Even its purely diversional activities are of value in relieving the tedium of a long illness. The effects are enhanced when reinforced by physical fitness classes, physiotherapy and any and every form of entertainment.

The Staff.—Dr. C. A. Crichlow retired on reaching the age limit and was succeeded by Dr. A. B. Hegarty. Dr. Crichlow's span of service covered in all twenty-four years. During that time he devoted himself wholly to the life and work of the hospital, and carried with him into his retirement the good wishes of all his associates. Dr. Hegarty comes with high qualifications and a varied experience which promise well.

(2) The Emergency Hospital.

During the year there were 2,524 admissions to the Emergency Hospital :—

			Service	Civilian
Tuberculosis	...	...	273	70
Brain Injuries	...	...	50	450
Plastic Injuries	...	...	44	186
General Surgery	...	...	220	593
General Medicine	...	...	74	281
Gynæcology	...	...	—	283
			661	1,863

From the opening of the Emergency Hospital up to the end of 1947, the admissions numbered 35,231.

Tuberculosis.—The sub-joined table gives an indication of the work done in relation to pulmonary tuberculosis :—

<i>Pneumothorax</i> —				
Inductions	...	...	...	80
Refills	...	...	...	4,083
<i>Pneumoperitoneum</i> —				
Inductions and Refills	...	...	...	1,116
Chest aspirations	...	...	...	296
Adhesion sections	...	...	...	58
Thoracoplastics	...	...	...	30
Phrenic nerve operations	...	...	...	32
Lobectomy	...	...	...	1
Extra-pleural pneumolysis	...	...	...	1

These figures represent only nine months' work as Mr. Mercer, our thoracic surgeon, was abroad for three months and only the most urgent surgical work was undertaken in his absence.

Streptomycin.—When limited supplies of this drug first became available in this country, Bangour was selected by the Medical Research Council as one of the experimental centres. Under this scheme three patients were treated for acute extensive bilateral lung tuberculosis. All improved to some extent and the improvement has been maintained after the cessation of treatment. By the end of the year one of these patients had been under continuous observation for upwards of seven months and the other two for six and five months respectively.

All three patients are now receiving accessory collapse therapy. In no case can streptomycin be said to have effected a cure. On the other hand, it must be remembered that all three patients were gravely ill on admission and were accordingly considered quite unsuitable for any form of collapse therapy. In such cases, the best that can be claimed for streptomycin is that it forms a useful adjunct to other forms of treatment.

A fourth patient treated under the Medical Research Council's scheme had miliary tuberculosis. Like the three lung patients, her condition appears to have benefited.

Later in the year the Medical Research Council's experiment came to an end but supplies of streptomycin were allotted to the hospital by the Department of Health for Scotland. Five beds were set aside for further experiment. From the middle of September to the end of the year six patients in all were admitted, suffering from either miliary tuberculosis or tubercular meningitis. Of these one died and the remainder have not been under observation long enough to justify even an approximate assessment of the value of the drug in these particular forms of tuberculosis. Not until larger supplies of the drug are available and more experience gained in its application can a definite opinion be formed as to its usefulness.

General Surgery.—In all, 813 patients were admitted to the surgical wards. As in former years many of these were referred by the Edinburgh Royal Infirmary so as to reduce that institution's waiting list. The remainder were admitted either from the Services or through the hospital's surgical out-patient department. In all, 1,133 out-patients were seen during the year. A large proportion of these attended repeatedly.

Mr. N. A. Gray, F.R.C.S., who acted as Resident Surgical Officer throughout the emergency, was called up for national service in September. His place was taken by Mr. J. C. Milne, F.R.C.S.

General Medicine.—Here again a large proportion of the patients were referred from the Royal Infirmary and the Services. The remainder consisted of emergencies sent in from the surrounding districts. Till this arrangement was sanctioned all acute emergencies occurring in the neighbourhood had to be transported to the Royal Infirmary, often with regrettable delay and with some risk to the patient.

Till now there have been no out-patient facilities for medical cases. The Department of Health has recently approved the opening of such a department for patients specially referred by their own doctors. This will begin to operate in the new year.

Plastic Surgery.—This unit, even more than the other special units, has suffered throughout the year from the prevailing shortage of nursing staff. It has in fact been necessary to institute a waiting list and this has grown to unfortunate dimensions and keeps on growing. At the end of the year the waiting list comprised 171 persons as against 81 at the beginning—a net increase of 90. Of the 81 at the beginning of the year, 79 were overtaken, but only at the expense of an additional 169 newcomers to the list. Such a situation is regrettable especially when the medical staff, the technical staff and the accommodation are on a wholly adequate scale. The efforts of the unit are, however, thwarted by the one thing lacking—a more numerous nursing staff. The decline in nursing staff has been gradually accentuated over the last four years. In 1940, for example, the peak was reached with a total intake of about 450 patients. The intake now is little more than half that number.

Brain Injuries Unit.—This unit has again had a busy year, the admissions numbering 500, practically all of whom required operation. As in 1946, spinal

conditions, particularly dislocated intervertebral discs, have figured prominently in the admissions. Generally, not less than one-third of the patients under treatment at any given time have been in this category.

While the actual operation in brain conditions is apt to be dramatised and, therefore, to attract a large measure of attention, the more pedestrian work of post-operative rehabilitation is of equal importance. Occupation therapy, physiotherapy, speech therapy and physical culture have a part to play in the scheme of treatment. Much thought is given to the proper selection of these aids to suit the needs of individual patients. Treatment "in the mass" along these lines does not give satisfactory results, while treatment individually prescribed, with as much care as an ordinary medical prescription, amply repays all the effort expended on it.

As an indication of the activity of these auxiliary departments, it may be mentioned that the Physiotherapy Department during the year gave 21,608 treatments. That figure is made up of:—

		Males	Females	Total
In-patients	...	10,445	5,597	16,042
Out-patients	...	2,479	2,677	5,156
Staff	...	101	309	410
		13,025	8,583	21,608

Gynæcology.—Professor R. W. Johnstone resigned and was succeeded by Dr. W. Haultain. All the patients treated were referred from the Edinburgh Royal Infirmary's waiting list.

In November, a Maternity Unit was opened for Polish women unable to speak English, and staffed entirely by Polish doctors and nurses. The number of admissions by the end of the year was 11, and 10 babies—3 boys and 7 girls—were born. Of these one boy and one girl were still-births.

The patients come from a wide area covering practically all Scotland and the northern counties of England. Those coming from a distance are admitted about a week before the expected date of confinement, and those within easy reach of the hospital at the onset of labour. The average duration of indoor treatment, allowing for the extra week in cases coming from remote areas, has not exceeded 16 days.

General.—While these references to the individual units give an indication of the scope and nature of the hospital activities, they do not tell the whole story. Two other medical departments—Radiology, under Dr. Saffley, and the Laboratory directed by Dr. Purdie—deserve special mention. The large number of tuberculous patients under treatment necessarily involves heavy work for both these departments. In particular, the experimental use of streptomycin, with its constant recourse to laboratory control, has called for additional effort from the Laboratory staff—help that has always been readily given.

Nor should the devoted services of the nursing and domestic staffs be forgotten. Without them the labours of the medical staff would indeed be in vain. To them all, so competently led by Miss Campbell, the Matron, thanks are due and are gladly given. The multifarious activities of a large hospital call for a co-operative effort from all sections of the staff and their willingness so to combine is gratefully acknowledged.

GOGARBURN CERTIFIED INSTITUTION

REPORT BY THE MEDICAL SUPERINTENDENT.

I have the honour to present the Annual Report of Gogarburn Certified Institution for the year 1947.

This has been the most difficult year in the lifetime of the Institution. Despite the fact that the accommodation reserved during the war years by the E.M.S. reverted to its original use and was available for the reception of mentally defective patients, we were unable to use it on account of the continued shortage of nursing staff, particularly female nursing staff. In view of the large and increasing number of patients awaiting admission this situation has been particularly disappointing. Not only have we been unable to use our available accommodation, but in order to make the best use of the nursing staff available we have had to continue the practice, started as an emergency measure during the war, of overcrowding the villas which are at present in use. For the efficiency and loyalty of the nursing staff under trying conditions I am very grateful.

The following tables show the changes in the patient population during the year :—

	Males	Females	Total
Number of Patients on Register at 1st January 1947	274	247	521
Cases admitted during the year	16	13	29
Total cases under treatment	290	260	550
Cases discharged during the year	8	4	12
Cases died during the year	3	5	8
Patients on Register at 31st December 1947	279	251	530

The physical condition of the patients on admission was as follows :—

	Male	Female	Total
In fair or average health and condition	11	5	16
In poor or indifferent health and condition	...	4	4
In weak or very weak health and condition	4	4	8
In good health and condition	1	...	1
	16	13	29

Classification	5-10 years		11-15 years		16-20 years		21-25 years		26-30 years		Over 30 years		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Idiot	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Imbecile	...	...	1	1	1	1	...	...	...	...	...	...	2	2
Feeble-minded	...	...	3	1	6	6	2	1	1	1	1	2	13	11
Total—Males	1	...	4	...	7	...	2	...	1	...	1	...	16	...
Total—Females	...	...	...	2	...	7	...	1	...	1	...	2	...	13

The following table shows the methods of disposal of the patients discharged from the Institution in the course of the year :—

	Male	Female	Total
Discharged to their own homes	3	2	5
Discharged on attaining the age of 16 years ...	1	2	3
Discharged on lapse of authority for detention ...	4	...	4
	8	4	12

The number of deaths occurring in the course of the year was 8. The causes of death were as follows :—

	Male	Female	Total
Diseases of cardio-vascular system	1	2	3
Diseases of alimentary system	1	2	3
Diseases of respiratory system	1	1	2
	3	5	8

With the passing of the Institution to the administrative control of the Regional Hospital Board under the National Health Service Act, in 1948, this is the last annual report of Gogarburn Institution that I shall have the honour to submit to Edinburgh Corporation.

When the Institution was taken over by the Corporation from Edinburgh District Board of Control it was in its infancy, with a patient population of one hundred and fifty. Between 1930 and the outbreak of war in 1939 the Institution had been increased in size, until it was able to accommodate six hundred and fifty patients of both sexes and all ages, with a school for the education of the children and full occupational provision for the adult patients.

In terms of thought and effort during that period of nine years the increase is a record in which the Public Health Committee can take a justifiable pride. It is true that the quality of an institution is of more importance than its size and I most sincerely believe that what has been done at Gogarburn, both in planning and construction, has been well done. To those members of the Town Council, and particularly of the Public Health Committee, whose interest and support I have so generously received during the past eighteen years, I return my most grateful and appreciative thanks.

SANITARY DEPARTMENT,

PUBLIC HEALTH CHAMBERS,

JOHNSTON TERRACE,

EDINBURGH, 1. June 1948.

To

*The Department of Health for Scotland,**The Right Honourable the Lord Provost,**Magistrates and Council of the City of Edinburgh.*

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Sanitary Department of the City of Edinburgh for the year 1947.

HOUSING.**Clearance Areas.**

Another year has passed without the Local Authority being permitted to recommence the urgent task of clearing groups of unfit houses with which good progress was being made until the outbreak of war. This delay is due to the acute housing problem and lack of building materials but the rapid deterioration of many of the tenements in the centre of the City has become a matter of grave concern.

This Department endeavours to have maintenance repairs carried out by the owners of these properties and much useful work has been done. In many instances, however, the shortage of materials and the restrictions placed on the amount of work that may be carried out in individual houses have frustrated our efforts. In other cases properties have been repaired and patched to the limit.

How long this important aspect of City improvement has to be relegated is a matter for decision by the Department of Health and it is hoped that it will be given early consideration.

Individual Unfit Houses.

No houses were officially closed under the Housing (Scotland) Act, 1930, but in 19 instances the owners of houses, where urgent remedial works were required and which could not be done at reasonable expense, gave Voluntary Undertakings that the houses would not be relet for human habitation in the event of the occupiers obtaining other accommodation.

The House-letting Department rehoused 12 families from unfit houses during the year.

Overcrowding.

Complaints regarding the overcrowded conditions in dwelling-houses continue to come into the Department in growing numbers. During the year Certificates relative to overcrowding have been submitted to the House-letting Department on behalf of 3,511 applicants for Corporation houses, an increase of 1,180 over the previous year.

By the efforts of the House-letting Department it was possible to obtain the removal of 865 families from overcrowded houses or overcrowded sub-let rooms to Corporation houses.

Bug Infestation of Houses.

The scheme adopted by the Local Authority in 1934 to prevent the transference of bug-infested furniture to the new houses continues to give entire satisfaction. During the year the houses and household effects of 2,816 prospective Corporation tenants were examined by Inspectors of this Department and 158 or 5·6 per cent. of that number were found to be bug-infested. Since the scheme was put into operation 21,452 houses have been inspected, of which 3,345 or 10·93 per cent. have been found to be bug-infested.

The furniture from these bug-infested houses was removed in special pantechnicons to the fumigation station at Powderhall and there subjected to hydro-cyanic acid gas for a period of two to three hours. The bedding and bedclothes were treated in the steam disinfecter. The furniture and bedding were thereafter delivered direct to the new houses. Since 1934, when this work commenced, 2,867 fumigations have been carried out, including 149 for the year under report.

Many complaints regarding bug infestation in old houses are received by the Department, and advice is given by the Inspectors as to the best means to adopt in ridding the premises of these vermin. The new insecticide D.D.T. is assisting materially in reducing the incidence of infestation throughout the City.

Supervision of Rehousing Areas.

The houses in the rehousing areas were visited regularly by Sanitary Inspectresses, and the results continue to be most gratifying.

Close contact is made with the housewives, and by sympathy and understanding they are encouraged to adopt careful and cleanly habits. In course of the visits the following matters are noted :—

- (a) The size of the family, including the number of male and female inhabitants, with the ages of children. Where serious overcrowding is found to exist, the House-letting Department is notified.
- (b) Where sub-letting takes place, or any lodgers are kept, the matter is reported to the House-letting Department.
- (c) The condition of each room, kitchenette, bathroom, etc., is observed and any matters requiring the attention of the occupier are pointed out and advice given where necessary.
- (d) Particular attention is paid to the possibility of bug-infestation with a view to adequate measures being adopted.
- (e) Any structural defects are noted and passed on to the City Architect's Department.
- (f) The condition of the stairs and passages is closely observed and any departure from the cleaning rotation is brought to the notice of the defaulter.
- (g) Any complaints received regarding alleged overcrowding, keeping of lodgers or sub-tenants, keeping of animals, or failure to wash stairs are investigated.

- (h) The occupiers frequently ask advice about domestic and family matters which is given where possible and provides opportunity for closer understanding between the Inspectresses and the occupiers.

During the year 20,986 visits were made, and the following table shows the condition of the houses at the end of 1947, as compared with the previous year :—

	Clean	Percentage of Total	Fair	Percentage of Total	Dirty	Percentage of Total	Total
31/12/46	9,379	93.13	663	6.58	29	0.29	10,071
31/12/47	10,031	93.06	691	6.41	57	0.53	10,779

GENERAL SANITATION.

Nuisances and Structural Defects.

During the year the total number of structural defects and nuisances dealt with in houses or other premises was 18,350. Of these 3,471, or 19 per cent., were intimated by citizens, 366, or 2 per cent., were notified by other City Departments, and 14,513 or 79 per cent. were discovered and reported upon by the District Sanitary Inspectors.

Respecting sanitary appliances, 40 modern water-closets were introduced or substituted for old or obsolete closets, while 78 water-closets were improved or repaired. Choked water-closets required to be cleared in 54 cases, and the number calling for cleansing was 35. The number of insanitary sinks abolished was 29, and earthenware sinks and tubs renewed or introduced totalled 33. Woodwork surrounding sinks and tubs had to be repaired or renewed in 85 instances. Chokages cleared in such appliances numbered 26. Three wash-hand basins were renewed or installed.

With the object of increasing the provision of water-closets and indoor water supply for existing houses, a circular was issued by the Department of Health in 1925 urging that a survey should be undertaken and that thereafter full use should be made of statutory powers to require provision, where practicable, of sufficient sanitary conveniences.

In Appendix 4 the position is given as it prevailed in 1925, and the progress accomplished is shown up to the year 1938, since when the actual position at present is not yet known.

Drainage systems found choked or requiring repair inclusive of soil, sink waste and rain water pipes, totalled 276. The safeguarding of the domestic water supply in 407 cases necessitated the cleaning or covering of 280 cisterns and the repairing of 73 water pipes.

In all, 533 series of repairs were effected to houses. These included repairs to roofs, floors, doors, windows, grates, hearths, boilers, coal bunkers and plasterwork.

Nuisances in houses totalled 1,713, and had relation to offensive smells, smoky vents, dampness, overcrowding, cats, dogs, vermin and other matters.

Unsatisfactory conditions due to neglect by tenants in the regular washing and sweeping of common stairs and passages were reported in 582 instances, and cats and dogs were responsible for an additional 149 stair nuisances, totalling in all 731 complaints.

Nuisances due to accumulations of rubbish, garbage, manure, refuse, noise, and miscellaneous matters totalled 12,622.

Details of nuisances abated and improvements effected are tabulated in Appendix 1, and these entailed 32,782 inspections.

Dust Nuisance.

The dissemination of wood flour from a sawmill in the City gave rise in 1946 to a rather serious nuisance in houses near the mill. The facts regarding the complaint were given in last year's report. Investigations confirmed the escape of wood dust from the mill and also the pollution of the interior of neighbouring houses with wind-borne flour, despite the closure of windows. The proprietor of the mill had every sympathy with the complainants and was anxious to find a satisfactory remedy in order to abate the nuisance and prevent the loss of wood flour. On the recommendation of the Department the proprietor referred the problem to an expert engineering firm, who evolved a scheme for trapping the escaping dust, and plant for the purpose has recently been installed. This plant treats the dust-laden exhaust vapours which result from a wood-sawdust milling process as follows :—

The sawdust is ground between two facing circular mill stones, one rotating and one stationary. Frictional heat is generated and at the same time the grinding action releases moisture from the sawdust being processed. The consequence is that the flow of exhaust vapours set up by the fan action of the rotating stone have a temperature of about 140°F. and high moisture content, with a dew point above room temperatures. Due to the latter fact it was necessary to arrange special apparatus to prevent condensation prior to filtering off the dust from these vapours before discharge to atmosphere.

The installation comprised a bank of three filter units, each having a mild steel sheet cylindrical shell standing about 11 feet high and containing textile filter sleeves. An exhaust fan induced a flow of exhaust vapours from the mill system relief points, through connecting mild steel sheet ducts to the filter inlets. The entrained dust is trapped on the inside of the textile filter sleeves, eventually to be shaken off and collected in a hopper, while the cleaned vapours travel on through the sleeves to the exit point and exhaust fan. The final stage is from fan discharge to atmosphere by way of suitable duct connection.

The above process could not take place if condensation occurred within the system, as water and wood flour dust would combine to form a slime inside the ductwork and on the filter sleeves. To prevent such an occurrence and to maintain the self-generated heat of the mill stones, heavy insulation is laid on all the apparatus up to the fan discharge point. Thereafter suitable drainage is provided although the bulk of the moisture reaches atmosphere in vapour form. Weather conditions cause variation of this latter point.

The intercepted dust is of a consistent fine grade, and is of course usable. This fact makes it very much worth while, from the mill owners' point of view, to have dust interception apparatus rather than permit escape to atmosphere of this dust, which is carried over in the exhaust vapours.

Fire Nuisance.

For over three years an old quarry used as a private tip for the disposal of trade waste, ashes and other refuse has been a continual source of nuisance due to recurring smoke and fumes escaping from its smouldering contents, even after

the surface had been covered to a considerable depth with excavated soil. When the author of the nuisance was brought before the Court last year his Counsel agreed in substance with the charge and pled for an extension of time on behalf of his client in order to deal further with the baffling nature of the underground fire. The Court acceded to this request in view of the hold-up occasioned then by the severe winter conditions which prevented the taking of adequate measures. Since then, however, the continuance of the nuisance has been reported to the Court on six occasions. Further periods of time to abate the nuisance were given by the Court. Despite these further opportunities the measures taken to remove the nuisance by smothering the surface with earth have failed to achieve their purpose.

The latest inspection of the quarry showed that smoke and fumes were still emerging from fissures in the made-up ground and it was also ascertained that there was considerable heat underground at other parts of the quarry. As the nuisance, therefore, had not been removed the Court decreed that failing complete removal and prevention of recurrence of the nuisance at the end of a further period of six months a penalty would be imposed.

Noise Abatement.

Legislation dealing with this question is restricted in its scope and only provides powers against excessive or unreasonable or unnecessary noise, and that only where it is injurious or dangerous to health and capable of being prevented or mitigated, having due regard to all the circumstances. Further, if the noise is occasioned in the course of any trade, business, or occupation, it is a good defence to prove that the best practical means have been adopted for preventing or mitigating it, having regard to the cost.

Fifty-nine complaints were received, some concerning noise nuisance from houses caused by the unreasonable use of radio sets and musical instruments; others related to cock-crowing and dog-barking; and the remainder, constituting the greatest number, arose from noise or vibration caused in the operations connected with the plant and machinery of retail shops, workshops, and factories.

The representations made by the Department on behalf of the complainants were on the whole sympathetically received, with the result that in most cases it was possible to have matters adjusted in such a manner as to prevent further cause for complaint.

Interments.

In terms of Sect. 69 Public Health (Scotland) Act, 1897, application was made to the Department in 189 instances by relations or friends of deceased persons who represented that they were unable to meet the expenses of burial, and by the City Police or superintendents of hospitals and institutions when relations could not be traced or were disinterested.

On enquiry into the circumstances, seven of the applications were refused and nine were withdrawn. In three instances the Department arranged private burial from funds left by the deceased. In the remaining 170 cases arrangements were made for interment or cremation at an approximate cost of £510. The Earl Haig Fund again assisted in the interment of three ex-service men by providing private ground in a part of a cemetery reserved for men with a service record.

The applications were distributed as follows :—

	Adults	Children.	Total.
By relatives or friends	33	45	78
By City Police	20	2	22
By Superintendents of Hospitals and Institutions	56	14	70
	109	61	170

Places of Public Entertainment.

Theatres, picture houses, and other places of public entertainment were visited frequently by the District Inspectors to see that they were being kept in a reasonably hygienic condition. It was found generally that satisfactory attention was being paid to cleanliness and other matters and that due attention was being given to the ventilation of the buildings.

Offensive Trades.

The offensive trades registered within the City comprise 3 tanners, 8 skin and hide factors, 1 gut scraper, 1 glue and size maker, 1 soap boiler, 3 tripe cleaners, 5 manure manufacturers, and 2 tallow melters, making a total of 24. Inspections showed that the provisions of the bye-laws requiring the prevention of offensive effluvia, the inoffensive disposal of obnoxious waste, the limewashing of walls, the cleansing of floors and utensils, and the thorough flushing of the drains were being observed.

LODGING-HOUSES.

Common Lodging-Houses, etc.

The number of lodging and other houses controlled by local bye-laws is shown in Appendix 5.

Regular inspection was made to see that the terms of the bye-laws were being observed.

The attention of the owners of one large hostel for men lodgers had to be called to the insufficiency and insanitary condition of the water-closets, wash-hand basins, wash tubs, baths, etc., and to the obsolete condition of the kitchen equipment. As a result plans and specifications were prepared for the necessary reconstruction of the premises to provide for the introduction of modern sanitary appliances and improved kitchen arrangements and to enlarge the premises for an increased number of lodgers. The plans also provided for a new house for the superintendent. This work is at present in progress.

VERMIN REPRESSION.

Rat Destruction.

Throughout the year the provisions of the Rats & Mice (Destruction) Act, 1919, have been systematically administered. The Department dealt with 699 complaints of premises infested by rats and mice, and, in connection with these, 623 premises were disinfested, 191 items of repair carried out, and 64 accumulations of rubbish removed. The Inspectors made 1,611 visits of investigation and advised the complainants of the appropriate steps to be taken to combat the vermin.

The world shortage of food during the post-war era makes the destruction of food pests exceptionally urgent. The presence of rats in any building is dependent on food being accessible to them and it is essential that proper hygienic and protective methods of storing food should be used and all waste food disposed of daily.

Cellar space in shops and houses were often a source of infestation, due to the improper storage of goods, packing cases, etc., which give rats perfect harbourage. Food and harbourage are the two essentials for attracting vermin and if these are not present they will be discouraged.

As in previous years the Department have worked in co-operation with the Department of Agriculture in organised schemes and in individual premises, and these efforts have met with considerable success. There have been five organised schemes in various parts of the City, three of which were new schemes covering the districts of Princes Street, Canongate-South Bridge, and Beaverhall, and involved inspection of 893 premises, of which 59 were found to be infested and rat destruction work was required. In the other two "repeat" schemes it was encouraging to find that the number of infested premises and the degree of infestation showed a marked decrease from the initial schemes carried out in those areas.

In co-operation with the Electricity Department a systematic poisoning of rats in electric junction boxes was carried out and 60 boxes were treated in various parts of the City.

The following Table gives a complete survey of the work carried out in the City with the co-operation of the Department of Agriculture :—

Premises inspected	1,134
Premises infested	209
Premises treated by Department of Agriculture rat-catchers ...	163
Number of black rats trapped	870
Number of brown rats trapped or gassed	3,864
Number of rats estimated poisoned	1,125
Total number of rats destroyed	5,859
Total poison baits laid	6,000

Disinfestation of Bug-Infested Houses.

The problem of eradicating bed bugs from infested houses in the city was undertaken on a fairly large scale. Experiments were carried out with a solution of 5 per cent. D.D.T. The value of D.D.T. as an insecticide was definitely established by research during the war years. It possesses all the merits of the ideal insecticide and has far-reaching possibilities for the eradication of certain types of vermin, including the bed-bug, and the prevention of epidemic insect-borne disease.

This insecticide has a residual toxicity when applied to walls and other surfaces and remains effective for several months. It may not kill all bed bugs immediately, as some may be concealed in cracks, crevices or other inaccessible places, where the insecticide does not penetrate. Sooner or later, however, these bugs will emerge from their hiding places and travel across the wall or surface which has been treated. In doing so the bugs will come in contact with the residual qualities of the insecticide which remain active on the walls for a lengthy period. After contact with the insecticide the bugs die within 48 hours.

Operations were commenced in August, 1947, with a house-to-house inspection in certain buildings which had previously been reported as having bug infestations.

Inspection revealed that there were many more light infestations than medium ones and that the percentage of heavy infestations was very low. The small number of heavy infestations was probably due to the gradually improving standards of cleanliness and the use of insecticides by householders.

In houses where the presence of bugs was found arrangements were made for the disinfection of the infested apartments. Before treatment a circular containing simple precautions to be observed was left with the householders. Full co-operation in the carrying out of disinfection was given by the occupiers.

The method of applying the insecticide was by spraying the affected areas and, in most cases, it was considered necessary to spray the entire wall surface, plus one foot of the ceiling and floor nearest to the walls, also bedsteads, spring and frames.

During the period from 25th August to 31st December 1947 the number of houses inspected was 1,705. The number of apartments in which infestations were found was 590.

In order to ascertain the result of the treatment it was necessary to carry out further inspections. These were so arranged that each apartment which had been treated was re-inspected monthly over a period of three months and the results entered in the record cards on which all necessary details of infestations were noted.

The results obtained so far have been highly satisfactory and most encouraging. Of the 590 apartments treated during the period under review only in four apartments were live bugs found three months after treatment, and these were subsequently found to be free from infestation.

SMOKE ABATEMENT.

Smoke emission observations of factory and other chimneys have been continued throughout the year. The fuel problem continues to be the chief handicap in the prevention of smoke from industrial premises and great difficulty is still experienced in connection with the supplies of special types of fuels. Efforts have been made, however, by many of the owners of smaller industrial units to improve their existing boiler plants by the substitution of larger boilers and the introduction of mechanical stokers.

Atmospheric Pollution.

For a number of years the Department has been co-operating with the Department of Scientific and Industrial Research in order to ascertain the extent of atmospheric pollution within the City. For this purpose four atmospheric pollution gauges are stationed as follows :—

- One at Astley Ainslie Institute,
- One at Glencorse,
- One at Leith Links and
- One at Public Health Chambers.

From the reports submitted by the City Analyst the monthly records of deposits of total solids together with the rainfall are shown in Table Appendix 6.

With regard to the Leith Links gauge it has to be explained that because of continued interference it was not found possible to get true readings and provision has had to be made for its removal to a more secluded site at the Eastern General Hospital as from January 1948.

Educational Measures.

Lectures on the domestic and industrial aspects of the smoke problem were given by the Smoke Abatement Officer to various interested associations. The lectures held in the Heriot-Watt College under the auspices of the Ministry of Fuel and Power were again well attended by boiler attendants and engineers. Instruction was given in the principles of combustion and the proper methods of stoking in order to prevent the formation and emission of dense smoke from chimneys.

FACTORIES ACT, 1937.

The number of inspections of factories with power was 795, and of factories without power 142, a total of 937. Improvements effected under Part I, Health (General Provisions) of the Act numbered 355, which included 107 in bakehouses. There were also 7 miscellaneous improvements and repairs.

The tabulated statement showing the prescribed particulars on the administration of the Factories Act, 1937, has been revived after having lapsed during the war years. This statement was formerly prepared at the request of the Home Office but the general administration of the Act is now under the Ministry of Labour and National Service which requires that a copy of the Report on the Factories Act should be sent to it.

Detailed statements are shown in appendices 7 and 8.

The restriction in the supply of labour and materials continues and this is reflected in the comparatively small number of improvements effected. In general, only the more essential of these were carried out.

Attention was given to the question of sanitary accommodation at building sites, some of which employ considerable numbers of men. It is known that the conditions on some sites leave much to be desired. Some improvements have, however, been carried out, such as the provision of chemical closets and in one case where drainage was available water-closets and a urinal were installed. This matter continues to receive attention.

Bakehouses.

Reference has been made in previous reports to the congested conditions with attendant evils, due to lack of floor space in many bakehouses. This is particularly noticeable in the type of bakehouse which is situated in a back room of a shop. In this connection it is interesting to note that several of the occupiers of these bakehouses have been prevailed upon to look out for larger or additional premises, and six of them have been successful in securing neighbouring shops or extending their premises, thus solving their problems. This has resulted in an all-round higher standard of cleanliness as well as affording healthier and more comfortable working conditions.

In two bakehouses of the smaller type gas ovens have been substituted for coke ovens. This too is conducive to more hygienic conditions by the elimination

of coke dust and the releasing of floor space previously taken up for storage of coke. Encouragement is being given to other bakers who are considering making a similar change.

Progress has also been made in several cases in relation to hot water supply, the facilities having been improved or increased. Further improvements are being arranged in connection with this important hygienic measure.

A basement bakehouse was closed during the year under Section 54 (1) which provides that "any basement bakehouse which, for a period exceeding twelve months, is not used as a bakehouse shall not be so used again." The number of basement bakehouses in use at the end of the year was 36.

SHOPS ACTS 1912-1938.

Shop inspections in order to ascertain if the provisions of the Shops Acts were being observed, totalled 2,102.

Contraventions.

Contraventions were principally those which relate to failure to exhibit prescribed notices and forms, and contraventions in regard to selling articles outwith permitted hours were practically non-existent, doubtless due to restrictions in the supply of goods.

Winter Closing Hours.

The Defence (General) Regulations 1939, Regulations 60A and 60B remained in force. This had the effect of temporarily amending the Shops Act, 1928, relating to general closing hours during winter months, and empowered the Local Authority by Order to vary the amended hours within limits.

These powers were exercised by the Local Authority with the result that from January to March and from November to December the closing hour (with certain exceptions) was fixed at 7 p.m. for Saturday (the late day) and for the business of hairdresser and barber 7 p.m. each day. During the remainder of the year the general closing hours applied.

Christmas and New Year Periods.

There was no change in the closing hours. The Secretary of State did not exercise his powers under the 1928 Act to suspend the general closing hours during these periods as was done previous to 1939.

Catering Establishments, etc.

The Order made by the Minister of Food in May 1942 under Regulation 55 of the Defence (General) Regulations 1939 is still operative. This Order *inter alia* provides that no food could be supplied between 11 p.m. and 5 a.m. in catering establishments, and the Order has the effect of nullifying the exemption from closing hours under the Shops Act, 1928, of the sale of meals or refreshments as far as affected by this Order.

Arrangements for Health and Comfort.

Only the more pressing improvements were required as the essential materials and labour are still difficult to obtain. The necessity of obtaining a licence before carrying out most work of this class is an added difficulty.

Food Shops.

There have again been many applications to the Local Food Control Committee for licences to commence or transfer business. As formerly, the applicants have been referred to this Department with a view to ascertaining whether the shops they proposed to occupy for the sale of foodstuffs complied with any statute, regulation or bye-law in force. As a result of this contact with the Local Food Executive Officer a considerable number of improvements have been carried out, but several of the shops were found unsuitable for occupation as food shops.

Apart from the above-mentioned inspections, food shops in general are kept under observation with a view to securing satisfactory hygienic conditions in their varied aspects, including the storage, preparation and handling of foodstuffs. Where defaults or defects have been observed these have been brought to the notice of the owners and occupiers and much has been done to effect improvements.

Special attention has been given to restaurants and cafés, and here an endeavour has been made to secure the co-operation of the employees as well as the management to ensure that thorough cleanliness will prevail throughout the premises, that the utmost care will be taken in the washing and drying of crockery and cutlery, and every precaution taken to see that meals are prepared and placed before customers in an attractive and hygienic manner. This requirement is particularly necessary in a city like Edinburgh, which attracts visitors from all parts of the world, and it is to the credit of all concerned that in spite of limitations and difficulties not a single complaint was made during the Festival.

A detailed statement in connection with the administration of the Shops Acts is contained in Appendix 9.

SALE OF FOOD AND DRUGS ACTS, ETC.

During the year 896 samples of food and drugs were procured for analysis as to their nature, substance and quality or to ascertain the correctness of the claims made on the labels. Of these 351 were statutory or official samples and 545 were informal or test samples. Of the 351 statutory samples, which represented 72 different articles of food and drugs, Dr A. Scott Dodd, City Analyst, reported 19, or 5·41 per cent., as failing to comply with the legal requirements.

Milk.

As milk is recognised to be a prime requisite for the well-being of young children and invalids it is of the greatest importance that it should be of the highest quality. This fact and the ease with which milk can be adulterated either by the addition of water or the abstraction of fat has for long made it essential that the number of samples of this commodity should be larger than that of any other article of food.

The number of statutory samples taken was 179 and of these 161 were reported as genuine. Of the remaining 18 samples, 15 were adulterated and 3 were shown by the Freezing Point (Hortvet) Test to be naturally low in non-fatty solids.

The amount of extraneous water found in samples varied from 2 to 24 per cent. and the deficiency in fat varied from 8 to 34 per cent. The average fat

content, including adulterated samples, was 3.69 per cent., which is much in excess of the presumptive standard of 3 per cent.

Court proceedings were taken against nine producers and one retail dairy-keeper, each of whom pleaded guilty, and fines totalling £125 were imposed as detailed in Appendix 13.

A leaking milk cooler was the most frequent excuse for the presence of added water in the milk. One producer, however, tendered an unusual explanation. He suggested that the extraneous water may have been due to snow getting into the three gallon cans as they were carried a distance of 20 yards from the byre to the milk house. On behalf of another producer it was stated that his dairyman had admitted adding water to the milk, not for personal gain but merely to maintain as high a yield of milk from the same number of cows as was obtained by his predecessor. Two producers blamed the inferior quality of the feeding to the cows for the poor quality of the milk, but subsequent "appeal to the cow" samples produced genuine milk of good quality.

In one of the latter cases the sample was procured from a consignment of 17½ gallons in course of delivery and was certified to contain 3.56 per cent. fat and 8.19 per cent. non-fatty solids, revealing an addition of at least 3 per cent. of added water. The freezing point (Hortvet) of the sample was -0.503°C . The farm was visited and the milking of the herd supervised at the evening and morning milkings. The sample taken from approximately 6½ gallons produced at the evening milking contained 3.87 per cent. fat, 8.69 per cent. of non-fatty solids and had a freezing point (Hortvet) of -0.538°C ., while the sample taken after the morning milking from approximately 9½ gallons produced by the same cows contained 3.61 per cent. fat, 8.80 per cent. of non-fatty solids and had a freezing point (Hortvet) of -0.540°C .

In the other case the sample was procured from a consignment of 36 gallons in course of delivery and was reported to contain 3.27 per cent. fat and 8.10 per cent. non-fatty solids. The non-fatty solids showed that the milk contained at least 4 per cent. of extraneous water and this result was confirmed by a freezing point test. The very short supply of feeding stuffs for the cows and the fact that, since the hay was finished, wheat straw had been substituted was put forward as an explanation for the poor quality of the milk sampled. At the invitation of the producer, the Food and Drugs Inspector visited the byres and after supervising the milking of the cows at the evening milking procured a sample for analysis from the 16 gallons produced. The sample was normal in the freezing point test, contained 4.08 per cent. fat and 8.72 per cent. non-fatty solids. The result of analysis showed that the milk produced at this farm at the time of visit was genuine and of excellent quality. On the following morning at 6.15 a.m. the Inspector returned to the farm to take an "appeal to the cow" sample but discovered that milking was in progress in the two byres, despite the fact that both the producer and his wife knew that the Inspector was coming before 6.30 a.m., the time stated, both in writing and verbally, when milking would commence. As a result of the early start the Inspector was unable to supervise fully the milking of the herd. A sample, however, taken from the mixed milk of the cows milked after his arrival was found not to be adulterated.

A pint of sweet milk purchased from a retail dairy-keeper was found on analysis to contain 1.98 per cent. milk fat whereas the minimum fat content laid

down in the Sale of Milk Regulations is 3.0 per cent. In due course a sample was taken as the farmer delivered the milk supply to the retailer. This, on analysis, was found to have a fat content of 3.71 per cent. and was in fact a high quality milk. The vendor was asked to explain the serious deficiency of 34 per cent. milk fat in the sample purchased from him. He stated that he was in the habit of filling the milk bottles from a 6-gallon can which had a brass tap at the bottom of it, through which the milk was drawn. He admitted that it had previously been pointed out to him that in consequence of the milk being drawn from the bottom of the can it may be deficient in fat, caused by the fat having naturally risen to the top. In spite of this warning the milk had apparently been taken from the can without sufficient care being exercised to see that the whole of the milk was properly mixed. The position was summed up by the Sheriff when he asked—"Does this mean that the last to come get the best milk?"

The most heavily adulterated milk sample was one taken from a consignment of 30 gallons delivered to a creamery by a local producer. The sample was certified to contain 2.95 per cent. fat and 6.46 per cent. non-fatty solids, an addition of at least 24 per cent. of water. It was calculated that in the 30 gallons there was at least 7 gallons of extraneous water. A leak in the milk cooler was blamed for this gross adulteration.

Of 43 samples of milk from supplies to the city schools the average milk-fat content was 3.66 per cent., a very satisfactory result.

Ice-cream.—Fifty-nine samples of ice-cream were this year purchased from various manufacturers and vendors in the city and submitted to Dr A. Scott Dodd, the City Analyst, for chemical analysis. In addition, 107 samples were sent to Professor Mackie for bacteriological examination.

The fat content of the samples submitted for chemical analysis ranged from as low as 0.04 per cent. to as high as 9.12 per cent., with an average of 1.96 per cent. Twenty-two of the samples had a fat content of under 1.00 per cent., 17 had more than 1.00 per cent. but less than 2.00 per cent. and 8 had more than 2.00 per cent. but less than 3.00 per cent. The fat content given for the remaining twelve samples varied from 3.00 to 9.12 per cent. While the food value of the bulk of the samples was low it is gratifying to know from the latter results that there are manufacturers producing ice-cream of a high quality. It is not possible in the continued absence of a minimum standard of fat in ice-cream to take action to improve products practically devoid of the essential food ingredient. One has to admit the difficulty of introducing a chemical standard at the present time when the normal pre-war ingredients used in the making of ice-cream are not available. Nevertheless the disparities in the results serve to stress the need for a legal minimum fat requirement for this commodity.

Of the 107 samples of ice-cream submitted for bacteriological examination 60 had a plate count of more than 100,000 per c.c. and 47 had coliform organisms present in one hundredth of a c.c. There is no bacteriological standard of cleanliness prescribed for ice-cream but where the results of the plate count and coliform test were considered unsatisfactory the methods of manufacture and handling of the product were investigated and advice given upon the hygienic precautions that should be taken in the manufacture, storage and sale of the commodity.

It was noted at the time of sampling bulk ice-cream in shops, as well as from barrows and stalls, that far too often the lid was not on the container and the serving spoon was carelessly exposed to contamination on the counter or other convenient place. The attention of the vendor was in each case called to the need for protecting the product as soon as possible after serving a customer by preventing the entrance of dust and dirt, and also to the need for frequent sterilisation of the serving spoons as well as their protection against contamination when not in use. This lack of reasonable care in handling ice-cream raises the question of compulsory pre-wrapping of ice-cream so as to reduce the possibility of contamination by handling and unnecessary exposure.

The majority of the samples examined for bacterial cleanliness by means of the plate count and the coliform test had also a form of methylene blue test applied to them. The question of the reliability of the methylene blue reduction test as an indicator of the bacterial cleanliness of ice-cream is discussed in the report by the Director of Bacteriological Services (page 136).

Mince.—Three samples of mince were purchased from butchers' shops in the City. No infringements of the Public Health (Preservatives, etc., in Food) Regulations (Scotland) were found.

Sausages.—Three samples of sausages of various descriptions were procured for chemical examination. The City Analyst reported that one sample contained preservative within the limit specified in the Public Health (Preservatives, etc., in Food) Regulations (Scotland), and the other two samples were found to be entirely free from preservative.

Whisky.—One sample of whisky was certified by the City Analyst to be deficient in alcoholic strength, being at least 45 degrees under proof, whereas it should have been not more than 35 degrees. An agent who pleaded guilty on behalf of the wine and spirit merchant stated that he had been informed that it was the accused's practice to drain off the dregs from the whisky bottles. The dregs collected over the five days prior to the sample being taken amounted to from 1 to 2 glasses. These dregs were put into a bottle to take home and it was alleged that it was from this bottle the Inspector was served. The bottle, however, contained about 4 glasses of whisky before the sample was taken. The Sheriff imposed a fine of £10.

The Fertilisers and Feeding Stuffs Act, 1926.—Visits were made to various premises in the City where fertilisers and feeding stuffs were prepared for sale or consignment, and eight samples of scheduled feeding stuffs were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. The samples taken were certified to conform to the statutory statement in all respects with two exceptions, *viz.*, a sample of dairy meal was below the guarantee in respect of oil, and a sample of pig fattening meal contained fibre in excess of the statutory statement. In the latter sample, however, the protein was substantially higher than the percentage guaranteed.

The Rag Flock Acts, 1911 and 1928.—Three statutory samples of rag flock were procured from bedding manufacturers in the City and submitted for

chemical analysis. The City Analyst reported that while the standard of cleanliness was in every instance within the limit prescribed by the Rag Flock Regulations (Scotland) 1912 the samples themselves showed evidence of insufficient washing.

In the interest of public health it is regretted that the urgently required prescribed standards of cleanliness as well as legislation providing for adequate control over the manufacture and use of all types of filling materials used in the manufacture of bedding, stuffed toys, tea cosies, upholstery and other household furniture have not yet been provided.

Pharmacy and Poisons Act, 1933, and Pharmacy and Medicines Act, 1946.—The number of applications received from persons or firms desirous of being registered by the local authority was 366, and these were duly registered. The various registered premises were visited to see that the requirements of the Acts were being complied with.

MILK TESTING SCHEME.

During the year 726 samples were submitted to the Bacteriology Department of the University for examination and 540 were examined in the Laboratory at Johnston Terrace for keeping quality by the Methylene Blue (Hiscox) Test.

Although dairies and creameries were still having difficulty with inexperienced workers, and staff changes were in some cases rather frequent, conditions have slightly improved.

During the summer, which was exceptionally warm, complaints regarding the poor keeping quality of milk were investigated and every effort was made to remedy matters. In some cases it was found that milk roundsmen had large districts to cover, with the result that the milk was exposed to the sun for several hours at a time on a cart or lorry, with little protection. This unsatisfactory position will continue until new vehicles become available and rounds can be reorganised.

In the summer months the presence of coliform organisms in pasteurised milk was noted and the matter taken up with the dairies concerned. The incidence of this type of organism is almost invariably the result of contamination of the milk after actual pasteurisation. Insufficient cold storage accommodation and inefficient cooling of pasteurised milk accounted for some samples failing to pass the Methylene Blue (Hiscox) Test.

The fact that some small dairies, without cold storage facilities, receive farm milk too late in the day for delivery to the customers, and therefore retail it the following morning, is a constant source of trouble. Even with high grade new milk this is undesirable.

Towards the end of the year a few complaints were received regarding the dirty condition of the inside of milk bottles delivered to customers. Measures, however, have been taken at the creameries concerned to remedy matters. Bottles received by dairies and creameries from an agency which collects and returns stray bottles, often in a very unsatisfactory condition, have been a source of trouble. Ordinary treatment of these in a bottle washing machine is often quite ineffective. Complaints of glass in milk bottles delivered by two dairies were also investigated. As a result at one dairy the staff engaged in examining the bottles after washing and before filling has been doubled.

It is satisfactory to note that, during the year, a considerable number of small shops, previously receiving bulk farm milk, changed over and are now dealing only with bottled pasteurised milk. These shops often had poor facilities for washing bottles and other milk containers. In some instances they were receiving milk from farms which, in spite of repeated efforts, were not entirely satisfactory.

The Methylene Blue (Hiscox) Test which was recommended in 1947 by the Department of Health for Scotland as a standard test for non-designated milk is now being applied to milk in this category. During the summer the number of failures to pass the test was high, but this appears to have been general throughout Scotland.

Particulars of the tests made are shown in Appendix 10.

PORT SANITARY INSPECTION.

Shipping Arrivals.—Vessels which arrived at Leith Docks and Granton Harbour from foreign ports numbered 589, representing 615,132 tons, while vessels which arrived from home ports numbered 4,619, representing 729,500 tons. The total number of ships, including steamers, motor and sailing vessels which entered the Port Sanitary District from home and foreign ports was 5,208, with a total tonnage of 1,444,632 tons.

Sanitation.—Under the Public Health (Scotland) Act, 1897, it is the duty of the Local Authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions on board ships lying within this district. In giving effect to this requirement the boarding, inspection and re-inspection of vessels totalled 1,122, and the insanitary conditions dealt with were 1,402, necessitating 7 written and 352 verbal intimations, the service of 2 notices and 657 copies of regulations. In the course of inspection many matters of an insanitary nature came under observation. For example 252 floors, tables and decks were found in a dirty condition, 389 bunks and bedding were dirty and verminous, 172 dirty food lockers were discovered and exception had to be taken to dirty partitions and ceilings in 97 cases, whilst 144 foul and choked closets, latrines, wash basins and scuppers were dealt with. These and other insanitary matters were brought to the notice of the Masters of the vessels concerned for their attention.

It is pleasing to note that new ships, built during the war and since, comply in general with the standards laid down by the Ministry of Transport in 1937 in their instructions to surveyors. This is a great step forward, incorporating as it does the prohibition of the construction of accommodation forward, the provision of such amenities as separate messrooms, food, clothes and oilskin lockers, separate wash places with hot and cold water, drying rooms, hospital accommodation, the provision of recreation cabins or space, etc.

It would be advantageous if these "Instructions to Surveyors" could be made applicable to ships constructed prior to 1936 instead of limiting their application to vessels built subsequent to that year.

Water Supply.—The water supplied to ships is identical with that of the City and is delivered by hydrants situated on the dock-side. The drinking water

on board ships is generally found to be satisfactory and the importance of having a pure and plentiful supply is fully appreciated.

Plague Precautions.—During the year the Port was used as a repatriation centre for Polish nationals being repatriated to Poland. Engaged on this work were the s.s. *Eastern Prince*, *Medina Victory*, and *Clan Lamont*. While this work was being carried on notification of an outbreak of Plague in the Baltic was received and extra precautions were taken with regard to the above-mentioned vessels and all other vessels arriving from Baltic Ports.

Coinciding with this outbreak was the notification that Haifa was a Plague infected port. This necessitated very stringent rat control such as searching, trapping, poisoning and fumigation as detailed in Form "C."

Rat Destruction.—The total number of Certificates granted during the year to Masters of vessels was 108, of which 86 were exemption certificates. The total fees collected for these Certificates was £177, 12s. In 22 cases it was necessary to request fumigation measures to be undertaken for the destruction of rats. The total number of rats killed on board ships in port and on the quays and wharfs was 667. Rat destruction measures were undertaken in the dock area by the Dock Commissioners' staff, and during the year 10,000 poison baits were laid in addition to continuous trapping.

Cleansing.—The Dock Commissioners continued to maintain a very high standard of cleanliness, the roads, wharves, sheds and sanitary conveniences being regularly and systematically attended to throughout their area.

In the execution of the duties of the Port Sanitary Department much valuable assistance has been received from H.M. Collector of Customs, the Leith Dock Commissioners, the Granton Harbour Official, the Board of Trade and the various shipping companies and agents to whom this opportunity is taken of expressing my thanks for their esteemed co-operation.

Appendices 11 and 12 contain a detailed statement of the Port Sanitary work.

PROSECUTIONS.

In connection with the administration of the Acts, Orders, Regulations and Bye-laws relating to the work of the various sections of the Department it was necessary to institute legal proceedings in 21 cases. The total fines imposed amounted to £137. Details of these prosecutions are given in Appendix 13.

STAFF.

I desire to express my cordial appreciation of the enthusiastic services rendered by all the members of the staff.

I am, My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

ALLAN W. RITCHIE, M.B.E., F.R.San.I., F.R.S.E.
Chief Sanitary Inspector.

APPENDIX 1.

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1947.

WARDS																								
Calton	Canongate	Newington	Morningside	Merchiston	Gorgie	Haymarket	St. Bernard's	Broughton	St. Stephen's	St. Andrew's	St. Giles	Dalry	George Square	St. Leonard's	Portobello	South Leith	North Leith	West Leith	Central Leith	Liberton	Colinton	Corstorphine & Cramond	Totals	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
<i>NATURE OF NUISANCE</i>																								
<i>Water-Closets :—</i>																								
Water-closets introduced																								
New apparatus substituted																								
Improved or repaired																								
Water-closets and sinks in a filthy condition and cleansed																								
Choked water-closets cleared																								
<i>Sinks, Tubs and Wash-hand Basins :—</i>																								
Sinks introduced																								
Insanitary sinks abolished																								
Earthenware sinks and tubs substituted																								
Repair (woodwork, etc.)																								
Choked sinks, wash-tubs, etc., cleared																								
Wash-hand basins renewed or introduced																								
<i>Drains :—</i>																								
Choked drains cleared																								
Choked surface traps cleared																								
Drains repaired or renewed																								
Soil pipes repaired or renewed																								
Sinks, etc., waste pipes repaired or renewed																								
Rain water conductors repaired or renewed																								
<i>Water Supply :—</i>																								
Cisterns found dirty																								
Water pipes repaired																								
Houses temporarily without water supply due to burst pipes, etc.																								
<i>Repairs to Houses :—</i>																								
Floors, hearths, doors, etc., repaired																								
Windows and skylights repaired																								
Coal bunkers repaired or provided																								
Grates or ranges repaired or substituted																								
Wall and ceiling plaster repaired																								
Defective roofs repaired																								
Boiler of kitchen range renewed																								

APPENDIX 1.—continued.

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1947—continued.

NATURE OF NUISANCE	WARDS																							TOTALS
	Calton	Canongate	Newington	Morningside	Merchiston	Gorgie	Haymarket	St. Bernard's	Broughton	St. Stephen's	St. Andrew's	St. Giles	Dalry	George Square	St. Leonard's	Portobello	South Leith	North Leith	West Leith	Central Leith	Liberton	Colinton	Corstorphine & Craigmond	
<i>Stairs, Passages, etc. :—</i>																								
Staircases painted ...	7	12	10	2	5	3	1	4	1	7	2	14	5	15	4	32	26	8	...	...	...	...	134	
Stairs and passages in a dirty condition and cleansed by tenants ...	13	30	17	31	26	30	19	20	9	28	16	68	39	44	19	27	41	28	1	12	26	...	88	
Dogs and cats committing nuisance in common stairs and back greens ...	8	10	3	16	5	10	2	3	4	5	3	11	8	12	13	7	9	6	3	2	5	...	4	
<i>Nuisances in Houses :—</i>																								
Floors and bedding of houses in a dirty condition and cleansed by tenants ...	3	9	4	4	4	6	...	5	...	5	1	9	8	15	6	22	7	11	1	...	11	...	9	
Nuisances due to bad smells in dwelling-houses caused by escape of gas, dead vermin, etc. ...	6	7	5	9	13	3	1	11	5	4	10	15	9	8	13	12	10	14	6	4	5	4	6	
Smoke in houses due to foul or defective vents ...	12	8	6	11	12	20	1	4	3	10	9	26	14	10	16	4	12	8	2	11	3	2	3	
Damp houses remedied or abated ...	10	15	3	10	6	10	5	11	1	9	4	12	19	12	14	3	7	24	5	8	9	5	6	
Overcrowded families removed to Corporation houses ...	43	48	20	5	17	42	11	16	39	40	36	55	44	38	34	68	59	42	42	35	73	12	46	
Houses and shops flooded from defects on flats above ...	4	5	...	4	2	2	1	1	4	4	2	9	2	4	9	1	...	3	1	1	...	...	1	
Animals kept in or in close proximity to dwellings ...	1	1	3	1	1	8	4	1	...	2	1	1	4	2	1	4	4	2	1	3	...	1	7	
Houses distempered, papered or painted by tenants ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	...	...	12	
<i>General :—</i>																								
Premises infested by rats ...	22	39	10	12	11	35	38	24	34	21	57	28	36	15	19	41	31	27	5	14	23	15	66	
Premises infested by other vermin ...	50	57	6	8	2	23	2	23	5	4	28	222	10	23	32	6	19	94	16	45	13	1	11	
Accumulation of rubbish, garbage and filth removed from areas, courts, back greens, roofs, cellars and other places ...	16	179	4	10	6	25	13	69	186	227	238	50	323	220	184	1143	18	38	5	12	9193	6	14	
Accumulations of manure near dwellings ...	...	2	...	...	...	...	1	1	...	...	...	...	2	1	...	...	2	1	...	...	...	...	...	
Tenants casting garbage over windows ...	8	8	1	14	22	5	3	4	...	11	1	26	14	8	4	1	4	11	1	2	2	2	...	
Noise nuisances ...	...	1	3	...	...	2	1	1	2	2	1	4	14	5	3	4	2	5	...	1	3	3	2	
Miscellaneous nuisances ...	8	12	10	25	12	19	5	10	6	8	5	19	19	15	20	9	22	12	12	10	6	8	13	
TOTALS ...	277	582	127	191	195	323	147	274	331	453	454	808	603	565	506	1427	348	462	130	224	9395	82	386	
TOTALS ...	277	582	127	191	195	323	147	274	331	453	454	808	603	565	506	1427	348	462	130	224	9395	82	386	
TOTALS ...	277	582	127	191	195	323	147	274	331	453	454	808	603	565	506	1427	348	462	130	224	9395	82	386	

APPENDIX 2.

RECORD OF INSPECTIONS CARRIED OUT BY SANITARY
DEPARTMENT.

Number of visits to :—

Common Lodging-Houses	...	...	...	...	...	...	...	191
Farmed-out Houses	...	...	...	...	...	...	...	23
Houses-let-in-Lodgings	...	...	...	...	...	...	...	14
Dairy Shops	...	...	...	...	...	...	...	814
Creameries—Pasteurisation Plant, etc.	...	...	...	...	...	...	...	55
Ice-cream Shops	...	...	...	...	...	...	...	1,109
Restaurants	...	...	...	...	...	...	...	162
Fried Fish Shops	...	...	...	...	...	...	...	169
Public Houses	...	...	...	...	...	...	...	46
Hotels, Board Residences, etc.	...	...	...	...	...	...	...	352
Second-hand Furniture Shops	...	...	...	...	...	...	...	182
Offices	...	...	...	...	...	...	...	96
Schools	...	...	...	...	...	...	...	29
Show Grounds	...	...	...	...	...	...	...	67
Picture Houses and Theatres	...	...	...	...	...	...	...	31
Seasonal Workers Accommodation	...	...	...	...	...	...	...	16
Offensive Trades	...	...	...	...	...	...	...	12
Scabies, etc., Enquiries	...	...	...	...	...	...	...	195
Infectious Diseases Enquiries	...	...	...	...	...	...	...	1,568
Visits <i>re</i> Interments, Cremations, etc.	...	...	...	...	...	...	...	328
Corporation Houses—Visits by Lady Sanitary Inspectors	...	...	...	...	...	...	...	20,986
Houses measured for overcrowding and recommended to House-letting Department	...	...	...	...	...	...	...	1,045
Houses examined for bug infestation, etc., for House-letting Department	...	...	...	...	...	...	...	2,675
Nuisances	...	...	...	...	...	...	...	32,782
Total	...	...	...	...	...	...	...	62,947

APPENDIX 3.

NOTICES.

Intimations of existence of nuisance served	741
Notices to remove nuisances served at the instance of the Local Authority	172
Intimations served in connection with the renewal of sinks and water-closets	39
Notices served in connection with the renewal of sinks and water closets	24
Notices delivered cautioning persons against casting garbage over windows	1,079
Notices served on occupiers failing to take due rotation of stair-washing and sweeping	237
Notices served for the cleaning of dirty areas, cellars, etc.	198
Notices served in connection with the painting of common staircases	1,445
Notices served in connection with the cleansing of water cisterns	220
Total	4,155

SUMMARY.

[illegible]

APPENDIX 4.

SANITARY CONVENIENCES USED IN COMMON.

	Year	Number used in common by the Tenants of									Total No. of Con- veniences	Total No. of Houses
		2 Houses	3 Houses	4 Houses	5 Houses	6 Houses	7 Houses	8 Houses	9 Houses	10 Houses	11 and more Houses	
Common Water-closets ...	1925	4,561	1,572	951	148	67	27	30	...	...	...	19,276
	1938	3,660	1,072	530	65	17	1	3	...	...	...	13,114
Common Sinks ...	1925	391	366	228	61	21	5	6	...	...	...	3,306
	1938	260	215	131	26	12	2	...	...	...	...	1,905
Number of houses without sink or water supply within the house and without the use of a common sink ...	1925	...	...	...	...	...	...	...	...	...	...	936
	1938	...	...	...	...	...	...	...	...	...	...	233
Dry Closets ...	1925	131	18	9	2	...	...	...	...	...	...	362
	1938	26	3	...	...	...	...	...	...	...	...	61
Privy Middens ...	1925	...	...	...	...	...	...	1	...	...	9	152
	1938	...	...	...	...	...	...	...	...	...	...	—
Ashpits ...	1925	18	12	11	6	5	1	2	1	2	...	228
	1938	6	3	4	...	...	...	...	...	...	...	37

APPENDIX 5.

COMMON LODGING-HOUSES.

WARD	ADDRESS	ACCOMMODATION	
		Males	Females
EDINBURGH			
14	75 Grassmarket	373	—
14	89 Grassmarket	110	—
12	3 Guthrie Street	331	—
12	1 Pleasance	213	—
12	85 West Port	78	—
12	17 James Court	—	34
12	3 Merchant Street	—	80
14	5 and 7 Vennel	—	118
LEITH			
18	5 Parliament Street	180	—
18	57 Tolbooth Wynd	127	—
18	2 Water Close	111	—
Totals		1,523	232

FARMED-OUT HOUSES.

WARD	ADDRESS	No. of Houses	No. of Occupants
12	18 Blackfriars Street	14	46
14	32 West Port (top flat)	14	12
Totals		28	58

HOUSES-LET-IN-LODGINGS.

WARD	ADDRESS	No. of Houses	No. of Occupants
12	1 and 3 Blair Street	1	114
10	38 Broughton Street	1	23
13	72 Grove Street	1	164
14	31 Clerk Street	1	16
Totals		4	317

APPENDIX 6.

ATMOSPHERIC POLLUTION—MONTHLY RECORD OF DEPOSITS
1947.

Month	Station	M.M. Rainfall	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Total Solids
January ...	1. Astley Ainslie Institute ...	51.30	2.46	7.09	9.55
	2. Glencorse	84.61	2.22	6.26	8.48
	3. Leith Links	49.68	4.32	6.37	10.69
	4. Public Health Chambers	58.79	6.74	6.43	13.17
February	1. Astley Ainslie Institute ...	19.44	3.46	5.78	9.24
	2. Glencorse	...	...	...	...
	3. Leith Links	15.53	2.32	8.27	10.59
	4. Public Health Chambers	21.63	22.38	10.50	32.88
March ...	1. Astley Ainslie Institute ...	83.57	5.50	4.91	10.41
	2. Glencorse	57.75	2.15	5.30	7.45
	3. Leith Links	...	...	...	...
	4. Public Health Chambers	65.42	20.18	6.84	27.02
April ...	1. Astley Ainslie Institute ...	78.71	8.58	5.43	14.01
	2. Glencorse	137.93	2.80	10.54	13.34
	3. Leith Links	...	...	...	...
	4. Public Health Chambers	58.65	11.61	4.92	19.53
May	1. Astley Ainslie Institute ...	71.28	8.58	4.18	12.76
	2. Glencorse	98.71	2.80	6.77	9.57
	3. Leith Links	...	...	...	...
	4. Public Health Chambers	66.08	23.63	13.81	37.44
June ...	1. Astley Ainslie Institute ...	6.85	4.91	3.70	8.61
	2. Glencorse	80.58	3.31	4.51	7.82
	3. Leith Links	...	...	...	...
	4. Public Health Chambers	37.95	7.07	3.28	10.36
July ...	1. Astley Ainslie Institute ...	44.96	4.57	2.66	7.23
	2. Glencorse	79.64	2.29	3.87	6.16
	3. Leith Links	...	...	...	...
	4. Public Health Chambers	41.67	17.78	3.62	21.40
August ...	1. Astley Ainslie Institute ...	Nil	4.95	4.57	9.52
	2. Glencorse	10.61	0.51	3.01	3.52
	3. Leith Links	...	...	...	...
	4. Public Health Chambers ...	Nil	15.44	5.35	20.79
September	1. Astley Ainslie Institute ...	30.92	4.36	1.97	6.33
	2. Glencorse	52.11	0.17	4.65	4.82
	3. Leith Links	...	...	...	...
	4. Public Health Chambers	12.74	12.26	4.70	16.96
October ...	1. Astley Ainslie Institute ...	31.32	2.73	3.70	6.43
	2. Glencorse	16.38	0.58	1.78	2.36
	3. Leith Links	...	...	...	...
	4. Public Health Chambers	32.25	16.72	4.20	20.92
November	1. Astley Ainslie Institute ...	...	...	...	...
	2. Glencorse	122.21	2.80	5.92	8.72
	3. Leith Links	...	...	...	...
	4. Public Health Chambers	65.16	3.89	4.33	8.22
December	1. Astley Ainslie Institute ...	39.28	3.70	2.32	6.02
	2. Glencorse	68.49	0.41	6.30	6.71
	3. Leith Links	...	...	...	...
	4. Public Health Chambers	20.30	0.34	4.13	4.47

APPENDIX 7.

FACTORIES ACT, 1937.

Prescribed particulars on the administration of the Act

(Form No. 573).

1. Inspections.

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	504	141	8	...
(ii) Factories not included in (i) to which Section 7 is enforced by the Local Authority	2,040	791	53	...
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	...	5	...	...
Total	2,544	937	61	...

2. Defects Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1) ...	144	136	...	12	...
Overcrowding (S.2)	...	...	...	...	...
Unreasonable temperature (S.3)	3	3	...	2	...
Inadequate ventilation (S.4) ...	3	...	1	2	...
Ineffective drainage of floors (S.6)	...	...	...	...	...
Sanitary conveniences (S.7)—					
(a) insufficient	11	7	...	11	...
(b) unsuitable or defective ...	204	189	...	99	...
(c) not separate for sexes ...	7	6	...	7	...
Other offences (not including offences relating to homework)	16	14	...	...	...
Total	388	355	1	133	...

3. Outwork (Sections 110 and 111).

Number of outworkers in August lists (*i.e.*, these residing in Edinburgh)

14

Nature of work :—

(1) Making wearing apparel	2
(2) Household linen	1
(3) Nets, other than wire nets	11
Total	14

APPENDIX 8.

FACTORIES ACT, 1937—STATEMENT FOR 1947.

1. INSPECTIONS MADE	937
2. DEFECTS REMEDIED. HEALTH (GENERAL PROVISIONS) :—	
<i>Cleanliness—</i>	
Accumulations of dirt and refuse removed	4
Floors cleaned	4
Walls and ceilings cleansed (whitewashing, colourwashing, painting, varnishing or washing down)	21
<i>Temperature—</i>	
Number of thermometers provided in workrooms	3
<i>Sanitary Conveniences—</i>	
Absence of sanitary accommodation ; water closets introduced ...	2
Additional water closets introduced	3
Access to sanitary convenience arranged where mutual	1
Urinals introduced	2
New apartments constructed or reconstructed	27
W.C. or urinal substituted	4
W.C.s abolished owing to unsuitability or disuse	1
Intervening ventilated spaces provided	9
Separate and screened approaches provided	3
Notices provided indicating convenience for each sex	12
Lighting (natural) provided or improved	7
Lighting (artificial) provided	28
Ventilation provided or improved	6
Walls and ceilings found dirty and limewashed, etc.	34
Floors found dirty and cleaned	23
Appliances found dirty and cleaned	15
Choked water closets cleared	4
Repairs to appliances, roofs, floors, walls, ceilings, doors, windows, etc.	15
	228
<i>Bakehouses—</i>	
Walls and ceilings of bakehouses — limewashed, painted, varnished or washed down	25
Storerooms limewashed, painted or washed down	17
Water-closet apartments or cloakrooms painted or washed down ...	20
Floors of bakehouses and storerooms cleaned	5
Floors of cloakrooms and water-closet apartments cleaned	3
Stair steps and passages, etc., cleaned	2
Windows cleaned	2
Sanitary appliances found dirty and cleaned	12
Accumulations of dirt and refuse removed	4
Bakehouse tables and utensils cleaned	4
Shelving, cupboards, racks, etc., cleaned	8
Baking machines and steam presses cleaned	5
	107
<i>Miscellaneous—</i>	
Sinks or washhand basins introduced or substituted	1
Hot water supply introduced	1
Appliances repaired	2
General repairs to roofs, walls, ceilings, floors, windows, etc. ...	3
	7
Total	342

APPENDIX 9.

SHOPS ACTS, 1912-1938—STATEMENT FOR 1947.

INSPECTIONS MADE :—

Retail Shops, Wholesale Shops and Warehouses	...	...	...	...	2,102
--	-----	-----	-----	-----	-------

CONTRAVENTIONS REGARDING HOURS OF EMPLOYMENT, CLOSING ORDERS, ETC. :—

Hours of Employment of Young Persons	...	...	...	...	5
Weekly Half-holiday for Assistants	...	...	...	...	1
Failure to observe Half-holiday Orders and Closing for Weekly half-holiday	...	...	...	...	1
Failure to observe Evening Closing Orders or General Closing Hours	...	...	...	...	1

NOTICES, ETC.

Failure to affix Form <i>re</i> Assistants' Half-holiday (1912 Act)	...	...	...	...	30
Failure to affix Form <i>re</i> Hours of Employment, etc. (1913 Act)	...	...	...	...	7
Failure to affix Abstract of Act <i>re</i> hours of employment, etc.	...	...	...	...	16
Failure to keep Record of actual hours worked and intervals allowed	...	...	...	...	14
Failure to affix Notice <i>re</i> seats for female shop assistants	...	...	...	...	18
Failure to display Notice where shop is open for the carrying on of a certain Trade or Business (<i>i.e.</i> , Mixed Shops)	...	...	...	...	2

HEALTH AND COMFORT PROVISIONS :—

Ventilation—Improvements effected	...	...	...	...	4
Lighting—Improvements effected	...	...	...	...	3
Heating—Means provided or Improvements effected	...	...	...	...	2
Seats for female assistants provided—Number of instances	...	...	...	...	1

WASHING FACILITIES :—

Water supply introduced	...	...	...	...	1
Main water supply provided	...	...	...	...	1
Sinks or wash-hand basins introduced	...	...	...	...	3
Earthenware sinks substituted	...	...	...	...	1
Sinks removed to more sanitary situation	...	...	...	...	1
Hot water supply provided	...	...	...	...	4
Repairs to appliances	...	...	...	...	7

SANITARY ACCOMMODATION :—

Water-closets introduced	...	...	...	...	7
New water-closet apartments constructed or re-constructed	...	...	...	...	8
Water-closets substituted (or replacements)	...	...	...	...	4
Separate sanitary accommodation provided for sexes	...	...	...	...	3
Intervening ventilated spaces provided	...	...	...	...	7
Lighting and/or ventilation provided or improved	...	...	...	...	6
Repairs to appliances, walls, ceilings, floors, windows, etc.	...	...	...	...	28
Dirty water-closets : cleansed or limewashed	...	...	...	...	8

Miscellaneous repairs, etc., in shops	...	...	...	...	7
---------------------------------------	-----	-----	-----	-----	---

CLEANLINESS :—

Dirty walls and ceilings—painted or limewashed	...	...	...	...	38
Dirty floors, etc.	...	...	...	...	36
Accumulations of refuse removed	...	...	...	...	37
Other nuisances remedied	...	...	...	...	1

Intimations served under Shops Acts	...	...	...	...	35
Notices served under Shops Acts	...	...	...	...	5
Notices served under Local and General Acts	...	...	...	...	2
Letters sent under Shops Acts	...	...	...	...	13

APPENDIX 10.

MILK TESTING SCHEME.

Number of Samples taken for Bacteriological Examination.

Certified (Bottled)	...	...	...	...	...	37
Tuberculin Tested (Bottled)	...	...	...	...	...	73
Tuberculin Tested (Bulk)	...	...	...	...	...	48
Tuberculin Tested (Schools)	...	...	...	...	...	22
Tuberculin Tested (Pasteurised)	...	...	...	...	...	80
Tuberculin Tested (Pasteurised, Schools)	...	...	...	...	...	47
Pasteurised (Bottled)	...	...	...	...	...	200
Pasteurised (Schools)	...	...	...	...	...	21
Pasteurised (Bulk)	...	...	...	...	...	8
Heat-Treated (Bottled)	...	...	...	...	...	30
Heat-Treated (Schools)	...	...	...	...	...	4
Heat-Treated (Bulk)	...	...	...	...	...	16
Plant Samples	...	...	...	...	...	15
Miscellaneous	...	...	...	...	...	4
Ordinary Milk	...	...	...	...	...	58
Biological (negative, 19 ; positive, 0 ; inconclusive, 3)	...	...	...	...	...	22
Sterility Tests	...	...	...	...	...	41
Total	...	...	...	...	...	<u>726</u>

Number of Samples Examined for Keeping Quality.

Methylene Blue (Hiscox) Test :—

Ordinary Milk	...	...	...	...	...	372
Tuberculin Tested (Bulk)	...	...	...	...	...	55
Methylene Blue (Reductase) Test	...	...	...	...	...	113
						<u>540</u>

APPENDIX 11.

PORT SANITARY INSPECTION.

Annual Statement—Year 1947.

Ships boarded and inspected	...	...	...	...	...	657
Re-visits made	...	...	...	...	...	565
Nuisances discovered	...	...	...	...	...	1,402
Nuisances abated	...	...	...	...	...	1,383
Communications written	...	...	...	...	...	7
Notices served	...	...	...	...	...	2
Verbal warnings	...	...	...	...	...	352
Ships fumigated or otherwise treated for vermin by owners	...	...	...	...	...	73
Fumigation Certificates granted	...	...	...	...	...	23
Deratisation Certificates granted	...	...	...	...	...	22
Deratisation Exemption Certificates granted	...	...	...	...	...	86
Local fumigation certificate granted	...	...	...	...	...	1
Rats exterminated	...	...	...	...	...	667
Ships provided with rat guards	...	...	...	...	...	638
Notices of regulations served upon Masters or Officers in charge	...	...	...	...	...	657
Rats submitted for bacteriological examination	...	...	...	...	...	13
Found negative	...	...	...	...	...	13
Rat destructive measures in Dock area—Baits laid	...	...	...	...	...	10,000
Fees collected	...	...	...	...	...	£177 12 0

Nuisances Discovered.

Dirty floors, tables, decks, etc.	...	...	...	...	...	252
Dirty bunks and bedding	...	...	...	...	...	389
Dirty partitions and ceilings	...	...	...	...	...	97
Dirty lockers	...	...	...	...	...	172
Foul closets and latrines	...	...	...	...	...	43
Foul wash basins	...	...	...	...	...	14
Foul sinks	...	...	...	...	...	7
Foul baths	...	...	...	...	...	2
Choked scuppers	...	...	...	...	...	17
Choked and defective latrines	...	...	...	...	...	9
Choked and defective sinks and basins	...	...	...	...	...	29
Choked and defective wash basins	...	...	...	...	...	23
Accumulations of garbage, refuse, etc.	...	...	...	...	...	47
Dirty fresh water tanks	...	...	...	...	...	18
Dirty and offensive bilges	...	...	...	...	...	76
Dirty galleys, food stores, pantries, etc.	...	...	...	...	...	31
Dirty wash places	...	...	...	...	...	34
Dampness in quarters	...	...	...	...	...	5
Insufficient light and ventilation	...	...	...	...	...	2
Ships without rat guards	...	...	...	...	...	19
Presence of rats and mice	...	...	...	...	...	23
Presence of cockroaches and beetles	...	...	...	...	...	29
Presence of bugs and fleas	...	...	...	...	...	21
Miscellaneous	...	...	...	...	...	43
Total	...	...	...	...	...	1,402

APPENDIX 12.

PORT SANITARY REGULATIONS—1933 TO 1945.

Edinburgh Port Health District.

1. Amount of shipping entering the Port in 1947 :—

	Number	Tonnage
(1) Foreign	589	615,132
(2) Coastwise	4,619	729,500
(3) Total	5,208	1,344,632

2. Total number of vessels subjected to measures of rat destruction in 1947 :—

“ A ”

No. of Vessels subjected to measures of Rat destruction	On Ships		On Shore		No. of Rats found Infected with Plague	
	No. of Dead Rats recovered	No. of Rats examined bacteriologically	No. of Rats destroyed (other than on Ships)	No. of Rats examined bacteriologically	On Ships	On Shore
58	501	13	166	Nil.	Nil.	Nil.

State species of rats recovered (a) On Ships :—Black and Brown.

(b) On Shore :—Brown.

“ B ”

No. of Vessels fumigated by S.O.2	No. of Dead Rats recovered	No. of Vessels fumigated by H.C.N.	No. of Dead Rats recovered	No. of Vessels in which poisoning, etc., was employed	No. of Dead Rats recovered	No. of Deratisation Certificates Issued	No. of Deratisation Exemption Certificates Issued
Nil.	Nil.	23	412	35	89	22	86

3. Number of vessels (included in (2) above) deratised before discharge of cargo :—

Nil.

APPENDIX 12—continued.

“ C ”

PRECAUTIONS AGAINST PLAGUE.

Particulars relating to vessels, infected or suspected or from infected ports.

Date of Arrivals 1947	Whether infected, suspected, or from infected ports	Methods of Rat Destruction			No. of Rats killed	Whether a Certificate of Deratisation granted	Remarks
		S.O.2	H.C.N.	Traps			
9-7-47	Infected Port	...	...	...	...	...	Passed by P.M.O. Ship clear of port before outbreak occurred.
25-7-47	Suspected	...	1	...	Nil.	Yes	
26-7-47	Suspected	...	...	1	Nil.	No	
22-9-47	Infected	...	1	...	Nil.	Yes	

“ D ”

Vessels other than those dealt with in Form “ C ” subjected to measures of rat destruction.

No. of Vessels fumigated by S.O.2	No. of Rats killed	No. of Vessels fumigated by H.C.N.	No. of Rats killed	No. of Vessels on which trapping or poisoning was employed	No. of Rats killed	No. of International Deratisation Certificates issued	No. of Exemption Certificates issued	Remarks
Nil.	Nil.	21	412	34	89	20	86	Ropes and hawsers rat guarded.

APPENDIX 13.

Reports of Prosecutions instituted by the Sanitary Department during the year ended
31st December, 1947

No.	Nature of Contravention	Act Contravened	Court Where Tried	Result
1	Failure to comply with a Notice requesting the removal of a nuisance caused by a defective vent in dwelling-house.	Public Health (Scotland) Act, 1897—Section 20.	Burgh ...	Case withdrawn due to decease of owner.
2	Adulteration of Rum ...	Food and Drugs (Adulteration) Act, 1928—Section 2.	Sheriff ...	£5 Fine.
3	Adulteration of Whisky ...	Do.	Do. ...	£10 Fine.
4	Failure to comply with a Notice requesting the removal of nuisance caused by the defective condition of cope of sink in dwelling-house.	Public Health (Scotland) Act, 1897—Section 20.	Burgh ...	£2 Fine.
5	Failure to cleanse common stair ...	Bye-laws for Cleansing of Common Stairs	Do. ...	Admonished.
6	Failure to register premises used as a Common Lodging-House.	Public Health (Scotland) Act, 1897—Section 90, and Edinburgh Corporation Order 1933—Section 155.	Do. ...	Not proven.
7	Failure to keep food shop clean and in good condition.	Edinburgh Corporation Order, 1933—Section 147.	Do. ...	£2 Fine.
8	Adulteration of Sweet Milk ...	Food and Drugs (Adulteration) Act, 1928—Sections 2 and 16.	Sheriff ...	£10 Fine.
9	Failure to comply with a Notice requesting the removal of an accumulation of refuse.	Edinburgh Corporation Order 1933—Section 116 (19).	Burgh ...	£1 Fine.
10	Adulteration of Sweet Milk ...	Food and Drugs (Adulteration) Act, 1928—Sections 2 and 16.	Sheriff ...	£15 Fine.

APPENDIX 13—continued.

Reports of Prosecutions instituted by the Sanitary Department during the year ended 31st December, 1947—continued.

No.	Nature of Contravention	Act Contravened	Court Where Tried	Result
11	Adulteration of Sweet Milk	Food and Drugs (Adulteration) Act, 1928— Sections 2 and 16.	Sheriff	£10 Fine.
12	Do.	Do.	Do.	£15 Fine.
13	Do.	Do.	Do.	£20 Fine.
14	Do.	Do.	Do.	£15 Fine.
15	Do.	Do.	Do.	£10 Fine.
16	Failure to comply with a Notice requesting the removal of nuisance caused by disrepair in dwelling-house.	Public Health (Scotland) Act, 1897— Section 20.	Burgh	£3 Fine.
17	Do.	Do.	Do.	£3 Fine.
18	Failure to comply with a Notice requesting the removal of a nuisance caused by defective vent in dwelling-house.	Do.	Do.	Admonished.
19	Adulteration of Sweet Milk	Food and Drugs (Adulteration) Act, 1928— Section 2.	Sheriff	£10 Fine.
20	Failure to comply with a Notice requesting the removal of a nuisance caused by defective flooring in dwelling-house.	Public Health (Scotland) Act, 1897— Section 20.	Burgh	Admonished.
21	Failure to comply with a Notice requesting the cleansing of a dwelling-house.	Edinburgh Corporation Order 1933— Section 159 (1) and (2).	Do.	£1 Fine.

VETERINARY DEPARTMENT

REPORT BY THE VETERINARY INSPECTOR.

MILK AND DAIRIES.

Milk and Dairies (Scotland) Act, 1914.—During the year regular visits of inspection have been paid to the dairies in the City registered under the Milk and Dairies (Scotland) Act, 1914, for the purpose of supervising the cleanliness of the dairy premises and the methods of milk production.

The Veterinary Inspector also visited 22 dairy herds during the year, and carried out clinical inspections on behalf of the Ministry of Agriculture and Fisheries.

At December 1947 there were 31 registered dairy herds within the City boundary. The average number of cows in these herds was 1,110. Four certificates of registration were cancelled during the year.

Eleven cows on registered dairy premises in the City which were found to be suffering from tuberculosis within the meaning of the Tuberculosis Order of 1938 were slaughtered.

Cattlesheds in Burghs (Scotland) Act, 1886.—In addition to the visits paid under the Milk and Dairies (Scotland) Act, 1914, already referred to, twice-yearly visits were also paid by the Veterinary Inspector to 22 premises which were exempt from the Act, but licensed under the Cattlesheds in Burghs (Scotland) Act, 1886, and on the first visit 47 cows were clinically examined, and 50 cows on the second visit.

Milk (Special Designations) Order (Scotland), 1936-44.—Thirteen producers' licences for the sale of designated milk have been in force during the year, namely, one "Certified," one "Tuberculin-Tested," and eleven "Standard." The licence for the production and sale of "Certified" milk is held by the Royal Victoria Hospital Tuberculosis Trust, Gracemount Farm, Liberton, and that for the production and sale of "Tuberculin-Tested" milk by Mr M. D. Milne, Upper Liberton, Liberton.

Bacteriological Examination of Milk.—During the year, 257 samples of milk produced in the City were submitted to the Methylene Blue Test for keeping quality, and 67 of these samples failed to comply with the test. This rather high number of failures was due largely to the very hot summer.

One hundred and fifty-seven samples were subjected to the test for bacteriological standard, as follows:—

Certified Milk	...	...	...	...	10
Tuberculin-Tested Milk	...	...	...	...	8
Standard Milk	...	...	...	...	102
Ordinary Milk	...	...	...	...	37
					157

Three samples of "Certified" milk fell below the standard specified in the Milk (Special Designations) Order in respect of general bacterial count, one in respect of the coliform test, and one failed in both tests. Two samples of "Tuberculin-Tested" milk failed in both the bacterial count and coliform test. Thirteen samples of "Standard" milk failed in the bacterial count and thirteen failed in the coliform test. In all cases the faults were referred to the producers concerned.

Bulk Milk Samples subjected to Biological Test for Tuberculosis.—

		Negative	Positive	Inconclusive
Brought forward incomplete at the end of 1946	3	3	0	0
Tested and completed at 31st December 1947	33	24	4	5
Remaining under test at 31st December 1947	11			
	<u>47</u>			

INSPECTION OF MEAT AND OTHER FOODS.

Under the Livestock (Restriction of Slaughtering) Order of 1947 no person is allowed to slaughter livestock for human consumption except by authority of the Ministry of Food. As in the war years, fat livestock, instead of being auctioned to butchers, have been graded by a panel of graders, after which the animals become the property of the Ministry of Food, who are responsible for their slaughtering and handling. After slaughter the carcasses are allocated to butchers in the City and the surrounding counties. Meat is still being subjected to far too much handling before reaching the consumer.

Abattoir.—Supervision has been maintained in accordance with the usual practice at Gorgie Abattoir.

The number of animals passing through the slaughterhouse during 1947 is shown in the following table:—

Cattle	{	Oxen	...	...	14,363	
		Bulls	...	...	272	
		Cows	...	...	3,742	
		Heifers	...	...	5,445	
						23,822
Calves	...	...	...	...	...	7,508
Sheep	...	...	...	...	...	116,390
Swine	...	...	...	...	...	6,893
						<u>154,613</u>

Carcases and Offal Condemned in Abattoir.—Carcases partially or wholly condemned in the City abattoir weighed 98·20 tons. To this there falls to be added 107·78 tons (weight estimated) of condemned offal, making a total of approximately 205·98 tons. Tuberculosis was responsible for 28·49 per cent. of the number of carcase seizures and for 23·69 per cent. of the number of offal seizures. Comparison between the weight of meat seized on account of tuberculosis and non-tuberculosis disease shows that tuberculosis was responsible for 62·81 per cent. of all beef seized and destroyed, for 14·41 per cent. of veal and 6·19 per

cent. of pork. Details of the seizures are shown in the following tables :—

Number and weight of carcasses in the different classes of animals condemned at abattoir during 1947 :—

Class of Animals	Totally Condemned		Partially Condemned		Total Weight in lbs.
	Number	Weight in lbs.	Number	Weight in lbs.	
Oxen ...	31	16,731	482	37,020	53,751
Bulls ...	1	357	17	1,520	1,877
Cows ...	135	63,404	373	33,329	96,733
Heifers ...	29	10,211	177	12,235	22,446
Calves ...	107	3,891	11	114	4,005
Sheep ...	317	13,050	875	10,931	23,981
Swine ...	106	13,456	217	3,607	17,063
Total ...	726	121,100	2,152	98,756	219,856

Number of carcasses condemned in the different classes of animals slaughtered during 1947, and causes of condemnation :—

Causes of Condemnation.	CATTLE.														TOTAL
	Oxen		Bulls		Cows		Heifers		Calves		Sheep		Swine		
	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	
Tuberculosis	18	265	1	14	92	269	20	103	17	...	1	...	7	13	820
Neoplasms	...	...	...	...	1	1	...	...	...	...	1	3	...	...	6
Emaciation and Oedema ...	3	2	...	...	17	7	5	1	62	2	180	23	30	1	333
Fevered	4	...	...	...	8	...	...	...	4	...	15	...	6	...	37
Gangrene	...	...	...	...	...	...	...	...	...	2	...	...	1	...	3
Septic Pleurisy	...	...	...	...	...	...	...	1	...	7	374	4	11	...	397
Bruising	1	29	...	1	4	19	...	11	2	3	5	38	...	41	154
Peritonitis	1	70	...	2	2	29	1	27	2	1	9	70	11	26	251
Sepsis	2	78	...	...	1	20	...	27	9	1	15	193	18	47	411
Nephritis	...	1	...	...	...	5	...	...	...	1	...	...	...	1	8
Pneumonia and Pleurisy ...	1	11	...	...	...	8	...	2	...	1	...	78	2	31	134
Septic Pneumonia	...	...	...	...	2	...	...	...	...	6	...	...	7	...	15
Arthritis	...	...	...	...	...	...	...	...	1	...	3	39	1	34	78
Dead, Moribund & Ill-bled ...	1	...	...	...	...	...	3	...	3	...	58	...	10	...	75
Malformation	...	...	...	...	1	...	...	...	1	2	5	13	...	...	22
Ruptured	...	...	...	...	...	...	...	...	...	...	28	...	1	...	29
Actinomycosis	...	20	...	...	1	4	...	5	...	...	...	...	...	...	30
Septic Pericarditis	...	1	...	...	...	...	...	...	...	...	1	...	...	...	2
Mastitis	...	...	...	...	2	6	...	...	...	2	10	...	8	...	28
Uræmia	...	...	...	...	...	...	...	...	2	...	5	...	4	...	11
Jaundice	...	...	...	...	...	...	...	...	4	...	...	...	3	...	7
Septic Metritis	...	...	...	...	4	...	...	...	...	2	...	...	2	...	8
Swine Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Melanosis	...	2	...	...	...	1	...	...	1	...	...	...	...	...	4
Parasitic and Cysts	...	3	...	...	...	4	...	...	...	...	5	...	2	...	14
	31	482	1	17	135	373	29	177	107	11	317	875	106	217	2,878

Comparison between tuberculous and non-tuberculous diseases as causes of condemnation in carcasses of animals slaughtered in abattoir during 1947 :—

By Numbers				CATTLE						Sheep	Swine	TOTAL
				Oxen	Bulls	Cows	Heifers	Calves	TOTAL			
Tuberculosis ...	{	Total	18	1	92	20	17	148	1	7	156	
		Partial	265	14	269	103	...	651	...	13	664	
Total and Partial ...			283	15	361	123	17	799	1	20	820	
Non-tuberculous diseases ...	{	Total	13	...	43	9	90	155	316	99	570	
		Partial	217	3	104	74	11	409	875	204	1,488	
Total and Partial ...			230	3	147	83	101	564	1,191	303	2,058	

By Weight				Tuberculosis (lbs.)	Non-tuberculosis Disease (lbs.)	Percentages Tuberculous
Oxen	...	...	...	37,632	16,119	70.19
Bulls	...	...	...	1,731	146	92.22
Cows	...	...	...	73,137	23,596	75.61
Heifers	...	...	...	17,760	4,686	79.12
Calves	...	...	...	672	3,333	16.77
Swine	...	...	...	1,652	15,411	9.68
Sheep	...	...	...	52	23,929	.22

Number of organs condemned in the different classes of animals at abattoir during 1947 (excluding organs of animals totally condemned) :—

Organs Condemned	CATTLE						Swine	Sheep	TOTAL
	Oxen	Bulls	Cows	Heifers	Calves	TOTAL			
LUNGS :—									
Tuberculosis ...	888	33	981	392	2	2,296	30	...	2,326
Other Causes ...	478	1	65	104	16	664	246	769	1,679
HEARTS :—									
Tuberculosis ...	1	...	...	...	...	1	...	...	1
Other Causes ...	9	...	3	2	1	15	70	5	90
BOWELS :—									
Tuberculosis ...	224	6	270	76	...	576	12	...	588
Other Causes ...	39	3	53	14	3	112	12	43	167
STOMACHS :—									
Tuberculosis ...	30	1	45	14	...	90	...	...	90
Other Causes ...	302	2	42	31	1	378	6	210	594
SPLEENS :—									
Tuberculosis ...	34	1	44	13	...	92	3	...	95
Other Causes ...	18	1	7	10	...	36	1	7	44
LIVERS :—									
Tuberculosis ...	226	6	190	82	...	504	24	...	528
Other Causes ...	6,388	26	985	1,530	26	8,955	104	1,654	10,713
KIDNEYS									
Tuberculosis ...	17	...	6	4	...	27	...	...	27
Other Causes ...	72	3	201	29	1	306	26	6	338
UDDERS :—									
Tuberculosis ...	...	...	18	...	...	18	...	...	18
Other Causes ...	...	...	339	34	...	373	20	3	396
HEADS :—									
Tuberculosis ...	417	24	280	126	...	847	157	2	1,006
Other Causes ...	70	1	13	18	...	102	13	18	133
SKIRTS :—									
Tuberculosis ...	55	2	21	2	...	80	...	...	80
Other Causes ...	337	3	93	21	...	454	...	...	454
FEET :—									
Tuberculosis ...	...	...	...	...	...	...	...	...	...
Other Causes ...	710	...	...	...	4	714	2	...	716
TOTAL ...	10,315	113	3,656	2,502	54	16,640	726	2,717	20,083

Percentage incidence of Tuberculosis in animals slaughtered at abattoir during 1947 :—

Cattle	Oxen ...	10.57	... 18.02
	Bulls ...	17.15	
	Cows ...	35.39	
	Heifers ...	8.96	
Calves	...	...	0.28
Swine	...	...	2.80

Condemned Carcasses.—As in past years, all condemned carcasses have been treated at the I.W.E.L. plant at Gorgie abattoir and the residue sold for soap manufacture and fertilisers.

Live Stock Markets.—The fat stock market on a Tuesday has, as in the war years, been replaced by the Ministry of Food Grading Centre. The store market has been held as usual on Wednesdays.

The newly-calved cows offered for sale in the market were subjected to inspection and examination. These have been very much reduced, the number being 478, an average of nine cows exposed for sale each week.

The veterinary inspection of the markets was carried out on behalf of the Ministry of Agriculture throughout the year by the Veterinary Department.

The following table shows the number of animals passing through the grading centre during 1947 :—

Cattle	...	...	...	...	6,552
Calves	...	...	...	...	1,702
Sheep	...	...	...	...	27,358
Swine	...	...	...	...	10,526
					46,138

This year it was decided to wall off a portion of the byre and have accommodation licensed by the Ministry of Agriculture and Fisheries for the sale of Attested cattle. The first sale was held on 31st July by Messrs Wm. Bosomworth & Sons, and since that date a sale has been held each month. Accommodation has been provided for 120 cows.

Retail Shops, Street Hawkers, etc.—Periodical visits were made during the year to shops, etc., in which foodstuffs are prepared or exposed for sale. In addition, the fish markets at Newhaven were visited daily for the purpose of inspecting the fish exposed for sale there.

Number of visits paid to shops, etc., during 1947 :—

Butchers' Shops	...	...	...	1,163
Provision Shops	...	...	...	3,120
Fishmongers' Shops	...	...	...	314
Fruiterers' Shops	...	...	...	730
Meat Sales and Cold Stores	...	...	...	893
Live Stock Markets	...	...	...	303
Fishmarkets	...	...	...	333
Restaurants	...	...	...	259
Cooking Centres	...	...	...	5
Fruit Markets	...	...	...	881
Horse Flesh Shops	...	...	...	9
Bakeries	...	...	...	35
Canteens	...	...	...	13
Cooked Meat Shops	...	...	...	31
Street Hawkers	...	...	...	12
Hospitals	...	...	...	4
Biscuit Manufacturers	...	...	...	10
Sausage Factories	...	...	...	18
Ice Cream Manufacturers	...	...	...	1
Manufacturing Chemists	...	...	...	10
Dairies	...	...	...	1
				8,141

Inspectors observed and reported on the sanitary condition of food premises and on the conditions under which foodstuffs were stored.

Foodstuffs seized, etc.—As in the war years, any food which was found to be unfit for human consumption was handed over to the Ministry of Food Salvage Division in order that such food might be utilised to the best advantage, *i.e.*, for animal feeding, drug extraction, etc. Throughout the year 10,691 certificates for foodstuffs condemned as unfit for human consumption were issued by inspectors.

The weights of foodstuffs seized in markets, shops and other premises in the City during 1947 were as follows :—

	Weight in lbs.
Beef	31,793
Mutton	1,082
Meat	19,867
Pork	127
Veal	36
Tripe	1,359
Sausages	100
Bacon	526
Poultry and Game	430
Rabbits	209
Fish (fresh)	55,365
„ (tinned)	3,396
Eggs (shell)	15
„ (liquid)	150
„ (dried)	649
Lard	49
Margarine	1,801
Butter	56
Cereals	23,344
Edible Offal	414
Cheese	193
Milk (tinned)	49,910
Soup (tinned)	2,084
Vegetables (fresh)	73,194
„ (tinned)	13,588
„ (dried)	1,733
Fruit fresh)	21,058
„ (tinned)	14,832
„ (dried)	12,052
Malt	5,560
Sugar	18,653
Confectionery	10,798
Jam	4,942
Pickles	6,670
Miscellaneous	22,309
	398,344

Approval of Meat Storage.—Article 15 of the Public Health (Meat) Regulations (Scotland), 1937, requires persons selling meat from vans, carts, etc., who do not also keep an open shop for the sale of meat, to obtain from the local authority a certificate of approval of the accommodation provided for the storage of meat overnight. Six certificates were renewed during 1947, and the storage accommodation provided in each case is satisfactory.

PORT FOOD INSPECTION.

The usual supervision has been maintained as to the condition and soundness of foodstuffs landed at the port of Leith during 1947. No feature of outstanding interest has arisen.

The appended summary will serve to show the origin and the kinds of

foodstuffs falling under the supervision of the Department at the port of Leith.

Imported foodstuffs inspected under the Public Health (Imported Food) Regulations (Scotland), 1937, during 1947 :—

Country of Origin	Foodstuffs	Number of Consignments	
Holland	Vegetables	129	
	Fruit (fresh)	149	
	Pickles	18	
	Cheese	11	
	Fish (salted)	6	
	Milk (tinned)	5	
	Nuts	1	
	Peppers	1	
	Cereals	6	
			326
Belgium	Vegetables	1	
	Fruit (fresh)	30	
	Cheese	2	
	Milk	1	
	Peppers	1	
			35
Denmark	Vegetables	2	
	Cheese	5	
	Fish (frozen)	2	
	„ (tinned)	4	
	„ (fresh)	9	
	Milk	2	
	Cereals	5	
	Soup (tinned)	7	
	Meat	14	
	Bacon	8	
	Butter	11	
	Eggs	7	
	Sausages	16	
	Pig Products	57	
	Bakery Cream	3	
			152
Sweden	Fish (fresh)	86	86
Norway	Fish (fresh)	6	6
Faroe Islands	Fish (fresh)	4	4
Iceland	Fish (frozen)	1	
	Mutton	1	
			2
U.S.A.	Cereals	3	3
Canada	Cereals	32	32
Argentina	Cereals	1	1
			647

Imported foodstuffs condemned or rejected or re-exported at the port of Leith during 1947 :—

	Weight in lbs.
Wheat	583
Flour	18,480
Vegetables (fresh)	4,534
Fruit (fresh)	98,274
Pickles	25
	121,896
Equal to	54 tons, 8 cwts., 40 lbs.

Summary showing total diseased and unsound foodstuffs dealt with by the Department in the City during 1947 :—

	Weight in lbs.
At Abattoir—Carcases	219,856
—Offal (weight estimated) ...	241,402
In Shops, Warehouses, etc.	398,344
At the Port of Leith	121,896
	981,498
Equal to	438 tons, 3 cwts., 42 lbs.

DISEASES OF ANIMALS ACTS.

The Acts confer power on the Ministry of Agriculture to make Orders for the control and prevention of animal diseases, to govern the import and export of animals and carcasses, to control the conditions of transport of animals by land and sea, and for other similar purposes. The following diseases are subject to administrative control by means of Orders made by the Minister :—

Anthrax.
 Foot and mouth disease.
 Parasitic mange of horses.
 Sheep scab.
 Swine fever.
 Bovine tuberculosis and contagious abortion (for certain purposes only).
 Fowl pest.
 Cattle plague or rinderpest (1887).
 Contagious bovine pleuro-pneumonia (1898).
 Glanders and farcy (1928).
 Epizootic lymphangitis (1906).
 Rabies (1922).
 Sheep pox (1850).

There have been no cases of the last six diseases in Great Britain since the dates shown against each.

Anthrax.—Seven cases of suspected anthrax were notified on farms within the City boundary, but all proved negative on investigation. In addition 4 dead cattle, 56 sheep, 9 pigs and 4 calves were found at the markets, railway sidings and abattoir. These were all examined for anthrax before disposal. The results of the examinations were negative.

In April two dead foxhounds were sent from Golfhall kennels to the Royal (Dick) Veterinary College. On examination it was found that the cause of death was anthrax. This diagnosis was confirmed by the Ministry of Agriculture. Several other foxhounds were ill, had swellings of the face and throat glands, and ran a high temperature. These dogs were treated with serum and all recovered with the exception of one. Smears were taken from the carcase of this hound, but these failed to reveal the presence of anthrax organisms. A search was made for the source of the infection, but none could be ascertained.

Foot and Mouth Disease.—One hundred and four outbreaks of this disease were confirmed in Great Britain during 1947, entailing the slaughter of 10,921 animals. On 18th February, foot and mouth disease was discovered at Gorgie

abattoir in casualty pigs consigned from West Lothian. Pigs belonging to the same consignment had been sent to Messrs Oliver & Son's market, and in view of the risk of infection, all the animals in the market were valued by the Ministry of Agriculture, subsequently slaughtered and their carcasses salvaged. The disinfection of the entire abattoir and markets was rendered more difficult by the frosty weather. Fortunately, a supply of hot water was available and enabled disinfection of the abattoir to be completed within a week. The markets, however, remained closed until 21st March, when all restrictions were withdrawn.

The following Orders, which are more or less complementary to the principal foot-and-mouth disease Orders, have continued in operation, and the observations and visits necessary for their enforcement have been made:—Foreign Hay and Straw Order; Foot and Mouth Disease (Packing Materials) Order; Foot and Mouth Disease (Boiling of Animal Foodstuffs) Order; Importation of Carcasses (Prohibition) Order; Importation of Meat, etc. (Wrapping Materials) Order; and Movement of Animals (Records) Order.

In connection with the Movement of Animals (Records) Order, a check of the record books of stockowners in the City was again made with the assistance of the Police.

Parasitic Mange.—No suspected disease was reported during the year.

Sheep Scab.—The regulations made by the local authority under the Sheep Scab Order, which require the dipping of all sheep in the City during the period 15th July to 31st August, and again during the period 1st September to 30th November, have remained in force. In terms of the regulations, 17,233 sheep were dipped throughout the year.

Swine Fever.—No suspected disease was reported during the year.

Regulation of Movement of Swine Order.—One hundred and eighty-eight pigs were moved in terms of this Order under licence from scheduled areas in England to various premises in the City, subject to detention and isolation for twenty-eight days after arrival. Periodical visits were made to these premises with the double object of seeing that the conditions of the licence were fulfilled and to maintain observation on the health of the pigs.

Bovine Tuberculosis.—Eleven animals were dealt with under the Tuberculosis Order of 1938.

In addition, 21 calves at Gorgie abattoir which showed lesions of congenital tuberculosis on post-mortem were reported to the Divisional Inspector of the Ministry of Agriculture. The dams concerned were frequently traced and dealt with under the Tuberculosis Order.

Control of Dogs Order.—This Order and the regulations made in terms thereof require (1) the wearing by dogs of a collar bearing the name and address of the owner, and (2) the maintenance of dogs under effective control between sunset and sunrise. The object of the Order is the prevention of sheep worrying.

Importation of Animals.—(1) **Irish Cattle.**—The Orders which control the importation of Irish cattle provide that the imported cattle must be landed at ports approved for the purpose, where, on arrival, they are inspected and thereafter they may be moved on licence, in the case of fat cattle, to a slaughterhouse, either direct or through an authorised market, and, in the case of store cattle, to (a) a specially authorised market, or (b) farms or other premises where they must be detained for six days after arrival. 11,064 Irish cattle were received at Gorgie market under licence from ports, and 663 licences were issued authorising movement of these cattle from the market. 939 Irish cattle were moved to farms in the district of the local authority from the market or direct from the ports, and were maintained under observation during the period of detention. 8,388 Irish cattle were licensed from the markets or ports to Gorgie abattoir.

(2) **Dogs and Cats.**—The Importation of Dogs and Cats Order is intended to protect Great Britain against the introduction of rabies through the agency of canine or feline animals brought from overseas. The landing of such animals in Great Britain is prohibited except under licence granted by the Ministry of Agriculture. After landing, the animals must be detained for six months in a place of detention or quarantine approved by the Minister for the purpose. During the year 39 canine and feline animals were received and detained in the City in quarantine. They were maintained under observation and police supervision.

Certification for Export.—The Dominions of Canada and New Zealand require disinfection and certification of straw and hay used for packing goods exported from this country to the Dominions. As the premises at the Northern General Hospital were considered to be no longer suitable for the disinfection of straw and hay used for packing, an arrangement was made with the Edinburgh Hygienic Co. to have this work carried out. During the year 34 certificates were issued to cover goods exported in disinfected straw. Surprise visits were paid, from time to time, to the packing establishments of exporters to ensure that the conditions necessary for certification were being complied with.

In addition to the above, certificates were granted, after the necessary inspection, to cover export of pigs to South Georgia and of salted herrings to South America.

Fowl Pest.—For many years Great Britain had been free from fowl pest, but this year will long be remembered by poultry-keepers in England, where there were 2,222 outbreaks of the disease. The disease was brought to this country by the importation of dressed poultry and failure on the part of poultry-keepers to boil swill containing offal of those birds. Fortunately, the number of outbreaks is rapidly decreasing. The disease has not yet been found in Scotland, and to prevent its introduction no live poultry are allowed into Scotland from England, the only exception being day-old chicks. Careful observation is maintained at all poultry sales, etc., held in Gorgie markets.

Sea Transport of Animals.—The Animals (Sea Transport) Order prescribes the accommodation and fittings which must be provided on board ship for transport of animals by sea. It deals also with the protection of animals

against unnecessary suffering during sea transport to or from Great Britain. Inspectors of the Ministry maintain supervision of the overseas transport and especially of the export of horses to the Continent, but supervision of the coastwise traffic devolves, in a large measure, on the officer of the local authority. During the year 1,119 sheep were landed at Leith docks from coastwise vessels. The cleansing and disinfection of the vessels after landing of the animals was carried out under the supervision of the officers of the local authority.

The Transit of Animals Orders are similarly designed to protect animals during transport by road or rail and, in addition, prescribe cleansing and disinfection of cattle trucks, motor and horse-drawn vehicles used in the transport of animals. The Markets Committee have continued to provide facilities and labour at Gorgie markets for the cleansing and disinfection of road vehicles. 952 vehicles were cleansed and disinfected at Gorgie markets during the year, an average of 18 vehicles per week. The railway companies have satisfactorily discharged their obligations in the cleansing and disinfection of cattle trucks, railway sidings and approaches.

The Markets, Sales and Lairs Order.—This Order regulates many features in the construction of live stock markets, and provides for cleansing and disinfection on each occasion after use. All the marts at Gorgie are well constructed for efficient and relatively easy disinfection. Regular supervision has been maintained and the work has generally been well done.

CORPORATION FARMS.

Two large dairy herds, one at Roddinglaw farm comprising 252 animals and the other at Bangour farm comprising 197 animals, supply "Certified" milk to various hospitals and institutions belonging to the Corporation. Two smaller farms, one at Colinton Mains and the other at Lauriston, are used to winter young stock from the farm at Roddinglaw. Regular attendance has been given to the cattle and other stock at all four farms.

Tuberculosis.—Both herds were tested with tuberculin during the year and no reactors were disclosed.

Contagious Abortion.—This disease causes loss of calves, loss of milk production, infertility, and may be responsible for undulant fever in man. At both farms during the year a few abortions occurred, but in no instance could any be attributed to brucella abortus infection. Calves are vaccinated when $4\frac{1}{2}$ months of age and again as mature heifers. Blood testing follows one month after vaccination and any animals which show a poor response are re-vaccinated. The number of calves vaccinated during the year at Roddinglaw was 83 and at Bangour 55.

Chronic Mastitis.—Preventive and therapeutic measures against this disease in the herd at Roddinglaw farm were continued throughout the year. Measures such as the recording of clots in the foremilk, systematic sampling of the entire herd for bacteriological examination, isolation of infected animals and

their treatment with penicillin, were carried out. The causal organism of chronic mastitis—*streptococcus agalactiae*—appears to have disappeared, but sporadic outbreaks of mastitis, due to other less dangerous and less infective organisms, occasionally occur. An attempt was made to control mastitis in the Bangour herd, but was later discontinued because of labour difficulties. Nevertheless, after a short period of control, a marked improvement was noticed and the number of clinical cases decreased.

Calf Septicæmia.—During March a very severe outbreak of this disease occurred in the Roddinglaw herd. The onset was rapid and, unless counter measures were taken immediately, progressed quickly to death. In combating the disease sulphamezathine was most useful and was responsible for successful control. This condition has also been responsible for considerable loss of calves at Bangour farm each year.

Breeding.—Every heifer and cow at both farms was examined for pregnancy approximately ten weeks after service in order that any which had not conceived could be detected early and treated. One bull was purchased during the year.

Pigs.—A herd of pigs are kept at Bangour farm and are chiefly fattened on swill from Bangour hospital.

Swine Erysipelas.—Regular vaccination of all boars, sows and young stock at Bangour farm was practised with great success. The cases of the disease occurring now are negligible.

Horses.—Regular attendance was given to the horses on all the farms.

POLICE STUD.

Seventy-three visits of inspection were paid to the police stud. Several horses were examined with a view to purchase, and one was purchased during the year.

LIGHTING AND CLEANSING.

One hundred and sixty-two visits of attendance were made to the stud under the control of the Lighting and Cleansing Department. Several horses were examined with a view to purchase and three were purchased during the year. In February most of the horses were affected by an outbreak of equine influenza. Within three weeks all the affected horses had returned to work.

POLICE.

I wish to express my gratitude to the Chief Constable for his willing co-operation, and to the officers of the police force whose assistance has contributed materially to the efficient performance of the duties under the Diseases of Animals Acts.

CITY OF EDINBURGH PUBLIC HEALTH DEPARTMENT.

Number of Whole-time Employees at 28th May 1948.

	Medical Officers	Inspectors	Clerical Assistants, etc.	Nursing Staff	Domest. Staff	Almoners, Dispensers, Masseuses, Radiography, etc.	Engineers, Tradesmen	Stewards, Porters and other Male Staff	Health Visitors	Cleaners and other Female Staff	Total
1. PUBLIC HEALTH—											
Medical Officer's Department	3	...	13	...	...	...	...	1	...	15	32
Sanitary Department	...	42	3	...	...	...	...	...	...	3	48
Veterinary Department	...	7	2	...	...	...	...	...	...	...	9
City Hospital	8	...	2	195	62	3	9	27	...	13	319
†Eastern General Hospital	...	...	4	125	34	8	9	22	...	36	246
†Western General Hospital	16	...	11	200	68	26	8	29	...	36	394
Northern General Hospital	3	...	2	40	36	2	3	21	...	9	116
†Tuberculosis Scheme	5	...	8	12	20	6	...	4	7	7	69
Maternity and Child Welfare Scheme includes Day Nurseries	8	...	12	177	30	2	...	7	45	6	287
Veneral Diseases Scheme	8	...	3	...	...	...	...	2	2	1	16
Ambulances, Vans and Disinfecting Station	...	...	...	...	...	...	...	24	...	1	25
Farms — Colinton Mains, Oxbgangs and Roddinglaw	...	...	...	...	...	...	...	16	...	3	19
Polton Farm	...	...	...	...	...	...	...	1	...	...	1
2. LUNACY AND MENTAL DEFICIENCY—											
†Bangour Mental Hospital	12	...	12	256	65	23	76	43	...	230	717
Bangour Farm	...	...	...	...	...	...	...	13	...	4	17
Gogarburn Certified Institution	3	...	2	65	16	2	8	4	...	10	110
3. SCHOOL HEALTH SERVICES	*18	...	9*	...	...	1	...	3	17	22	70
Includes Child Guidance and Scabies Treatment.											
	92	49	83	1,070	331	73	113	217	71	396	2,495

* Includes 9 Dental Officers. There are in addition the following Part-time Medical Officers, Surgeons, Consultants, etc.—
City and General Hospitals, 20; Tuberculosis Scheme, 1; Child Welfare Scheme, 8; Veneral Diseases Scheme, 2;
District Medical Officers, 20; School Medical Service, 4.

† Emergency Hospital Staff included (except Medical Staff under Department of Health). ‡ Included Mass Radiography Unit.
In addition to the above, Part-time Nurses are employed as follows:—City Hospital, 84; Eastern General Hospital, 179;
Western General Hospital, 4; Northern General Hospital, 47; Bangour Hospital, 70; Gogarburn Hospital, 20. Total, 404.



