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CITY AND ROYAL BURGH OF EDINBURGH

ANNUAL REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR

1954

BY THE

MEDICAL OFFICER OF HEALTH

CONTENTS

PHOTOGRAPHS

PUBLIC HEALTH DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH. *July* 1955.

To the Corporation 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 1954.

Co-operation in Health Matters.

While 1954 in Edinburgh was a year of steady rather than spectacular health progress there has been a number of significant developments which have already had their influence and which can be confidently expected to play an even more important role in the future in the prevention of illness and the promotion of health in the city.

The year marked the appointment of Dr J. M. Mair as Senior Medical Officer to take executive charge of the Tuberculosis section in the department, and the recruitment of additional health visitors to assist him in this important work. These appointments have already had their effect and have resulted in a more satisfactory co-ordination of the duties laid on the Health Committee in the prevention of tuberculosis and the more efficient arrangements for case-finding and contact examination which have been extended into spheres not previously covered. Perhaps, however, the most important and immediate achievement has been the closer liaison which has been effected with the various bodies concerned with the problem of tuberculosis, and in particular with the specialists undertaking the care and treatment of patients. The regular meetings, which have been arranged throughout the year with the Professor of Tuberculosis and the other consultants in the city, have not only given opportunities for discussion on various problems, the pooling of views and for concerted action, but have been the means of fostering a spirit of mutual goodwill and a sense of partnership in the fight against this important disease.

The year has also revealed indications of increased co-operation and liaison in other directions. Thus, there has been evidence of a greater and wider realisation by general practitioners in the city of the help which can be given to them by their health department, and in particular by the health visitors and by the almoner. This is an important advance because the health visitor, with her special training and experience and her intimate knowledge of the medico-social circumstances in the homes of the people, can be of great assistance to the family doctor in his work, while the advice and help of the almoner attached to the department can be of value in solving many of the problems with which he is faced in his practice.

A frequent and not altogether unfounded criticism of the National Health Service has been the division of the three branches into separate compartments and while much more remains to be accomplished in co-ordination and co-operation it is gratifying to be able to record these examples of improved relationships.

Another important feature during the year was the practical community health co-operation so well exemplified in what has now become known as the Pilton Health Campaign, an account of which is given in full in other pages of the report.

A mass X-ray survey served as a suitable focus for the campaign and almost 59 per cent. of the adult population were persuaded to come forward for examination and 39 active and 88 observation cases of tuberculosis were brought to light. This was a very fine achievement, but it is well to remember that in addition to this emphasis on tuberculosis prevention the campaign had other and as important results. Thus an opportunity was given to disseminate knowledge on many other health problems such as food hygiene, vaccination and immunisation and home accident prevention. Therefore the campaign, which was essentially an effort by the community itself and gave rise to much local interest and enthusiasm, aroused a greater awareness on health matters generally than it has been possible to achieve in the past by the usual health education techniques. Again the campaign, requiring as it did a close working collaboration, fostered a very encouraging spirit of friendship and partnership between the people and their health department. Lastly, as a direct result of the campaign, a care committee was constituted with the broad remit to interest itself in all kinds of local difficulties while the original campaign committee has become a permanently active organisation, concerned at regular intervals with projects of a health nature in the widest sense.

It is becoming increasingly recognised, as time passes, that if progress is to be made in many health problems a well informed and co-operative public is essential. The remarkable community spirit fostered in Pilton augurs well for the future and it is hoped to develop and extend this experiment in communal action in other parts of the city.

Vital Statistics.

The Registrar General's estimate of the population in Edinburgh at the middle of 1954 was 469,297 and this is the figure on which the appropriate vital statistics for the city are calculated. The estimate, which takes into account the natural increase of births over deaths and the movement of population into and out of the city, has shown a downward trend over the past two years. Thus the figure for the present year is 1,550 less than that of last year and is only 2,536 over the population shown at the census taken in 1951. The number of inhabited houses is now 145,354 which is an increase of 2,135 on last year's total and is 19,258 more than the number of houses available in 1938.

There were 7,256 births to Edinburgh citizens in 1954 of which 3,779 were males and 3,477 females. The birth rate was 15·5 per 1,000 of the population which compares with 15·4 for last year and is only 0·2 below the average for the

five years before the last war. Illegitimate births numbered 386 or 5·3 per cent. of the total births, figures very similar to those of the past four years. Only 158 still-births were registered in 1954 giving a still-birth rate of 21 per 1,000 total births (live and still)—the lowest recorded rate for the city. The comparative figures when registration commenced in 1939 were 306 still-births and a rate of 40 per 1,000 total births.

The number of deaths registered in Edinburgh during the year was 6,061 —a death rate of 12·9 per 1,000 of the population as compared with 12·3 for the previous year. Death rates tend to rise and fall from year to year and have to be viewed in relation to the changing age structure of the population and to the effects of variations in weather conditions which are particularly important to elderly people. Of the total deaths in the city, 68 per cent. were among persons over sixty-five years of age as compared with 66 per cent. in the previous two years.

The infant mortality rate was 25 per 1,000 live births—one over the record low rate of 24 per 1,000 last year—the actual number of deaths amongst infants being 185 in 1954 as compared with 177 in the previous year. The increase took place in the neonatal period and is discussed by the Child Welfare Medical Officer in his section of the report. It is an arresting fact that almost three-quarters of the total infant deaths occurred in the neonatal period and of these 90 per cent. occurred within one week and 50 per cent. within one day of birth. The cause and means of prevention of prematurity, the most common reason for these early deaths, still awaits solution. The view has been advanced that the most promising measure lies in ensuring adequate nutrition, not so much of the pregnant woman but of the prospective mother in her early years of life. If this view is correct it points to the need for even greater care and attention to educate the future mother in the principles of nutrition at school and during adolescence.

Home Accident Prevention.

Accidental mechanical suffocation again gave rise to a number of fatalities, nine infants dying during the year as a result of overlaying or suffocation by pillows or bedclothes or by the inhalation of vomited matter. There were in addition two children between one and two years of age who died from this cause. The health visitors continued at their home visits and at child welfare centres to educate and advise mothers in the prevention of these accidents, but during the year additional efforts were made through press notices and posters and by talks to various organisations to impress upon parents the importance of care and supervision to avoid these distressing and preventable fatalities.

Details of the total home accidents reported from the various hospitals in the city and of the deaths from this cause are given in the appropriate section of the report. The reported accidents were investigated by the health visitors and from these routine visits much useful information has been collected on their causation and means of prevention. It is right that a tribute should be paid to the health visiting staff for the tact, understanding and zeal with which they carry out this work and which it is hoped will ultimately lead to the prevention of much anxiety and suffering in the city. Special mention should

be made of the valuable work of Miss C. B. Ramsay who retired recently from the health visiting staff and whose pioneer work in the field of home accident prevention has been a feature of the activities of the Public Health Department in Edinburgh for some years. It was due to her initiative that the expanding fireguard which is now in many homes in the city was devised and that the distinctive display cabinet depicting the causes and prevention of accidents in the home was assembled. This exhibit, a photograph of which is included in the report, was the spare time work of Mr George Read whose skill and ingenuity in constructing and arranging the exhibit has been widely admired. The display has been shown not only at the Public Health Chambers but at exhibitions in different parts of the country and has been seen, not only by many parents and their children in the city but by visitors from overseas. The department is extremely grateful to Mr Read for this excellent visual means of propaganda in the field of accident prevention.

Sighthill Health Centre.

Last year's report gave a brief account of Sighthill Health Centre which was opened in May, 1953, and some details of the work done during the present year are given in the main body of this report. A not infrequent criticism of the centre has been the cost to the city of the accommodation provided for public health functions. It is true that in the present economic circumstances it is necessary to search for alternatives to this type of large health centre despite its proved value in initiating and cementing good relationships between family doctors and our own public health medical, health visiting and nursing staff. It seems likely that the next stage in the development of the health centre concept might well be a trial of one or two small clinics providing treatment and consulting rooms for the local authority school and child welfare functions together with consulting suites for the general practitioners in the area.

It must not be thought, however, that the health centre is other than an impressive addition to the health services of the city. A glance through the visitors' book reveals that features first applied here are being studied and adopted in all countries of the world, in which, in this era of international co-operation, Edinburgh takes its rightful place as a Mecca for the medical profession.

From the purely domestic aspect it is easy to be critical of the cost per infant or school child attending the respective clinics, but it has to be borne in mind that much more is provided in the centre than can be achieved in any other clinic in the city, *e.g.* all the dental laboratory work for the whole of the Corporation Dental Service is undertaken here ; physiotherapy is available for the children without the necessity of a long journey ; welfare foods are distributed ; a toddlers' playground caters for 3-5 year old children ; a sterile syringe service is established. All this emphasises the value of the centre in providing scope for a wide range of functions not possible in adapted or rented child welfare and school clinics. At the same time the building has well served its initial purpose of welding the different branches of the Health Service together in the prevention as well as the treatment of ill-health.

Care of Mothers and Young Children.

The child welfare centres continued to be well attended although the total number of child attendances was somewhat lower than the record number last year. There are now 29 centres throughout the city, three new ones being opened during 1954. Those at Walter Scott Avenue and the Reid Memorial Church provide facilities for advice, guidance and supervision from the child welfare medical and health visiting staffs to mothers and children coming from the expanding populations in the Inch and West Mains areas, while the centre now set up in the Buccleuch Parish Church Hall replaces the one which was previously at the Provident Dispensary, Marshall Street, closed in 1953. The year also saw an extension of the excellent educational work in mothercraft, two new clubs being opened at Sighthill and West Pilton, making a total of nine now operating in the city. These clubs serve a real need and give the health visitors additional opportunities to meet mothers, to discuss with them their problems and to give guidance on a variety of matters relating to maternity and child hygiene. The number of ante-natal clinics provided by the Corporation remained at three, as at the end of last year. Negotiations are still continuing with the Regional Hospital Board and it is hoped that it may still be possible to open additional clinics for mothers living in outlying areas of the city and who find it difficult to travel to hospital clinics.

A feature of the year was the transfer to the Health Committee on the 28th June, 1954, of the duty of distributing welfare foods, a function previously undertaken by the Ministry of Food. On the appointed day the Health Committee took over 41 centres for distribution, 17 of which were rented premises and the remainder Corporation properties or rent-free premises. These centres still remained in operation at the end of the year but it is intended to make certain adjustments with a view to effecting an annual saving of rental charges and at the same time securing satisfactory and suitably situated centres to meet the convenience of citizens.

Day and Residential Nurseries.

The Health Committee continued to provide under their scheme for the care of mothers and young children fourteen day nurseries and three short-stay residential nurseries. The day nurseries provide 660 places but, to allow for absentees, it is customary to enrol a small additional number of children and the average on the roll was 672. Despite poor weather conditions over a considerable part of the year the average attendance was 78 per cent. which compares with 77 per cent. last year. There is a growing demand for an extension of the existing facilities and as many as 400 children may be on the waiting list for admission at one time. The Committee, therefore, had under review during the year the adequacy of the provision of day nurseries in the city, particularly with regard to the needs of the new housing areas. This matter is still under consideration. The accommodation in some of the existing day nurseries is not ideal and efforts were made in some instances to find more suitable premises. It has, however, proved impracticable so far to find buildings

of a suitable size and situation, or which could be economically adapted for the purpose.

The three residential nurseries at St Helen's, Henderson Row and Viewforth, with 60 places, provided short-stay care for 656 children in 1954. In the majority of instances the admission of children had been booked in advance, the parents anticipating, for example, in the case of confinements or admission to hospital of a mother, the need for help. Not infrequently, however, admissions were requested for unforeseen emergencies and these placed a severe strain on the comparatively limited accommodation. It is satisfactory to report, however, that it was found possible to overcome these difficulties and meet all requirements for help.

Health Visiting.

Throughout these introductory remarks and in the main body of the report frequent reference is made to the important work of the health visitor. A trained nurse with maternity experience and an additional qualification in medico-social work she is, in fact, the keystone on which a large part of the preventive work of the health department rests and it is impossible to measure her services in statistical terms. The statement, therefore, that the health visitors engaged in the care of mothers and young children paid 107,584 visits to children from birth to five years, or that the tuberculosis health visitors undertook 18,045 calls, bears no relationship to their true value in the cause of health promotion and the prevention of illness. A visit may achieve its object in a few minutes or, on the other hand, it may require prolonged and patient waiting to sort out a complex problem or gain the confidence and bring about a change in attitude.

The health visitors in Edinburgh are attached to certain sections of the department. Thus while the majority are mainly connected with Maternity and Child Welfare and the School Health Service there is an establishment of thirteen associated with tuberculosis prevention and two with the preventive and social aspects of venereal disease. While in this way each health visitor has her own particular niche in the medico-social work of the department her qualities and qualifications are used in many other spheres. This has become more necessary since 1948 with the greatly widened conception of her duties as the health adviser to the whole family unit. Reference has already been made to the work in home accident prevention and to the increasing links that are being forged with the general practitioners and hospital services. To these may be added the health visitor contacts with the older members of the community which will increase as time passes. Her training and qualities give her the correct approach and make her a welcome visitor even to those who tend to be rather difficult to help in the ordinary way. She is able to size up the situation and bring the necessary resources to bear on such problems as exist. In the mental field she has and will have in the future an important and active part to play. Increasing calls are made on the health visitor staff to undertake teaching duties not only with medical students and those engaged in social study at the University but also with young nurse trainees at general hospitals, while many doctors, health visitors, midwives and nurses from abroad add to the number who are taken out in the district to observe the health visitor's work.

It is a pleasure, therefore, to pay tribute here to the health visiting staff whose conscientious and painstaking yet unspectacular work has already left its mark on the health of the community.

There is a shortage of students for this work and although thirty-one commenced study under the Corporation scheme of health visitor training in 1954 the numbers applying for this course have been falling in recent years.

Domiciliary Midwifery.

The family, so rightly extolled as the basis of our community, has its roots in motherhood. The importance of this period in a woman's life is fully appreciated generally, but nowadays there is a greater understanding of the many problems of adjustment demanded by the developing infant. Mothers are in need of wise guidance before, during and after childbirth. This nowadays is provided by the domiciliary midwives in the patient's own home, and although these nurses receive the grateful thanks and appreciation of so many happy mothers, it is a pleasure here to pay tribute to their quiet efficiency and kindliness.

The Domiciliary Midwifery Service in the city continued to be carried out partly by midwives in the Corporation's own service and partly under agency arrangements with the Simpson Memorial Maternity Hospital, the Elsie Inglis Memorial Maternity Hospital and the Queen's Institute of District Nursing. There were 12 full-time midwives directly employed by the Corporation and they operated from five centres. Domiciliary births in 1954 numbered 1,280 representing 17·7 per cent. of the total births to Edinburgh citizens. This is an increase as compared with last year, the corresponding figures for 1953 being 1,222 domiciliary births and 16·8 per cent. of the total births, and may be the beginning of a trend towards a greater proportion of mothers having their babies at home. Corporation midwives attended 774 or 58 per cent. of all home births : the Simpson Memorial Maternity Hospital had midwives present at 221 or 17 per cent. : the Queen's Institute of District Nursing attended 177 or 14 per cent. ; and the Elsie Inglis Memorial Maternity Hospital gave services to 117 or 9 per cent. There were, in addition, 16 births attended by private maternity nurses, four by medical practitioners only and in one case neither doctor nor midwife was present.

As mentioned in last year's report the Health Committee have decided to reorganise the midwifery services for Niddrie, Craigmillar and Duddingston. A block of four houses and double garage is in course of construction in the Niddrie Marischal housing area and will be ready for occupation during next year. This centre will accommodate not only the domiciliary midwives but also the district nurses operating in the area.

Home Nursing.

The Corporation's duty under the National Health Service Act to provide facilities for the nursing of the sick in their own homes continued to be carried out in a very satisfactory manner by the Queen's Institute of District Nursing on an agency basis. During the year the 65 fully trained district nurses and

trainees from the Central Training Home undertook some 293,859 visits, an increase of 37,524 over the number of visits in 1953. The reasons for this increased work are fully discussed by Dr J. L. Gilloran in the appropriate section of the report where he draws attention to the large number of injection treatments now required as a result of the ever wider use of antibiotics, the greater need of skilled follow-up nursing care as patients nowadays can be discharged earlier from hospital and the increased nursing of the elderly sick in their own homes. There is a shortage of candidates for training as district nurses and a Working Party for the whole country is at present reviewing the position including the possibility of reducing the period of training. It has been found necessary in Edinburgh to make use of the services of part-time nurses and it is hoped to recruit more State Enrolled Assistant Nurses for the visitation of patients for whom nursing of a less highly skilled nature is required. There is a greater demand nowadays for male nurses, particularly in the care of elderly male patients, and the services of the three male nurses at present on the staff have been greatly appreciated.

Domestic Help.

The Home Help Service had again a very busy year but was able, although at times with difficulty, to overtake the numerous calls made for assistance. Those seeking help are often in serious domestic difficulties and it is not surprising that this is a section of the department which receives many appreciative expressions of gratitude. There were at the end of the year 91 home helps, 39 working full time and 52 part-time and they gave assistance in 946 households. As has been the trend in recent years, while many maternity cases were assisted, the most numerous calls for services were in connection with general medical illness and the elderly but it was also found possible to give help to 20 households with tuberculosis cases.

The demand for the Home Help Service has been steadily increasing and it is likely to increase still more, particularly as a greater number of elderly persons and those suffering from chronic illness are being cared for in their own homes. The present staff is below the establishment of 100 full time helps agreed by the Health Committee. There is not a large pool of suitable women for this work but active steps are being taken to recruit more staff to undertake this often exacting but satisfying social service.

Almoner.

The value of the post of almoner in the Public Health Department is now fully established and as years have passed the important part she plays as a member of the medico-social team has become more and more apparent. When first appointed most of her time was concerned with assessment duties and while this is still an important aspect of her work she has found greater opportunities for wider social work. Many problems are referred to her for help, mostly from her health visitor colleagues, but as the value of her assistance has become known more widely many approaches are now made to her by hospitals, voluntary agencies and private individuals. An encouraging feature has been the greater

number of referrals by general practitioners and it is hoped that these will increase because the services of the almoner can be of real value to a busy doctor in the many family problems he has to face. A noteworthy advance during the year was the establishment of the almoner for one half day per week at the Sighthill Health Centre to give medico-social assistance to the doctors practising at the centre.

Voluntary Organisations.

Acknowledgment is once again made of the valuable assistance given to the Corporation by a number of voluntary associations in the city.

The Voluntary Health Workers' Association continued and expanded their important work in the care of young children. New toddlers' playgrounds at Greenside and at the Sighthill Health Centre were opened during the year, bringing the total number of playgrounds organised and administered by the Association to 22. The average daily attendance of children at these playgrounds was 462 and there was a total of 605 on the roll. These playgrounds where children between two and five years attend from 10 a.m. till noon with medical supervision from the child welfare medical officers play an important role in the child life of the city and a very happy and harmonious co-operation has always existed between the Association and the Child Welfare Service.

The Scottish Association for the Adoption of Children, operating in close liaison with the Maternity and Child Welfare Department, has also completed another year of valuable work, in which 40 children were either adopted or placed in new homes pending the probationary period before legal adoption. This Association was founded in 1923, since when it has arranged a total of 1,714 adoptions. The Baby Home at 3 Forbes Road opened in 1944, owned and run by the Association, cared for many infants until adoption arrangements were completed. The Child Welfare Medical Officer continued to act as Honorary Medical Adviser to the Association.

The Edinburgh Association for Mental Welfare had a particularly successful year and were able to extend their activities not only by increased visits to mentally handicapped children after leaving school but by extension of their work of after-care. During the year 98 children, 52 boys and 46 girls, left the special schools and 390 visits were made, which compares with 280 visits in the previous year. The occupational classes for boys in woodwork and leather work which were opened last January at the annexe to the School of Building at Fountainbridge now have 20 boys attending for two half days each week, while the girls' class in sewing and laundry work at Regent Road has continued to give useful occupation to thirteen girls. There is need for extension of this important work and the Association have in view proposals for increasing these facilities.

The Home Safety Committee of the Edinburgh Accident Prevention Council continued its valuable activities in the cause of home accident prevention. The fireguard loan scheme administered by the Committee has now been in operation for four years and at the end of 1954 there were 1,400 fireguards on loan to families with young children. The issue of these fireguards at the low hire charge of 5s. per annum is now available in suitable cases to old people living alone and to handicapped persons. The members of the Home Safety Committee

also undertook many talks to women's organisations in the city and in this way continued to disseminate knowledge of the causes and means of prevention of home accidents to an ever-widening circle.

Finally it is a pleasure to pay tribute to the members of the Women's Voluntary Services who over a long period have undertaken voluntary work in connection with the distribution of welfare foods at many centres in the city. Since the duty of welfare food distribution was transferred to the Health Committee these ladies have continued to give their valuable services and the Corporation is grateful to them for their help in this useful work.

School Health Service.

The School Health Service staffed by 10 medical officers and 26 health visitors carried out the routine medical inspection of 17,330 children in 143 schools during the year, in addition to a large number of class room and special examinations. The proportion of children found to show no defect was 68·7 per cent. and of the remainder only 8·4 per cent. were found to have defects of a serious nature. These figures show an improvement on those for last year when the comparative percentages were 67·4 per cent. and 9·8 per cent. The Chief Executive School Medical Officer in his report comments on the continued improvements found on routine medical inspection and compares the present figures with those in 1946 (the earliest year with which satisfactory comparison can be made) when the percentage with no defects was 65·1 per cent. and the proportion of children with severe defects was as high as 13·4 per cent.

Last year details were given of the pilot scheme when older school children were tested and where necessary offered B.C.G. vaccination. The scheme was extended in 1954 to all 13-year old children attending Corporation schools and it is very satisfactory to observe that 82·6 per cent. of parents took advantage of this preventive service. Since B.C.G. vaccination was introduced in Edinburgh schools in May, 1953, 3,934 children have been tested and 2,724 children, found to be negative reactors, have received vaccination.

Mass X-ray examination of pupils attending secondary schools and centres for further education was again carried out during the year. A total of 15,331 pupils were examined and 22 cases of tuberculosis were revealed and referred for treatment. It is also interesting to note that almost 82 per cent. of certified teachers employed in Edinburgh schools have taken advantage of the specially generous sick-pay provisions and have agreed to submit to an annual X-ray examination. While this percentage may be regarded as fairly satisfactory meantime, having regard to the fact that the scheme has only been in operation for a short period, it is hoped that a much higher percentage will ultimately undergo this preventive examination.

Other developments during the year which are worthy of mention were the opening of a clinic at Sighthill Health Centre by the school chiropodist : the setting up of a minor treatment clinic at the Inch to meet the needs of the growing school population : the inspection by one of the assistant school medical officers of the nine Corporation sports grounds with advice on action to minimise the dangers of accidents : and the supervision by one of the school

doctors of the increasing number of children fitted with hearing aids to ensure that the best use is made of these instruments and to maintain a satisfactory liaison with the Hearing Aid Centre.

Dental Service.

Two additional dental centres were opened during the year, one in St David's School, Pilton, and the other in the Inch Timber School. Accommodation has been approved by the Committee for the setting up of a further centre at South Fort Street and this will provide much needed facilities for school children in the Leith area. Despite a shortage of dental staff over a considerable period of the year 26,545 dental examinations were carried out and of these 18,927 were routine inspections, an increase of 2,990 on the previous year. While the number of school children treated was slightly less than in 1953 it is satisfactory to report that although the number of extractions was still too many there was a decided increase in the number of children who received conservative treatment. The Senior Dental Officer comments on the welcome fall in the need for using general anæsthetics due in large part to parents seeking earlier dental advice for their children.

It is also gratifying to record that the number of expectant and nursing mothers and pre-school children who attended for examination and treatment continued to increase, indicating the growing appreciation of the value and need of dental care. This trend is brought out in the following statement of the patients referred to the dental officers since 1949 :—

Numbers referred and examined.

Year	*Mothers*	*Pre-School Children*
1949	195	329
1950	120	383
1951	58	455
1952	95	575
1953	234	994
1954	249	1,161

It is of particular interest that all the expectant and nursing mothers examined in 1954 required treatment and with one exception accepted the treatment. Again the pre-school children all required some attention and this was carried out in every instance.

Health Education.

The Health Education section of the department had another busy but successful year. The number of meetings held in 1954 reached the new record of 277 with over 15,500 attendances. Some idea of the expansion of this aspect of the department's work can be formed when it is realised that in 1948 the number of meetings was only 28 with 1,422 attendances.

The Sunday Evening Health meetings were continued last year and a total of eleven meetings were held. After careful consideration the Health Committee

decided that admission during the year should be by ticket only and while this has resulted in a quieter and more attentive audience the total attendances fell by over 5,000 on last year's total.

Details of the Health Education activities are given in the full and interesting report by the Medical Officer for Research and Health Education. Aspects worthy of particular mention include the use of 16 mm. films at the cinema meetings by means of a special carbon arc projector and by which it was possible to make use of many instructive films which otherwise could not have been shown : the increased use of visual aids at health education meetings, such as film strips, both sound and silent, and flannelgraphs : and the designing of a special health education poster on home accidents produced in striking fluorescent colours for display in public transport.

The Medical Officer for Research and Health Education was asked to take part at the annual conference of the Royal Sanitary Association of Scotland and it may be of interest to quote the conclusions from his paper :—

> " The next few years must see a vast extension of health education if the curative services are not to be overwhelmed by the mass of sickness created by the modern problems of this too modern world. Five points emerge from this brief survey :—
>
> 1. Many more health educators must be employed in the health services and in our schools Every public health worker should take part in health education.
>
> 2. Much more money must be spent on health education. This will win handsome dividends in community and individual health, and in savings on the curative services.
>
> 3. More training centres for health educators are needed.
>
> 4. Great efforts should be made to increase community participation and co-operation in health education projects. Any intelligent citizen with enthusiasm can be used in this work.
>
> 5. The effectiveness of various techniques and methods should be subjected to comparative tests so that their relative values under different circumstances will be known and used to the best advantage.
>
> If these five points can be achieved, it is safe to predict that health education will play as great a part in improving Britain's health in the next 50 years as the ' sanitary idea ' has played in the past century."

Immunisation and Vaccination.

As in former years active propaganda was continued to keep before parents the importance of protecting their children against diphtheria and smallpox. The influence of the health visitor is particularly important in this matter but the opportunity was taken to reinforce her work by suitable posters and at health talks to various organisations in the city and at the Sunday Evening Health meetings. According to the information received by the department, 6,432 persons were immunised against diphtheria in 1954 and 8,388 reinforcing

injections were given to children at school. Primary vaccinations against smallpox numbered 5,301 while 1,973 revaccinations were performed during the year. These figures are for the most part similar to those of previous years. As some vaccinations and immunisations may not be notified to the department it is difficult to be certain of the actual proportion of the population protected, but there is reason to suggest that it is higher than has been formerly estimated. Thus an opportunity was taken to follow up children born in the second half of 1953 for whom no information had been received regarding smallpox vaccination. The check was carried out in the course of ordinary visitation by health visitors but in a few cases by letters directed to parents. From these enquiries it was found that among 1,080 children no fewer than 41 per cent, had been vaccinated but not recorded in the official figures. It is calculated from the notifications actually received that 65 per cent. of children under five years in the city have been vaccinated, but if the results of the investigation were applied to all children it would suggest that the percentage vaccinated should really be 79 per cent. which is in the circumstances a very satisfactory proportion.

An important development during the year was the commencing of what is known as the Triple Antigen Investigation. This investigation, which has been undertaken at the request of the Department of Health and with the support of the Advisory Committee on Medical Research in Scotland, has for its object the testing of the relative immunity conferred against whooping cough by a combined diphtheria-whooping cough-tetanus vaccine as compared with the separate use of whooping cough vaccine followed by a combined diphtheria-tetanus preparation. The advantage of the former method is that three injections only are required as against the five when using the separate preparations. So far the investigation has been very successful. The majority of parents approached have given their support and from the middle of November, when the scheme commenced, to the end of the year 595 children had taken part. It should be remembered that it will be some considerable time before the results of this investigation can be evaluated.

Infectious Diseases.

The number of infectious diseases notified to the department during the year was 6,244, a decrease of 403 on the number last year. Whooping cough was less prevalent as was scarlet fever but there was a small increase in the number of cases of measles. It is pleasing to report that there was no case of diphtheria in the city.

A noteworthy feature of the year was the large increase in cases of dysentery. The number of patients notified with this disease was 1,046 which is the highest ever recorded in Edinburgh and is only approached by the 966 cases intimated in 1951. It is not easy to account for this continued increase in dysentery which has been experienced in most parts of the country, but better diagnosis, particularly with the modern laboratory aids now available, and improved notification must have played their part. The concern of the Health Committee on this matter and the frequent references made in the press may well have led to more patients, who would have disregarded mild symptoms, attending their doctors. Whatever the reason dysentery presents an important public health problem. It is true

that in many instances symptoms are comparatively mild, but not infrequently the patient is acutely ill and occasionally in the very young and the very old the disease may be a contributing factor to death. Discussions took place during the earlier part of the year with clinical and bacteriological specialists and with the local medical committee to explore possible additional means for preventive action. From these discussions a circular letter was sent to all general practitioners in the city advising them of the position, enlisting their aid in early diagnosis and notification and informing them of the specialists' recommendations on treatment. Furthermore, the health education aspects of this problem were intensified.

There were 44 cases of poliomyelitis notified in 1954, 41 of these being probably infected in the city. This is a decrease on the 61 notified last year. In only two instances was it possible to trace any connection between patients and there was no concentration in any particular area of the city. Only one case of typhoid fever occurred and despite a careful and detailed investigation it was not possible to trace the source of infection. There were 12 cases of paratyphoid B. fever but in three the disease was contracted outwith Edinburgh. Of the remainder, four developed the disease in a hospital ward and another was infected in a maternity hospital from a carrier. The source of infection in the other four cases was untraced.

Included in this year's report is a review by Dr R. P. Jack of his experience with the various disinfecting processes introduced by him and adopted in the city, details of which were given in the annual report for 1952. It is of importance to note that, despite the rigorous conditions enforced, out of more than 2,000 disinfection treatments only five complaints of alleged damage have been received, all of which, on investigation, were found to be of a trivial nature. Experience over a long period and under diverse conditions has demonstrated the efficiency of the disinfecting methods now being carried out routinely in the case of tuberculosis and available for use in any outbreaks of major infection.

Prevention of Illness, Care and After-Care.

Tuberculosis.—The report on tuberculosis has been prepared by the Senior Medical Officer appointed during the year and now responsible for this part of the work of the Public Health Department. Reference should be made to his report for details of the present tuberculosis position in the city and the developments in prevention which have taken place. There are some matters, however, which are worthy of emphasis. The number of deaths from respiratory tuberculosis again showed a decrease, there being 88 deaths with a death-rate of 19 per 100,000 of the population as compared with 109 deaths and a death-rate of 23 per 100,000 in 1953. Some indication of the striking change which has taken place within recent years is shown by the fact that the average mortality rate from lung tuberculosis over the five years before the war was 61 per 100,000 of the population. The number of notifications again showed an increase, 800 new confirmed cases being reported in 1954 as compared with 760 last year. It should be remembered that the present trend of increasing notifications and decreasing deaths adds considerably to the work of the department as more patients and contacts require supervision and observation.

Contact tracing is an important preventive measure and the health visitors engaged in this work are to be congratulated on persuading 88 per cent. of all home contacts to attend for examination. An important development has been the widening of the search for contacts beyond the family circle to places of work and leisure, and it is hoped to extend this type of work as circumstances permit. A pilot scheme was instituted during 1954 for the disinfection and laundering of clothing and bedding from infected patients treated at home. It has not been possible to deal with woollen materials under the present arrangements but steps are being taken to overcome this difficulty.

The Health Committee have continued to give active consideration to the provision of a hostel for homeless men suffering from lung tuberculosis. A number of premises were inspected during the year but were unsatisfactory for one reason or another. The search for suitable premises continues.

Other points worthy of mention are the setting up of a Resettlement Committee to assist patients declared fit for work in finding employment, and the dramatic and welcome fall in the number of patients on the waiting list for admission to hospital.

Venereal Diseases.—The interesting review of the venereal diseases position in Edinburgh contained in this year's report is the work of Dr Robert Lees, who succeeded Dr R. C. L. Batchelor as physician-in-charge of the Department of Venereal Diseases at the Royal Infirmary. It is a pleasure to congratulate him on his important appointment, to welcome him back to Edinburgh and to thank him for his valuable contribution to the annual report.

Dr Lees, while pointing out the greatly reduced incidence of syphilis, and to a much lesser extent, of gonorrhœa, draws attention to the increase in other venereal infections which are not, as is commonly believed, trivial conditions and which may be followed by serious complications. He also comments on the fact that the decline of congenital syphilis is not as satisfactory as it should be. This is an eminently preventable condition and the continuance of cases suggests that routine blood testing of pregnant women requires even more emphasis. The review includes a summary of the results of an interesting sociological investigation which was carried out during the year.

The two health visitors engaged in social and preventive work in relation to venereal diseases were asked to follow up 776 patients who had defaulted from treatment during the year and were successful in persuading 737 or 95 per cent. to return for advice and treatment. This is a fine achievement. In addition they were able to trace individuals named as possible sources of infection and in this way bring under control a significant number of unsuspected but important sources of venereal infection. The health visitors are now attending more frequently at the treatment centres. This is an important aspect of their work because by establishing a friendly contact when the patient first comes under treatment they are able to overcome many of the problems which are bound up with this group of diseases and in this way remove the causes which often lead to default in their treatment.

Epileptics and Spastics.—This year the Department of Health have specially requested a short statement about epilepsy and cerebral palsy in the city and it is considered appropriate to include this information here rather than in the body of the report. It is, of course, difficult to obtain a complete picture of the incidence of these conditions in the community generally and as the most reliable information regarding the extent of both problems is obtained from the School Health Service, the following notes refer mainly to children of school age.

Epileptics.—There are quite a number of epileptics in ordinary schools and amongst the pre-school child population who are controlled by drug treatment, but the number is not at present known. Amongst children under the age of five years there are six epileptics known to health visitors and in the school age groups the position is as follows :—

Attending schools for physically handicapped pupils	18
Attending schools for mentally handicapped pupils	24
In residential school (Colony for Epileptics, Bridge of Weir) ...	3
Certified insane and in a mental hospital	1
Home tuition	3
Unsuitable for education	1

Spastics.—The following is a summary of the available information regarding the 214 known cases of cerebral palsy in the city.

Pre-school Children.

Children under 5 years of age known to Health Visitors ...	23

School Children.

Attending ordinary schools	25
Attending schools for physically handicapped pupils ...	47
Attending schools for mentally handicapped pupils	25
Attending a special experimental class for multiple handicaps at Craigentinny Special School	5
Attending Westerlea Day School	6
In residential schools, including Westerlea	25
Homebound children	12

Adults.

Adult spastics known to the Cripple Aid Society	46
	214

Westerlea School provides intensive physiotherapy as well as education for the 20 resident children between the ages of 5 and 16 years. Out-patient treatment at Westerlea is, of course, available for children other than residents and some 16 children normally attend for half an hour on one day per week, while a physiotherapist from the school pays domiciliary visits to homebound children certain of whom attend the school at regular intervals. A nursery section held on one day per week for a 30-minute period was introduced in

September 1954 for children under school entrance age. There is also an occupational-speech-therapy class on two mornings per week for 2 hours attended by pre-school children and those of school age.

Health of Children—Prevention of Break-up of Families.—Circular No. 77/1954 indicated the interest of the Secretary of State in preventing mental and physical ill-health amongst children resulting from family separation or from exposure to neglect and psychological disturbance in problem families. Stress is laid upon the preventive work of the health visitor and upon the need for her to be kept informed by other welfare workers of signs of family difficulty or deterioration. It is stated that the work is to be under the direction of the Medical Officer of Health who is asked to give a brief description of its operation in future annual reports.

In Edinburgh in the case of temporary family difficulties, frequently due to the illness of the mother, it is often possible for the children to continue to live at home by the provision of a home help. To cope with such cases the Health Committee have introduced a greater elasticity into the Home Help Service by allowing helps to commence work in a home at an early hour in the morning, or to continue till a later hour in the evening, in order to fit in with a father's shift work-times.

Children in the problem families present difficulties of many kinds, some 120 such families being known to the health visitors throughout the city, and are supervised by them in conjunction sometimes with the almoner and other social agencies. There is, however, a hard core of about 25 really difficult families for whom something more is required. The position in Edinburgh was thoroughly investigated in April, 1954, when the Council of Social Service invited all interested agencies to co-operate in an enquiry into the need for special workers for difficult families. This department, thereafter, obtained information from a number of other authorities about social work in this connection and in particular about details of the functioning of family service units in many parts of England. A proposal to establish a family service unit in Edinburgh was considered by the Health, Education, Childrens' and Welfare Committees of the Corporation, which set up a joint sub-committee, and towards the end of the year a meeting took place with representatives of the various voluntary organisations. This exploration of the extent of the problem revealed so much overlapping between the various agencies that it was decided to co-ordinate the information and the case details made available from a multiplicity of sources, before the joint sub-committee again considered the matter.

Mental Health Services.

There was no change in the administration of the Mental Health Services and the City Social Services Officer continued to act as authorised officer. A total of 237 persons suffering from mental illness were certified and removed to hospital, a figure similar to that of the past few years. During the year 30 new cases of mental deficiency received institutional care and the detention of

five patients was continued by re-certification on reaching 16 years of age. There are still 62 patients awaiting admission, an increase on recent years.

While the main provisions of the National Assistance Act are administered for the Welfare Committee by the City Social Services Officer, certain relevant medical duties are carried out by an assistant medical officer of the Public Health Department. Thus among his duties are the overall medical supervision of the four Corporation Residential Homes ; the medical assessment of suitability of applicants for admission to these homes ; work in connection with the compulsory removal, where necessary, of persons requiring care and attention and who are living under insanitary conditions and are aged, infirm or suffering from chronic illness ; and the inspection with the Social Services Department of premises which require to be registered as Disabled and Old Persons' Homes.

During the year more than 270 home visits were made to assess the suitability of applicants for admission to the residential homes ; twelve persons requiring care and attention were compulsorily removed under Court orders and sixteen old persons' homes were inspected. In addition a large number of visits were paid to old persons at the request of different agencies to give advice and guidance on the care and attention required.

Bacteriological Services.

As in former years Professor T. J. Mackie has given information on the work carried out for the Corporation and medical practitioners in the city by his staff at the Bacteriological Department of Edinburgh University. There was again a very substantial increase in the work done, 18,263 specimens being examined in 1954 as compared with 14,937 in the previous year. The increase was due in part to the greater number of specimens submitted for examination in relation to intestinal infections but also in no small measure to the greater number of tests for sensitivity of bacteria to antibiotics. It is a pleasure again to return grateful thanks to Professor Mackie and his staff not only for the valuable help they give in the examination of the numerous specimens submitted to them but in particular for all the skilled advice and guidance on a variety of matters which is always so willingly forthcoming.

Sanitary and Veterinary Services.

The comprehensive reviews by the Chief Sanitary Inspector and the Veterinary Inspector reflect the manifold duties carried out by their departments in safeguarding the public. The importance of food hygiene continued to be emphasised during the year. The proposed new Food & Drugs Act, which it is hoped will give powers to insist on improvements and reinforce the educational work which is being continuously and actively pursued, has not yet been placed on the statute book. The Health Committee in an endeavour to emphasise the problem and to increase public support has decided to hold a Clean Food exhibition in the autumn of 1956 and advance planning for this exhibition has already commenced.

The Committee had under active consideration the various aspects of the problem of smoke abatement and in particular the possibility of establishing a

smokeless zone in the Sighthill area. On the representation of the Committee the Housing Committee agreed that in their new estate at Gracemount, which is in course of development, it will be a condition of tenancy that smokeless fuel will be used. The Corporation has given further practical evidence of their concern in the smoke pollution problem by embarking on a three years' programme of fitting automatic stokers to furnaces at markets, baths and wash-houses, and ten of these were installed during the year.

Standard milk ceased to be a designated milk during the year and as Edinburgh is a designated area, only certified, tuberculin-tested, pasteurised and sterilised milk can now be sold in the city. A further development in the safeguarding of milk supplies was the Order which came into operation during the year whereby pasteurised milk must be bottled at the depôt at which it is pasteurised and the bottles sealed by overlapping caps. Where a dealer's licence is held, bulk supplies must be delivered with seals and fasteners unbroken and the milk must not be transferred from one bulk container to another. A point of interest in connection with this subject is that the analysis of 43 samples of milk supplied to schools in the city showed an average milk fat content of 3·74 per cent. which is a very satisfactory position bearing in mind that the legal requirement is 3 per cent.

The Health Committee carried out the quinquennial inspection of basement bakehouses as required by the Factories Act, 1937, and as a result decided not to renew the certificate of suitability in the case of nine basement bakehouses. The occupiers have been given notice and one lodged an appeal which is still pending. There are now only 16 other basement bakehouses in the city. The St Leonard's Re-development Area was confirmed during the year and arrangements for the acquisition of various properties, and, of particular interest to the department, the making of Declaration of Unfitness orders for unfit houses will be undertaken next year.

The Chief Sanitary Inspector gives a detailed review of the exacting work carried out under the Ice Cream Regulations to safeguard the public, and mentions the interesting legal difficulty which was raised in a Court case in Wales whereby it was alleged that the sugar content of ice cream may deteriorate if a sample is not kept at a sufficiently low temperature between being taken and analysed. This difficulty cannot arise in Edinburgh as samples are conveyed in insulated packets and transferred within a short space of time to the City Analyst, but it illustrates the legal difficulties with which inspectors may be confronted in their everyday duties.

The number of animals slaughtered at the Edinburgh Abattoir has greatly increased since meat was decontrolled in April, 1954, and has placed an increased strain on the work of inspection. Additional help will be required if the work of the detention staff is to continue in an efficient manner. The Veterinary Inspector in his report gives an interesting description of the adaptation of a former golf clubhouse into an up-to-date home farm licensed to produce certified milk, and in commenting on the absence of tubercle bacilli from all milk samples examined during the past three years he traces the evolution over the past 60 years of legislation aimed at the production of a tubercle-free milk supply.

Research.

Reference has already been made to the investigations into the efficacy of combined whooping cough-diphtheria-tetanus immunisation, the Triple Antigen Investigation which is being carried out with a grant from the Advisory Committee on Medical Research in Scotland, and in which the City of Aberdeen is also participating. This investigation is being conducted by Dr Kenneth W. Matheson who has been seconded for this research from the Child Welfare Service. The important and extensive survey mentioned in last year's report into the conditions and circumstances of elderly persons by Dr Cecil Gordon of the Department of Social Medicine and Public Health of the University of Edinburgh and Dr J. G. Thomson of the Public Health Department is continuing and it is hoped to publish a preliminary report early next year.

Many members of the staff published articles during the year, while others were asked to address important agencies and meetings of learned societies. Thus Dr J. D. Kerr, an assistant medical officer, who undertook a survey of Retrolental Fibroplasia in Edinburgh during 1948–52, published two papers on his findings in the survey. With Dr T. T. S. Ingram he published a paper on *The Association of Retrolental Fibroplasia with Cerebral Diplegia*, and with Professor G. I. Scott, *The Retinopathy of Prematurity*, both published in the Archives of Disease in Childhood. Miss M. K. Chisholm of the health visiting staff has contributed three papers to "The Nursing Mirror"—*The Problem Family*; *Some Aspects of the Health Visitors' Work*, and *Dietetics on the District*, while a paper with Miss C. B. Ramsay, *Home Accidents*, was published in "The Practitioner." Mr Norval, Veterinary Inspector, read a paper, *Emergency Slaughter of Food Animals*, to the Conference of the Royal Sanitary Institute at Scarborough, and another, *Food Inspection—Common Problems*, at the Royal Sanitary Association Congress at Dundee. Dr J. G. Thomson also read a paper, *Health Education Comes of Age*, at the latter Congress. Mr James F. Anderson, Chief Sanitary Inspector, had the honour of being elected President of the Royal Sanitary Association of Scotland for the year 1954.

Acknowledgments.

I have much pleasure in recording my gratitude to the Chairman, Conveners and Members of the Health Committee for their interest, consideration and help in the work for public health. I would also offer sincere thanks to the heads of departments and all members of the staff of the health department for their loyal service and support throughout the year. To the Press of Edinburgh I would convey my appreciation for their understanding presentation of the work of the department.

I have the honour to be, my Lord Provost, Ladies and Gentlemen,

Your obedient Servant,

H. E. SEILER, M.D., F.R.C.P.(E.), D.P.H.

Medical Officer of Health for the City of Edinburgh.

Senior Lecturer in Social Medicine and Public Health, University of Edinburgh.

CITY AND ROYAL BURGH OF EDINBURGH.

Members of the Health Committee, 1954-55.

Councillor JOHN CORMACK, *Chairman.*

Bailie BRUCE L. P. RUSSELL.

Bailie Mrs CATHERINA T. NEALON.

Convener of Trades KENNETH W. K. TULLO.†

Councillor JOHN KANE.

Councillor ALEXANDER SUTHERLAND.

Councillor NORMAN F. McQUEEN.

Councillor PATRICK MURRAY.

Councillor W. SIMPSON BELL.

Councillor ROBERT E. DOUGLAS.

Councillor THOMAS MORGAN.

Councillor GRAEME H. MENZIES.*

Councillor JAMES W. M'KAY.

Councillor Mrs RHODA E. PAUL.

Councillor LAWRENCE S. MILLER.

Councillor PETER McDIARMID.

Councillor JOHN A. CRICHTON.

Councillor JOSEPH MacKAILL.

Councillor S. WYNDHAM MILLER.

Councillor Mrs MARY TENNANT.

* Convener of Medical Health Services Sub-Committee.

† Convener of General Health Services Sub-Committee.

Public Health Department.

PRINCIPAL OFFICIALS—1954.

Medical Officer of Health—Dr H. E. Seiler.

Depute Medical Officers of Health—Dr J. L. Gilloran and Dr John L. Gammie.

Assistant Medical Officer of Health—Dr J. D. Kerr.

Medical Officer for Research and Health Education—Dr James G. Thomson

Medical Officer for Tuberculosis Services—Dr John M. Mair.

Maternity and Child Welfare Medical Officer—Dr Haldane P. Tait.

Senior Assistant Medical Officer—Dr M. E. Sturrock.

Assistant Medical Officers—

Dr Isobel B. Craighead.
Dr Kenneth S. Deas.
Dr Ian G. P. Fraser.
Dr Margaret S. B. Langton.
Dr Kenneth W. Matheson.
Dr Joan M. McWilliam.
Dr Alexander S. M. Wilson.
Dr Beatrice M. Wilson.

Supervisor of Health Visitors—Miss G. S. H. Pike.

Supervisor of Midwives—Miss C. A. Matheson.

Supervisor of Home Helps—Miss M. A. McAlpine.

Supervisor of Nurseries—Miss H. M. W. Swanston.

Almoner—Miss Margaret M. Kelly.

Sanitary Department.

Chief Sanitary Inspector—Mr James F. Anderson.

Depute Chief Sanitary Inspector—Mr James Robertson.

Chief Assistant Sanitary Inspector—Mr W. J. Osborne.

Veterinary Department.

Veterinary Officer—Mr John Norval.

Assistant Veterinary Officer—Mr Walter Forrest.

School Health Service.

Chief Executive School Medical Officer—Dr W. N. Boog Watson.

Senior Assistant Medical Officers—

Dr Elizabeth H. Nimmo and Dr Jessie R. Wilson.

Assistant Medical Officers—

Dr Anne Anderson.
Dr Margaret E. Chapman.
Dr Constance F. Drysdale.
Dr Robert P. Jack.
Dr Douglas Murray
Dr Paul E. F. Routley.
Dr Jean C. Willison.

Chief Dental Officer—Mr Geoffrey Moody.

Assistant Dental Officers—

Mr J. Allen.
Mr W. K. Angus.
Miss Beatrice R. Campbell.
Mr John Craig.
Mr A. Gairns.
Miss S. S. Grandison.
Dr David Hardy.
Mr Alexander Harvey.
Mrs C. Marshall.
Miss M. Miller.
Miss E. Muir.
Mr K. St. C. McPhail.
Mr John L. Robertson.
Mr W. A. Wishart.

Physiotherapist—Miss Elizabeth Hogg.

Chiropodist—Miss Brenda Gordon.

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1950, 1951, 1952, 1953 and 1954.

	1950	1951	1952	1953	1954
Population (Civilian) at Mid-Year	488,883	467,435	475,074	470,847	469,297
Area of City—Acres ...	33,183	33,183	33,183	33,183	34,064
Density of Population—Persons per acre	14·7	14·1	14·3	14·2	13·8
Inhabited Houses	140,865	141,215	142,143	143,219	145,354
Marriages Registered ...	4,271	4,222	4,240	4,152	4,347
Birth-Rate	15·7	15·7	15·0	15·4	15·5
Death-Rate	12·6	13·9	12·6	12.3	12·9
Infant Mortality Rate (per 1,000 Live Births)	29	27	29	24	25
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	18	17	19	16	19
Still-Birth Rate (per 1,000 Total Births)	24	27	27	22	21
Maternal Mortality Rate (per 1,000 Total Births) ...	0·6	0·9	0·1	0·7	0·1
Cancer Death-Rate ...	2·2	2·4	2·3	2·4	2·4
Pulmonary Tuberculosis Death-Rate	0·5	0·33	0·26	0·23	0·19
*Epidemic Diseases Death-Rate	0·11	0·19	0·06	0·10	0·06

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-spinal Fever and Influenza.

VITAL STATISTICS.

Population.—The population of the City of Edinburgh as at 30th June 1954 has been estimated by the Registrar General as 469,297. This figure, which represents a decrease of 1,550 compared with the previous year, takes into account the natural increase of births over deaths and the movement of population into and out of the city.

The following table shows the age-group percentage distribution of the population for the four censal years—1901, 1921, 1931 and 1951, and for the year 1954 :—

Age Distribution of Population

Age Groups	1901	1921	1931	1951	1954
Under 1 Year	Per Cent. 2·1	Per Cent. 1·9	Per Cent. 1·5	Per Cent. 1·5	Per Cent. 1·5
1– 5 Years	7·8	5·8	5·9	6·9	6·2
5–15 ,, ...	20·8	17·7	15·2	13·3	14·7
15–25 ,, ...	21·4	18·8	18·4	13·5	13·4
25–45 ,, ...	28·6	29·3	29·1	28·9	27·5
45–65 ,, ...	14·9	20·3	22·2	24·5	25·1
65 and over	4·4	6·2	7·7	11·4	11·6
	100	100	100	100	100

Ward Statistics.—A table showing the principal statistics for the twenty-three municipal wards appears on page 31.

Inhabited Houses.—The number of inhabited houses in the city at Whitsunday 1954 was 145,354, which is an increase of 2,135 over the previous year. A table, supplied by the City Assessor, showing the numbers in each ward, is given on page 32.

Births.—During the year there were 9,219 live births registered in the city. From this total, 2,039, which took place in maternity hospitals and nursing homes to parents whose domicile was outwith the city, were deducted, and 76 births to Edinburgh citizens residing temporarily in other parts of Scotland were added. The corrected births thus numbered 7,256 (3,779 males and 3,477 females).

The birth-rate for the year was 15·5 per thousand of the population, only 0·2 below the average of the five years before the war. The number of illegitimate births, 386, was 5·3 per cent. of the total births. There were 158 still-births registered, representing a still-birth rate of 21 per thousand total births (live and still), the lowest recorded rate for the city since registration commenced in 1939.

Deaths.—The total number of deaths registered during the year was 6,061 (2,885 males and 3,176 females), equivalent to a death-rate of 12·9 per thousand

of the population. The rate for the previous year was 12·3 per thousand. Of the total deaths, 4,108 (or 68 per cent.) were persons over sixty-five years of age. The principal causes of death for 1952, 1953 and 1954 are set out in the following table :—

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

Cause of Death	1952		1953		1954	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease	2,082	438	2,013	428	2,140	456
Other Diseases of Circulatory System	162	34	152	32	209	45
Malignant Diseases	1,116	235	1,145	243	1,148	245
Diseases of Nervous System	1,038	219	976	207	988	211
Pneumonia (all forms) ...	191	40	200	42	218	46
Bronchitis	183	39	173	37	197	42
Tuberculosis (Respiratory)...	125	26	109	23	88	19
,, (other forms)	18	4	11	2	7	1

The usual table showing an analysis of the deaths from cancer in sex and age groups and site of the disease is given on page 33.

Deaths from the principal epidemic diseases numbered 34, of which more than half were due to influenza. Figures for the last five years are set out in the following table :—

Deaths from Principal Epidemic Diseases.

	1950	1951	1952	1953	1954
Measles	...	...	2	...	1
Whooping-Cough	3	9	...	4	3
Diphtheria	...	...	...	1	...
Cerebro-spinal Fever ...	2	6	5	4	5
Influenza	50	74	20	36	18
Diarrhœa and Enteritis (under 2 years) ...	15	4	4	4	7
Total ...	70	93	31	49	34

The causes of death of children under five years of age are dealt with in greater detail in the report of the Maternity and Child Welfare Medical Officer on page 61.

Marriages.—The number of marriages registered—4,347—was 195 more than in the previous year. The rate of 9·3 per thousand of the population was for the seventh successive year lower than the average rate (9·9) for the five years before the war.

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. Tuberculosis of Respiratory System ...	...	...	...	...	1	4	6	13	11	14	5	54
2. „ —Other Forms	...	...	...	...	...	...	1	2	1	...	...	4
3. Syphilis and its Sequelæ	...	...	...	...	...	...	...	3	2	...	1	6
4. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough	1	...	1	...	...	...	...	...	...	...	...	2
6. Meningococcal Infections	3	1	...	...	...	...	...	...	...	...	...	4
7. Acute Poliomyelitis	...	...	...	...	...	1	...	...	...	...	...	1
8. Other Infectious and Parasitic Diseases	...	...	...	...	...	1	...	...	1	3	2	7
9. Malignant Neoplasms	...	1	2	2	5	8	23	85	142	176	132	576
10. Benign and Unspecified Neoplasms ...	...	...	...	...	...	...	1	...	1	...	...	2
11. Diabetes Mellitus	...	...	...	...	...	...	2	...	3	3	2	10
12. Anæmias	...	...	...	...	1	...	...	...	2	3	6	12
13. Vascular Lesions affecting Central Nervous System.	...	2	...	1	...	1	4	17	47	87	151	310
14. Other Diseases of Nervous System ...	1	3	...	...	6	2	6	9	5	7	10	49
15. Rheumatic Fever	...	...	...	...	...	...	...	...	...	...	...	...
16. Chronic Rheumatic Heart Disease ...	...	...	...	...	...	3	4	3	5	4	2	21
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	1	2	18	93	153	264	329	860
18. Other Diseases of Heart	...	...	...	...	...	1	...	4	15	23	30	73
19. Other Circulatory Diseases	...	...	...	1	...	...	4	11	23	41	104	184
20. Influenza	...	...	...	...	...	1	...	1	2	...	2	6
21. Pneumonia	7	...	...	...	...	1	2	4	15	31	44	104
22. Bronchitis	...	...	...	...	1	...	...	8	31	36	33	109
23. Other Respiratory Diseases	1	1	...	...	1	...	...	3	8	9	6	29
24. Ulcer of Stomach and Duodenum ...	...	...	...	...	...	...	3	5	13	9	7	37
25. Appendicitis	...	...	...	...	...	...	...	1	1	1	...	3
26. Intestinal Obstruction and Hernia ...	1	...	...	1	...	...	...	2	4	3	9	20
27. Other Digestive Diseases	7	1	1	...	...	2	1	3	8	19	6	48
28. Nephritis and Nephrosis	...	...	...	...	2	1	1	1	5	2	4	16
29. Other Diseases of Genito-Urinary System	...	...	...	...	1	...	1	2	3	16	34	57
30. Puerperal Causes	...	...	...	...	...	...	...	...	...	...	...	...
31. Diseases of Skin and Organs of Locomotion.	1	...	...	...	3	1	...	...	...	2	6	13
32. Congenital Malformations	19	3	...	...	2	1	2	...	...	...	...	27
33. Diseases of Early Infancy	51	...	...	...	...	...	...	...	...	...	...	51
34. Senility	...	...	...	...	...	...	...	...	...	2	18	20
35. Violence	8	5	4	...	11	14	14	19	17	19	29	140
36. All other causes	1	1	1	...	...	...	4	3	11	6	3	30
Totals	101	18	9	5	35	44	97	292	529	780	975	2,885

EDINBURGH.

in Sex and Age Groups of the Population.

Cause of Death	FEMALES											Total Females	Total both Sexes	Rate per 1000 Pop.
	−1	1−	5−	10−	15−	25−	35−	45−	55−	65−	75+			
1. Tuberculosis of Respiratory System.	...	...	...	1	4	4	4	7	6	5	3	34	88	0·19
2. „ —Other Forms ...	...	...	...	...	...	1	1	...	...	1	...	3	7	0·01
3. Syphilis and its Sequelæ	...	...	1	...	...	...	...	...	1	2	...	4	10	0·02
4. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	1	...	...	...	...	...	...	...	...	...	...	1	3	0·01
6. Meningococcal Infections	...	1	...	...	...	...	...	...	...	...	...	1	5	0·01
7. Acute Poliomyelitis ...	...	1	...	...	...	...	...	...	...	...	...	1	2	0·00
8. Other Infectious and Parasitic Diseases.	1	1	...	...	...	...	...	...	...	...	4	6	13	0·03
9. Malignant Neoplasms ...	...	1	2	...	1	8	31	75	118	163	173	572	1,148	2·45
10. Benign and Unspecified Neoplasms	...	1	...	...	...	...	1	2	1	1	4	10	12	0·03
11. Diabetes Mellitus ...	...	...	...	...	...	...	...	3	4	5	12	24	34	0·07
12. Anæmias	...	1	1	...	...	...	...	1	2	3	8	16	28	0·06
13. Vascular Lesions affecting Central Nervous System.	...	...	1	...	...	...	1	22	58	183	315	580	890	1·90
14. Other Diseases of Nervous System.	...	1	1	...	1	1	6	8	10	9	12	49	98	0·21
15. Rheumatic Fever ...	...	...	...	...	...	...	1	...	1	...	...	2	2	0·00
16. Chronic Rheumatic Heart Disease.	...	...	...	...	1	2	4	15	12	4	9	47	68	0·14
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	...	4	20	59	223	541	847	1,707	3·64
18. Other Diseases of Heart	...	...	...	...	2	...	...	4	5	19	42	72	145	0·31
19. Other Circulatory Diseases.	...	...	...	...	1	3	1	8	21	56	155	245	429	0·91
20. Influenza	...	...	...	...	...	...	1	...	1	...	10	12	18	0·04
21. Pneumonia	5	2	2	1	2	2	...	8	8	28	56	114	218	0·46
22. Bronchitis	1	1	...	...	1	...	3	2	7	24	49	88	197	0·42
23. Other Respiratory Diseases.	...	1	2	...	1	3	...	2	...	3	9	21	50	0·11
24. Ulcer of Stomach and Duodenum.	...	...	...	...	...	...	...	1	2	8	15	26	63	0·13
25. Appendicitis	...	...	...	...	...	...	...	...	...	4	1	5	8	0·02
26. Intestinal Obstruction and Hernia.	...	1	...	...	...	...	...	1	2	5	7	16	36	0·08
27. Other Digestive Diseases	2	...	...	1	1	1	...	4	13	9	28	59	107	0·23
28. Nephritis and Nephrosis	...	...	1	...	1	...	1	4	6	2	7	22	38	0·08
29. Other Diseases of Genito-Urinary System.	...	...	...	...	...	...	...	4	6	6	6	22	79	0·17
30. Puerperal Causes ...	...	...	...	...	...	...	1	...	...	...	...	1	1	0·00
31. Diseases of Skin and Organs of Locomotion.	...	...	...	...	...	...	...	1	4	3	9	17	30	0·06
32. Congenital Malformations	13	...	...	1	1	1	1	4	2	1	...	24	51	0·11
33. Diseases of Early Infancy	55	...	...	...	...	...	...	...	...	...	...	55	106	0·23
34. Senility	...	...	...	...	...	...	...	...	...	...	25	25	45	0·10
35. Violence	5	4	3	1	5	7	8	7	11	20	40	111	251	0·52
36. All other causes ...	1	...	...	1	1	1	3	3	8	13	13	44	74	0·16
Totals	84	16	14	6	23	34	72	206	368	800	1553	3,176	6,061	12·9

BIRTHS, DEATHS and MARRIAGES in EDINBURGH—1935-1954

Year	Estimated Population	Numbers						Rates					
		Live Births		† Still Births	Marriages	Deaths		Per 1000 of Estimated Population			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	Live Births	Marriages	Deaths			
1935	460,877	7,037	486	...	4,291	6,132	490	15·3	9·3	13·3	6·9	70	...
1936	464,139	7,391	464	...	4,478	6,226	505	15·9	9·6	13·4	6·3	68	...
1937	466,817	7,375	462	...	4,451	6,544	516	15·8	9·5	14·0	6·3	70	...
1938	469,448	7,549	467	...	4,512	5,974	462	16·1	9·6	12·7	6·2	61	...
1939	471,897	7,300	417	306	5,498	6,169	432	15·5	11·7	13·1	5·7	59	40
1935-39	**466,636**	**7,330**	**459**	...	**4,646**	**6,209**	**481**	**15·7**	**9·9**	**13·3**	**6·3**	**66**	...
1940	427,439	6,930	411	288	5,909	6,802	468	15·5	13·2	15·9	5·9	68	40
1941	429,179	6,934	504	267	4,882	6,545	461	15·0	10·6	15·3	7·3	66	37
1942	424,547	7,386	559	255	4,887	6,152	415	15·8	10·5	14·5	7·6	56	33
1943	415,318	7,605	637	290	3,987	6,338	407	16·2	8·5	15·3	8·4	54	37
1944	418,374	7,908	720	223	3,977	5,979	403	16·6	8·3	14·3	9·1	51	27
1940-44	**422,971**	**7,353**	**566**	**265**	**4,728**	**6,363**	**431**	**15·8**	**10·2**	**15·0**	**7·7**	**59**	**35**
1945	426,280	7,362	723	214	5,523	6,147	365	15·4	11·6	14·4	9·8	50	28
1946	459,430	9,350	658	305	4,878	6,485	490	19·5	10·2	14·1	7·0	52	32
*1947	485,664	9,865	560	268	4,877	6,503	480	20·3	10·0	13·4	5·7	49	26
1948	488,331	8,420	515	254	4,606	5,955	284	17·2	9·4	12·2	6·1	34	29
1949	489,028	8,154	455	203	4,276	6,099	263	16·7	8·7	12·5	5·6	32	24
1945-49	**469,747**	**8,630**	**582**	**248**	**4,832**	**6,238**	**376**	**17·8**	**10·0**	**13·3**	**6·8**	**43**	**28**
1950	488,883	7,674	407	190	4,271	6,161	225	15·7	8·7	12·6	5·3	29	24
1951	467,435	7,353	402	204	4,222	6,474	196	15·7	9·0	13·9	5·5	27	27
1952	475,074	7,129	391	195	4,240	5,964	206	15·0	8·9	12·6	5·5	29	27
1953	470,847	7,241	379	163	4,152	5,782	177	15·4	8·8	12·3	5·2	24	22
1954	469,297	7,256	386	158	4,347	6,061	185	15·5	9·3	12·9	5·3	25	21
1950-54	**474,307**	**7,331**	**393**	**182**	**4,246**	**6,088**	**198**	**15·5**	**8·9**	**12·9**	**5·4**	**27**	**24**

* 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 based on all Edinburgh 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.

Table showing the Population, etc., also the Births and Deaths in each Ward during 1954.

No.	Ward	Estimated Population at Mid-Year	Area in Acres	Density of Population per Acre	Births (Live)		Infant Mortality		Still Births		Deaths					
											Pulmonary Tuberculosis		•Epidemic Diseases		All Causes	
					No.	Rate per 1,000	Deaths	Rate per 1,000 Live Births	No.	Rate per 1,000 Total Births	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000
1	St Giles	22,070	394	56·0	404	18·3	18	45	12	29	2	0·09	2	0·09	344	15·6
2	Holyrood	18,800	915	20·5	402	21·4	10	25	6	15	2	0·11	...	...	221	11·8
3	George Square ...	16,030	318	50·4	228	14·2	8	35	6	26	5	0·31	1	0·06	274	17·1
4	Newington ...	22,160	905	24·5	301	13·6	8	27	9	29	7	0·32	1	0·05	317	14·3
5	Liberton	26,100	5,283	4·9	540	20·7	11	20	17	31	6	0·23	...	...	238	9·1
6	Morningside ...	16,820	687	24·5	164	9·8	5	30	3	18	2	0·12	...	...	352	20·9
7	Merchiston ...	15,370	745	20·6	212	13·8	6	28	3	14	1	0·07	3	0·20	268	17·4
8	Colinton	15,960	6,159	2·6	225	14·1	3	13	1	4	1	0·06	1	0·06	195	12·2
9	Sighthill	25,580	1,664	15·4	329	13·3	8	24	7	20	4	0·16	3	0·12	227	8·9
10	Gorgie-Dalry ...	21,500	413	52·1	343	16·0	10	29	10	28	..	...	2	0·09	270	12·6
11	Corstorphine ...	17,120	3,436	5·0	215	12·6	3	14	2	9	2	0·12	...	...	222	13·0
12	Murrayfield-Cramond ...	13,440	3,468	3·9	176	13·1	2	11	1	6	...	...	2	0·15	199	14·8
13	Pilton	27,950	1,214	23·0	447	16·0	11	25	13	28	8	0·29	1	0·04	170	6·1
14	St Bernard's ...	21,640	1,426	15·2	367	17·0	7	19	8	21	3	0·14	2	0·09	282	13·0
15	St Andrew's ...	17,380	382	45·5	328	18·9	9	27	5	15	2	0·12	...	...	266	15·3
16	Broughton ...	18,710	518	36·1	282	15·1	3	11	5	17	8	0·43	...	...	267	14·3
17	Calton	18,740	317	59·1	280	14·9	9	32	10	34	3	0·16	1	0·05	276	14·7
18	West Leith ...	17,430	882	19·8	241	13·8	7	29	3	12	2	0·11	2	0·11	244	14·0
19	Central Leith ...	21,340	307	69·5	348	16·3	7	20	7	20	3	0·14	1	0·05	255	11·9
20	South Leith ...	20,480	731	28·0	260	12·7	5	19	7	26	5	0·24	1	0·05	269	13·1
21	Craigentinny ...	23,000	791	29·1	286	12·4	11	38	6	21	6	0·26	3	0·13	265	11·5
22	Portobello ...	22,460	1,635	13·7	330	14·7	5	15	3	9	3	0·13	...	...	275	12·2
23	Craigmillar ...	17,950	1,474	12·2	372	20·7	14	38	8	21	3	0·17	...	...	120	6·7
	Institutions and Military Quarters	11,267	...	...	166	...	5	...	6	...	10	...	1	...	245	...
	Totals ...	469,297	34,064	13·8	7,256	15·5	185	25	158	21	88	0·19	27	0·06	6,061	12·9

• Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-Spinal Fever and Influenza.

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.

Wards	Number of Inhabited Houses			
	1951–52	1952–53	1953–54	1954–55
1. St Giles	7,151	7,064	6,881	6,861
2. Holyrood	6,524	6,485	6,468	6,404
3. George Square ...	5,602	5,572	5,550	5,504
4. Newington	7,118	7,139	7,483	7,557
5. Liberton	5,223	5,517	6,057	7,398
6. Morningside	6,371	6,347	6,321	6,376
7. Merchiston	5,694	5,665	5,646	5,637
8. Colinton	5,106	5,390	5,416	5,463
9. Sighthill	6,372	6,639	6,714	6,675
10. Gorgie-Dalry	7,380	7,536	7,430	7,403
11. Corstorphine	5,554	5,643	5,768	5,851
12. Murrayfield-Cramond	4,559	4,595	4,664	4,858
13. Pilton	6,076	6,104	6,105	6,172
14. St Bernard's	6,717	6,727	7,215	7,850
15. St Andrew's	6,096	6,063	5,989	6,021
16. Broughton	6,234	6,204	6,234	6,200
17. Calton	6,448	6,406	6,365	6,351
18. West Leith	5,965	5,944	5,903	5,879
19. Central Leith ...	6,883	6,847	6,848	6,813
20. South Leith	6,937	6,914	6,875	6,807
21. Craigentinny	6,757	6,697	6,642	6,665
22. Portobello	6,727	6,709	6,642	6,564
23. Craigmillar	3,721	3,936	4,003	4,045
	141,215	142,143	143,219	145,354

Year	*Increase*
1946–47	435
1947–48	1,358
1948–49	2,808
1949–50	2,924
1950–51	1,481
1951–52	350
1952–53	928
1953–54	1,076
1954–55	2,135

Analysis of Deaths from Cancer, 1954.

Site	Sex and Age-periods																Totals		
	Under 15		15-25		25-35		35-45		45-55		55-65		65-75		75 and upwards				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Both sexes
Brain	1	—	—	—	—	—	—	1	—	2	5	4	1	—	—	—	7	7	14
Jaw, Face and Ear	1	—	—	—	—	—	—	—	—	1	1	2	3	3	3	2	8	8	16
Tongue and Mouth	—	—	—	—	—	—	—	—	1	—	3	1	2	2	7	2	13	5	18
Larynx, Pharynx and Neck ...	—	—	1	—	—	—	—	—	5	—	3	1	5	1	4	1	18	3	21
Thorax and Lungs	1	—	1	—	2	1	7	2	41	6	56	8	46	16	13	11	167	44	211
Breast	—	—	—	—	—	2	—	12	—	25	—	31	—	31	1	26	1	127	128
Stomach and Oesophagus ...	—	—	—	—	1	—	6	3	20	4	28	11	34	26	26	37	115	81	196
Liver and Gall Bladder ...	—	—	—	—	—	—	1	—	—	2	4	3	2	6	6	6	13	17	30
Intestines and Rectum	—	—	—	1	1	—	1	5	4	9	19	17	34	32	33	42	92	106	198
Pancreas	—	—	—	—	—	—	—	1	1	2	5	2	7	6	7	7	20	18	38
Genital Organs	—	1	1	—	1	1	1	5	—	15	—	25	1	12	—	18	4	77	81
Abdomen and Pelvis	—	—	—	—	—	—	1	—	3	3	1	2	—	4	2	3	7	12	19
Kidney	—	—	—	—	—	—	1	—	3	1	3	3	1	3	1	3	9	10	19
Prostate	—	—	—	—	—	—	—	—	—	—	—	—	16	—	17	—	33	—	33
Bladder	—	—	—	—	—	—	1	—	1	—	5	3	7	7	8	6	22	16	38
Bones	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	2
Ductless Glands	—	—	—	—	—	—	—	—	—	1	—	2	—	2	—	2	—	7	7
Other Sites	2	2	2	—	3	4	4	2	6	4	9	3	16	12	3	7	45	34	79
Totals { Male ...	5	—	5	—	8	—	23	—	85	—	142	—	176	—	132	—	576	—	1,148
Totals { Female ...	—	3	—	1	—	8	—	31	—	75	—	118	—	163	—	173	—	572	

INFECTIOUS DISEASES

During the past 25 years the picture of infectious diseases in Edinburgh has changed greatly. It may be of interest to consider in some little detail the various notifiable diseases over that period of time.

Measles.—Measles remains one of the major infections of childhood, but it is difficult to obtain a true picture of its incidence because only the first case under five years of age in the household is notified. Since 1930 when there were 7,182 notified cases the annual figures show a rather irregular fall in incidence.

The deaths from measles do not provide a particularly reliable indication of the trend of the infection because the introduction of the sulpha drugs and later the antibiotics have revolutionised the picture. These forms of treatment, rather than a change of incidence, are probably responsible for the five-yearly average of deaths since 1930 falling so markedly—the figures being 35, 22, 8, 5, with only 3 deaths occurring in the last four years.

Whooping Cough.—The notification of the first case in the household under the age of five years was introduced in Edinburgh for whooping cough in 1933 and extended in 1950 throughout Scotland to all ages. A precise comparison of the annual figures was thus not possible until recent years and, as in the case of measles, with the introduction of antibiotic treatment no very reliable indication of the trend of the disease is provided by the deaths which have steadily declined. Thus in 1930 the total number of deaths was 72 whilst in the last three years only 7 deaths from whooping cough have occurred.

Bacillary Dysentery.—As has been the experience in most British cities, bacillary dysentery is one of the few infectious diseases to show a marked increase in prevalence since 1930. It is difficult to account for this increase but better diagnosis with improved notification is probably the most important reason.

The notifications for dysentery in 1954—1,046—were the highest recorded in the city and the monthly figures show that the incidence was highest in the first four months, diminishing in the summer, and rising again slightly towards the end of the year.

In view of the prevalence of dysentery in the early part of 1954 discussions took place with the clinical and bacteriological specialists interested in the condition and with the local medical committee in order to explore the preventive measures which might be taken. Apart from the health education of the public generally the most effective measures in which the medical profession can participate are still early diagnosis followed by early treatment to render the patient free from infection as speedily as possible. By shortening the duration of the patient's illness the possibility of spreading the infection to others is greatly reduced. As a result of the discussions a circular letter was

sent out to all general practitioners in the city advising them of the position and of the importance of early diagnosis and notification, and at the same time outlining the specialist view of the most effective methods of treatment.

It was fully realised at these discussions that health education of the public could play a significant part in reducing the incidence of food-borne infections, including bacillary dysentery. To this end one of the Sunday evening health education films shows was devoted to the subject of " Clean Food " and for the spring of 1955 poster propaganda was planned to draw the attention of the public to the importance of clean hands, the danger of flies, etc.

Scarlet Fever.—Scarlet fever has shown a remarkable decline since 1930 when there were 1,278 cases with eight deaths, whilst in 1954 only 416 cases occurred and there have been no deaths since 1945. In the post-war era also we have not experienced the epidemic years which used to occur—1933 being an example with over four-and-a-half thousand cases of whom 21 died.

The natural history of scarlet fever is ill understood and the reason for the present low incidence of notified cases is not clear. It may be that the resistance of the population generally to infection is greater than in the past or, of course, there may have been a change in the virulence of the infecting organism. The treatment of the disease has, of course, improved with the introduction of the sulpha drugs and the antibiotics, thus reducing the complications and deaths, and by quelling infection in an early stage, reducing the possibilities of spread.

Poliomyelitis.—Poliomyelitis is probably the most dreaded of all the acute infectious diseases at the present time largely because of the risk of permanent paralysis which may follow the infection. The disease also has been much more prevalent in recent years and its tendency to occur in epidemic form, sometimes localised to a particular area of the country, serves to place it in the category of the plagues of old in the public mind, striking adults and children, high and low indiscriminately.

In Edinburgh in 1954, 44 cases of poliomyelitis were notified—41 of these probably being infected in the city, while four, although diagnosed in Edinburgh hospitals, were presumed to have contracted the infection elsewhere. In only two instances was it possible to trace any connection between the cases. In one case an Edinburgh boy when at camp at Loch Lomond slept in an adjoining bed to another boy who developed poliomyelitis a day or two later. The other case was a little girl who sickened of poliomyelitis on a bus journey to Edinburgh. On arrival she was met by a Salvation Army Major who herself developed a paralytic form of the disease eight days later.

There was no significant concentration of cases in any particular ward of the city, nor in any of the 41 cases was there any connection with immunisation or tonsillectomy.

Of the notified cases 14 escaped paralysis altogether, while 22 had some degree of paralysis and one was diagnosed as polioencephalitis. Two of the patients died, and in recording this it is worth noting that no deaths occurred amongst 61 cases in the previous year and there were none among 25 cases in 1952. One patient who died was a man, aged 33 years, who had a history of

strenuous physical exercise after the onset of his illness. The other, a girl of two years of age, who was infected outwith Edinburgh, had been in poor health for some considerable time prior to the onset of the condition.

Enteric Infections.—The enteric infections which include typhoid and paratyphoid fever seem to be becoming clinical rarities at the present time. The 35 notifications of typhoid fever in 1930 were only exceeded in 1933 and 1941 when 50 and 68 cases occurred. Since 1942 the annual number of typhoid fever cases has never reached double figures and only one patient has died in this period.

Only one case of typhoid fever was notified in 1954. Investigations into the source of this infection in Portobello revealed neither carriers nor subclinical cases in the household nor in the district generally. It was not possible to trace the source of the infection.

During the year 12 cases of paratyphoid B. fever were notified although the infection in three of these was contracted outwith the city. Four patients developed the condition in a ward of a general hospital and another became infected in a maternity hospital from another patient who was a carrier.

At the beginning of December an infant was transferred from a ward of a maternity hospital to Willowbrae House for B.C.G. vaccination. A routine rectal swab taken two days later was surprisingly reported upon by the laboratory as positive for paratyphoid B. organisms. The infant was thereupon admitted to the City Hospital where the diagnosis was confirmed although he had fortunately only mild symptoms.

Enquiry was made immediately into the source of the infection, the health of the nursing staff of the maternity ward and of the nursery being subject to particular scrutiny. The child's mother was shown to be clear of infection, as also were the other mothers and babies in the ward. A number of patients had previously been discharged from the ward and so their family doctors and the appropriate medical officers of health were informed. In the meantime one of the nursery nurses became ill with a mild attack of paratyphoid fever clearly contracted from the baby.

Nearly a month later a woman who had been discharged from the maternity hospital to her home in Fife was discovered to be an intermittent carrier of paratyphoid B. organisms. Her condition was detected after she had infected two other persons since returning home following her confinement. While she had been a patient in the ward, this lady had on occasions handled and fondled the infected baby.

The laboratory was able to confirm the sequence of events by the results of phage-typing. These showed organisms of the same phage type from the infant, the nursery nurse and the carrier.

The remainder were sporadic occurrences in which the sources of infection could not be traced.

Food Poisoning.—As in previous years several sporadic cases of Salmonella typhi-murium came to the notice of the department. In no instance was it possible to establish conclusively the source of infection.

One outbreak of food poisoning investigated by the department during the year is of some interest. In this instance 17 persons out of 86 who had attended a Christmas Party for the staff of a large office in the city were taken ill approximately 9 hours after they had eaten a meal together. Those affected suffered from diarrhœa and abdominal pains but vomiting was not a symptom in any of the sufferers. Immediate enquiry by the department into the festive menu showed there was a *prima facie* case for egg sandwiches being the offending foodstuff.

The egg filling for the sandwiches was prepared from Chinese liquid egg which, with other ingredients, was cooked by heating slowly for a period of two hours. Laboratory examination of the foodstuffs consumed showed the presence of Cl. Welchii in the egg sandwiches.

Although precise bacteriological proof was lacking, the circumstantial evidence was strongly in support of a conclusion that the egg filling was the cause of this outbreak and that the infecting organism was a heat-resistant strain of Cl. Welchii. The fault lay, not in defective hygiene in the methods used, nor in the premises where the food was prepared, but in a faulty method of cooking. The outbreak in fact reinforces the belief that cleanliness alone is not always enough and that methods of cooking and the subsequent handling of cooked foods should be constantly kept under review.

Weil's Disease.—During the year under review one case of Weil's disease —acute infective jaundice—occurred in the city. This patient had been employed as an agricultural worker with a nurseryman in Edinburgh and his work included manuring of ground under cultivation. The manure dump was found to be rat-infested and it is probable that the patient became infected from this source. Active rat control measures in the nursery were immediately put into operation.

Diphtheria.—In view of the risk of death or prolonged ill-health from heart and other serious complications of diphtheria in young children it is very pleasant indeed to be able to report that no cases arose in 1954. The present position is quite a transformation from the scene in 1930 when with 1,102 cases and 71 deaths the diphtheria wards in the City Hospital were occupied to the fullest extent—each patient remaining in hospital for many weeks at a time.

The significance of the immunisation campaign inaugurated during the war is emphasised by a comparison of the rapidly diminishing numbers of diphtheria cases in Scotland and in fact in the whole of Great Britain since 1945 with the position in Germany and Eire where no large-scale immunisation was employed and where the war was followed by a rising incidence of diphtheria. As was revealed in these countries, and in parts of Great Britain where the immunisation rate is low, diphtheria is still a deadly disease held at bay only by the maintenance of a high level of immunisation amongst the child population. In our present happy position of having had only five cases with one death in the city during the last five years it is essential to guard against complacency and to take every possible step to remind parents of their obligation to safeguard their children by immunisation. Now that combined immunisation is feasible against diphtheria, whooping cough and tetanus—whooping cough particularly being a condition

which gives rise to some concern amongst parents—it is hoped that the proportion of children immunised will be kept at a high level.

Smallpox.—No cases of smallpox occurred in the city during 1954. There is, however, an ever-present danger of smallpox being introduced to this country from abroad and it is necessary for the vaccination state of the community to be maintained at a high level. In view of this it is of interest to note the results of the enquiry into the vaccination state of the child population under the age of five years as described in the section of this report dealing with vaccination.

INFECTIOUS DISEASES

The following Table shows the number of Notifications for each Month of the Year 1954 :—

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	12	8	10	4	8	6	7	5	4	5	4	11	84
Scarlet Fever	48	47	43	43	32	29	33	14	24	35	43	25	416
Typhoid Fever	...	...	1	2	...	...	2	3	2	2	...	1	13
Puerperal Fever	...	...	...	...	3	...	2	1	...	...	2	...	8
Puerperal Pyrexia	...	3	4	6	8	6	1	7	1	2	1	1	40
Cerebro-spinal Fever	4	4	...	1	2	...	...	...	1	1	2	4	19
Infective Jaundice	1	...	...	...	...	...	...	...	...	...	...	...	1
Tuberculosis, Pulmonary	55	75	72	68	93	88	62	51	45	59	67	65	800
Tuberculosis, other forms	1	5	8	10	17	7	2	7	5	9	6	7	84
Ophthalmia Neonatorum	...	...	...	...	1	...	...	...	...	...	1	...	2
Malaria	...	...	...	...	...	1	1	5	3	1	1	...	12
Dysentery	92	154	122	112	118	85	56	45	43	94	68	57	1,046
Acute Primary Pneumonia	56	34	58	24	13	12	14	7	7	14	12	30	281
Acute Influenzal Pneumonia	2	7	6	1	4	1	...	...	1	2	...	37	61
Measles	52	127	223	419	446	365	137	38	13	26	27	16	1,889
Whooping Cough	182	225	178	176	142	96	76	99	53	54	37	22	1,340
Poliomyelitis, Acute	2	1	1	1	1	2	6	7	6	9	7	1	44
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...
*Chickenpox	2	5	15	14	11	5	5	18	13	6	6	4	104
Totals	509	695	741	881	899	703	404	307	221	319	284	281	6,244

* Not notifiable

INFECTIOUS DISEASES.

Return of Cases of Infectious Disease notified during the Year ended 31st December 1954.

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	11	4	3	3	...	...	...	1	...	10	1
	F	8	2	4	2	...	...	...	...	...	6	2
Chickenpox*	M	61	5	29	18	2	6	...	1	...	61	...
	F	43	2	15	16	7	1	1	...	1	43	...
Cholera	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
Continued Fever ...	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
Dysentery	M	492	29	262	145	8	14	10	18	6	305	187
	F	554	29	234	160	37	44	23	18	9	294	260
Encephalitis Lethargica	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	M	37	...	...	2	...	4	9	17	5	12	25
	F	47	...	2	1	2	2	10	19	11	11	36
Jaundice, Acute Infective	M	1	...	...	...	1	...	...	...	...	1	...
	F	...	...	...	...	...	...	...	...	...	...	...
Malaria	M	12	...	...	...	10	2	...	...	...	...	12
	F	...	...	...	...	...	...	...	...	...	...	...
Measles	M	995	67	871	54	2	1	...	...	...	188	807
	F	894	43	800	47	3	1	...	...	...	178	716
Ophthalmia Neonatorum	M	2	2	...	...	...	...	...	...	...	1	1
	F	...	...	...	...	...	...	...	...	...	...	...
Plague	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
Pneumonia, Acute Influenzal	M	30	...	1	9	5	1	2	8	4	3	27
	F	31	...	1	11	1	4	4	5	5	7	24
Pneumonia, Acute Primary	M	150	12	16	27	8	10	11	40	26	34	116
	F	131	12	20	20	6	10	17	21	25	26	105
Pneumonia (not otherwise notifiable)	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis, Acute	M	21	1	8	8	2	2	...	...	...	21	...
	F	23	1	12	6	2	1	...	1	...	22	1
Puerperal Fever ..	F	8	...	...	...	3	3	2	...	...	5	3
Puerperal Pyrexia ...	F	40	...	...	...	16	21	3	...	...	3	37
Scarlet Fever ...	M	201	...	78	110	8	5	...	...	...	126	75
	F	215	...	71	136	4	2	2	...	...	123	92
Smallpox	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis— Pulmonary	M	416	...	21	54	90	62	55	110	24	197	219
	F	384	2	15	54	144	87	44	27	11	184	200
Tuberculosis— Non-Pulmonary	M	33	...	1	12	9	7	3	1	...	22	11
	F	51	...	3	11	12	8	6	5	6	29	22
Typhoid Fever ...	M	...	...	...	...	...	...	...	...	...	...	...
	F	1	...	...	...	...	...	...	1	...	1	...
Para-Typhoid A ...	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
Para-Typhoid B ...	M	4	1	...	1	1	...	...	...	1	4	...
	F	8	...	1	...	4	...	1	1	1	8	...
Typhus Fever ...	M	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	M	632	79	400	150	1	2	...	...	...	75	557
	F	708	91	436	173	4	4	...	...	...	76	632
	M	3,098	200	1,690	593	147	116	90	196	66	1,060	2,038
	F	3,146	182	1,614	637	245	188	113	98	69	1,016	2,130
Totals ...		6,244	382	3,304	1,230	392	304	203	294	135	2,076	4,168

*—Not Notifiable.

Table showing certain Infectious Disease Notifications and Deaths in each Municipal Ward during the Year 1954.

No.	Ward	Scarlet Fever		Measles		Whooping Cough		Dysentery		Acute Polio-myelitis		Pneu-monia Primary	
		Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
1	St Giles	20	...	127	1	50	...	46	...	4	...	10	Not available in this classification
2	Holyrood	15	...	87	...	79	...	78	...	...	...	17	
3	George Square	9	...	34	...	25	...	14	...	...	...	1	
4	Newington	7	...	84	...	33	...	16	...	2	...	9	
5	Liberton	65	...	266	...	271	...	170	...	8	1	28	
6	Morningside	6	...	37	...	14	...	1	...	1	...	5	
7	Merchiston	10	...	41	...	24	...	11	...	...	...	4	
8	Colinton	16	...	31	...	75	...	19	...	1	...	6	
9	Sighthill	20	...	15	...	29	2	31	...	...	...	9	
10	Gorgie-Dalry	12	...	47	...	66	...	8	...	1	...	10	
11	Corstorphine	7	...	23	...	13	...	7	...	...	...	2	
12	Murrayfield-Cramond	6	...	33	...	35	...	2	...	1	...	5	
13	Pilton	18	...	156	...	83	1	32	...	1	...	28	
14	St Bernard's	22	...	100	...	88	...	28	...	1	...	9	
15	St Andrew's	12	...	64	...	42	...	10	...	...	...	11	
16	Broughton	18	...	63	...	47	...	11	...	...	...	9	
17	Calton	13	...	51	...	71	...	9	...	...	...	17	
18	West Leith	19	...	70	...	53	...	31	...	1	...	8	
19	Central Leith	14	...	87	...	57	...	50	...	2	...	18	
20	South Leith	15	...	48	...	62	...	20	...	...	...	9	
21	Craigentinny	26	...	74	...	38	...	24	1	3	...	13	
22	Portobello	36	...	124	...	28	...	83	...	1	...	12	
23	Craigmillar	10	...	142	...	29	...	145	...	2	...	13	
	Institutions	20	...	85	...	28	...	200	...	15	1	28	
	Totals	416	...	1889	1	1340	3	1046	1	44	2	281	

Cases of Certain Specified Infectious Diseases notified in Edinburgh during the last 25 Years.

Year	Scarlet Fever	*Measles	†Whooping Cough	Dysentery	Acute Poliomyelitis	Pneumonia Primary
1930	1,278	7,182	1,638	10	14	673
1931	647	811	839	8	3	538
1932	1,080	8,786	1,205	40	6	607
1933	4,516	178	984	54	10	560
1934	2,419	3,200	189	46	2	423
1935	1,511	854	877	66	—	438
1936	1,083	2,491	804	89	46	547
1937	1,680	1,508	1,425	109	5	433
1938	1,430	2,248	253	258	26	402
1939	734	678	1,521	348	7	408
1940	652	2,818	255	216	14	446
1941	1,070	1,123	1,365	237	28	448
1942	2,023	2,307	135	252	11	383
1943	1,598	1,723	775	419	6	304
1944	1,222	1,124	409	766	22	265
1945	1,029	2,920	494	752	1	245
1946	434	2,064	483	149	7	295
1947	310	1,403	790	69	151	288
1948	1,051	2,240	402	245	30	254
1949	1,183	1,392	760	277	27	272
1950	1,004	2,489	1,768	551	69	231
1951	451	2,009	2,385	966	41	231
1952	752	3,136	782	129	25	408
1953	619	1,703	2,048	652	61	343
1954	416	1,889	1,340	1,046	44	281

* **Measles.** Only first case in household notifiable.

† **Whooping Cough.** From 1933, only first case (under 5 years) in household notifiable
From 1950, notification extended to include all cases.

DIPHTHERIA IMMUNISATION.

During the year 1954 the Public Health Department received 6,432 notifications of complete primary immunisations compared with 6,564 notified in the previous year. The immunisations were carried out as follows :—

Child Welfare Clinics	2,522	(2,844)
General Practitioners	2,593	(2,326)
School Health Service	1,317	(1,394)
	6,432	(6,564)

(1953 *figures in brackets*.).

In addition to the primary immunisations, there were carried out 9,092 (9,372 in 1953) reinforcing injections of which 8,388 were done by the School Health Service.

It is estimated that at least 54 per cent. of all children under five years of age in the city have been fully protected against diphtheria. These figures relate only to children regarding whom full details of immunisation have been notified to the Public Health Department. It is known that a number of immunisations are not notified and in consequence the percentage of pre-school children protected will be higher than 54 per cent.

DIPHTHERIA IMMUNISATION SINCE 1923.

Year	Number Protected	Non-Immunised Persons Notified	Immunised Persons Notified	Fatal Cases amongst the non-Immunised	Fatal Cases amongst the Immunised
1923 ...	157	770	...	69	...
1924 ...	3,329	692	28	73	...
1925 ...	256	854	16	82	...
1926 ...	1,969	534	18	43	...
1927 ...	1,603	572	27	44	...
1928 ...	743	618	11	30	...
1929 ...	1,194	1,105	66	53	2
1930 ...	1,175	1,078	24	71	...
1931 ...	560	881	20	28	...
1932 ...	776	659	3	27	...
1933 ...	1,940	594	12	21	...
1934 ...	3,362	533	13	26	1
1935 ...	3,856	306	2	16	...
1936 ...	2,717	368	6	26	...
1937 ...	3,440	611	11	43	...
1938 ...	4,038	569	31	43	1
1939 ...	2,075	338	23	29	...
1940 ...	1,429	743	6	61	...
1941 ...	52,386	417	29	28	...
1942 ...	11,065	406	74	29	2
1943 ...	4,927	317	105	14	1
1944 ...	5,872	226	80	12	...
1945 ...	11,550	213	149	11	2
1946 ...	6,773	110	62	10	...
1947 ...	6,071	40	10	2	...
1948 ...	11,273	9	5	1	...
1949 ...	9,093	6	1	...	...
1950 ...	7,130	2	...	...	...
1951 ...	7,463	...	...	...	...
1952 ...	6,563	...	1	...	...
1953 ...	6,564	1	...	1	...
1954 ...	6,432	...	...	...	...
	187,781	13,572	833	893	9

DIPHTHERIA IMMUNISATION—PROGRESS TABLE 1945-1954.

Age	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Under 1 year	761	922	644	1,319	509	386	420	376	411	243
1 year	3,197	2,017	2,636	4,564	4,010	3,597	3,948	3,566	3,494	2,872
2 years	999	460	401	1,335	939	769	887	690	700	1,394
3 ,, ...	583	289	208	371	319	275	252	272	286	283
4 ,, ...	809	263	161	295	195	148	154	139	200	206
5 ,, ...	860	1,323	649	1,278	635	360	507	564	552	467
6 ,, ...	363	149	196	227	483	447	574	503	602	649
7 ,, ...	420	146	99	78	65	68	91	58	79	62
8 ,, ...	464	188	114	85	61	16	24	19	19	22
9 ,, ...	635	652	442	1,076	105	69	18	18	8	23
10 ,, ...	721	121	296	272	1,344	741	475	290	170	136
11 ,, ...	947	77	39	27	48	54	52	33	30	27
12 ,, ...	498	38	26	22	5	12	8	12	3	5
13 ,, ...	154	99	65	179	56	4	6	7	1	3
14 ,, ...	59	24	84	129	298	152	20	13	5	8
15 ,, and over ...	80	5	11	16	21	32	27	3	4	32
Totals ...	11,550	6,773	6,071	11,273	9,093	7,130	7,463	6,563	6,564	6,432

Number of notified immunisations of children under 5 years of age :—

19,275,

i.e., 54 per cent. of the pre-school population.

The comparative percentages from 1947 onwards are :—

1947—44 per cent.
1948—50 ,,
1949—51 ,,
1950—56 ,,
1951—57 ,,
1952—58 ,,
1953—54 ,,
1954—54 ,,

WHOOPING-COUGH INOCULATIONS—1954.

The number of children who received a full course of inoculations against whooping-cough in 1954 at child welfare clinics was 1,475. The years of birth were as follows :—

1954	1953	1952	1951	1950	1949	1948	Total
221	983	160	67	32	11	1	1,475

The totals for the previous three years were :—

1951—326 ; 1952—483 ; 1953—963

TRIPLE ANTIGEN INVESTIGATION.

Towards the end of the year, an investigation commenced into the relative immunity against whooping cough provided by a mixed diphtheria-whooping-cough-tetanus vaccine, as compared with that from the use of a whooping cough vaccine followed by a combined diphtheria-tetanus preparation. It was also decided to compare, where possible, the protection afforded by these respective methods against the other two diseases concerned.

This study, which has been undertaken, in collaboration with the general practitioners, at the request of the Department of Health for Scotland, has the support of the Advisory Committee on Medical Research in Scotland and is being carried out in Edinburgh and Aberdeen.

In Edinburgh, the courses of injections are available to all suitable children between four months and two years of age, and are being administered during special sessions of child welfare clinics, as well as in day and residential nurseries. Half of the children are receiving the combined course of three injections, while the other half receive three injections against whooping cough and two against diphtheria and tetanus.

The syringes and needles used are sterilised, by hot air, at a special unit, which has been in operation since the beginning of the survey.

Home visits are being paid, by members of the health visiting and medical staffs, to a proportion of the children after each injection, to see that there have been no undesirable side-effects. After the completion of a course, each child will be visited regularly in order that the protection conferred can be assessed.

The scheme started on 15th November, and, before the end of the year, 595 children were taking part. No courses were, however, completed in 1954.

General practitioners have been told of the nature of the investigation, and each one is informed of the names of children from his practice who have been included.

The success of this trial depends to a large extent on the wholehearted co-operation of parents, and this has been readily forthcoming, the ultimate aim being to reduce the number of injections given to babies for protective purposes.

VACCINATION AGAINST SMALLPOX

Following are the vaccinations reported to the department during 1954 :—

Primary Vaccinations.

Year of Birth	Typical Vaccinia greatest at 7th–10th Day	Accelerated (Vaccinoid) Reaction 5th–7th Day	Greatest Reaction 2nd–3rd Day	No Local Reaction	Total
1954 ...	2,852	34	2	206	3 ,094
1953 ...	1,669	25	2	153	1›849
1952 ...	111	2	...	4	117
1951 ...	37	...	...	5	42
1950 ...	34	...	...	3	37
1949 or earlier	134	5	11	12	162
Totals ...	4,837 (4,681)	66 (94)	15 (27)	383 (236)	5,301 (5,038)

1953 *figures in brackets*

Re-Vaccinations

Typical Vaccinia greatest 7th–10th Day	Accelerated (Vaccinoid) Reaction 5th–7th Day	Greatest Reaction 2nd–3rd Day	No Local Reaction	Total
513	485	689	286	1,973

Persons Proceeding Overseas.

In addition to the vaccinations noted above, facilities were provided at the Public Health Department for the protection of persons proceeding abroad by sea or air. These included courses of inoculation against typhoid and paratyphoid fevers, typhus fever, cholera and plague, as well as vaccination against smallpox. A total of 865 persons destined for many parts of the globe received this service and were given international certificates where they were necessary. A number of travellers preferred to be inoculated or vaccinated by their own doctors, and vaccines were supplied by the department to general practitioners on request.

The undernoted table gives a summary of the number of inoculations given at the Public Health Department during the year.

	No. of Persons
Smallpox	468
Typhus Fever	2
Cholera	150
Plague	...
Typhoid and Paratyphoid Fevers	231
Tetanus	14
	865

VACCINATION OF PRE-SCHOOL CHILDREN.

During the year an interesting investigation, was completed into the vaccination state of children under the age of five years. From the number of births and the notifications of vaccination received during each of the past five years it was calculated that 65 per cent. of children under the age of five years have been vaccinated against smallpox. It was thought that this proportion was worthy of more detailed investigation and that an attempt should be made to ascertain the position amongst those children who had not been notified as being vaccinated.

A group of children numbering 1,080 born during the second half of 1953, and for whom no notification of vaccination had been received, was selected. The vaccination state of these children was then reported by the health visitors in the course of their normal visits to the homes. Certain households were regarded as unsuitable for visitation by health visitors and instead the parents of these children were asked by letter if their children had been vaccinated.

The enquiry revealed that of those 1,080 children, 41 per cent. had been vaccinated—36 per cent. from the health visitors' enquiry and 5 per cent. from the parents' replies. This is equivalent to 14 per cent. of the total number of children under the age of five years. It seems, therefore, that the percentage of children under five years of age who have been vaccinated is underestimated from the notifications at 65 per cent.—the probable percentage being in the region of 79 per cent. The investigation is to be repeated for children born during 1954.

THE DOMICILIARY SERVICES.

In the domiciliary field the future trend of the Health Service is now emerging. The rosy dreams of unlimited hospital beds have faded with the reappearance of the financial spectre which strangled hospitals in the days of voluntary and local authority ownership. It is now becoming understood that any expansion of the hospital service at the expense of local authority domiciliary functions is economically unsound. The pendulum is swinging toward home care as more thought is given both to economy and to the prevention of family separation. The cost of sickness has to be weighed against the price of health and care in hospital versus comfort at home.

With the swing of the pendulum, it is becoming evident that more nurses will be needed in midwifery and district nursing in future although since the inception of the National Health Service (Scotland) Act, 1947, these functions of local authorities have not expanded to any great extent.

The post-war years have also seen the development of domestic assistance in confinement and general illness by means of home helps, but the demand for this kind of aid in the home has not been as high as initially envisaged. At the beginning of 1955, however, it is becoming clear that, as increasing attention is directed to the needs of the elderly and the chronically ill in the community, the home help arrangements will have to be reviewed and re-orientated to meet the rising demand for home care.

The almoner, too, has an expanding future in the medico-social field, her work being primarily concerned with the social and economic problems arising from illness, the emphasis being on the encouragement of independence rather than on supplying material needs.

The personnel of these services caring for people at home, in conjunction with their colleagues, the health visitors, have an important role in the sphere of mental health. As yet, it has not been possible to set up a special section of the Health Department to co-ordinate and guide the variety of services involved in the prevention of mental ill-health and in the home care of mental illness and mental deficiency. Nevertheless, a considerable amount of unpublicised but valuable preventive and after-care work is accomplished by the health authority and by associated voluntary agencies.

Midwifery.

The domiciliary midwifery service in the city continued to be undertaken partly by midwives in the Corporation's own service and partly under agency arrangements with the maternity hospitals and the Queen's Institute of District Nursing. The hospitals concerned are the Simpson Memorial Maternity Hospital and the Elsie Inglis Memorial Maternity Hospital to which, and also to the Queen's Institute, the authority makes an annual payment for these services.

The number of domiciliary births in the city during the year was 1,280 representing 17·7 per cent. of the total number of births. This is an increase of 58 births compared with last year. The twelve midwives in the Corporation's service attended 744 (58 per cent.) of the home confinements, an increase of 91 compared with the previous year. These midwives operate from five district homes situated at Crewe Road, Sighthill, Colinton Mains, Southhouse and Niddrie.

An important aspect of domiciliary midwifery is skilled ante-natal care designed to safeguard the health of the mother in her own interest and also so that the needs of the developing child are met. Certain practitioners in the city conduct ante-natal clinics at which the midwives attend but most of the ante-natal supervision is undertaken by the midwives in the patient's own home. The mother is advised about the value of proper nourishment which has an important influence on maternal morbidity and may also affect the still-birth and neonatal death rate. In addition, preliminary instructions in infant feeding can be given along with general mothercraft advice, including the kind of baby clothes and other articles which may have to be made or purchased. Complete ante-natal care should include an investigation of the mother's blood group, hæmoglobin and rhesus factor, and those doctors taking part in domiciliary obstetrics are advised and encouraged to take blood samples for these investigations.

The number of domiciliary confinements already mentioned shows the first significant increase since 1948 and is thought perhaps to herald a reversal of the post-war trend. Whilst there is general agreement upon the value of the first confinement taking place in hospital, as should also be the case for pregnancies exceeding five or six, the majority of other normal deliveries ought to occur at home. Unless a general practitioner discovers some abnormality requiring hospital attention, or the housing conditions render impossible the proper standards of obstetric care to which all mothers are entitled, confinement at home has many advantages. It avoids that separation of the mother from her other children of which the mental consequences to the child are not yet fully known although it is clear that ten days is an immeasurable period to a toddler while the psychological trauma of separation from his mother takes longer to heal. The mother herself has the friendly assistance of her own doctor and the midwife whom she knows well from many regular visits during the previous months, and she has no rushed, last-minute upheaval from comfortable home to strange bed in hospital labour ward. The essential health advice, allaying of fears and re-assurance about the future are all so much more effective in the familiar home surroundings, particularly as such advice from doctor and midwife has to be varied and dispensed in accordance with the family background and the home circumstances which can only be adequately understood by those in close touch with the home and family.

From the economic aspect, there is reason to hope that the recent revision of maternity allowances will encourage more mothers to have their babies at home and thereby reduce the cost to the tax-payer of expensive hospital care. With the assistance of home helps to undertake the housewife's duties during her confinement and puerperium, the domiciliary midwives have therefore a vital part to play in maternal and child health and wellbeing.

Detailed statistics in respect of domiciliary births are given in the report of the Maternity and Child Welfare Medical Officer on page 60.

Home Nursing.

The home nursing service continues to be undertaken on behalf of the Town Council by the Queen's Institute of District Nursing, in return for an annual payment amounting in 1954 to £37,864. Administrative problems in which the Queen's Institute and the Corporation are involved are dealt with in a most co-operative manner by a liaison committee consisting of representatives of the Queen's Institute of District Nursing and of the Health Committee.

There was no change during the year under review in the arrangements by which the general practitioners in the city obtained the services of a district nurse for their patients requiring nursing treatment at home. The rapid development of the new housing sites around the perimeter of the city and the rehousing of many tuberculosis patients has, however, greatly increased the volume of work, particularly in Liberton, Craigmillar and Pilton.

Some 65 full-time district nurses and trainees paid 293,859 visits during the year to 9,458 patients. These visits, which included maternity and general cases and many old persons and cases of chronic illness as well as babies and young children, show an increase of 37,524 visits compared with the previous year. The new patients attended were 7,941. The total number of visits included 65,586 visits to tuberculosis patients compared with 49,167 visits the previous year.

Undoubtedly, the reasons for the increase of 37,524 home nursing visits during the year are (*a*) the changing face of medicine with the development of antibiotic and other injection treatments, resulting in more than half of the nursing visits paid during the year being for the purpose of giving injections of one kind or another—insulin, penicillin, streptomycin, etc. The districts of Liberton and Craigmillar are outstanding examples of this change, more than 50 per cent. of their total visits being to patients suffering from tuberculosis to give streptomycin injections and nursing care; (*b*) because of the changes in medical treatment, patients are discharged from hospital earlier than was customary a few years ago and there is greater need for skilled, follow-up nursing at home; (*c*) many of the aged sick are now being nursed in their own homes and there is an increasing tendency for twice-daily visiting.

Nursing visits in Edinburgh are made between the hours of 8.30 a.m. and 1.15 p.m., and 2.30 to 6-30 p.m. daily. Morning and evening visits are always paid to the ill patients requiring twice- or thrice-daily attention. A skeleton staff is on duty each evening for emergency calls and for the very ill patients requiring late evening visits.

In August, 1954, the Queen's Institute of District Nursing decided to close their Leith Home at 8 South Fort Street and to continue the work from the headquarters at Castle Terrace, a change which has been effected without any loss of efficiency. In addition to those district nurses who are accommodated in the Central Home, a number of nurses reside in their own homes near their districts whilst others are provided for in the Midwives' Homes at Niddrie Southhouse and Sighthill.

At the Sighthill Health Centre, the Treatment Room is open daily and is attended by district nurses from 9 a.m. until 8.30 p.m. except on Sundays when a nurse attends between 2 and 4 p.m.

The nurses of the Queen's Institute are State Registered Nurses (R.G.N. in Scotland) and the general practitioners nowadays, particularly in connection with the care of older patients, greatly appreciate the services of three fully trained male nurses in Edinburgh. In order to cope with the increasing demands upon the service, many part-time nurses have to be employed, and it is also intended in the future to make much greater use of State Enrolled Assistant Nurses in those cases where no specialised nursing care is required.

There is at present a shortage of candidates for training as district nurses, partly because of the general shortage of suitable women and partly because of the attractions of other branches of nursing, whilst district nursing, of course, does require an aptitude for this kind of work. It is possible that the period of training may be revised in future as the need for improvisation in domiciliary nursing diminishes and as nursing treatment in general is simplified by the introduction of antibiotics.

Home Helps.

Although in many parts of the country a Home Help service only came into operation after the war, it is worth remembering that in Edinburgh the service was started on a limited scale in 1930, being initially restricted to relieving mothers during confinement at home. The permissive powers contained in the National Health Service (Scotland) Act, 1947, allow local health authorities to make arrangements for providing domestic help in households " where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over school age."

The home helps are women with some experience in ordinary domestic work and are employed primarily to undertake duties normally undertaken by the mother of the family. They are not expected to provide nursing care nor to deal with arrears of washing or cleaning. The service was originally designed to meet a need for a temporary period in an emergency, but old people, particularly living alone, and cases of chronic illness are frequently found to require help of a more permanent character.

Assistance may be requested by the family themselves, by a doctor, or by some other interested person, and where the need is urgent, as is often the case in telephoned requests from doctors, a home help is sent out immediately. Otherwise the supervisor visits the home, in the first instance, to assess the need and the number of hours required and explain the service to the family. There is a scale of assessment so that, by applying to the almoner, the payment even for full-time help may be considerably reduced and it is worth mentioning that Old Age Pensioners are only asked to pay 6/- per week and this sum can be reclaimed by them from the National Assistance Board.

During 1954, 946 households received the completed services of home helps. The types of cases aided numbered 322 maternity, 604 general, and 20 tuberculosis, the average periods of assistance being 10 days, 20 days, and 38 days respectively. For all cases, the average period of assistance was 16 days.

The demands on the service vary considerably throughout the year, largely because neither confinements nor the incidence of illness are evenly distributed month by month. At times, therefore, the service can be severely taxed whilst on other occasions, usually in the summer months, the demand is not so heavy. When the demand diminishes in this way, home helps not required in the homes are employed in the Day Nurseries where they can be readily contacted and are immediately available for transfer to cases as required.

Although there is an establishment of 100 full-time home helps, as resolved by the Health Committee in November, 1948, the numbers employed at the end of 1954 were 39 full-time and 52 part-time, the equivalent number of full-time home helps thus being 65.

It seems very probable that, as so much more attention is being directed to the care of old people and chronic illness at home, so the demand for the services of home helps will increase. It is likely that this increasing demand will be mainly for part-time assistance, as for old people usually a few hours' help in the forenoon is all that is required. There is also a need for some variation of the hours during which aid can be supplied as people living alone would very often benefit from an additional visit of an hour or so in an evening to make a meal, heat up water for a hot water bottle, etc. The introduction of increased elasticity of the service in this way, together with the provision of help at week-ends, will throw a greater strain upon the administrative staff in arranging the work. It is probable, therefore, that, as the demands for the service to meet the needs of old people increase, additional supervisory staff will have to be appointed. Nevertheless, although the service must expand in order to provide adequate care for the elderly in their own homes, the financial return from whom is poor, at the same time this is economically sound because of the saving of hospital and institutional provision for such persons. Quite apart, of course, from the economic aspect, it is better for the comfort and general wellbeing of old people to be cared for in their own homes rather than in the cold cleanliness of institutions, no matter how well run.

Almoner.

Since the war, the almoner has become an integral part of the medical team of doctors, nurses, health visitors and others providing assistance for a patient's recovery. She is a medico-social worker acting under the guidance of the doctor and usually attached to a hospital. In Scotland, Edinburgh was the first authority to provide an almoning service for domiciliary patients.

Initially, her work was largely concerned with maternity and child welfare, but a need exists for this service in many other cases which may be referred by health visitors, medical practitioners or almoners in hospitals. Sometimes patients apply on the advice of neighbours or friends, as did 35 patients during the year.

The work is of a very personal nature and includes the problems of unmarried mothers, family and financial difficulties, housing and employment problems, and the needs of the elderly. During the year under review, the maternity and child welfare health visitors were responsible for the greatest number of referrals, 116

cases, mainly mothers and children with difficulties arising from the wage-earner of the family being out of work or separated from the family. The almoner has in these cases arranged for material help such as clothing, financial assistance and convalescent holidays. Nevertheless, as mentioned earlier, material assistance is only incidental to the encouragement given to the family to manage their own affairs.

The most encouraging feature of the work towards the end of 1954 has been the establishment of the almoner in the Sighthill Health Centre for one half-day per week to deal with medico-social problems referred from general practitioners there. General practitioners in other parts of the city referred 30 cases and, in certain instances, discussions of a case conference nature have been possible with the almoner and doctor working as a team to achieve as great a measure of independence for the patient as possible.

The hospitals often wish to ensure that necessary domiciliary needs are met when a patient is discharged home, and a very happy relationship exists between the almoners of the hospitals and the almoner of the Public Health Department, making possible a mutual interchange of information to the maximum benefit of the patient. A very close liaison has also been established with other agencies, both voluntary and statutory, to whom, when appropriate, cases are referred. Eight cases from hospital almoners and four from outside agencies were referred to the Public Health Department during 1954.

Maternity and Nursing Homes.

In accordance with the provisions of the Nursing Homes Registration (Scotland) Act, 1938, all nursing homes and maternity homes in the city must be registered with the local authority. Periodic inspections of these registered homes are undertaken and, before any application for a certificate of registration is granted, full enquiry is made as to the suitability and qualifications of the applicant and the lay-out of the premises.

Nursing homes must have either a medical practitioner or a qualified nurse in residence, and in the case of maternity homes the nurse must have a midwifery certificate. Registers and case records with daily reports have to be kept for all patients admitted and details of deaths and stillbirths notified to the local authority within 24 hours.

There were 32 nursing homes on the register on 1st January, 1954, and of these five provided beds for maternity cases. During the year there were two cancellations of registrations and one new home was registered. Thus, at the end of December, 1954, there were 31 homes registered, including five providing maternity beds. In the course of the year, 557 births took place in registered maternity homes.

Nursing Agencies.

There are two agencies for the supply of nurses in the city—The Thistle Trained Nurses Ltd. and The Edinburgh Nurses Association—and these have to be licensed annually by the local authority The premises and records are inspected each year before renewal of the licence is recommended.

These agencies are only permitted to supply registered nurses, enrolled assistant nurses and certified midwives, and anyone obtaining a nurse is entitled to a written statement of her qualifications. The selection of a nurse must be made under the supervision of a registered nurse or a medical practitioner.

Mental Health.

Mental Illness.—It cannot be made too widely known that illness of the mind is no more alarming than most physical ailments and, in most instances, is rapidly cured by adequate treatment. The continued health education activities of doctors and nurses of the Public Health Department are helping to banish the stigma formerly attached to mental illness and mental hospitals. More and more patients are now entering mental hospitals of their own accord without the need for legal certification, and every encouragement should be given to hasten this change of public opinion. With modern knowledge and psychiatric treatments, most mental diseases can be regarded, like an attack of pneumonia, as an incident in the patient's life from which full recovery should ensue with proper care.

The roots of much mental ill-health are known to originate in early childhood and it is with infants and young children that valuable preventive measures can be and are being undertaken. The person who takes the major part in the mental development of a child is its mother and it is an essential function of doctors, health visitors and midwives engaged in maternity and child welfare work to help resolve the worries, fears and anxieties of mothers, giving them confidence for their confinement and afterwards confidence in handling the baby and, later, the toddler. The mental welfare and the emotional needs of the growing child are constantly borne in mind at child welfare centres and later at school by the medical and nursing staff of these services.

The health visitor is now recognised as the family adviser on health matters and she is able in a sympathetic and tactful manner to advise at all age levels on many problems of life which can cause anxiety and mental worry out of all proportion to their size. Very often an understanding, unhurried listener is all that is required to restore mental balance. The knowledge that another is interested and willing to give support is of value at all ages and especially as age advances.

Mental Deficiency.—The training, occupation and after-care of mental defectives are duties laid on the local authority, and in Edinburgh the Education Department provides schools for mentally handicapped children and an occupation centre for those more seriously retarded but trainable. For older defectives a class attended by thirteen girls is provided at Regent Road as well as the one for 27 boys at the Fountainbridge Centre, while for the remainder home visits are arranged and clubs organised by the Edinburgh Association for Mental Welfare. The work of this Association and its voluntary workers is greatly appreciated by the relatives of the mentally handicapped and by the official agencies involved in mental health generally.

HOME NURSING—CITY OF EDINBURGH.

Patients attended by the Queen's Institute of District Nursing during 1954.

District	Staff (Average)	Patients								Visits			Total Hours on Duty
		Maternity		Medical		Surgical		Total		Ante-natal	Tuber-culosis	Total (all visits)	
		Old	New	Old	New	Old	New	Old	New				
Central	(See below)	4	167	877	3,770	103	578	984	4,515	1,730	30,982	194,573	118,024
Blackhall	1 Q.N.	—	—	25	138	6	10	31	148	—	1,212	4,845	2,688
Colinton	1 ,,	—	—	24	142	4	51	28	193	—	842	3,536	2,029
Corstorphine	1 ,,	—	—	22	162	2	20	24	182	—	733	3,874	1,910
Davidson's Mains & Cramond	1 ,,	—	—	13	104	6	28	19	132	—	610	4,118	2,443
Duddingston & Craigmillar ...	1 ,,	—	—	34	302	1	18	35	320	—	5,416	9,326	2,152
Liberton & Gilmerton	1½ ,,	—	—	60	338	3	38	63	376	—	7,710	13,745	2,513
Niddrie	1 ,,	—	—	14	51	2	89	16	140	—	412	2,900	2,037
Portobello & Joppa	2 ,,	—	1	46	360	10	43	56	404	—	1,017	8,604	4,435
Southfield	1 ,,	—	—	21	128	3	12	24	140	—	1,838	5,724	2,469
Sighthill	1 ,,	—	—	36	229	2	29	38	258	—	3,153	8,729	2,072
Wardie & Granton	2½ ,,	—	—	83	386	9	45	92	431	—	6,055	15,687	5,380
Leith	4 ,,	1	11	98	609	8	82	107	702	29	5,606	18,198	9,042
	Totals	5	179	1,353	6,719	159	1,043	1,517	7,941	1,759	65,586	293,859	157,194

Administrative Staff:
1 Superintendent.
4 Assistant Superintendents.
1 Office Assistant.

Nursing Staff at Central Training Home:
Full-time—16 Queen's Nurses.
2 Non-Queen's Nurses.
2 Pupil Midwives.
27 Candidates.
Part-time—6 Ex-Queen's Nurses.
4 Non-Queen's Nurses.

SIGHTHILL HEALTH CENTRE.

This Centre which was erected by the Secretary of State for Scotland completed its second year of operation on 15th May 1954. The Health Committee have accommodation in the Centre for a child welfare clinic, mothercraft class, school health and dental clinics, toddlers' playground and a lecture and demonstration theatre. For this accommodation and their share of the costs of heating, lighting and other services the Committee pay a sum of £6,600 per annum. The number of clinics held, and the attendances during the year are as follows :—

Maternity and Child Welfare Clinics.

Total attendances for the year to 31st March 1955	2,911
Total clinic sessions	131

Immunisations :— Vaccinations—113.

Diphtheria—105.

Whooping cough—42.

School Health and Dental Clinics.

Doctors' clinics (twice weekly) routine examination of children	135
Special examinations	54
Nurses' clinic (once weekly) for minor ailments. Number of attendances	1,006
Ophthalmologist's clinic. Number of attendances (116 children)	332
Chiropody clinic	489
Physiotherapist—remedial exercises. Number of attendances	1,412
Ultra-violet radiation. Number of attendances	369

Dental clinics (daily)—

No. examined	Special and Emergency cases	Total
3,599	997	4,596
No. actually treated		
2,294	997	3,291
Total attendances		5,194

As part of their arrangements for prevention of illness, care and after-care, the Committee are co-operating in providing facilities for an old persons' health club to be held at Sighthill Health Centre. The objects of the club are to promote the health of the members by means of health education, medical supervision and physical recreation. The club will be limited to 20 men and 20 women approved by their own medical practitioners as suitable for the activities of the centre. The Old Peoples' Welfare Council hope to be able to supply the services of a physical instructor and a chiropodist, while the Regional Hospital Board have agreed to make available the services of a specialist in geriatrics.

MATERNITY AND CHILD WELFARE.

REPORT BY THE MATERNITY AND CHILD WELFARE MEDICAL OFFICER.

Introduction.

The work of this section of the Public Health Department continued with undiminished vigour during the year. Consequent upon internal re-organisation within the Health Department, Dr J. L. Gilloran, Senior Depute Medical Officer of Health, was charged with the administration and co-ordination of the services relating to, among others, domiciliary midwifery, domestic helps and almoning, as well as the registration of nursing and maternity homes and the licensing of nurses agencies. Details concerning these aspects of the work will be found elsewhere in the report of the Medical Officer of Health, but those concerning the domiciliary midwifery service continue to be included in this report on maternal and child welfare.

The three ante-natal clinics at Niddrie, Portobello and Prestonfield respectively operated throughout the year though attendances were fewer compared with previous years. In January, arrangements were made for the regular attendance of a local domiciliary midwife at the ante-natal sessions conducted at their surgery by a group of medical practitioners working in the northern part of the city and for the district health visitor to attend at their child welfare sessions. In October, the local domiciliary midwife and health visitor commenced regular attendance at the ante-natal sessions conducted by a medical practitioner partnership at the Sighthill Health Centre. These are merely two examples of the increasingly closer association between the medical practitioners in the city and the Health Department.

The mothercraft clubs run by the health visitors at the centres at Lochend (1950), Leith (1950), Windsor Street (1950), Torphichen Street (1952), Whitehouse Loan (1952), Pleasance (1953) and Cramond (1953) were augmented during the year by the opening of two others at Sighthill Health Centre (March) and West Pilton (November) respectively. These clubs meet a real need and as a result of the informal atmosphere which pervades them, discussions and demonstrations on matters pertaining to maternal and child hygiene, *e.g.*, breast feeding, accident prevention, immunisations and allied topics can be easily and effectively undertaken.

Several changes took place during the year involving child welfare clinics. In May, new premises were opened at Walter Scott Avenue, the Inch. At first the sessions there were for health visitor consultations only, but in October an assistant medical officer was placed in charge. An assistant medical officer also took charge of the clinic at Links Place, Leith (opened November 1953) in October. To meet the needs of the increasing population in the West Mains area, negotiations were opened by the Health Committee with the minister and managers of the Reid

Memorial Church and after these had been successfully concluded, a clinic was opened in the hall of that church in October. Reference was made in last year's report to the closing down of the clinic at the Provident Dispensary, Marshall Street. Repeated efforts to find alternative permanent accommodation for a clinic in this area failed, but the minister and managers of Buccleuch Parish Church came to the assistance of the Committee and, after negotiation, a weekly clinic session was started in October in the hall of the church. The Health Committee is indeed grateful to those ministers and their church managers for their helpful and willing co-operation. Thus, at 31st December, there were twenty-nine child welfare clinics operating throughout the city.

The close association between this section of the Health Department and the various maternity units in the city continues to be cemented to our mutual benefit. The association with the Royal Hospital for Sick Children was further strengthened by an extension to the medical side of the hospital and the frequent meetings between the health visitor and the hospital almoner have proved particularly useful.

Miss M. B. Porteous, the Plunket nurse from Wellington, New Zealand, returned home in August after spending a year in the Health Department here. She worked in all the fields of health visiting during her stay in the city. Later, we welcomed Miss A. B. Mackay back after her year's work in New Zealand. Both these health visitors were appreciative of the opportunity afforded them for the exchange and both benefited from the experience gained.

As in previous years the Health Committee provided a centre near the beach at Portobello for the benefit of mothers of young infants, spending the day at the seaside there, to have facilities to breast feed or prepare artificial feeds for their infants. This infant feeding centre was opened at the British Legion Hall, Tower Street, and operated from 3rd to 31st July, being open every day, including Sundays from noon to 5.30 p.m. In all, 325 mothers availed themselves of the centre during the 29 days of its opening.

In May, the superintendent of the newly-opened toddlers' playground at the Sighthill Health Centre was employed by the Health Committee to undertake the supervision and care of infants and toddlers left in the Centre playroom while their mothers attended their practitioners for consultation or underwent treatment at the Centre. These special arrangements for the temporary care of infants and toddlers operate for two afternoons each week, and every morning from Monday to Friday during the school holidays when the regular toddlers' playground activities are in abeyance.

The supervisor and assistant supervisor of health visitors have, by invitation, given talks to groups of student nurses training at several of the hospitals in the city on health visiting, its purpose, scope and aims. Groups of these young nurse trainees have accompanied health visitors in their home visits and have thus gained some insight into home conditions and the need for considering the patient in hospital in relation to his home and family.

Local health authorities became charged with the distribution of welfare foods as from 28th June. The Health Committee therefore assumed this responsibility on that date. Forty-one distribution centres were taken over and operated without change until the end of the year. The Women's Voluntary

Service had been responsible for manning many of the centres and we were very fortunate in being able to have the continued service of the ladies at these centres. Nevertheless, staff had to be employed on a full-time and part-time basis to complete the arrangements for continued distribution, and for the organisation, supervision and co-ordination of the distribution service.

At the invitation of the Department of Health for Scotland, the Health Committee agreed to conduct trials into the efficacy of combined whooping cough-diphtheria-tetanus immunisation (triple antigen). Dr Kenneth W. Matheson, an assistant medical officer in the Child Welfare section, was seconded to conduct this trial and he commenced it in November. The response by the parents to have their young children protected by the triple antigen has been very gratifying thus far, and it is hoped that the results of the trial, in which the city of Aberdeen is also participating, will enable such combined immunisation to be put on a firm footing.

Dr J. D. Kerr, a former assistant medical officer in the section, who in 1952, undertook a survey of retrolental fibroplasia in Edinburgh during 1948–52, published jointly with colleagues two papers during the year on his findings in the survey. With Dr T. T. S. Ingram he published a paper on *The Association of Retrolental Fibroplasia with Cerebral Diplegia* (Arch. Dis. Childh. 1954, *29*, 282-289) and with Dr G. I. Scott, *The Retinopathy of Prematurity* (*ibid*, pp. 543-550). Miss M. K. Chisholm of the health visiting staff has contributed in the light of her experience three papers to The Nursing Mirror, *The Problem Family* (1953, Vol. 98, 20th Nov.), *Some Aspects of the Health Visitors' Work* (1954, Vol. 99, 26th March), and *Dietetics on the District* (1954, Vol. 100, 24th Dec.). Dr Isobel B. Craighead, an assistant medical officer in the section, carried out extensive tuberculin surveys among infants and pre-school children in two districts of the city and it is hoped to publish the results of these investigations.

As in former years the Tables referred to in the text are grouped together at the end of the commentary for convenience of reference. A few changes have been made in the sequence of some of these Tables.

(I) Maternal Health and Welfare.

(*a*) **Ante-natal Supervision** (Table 1).—Some 323 pregnant women attended the three ante-natal clinics during the year, 164 fewer than last year. Attendance at the Mass Radiography Unit by these women has been disappointing, doubtless due to the distance of the Unit from their homes which, it should be remembered, are in the more peripheral parts of the city.

(*b*) **Post-natal Supervision** (Table 1).—No organised post-natal clinics are provided but post-natal care is given at the ante-natal clinics. Only 75 women received such care at the clinics compared with 112 last year.

(*c*) **Domiciliary Midwifery Service** (Table 2).—No changes in this service fall to be recorded and the arrangements for fulfilling the requirements of Section 23 of the National Health Service (Scotland) Act, 1947, continued as formerly. As at 31st December, twelve full-time midwives were directly employed by the Corporation and they operated from five centres.

During the year 1,280 domiciliary births took place in the city and of these 1,259 were attended by midwives provided under the local health authority service. The distribution of these births was as follows :—

744 births were attended by midwives directly employed by the Corporation.

221 births were attended by midwives from the Simpson Memorial Maternity Hospital.

177 births were attended by midwives from the Queen's Institute of District Nursing.

117 births were attended by midwives from the Elsie Inglis Maternity Hospital.

Of the remaining 21 domiciliary births, 16 were attended by private maternity nurses, 4 by medical practitioners only and 1 had neither doctor nor midwife in attendance.

Analgesics were administered in 1,028 of the 1,259 domiciliary confinements attended under local health authority arrangements, and the number of analgesics given was 1,690. Of these analgesics, 1,132 were administered by midwives and 558 by medical practitioners, and the forms of analgesia used were : pethidine 535 ; gas and air 493 ; chloroform 328 ; trilene 309 ; others 25. In only 23 cases was analgesia refused by the woman in labour.

(*d*) **Puerperal Fever and Pyrexia** (Tables 3-5).—Puerperal Pyrexia notifications numbered 31 and no less than 20 of these were subsequently proved to be cases of puerperal fever. Eight cases of puerperal fever were notified and the diagnosis was confirmed in 7 of them. Thus there were 27 cases of puerperal fever and 12 cases of pyrexia. All cases occurred in hospital practice and no domiciliary cases were notified.

(*e*) **Maternal Deaths** (Tables 6-8).—One maternal death occurred in the year. This was in a woman, 38 years of age, and pregnant for the sixth time, who neglected to seek ante-natal care until compelled to do so in the thirtieth week of pregnancy because of anæmia. Four days after this first visit to her medical practitioner she had a severe concealed accidental hæmorrhage associated with pre-eclampsia. In spite of immediate admission to hospital and intensive treatment she died from renal cortical necrosis. The maternal mortality rate was 0·1 per 1,000 live and still births.

(II) Child Health and Welfare.

(*a*) **Births** (Tables 2, 9, 10).—There were 7,256 registered live births during the year after the usual corrections had been made. Of these births, 3,779 were males and 3,477 were females. The birth rate for the city was 15·5 compared with 15·4 last year and 15·0 in 1952. The Edinburgh rate compares with the rate of 18·0 for Scotland. Illegitimate births numbered 386, giving a rate of 5·3 per cent. of the live births.

Notified live births numbered 9,217 in the year.

(*b*) **Stillbirths** (Tables 2, 11).—Stillbirths registered during the year numbered 158, giving a rate of 21 per 1,000 total (live and still) births compared with rates of 22 last year and 27 for each of the previous two years.

There were 237 notified stillbirths in the year.

Notified live and stillbirths during the year numbered 9,454, and of these notified births 8,174 or 86 per cent. took place in hospitals and maternity homes and 1,280 or 14 per cent. were domiciliary births.

(*c*) **Infant and Child Deaths** (Tables 12-19).—The infant mortality rate for the city was 25 per 1,000 live births compared with 24 last year. The number of infants dying under one year of age was 185. Of these deaths, 135 took place in the first month of life giving a neonatal mortality rate of 19, and thus the post-natal mortality rate was 6. Table 17 gives the causes of death during the first year as well as those of children aged 1-5 years.

Immaturity has returned to first place among the causes of death during the first year, no less than 37 deaths being ascribed to this cause. All these immature babies died during the first month of life and 36 of them during the first week. Immaturity still presents itself as a challenge to obstetrics and much work remains to be done in solving the problem of premature birth. Of the 7,256 registered live births in the city, 500 were 5½ lb. or less. Thus 6·9 per cent. of the registered live births were immature. Of these immature births, 73 were domiciliary births. During 1954, a national survey was carried out on premature births and Edinburgh participated in this investigation.

Congenital malformations were placed second, accounting for 32 infant deaths under one year, 24 of these deaths occurring during the first month with 17 in the first week. Atelectasis/post-natal asphyxia came third, causing 28 deaths, all during the first month and all in the first few days of life. Injury at birth was placed fourth with 24 deaths and all these occurred during the first week. Pneumonia/bronchitis accounted for 20 deaths, during the first year, 6 during the neonatal period and 14 in the post-natal period.

Suffocation caused 9 deaths in infants under one year of age. An interesting and important discussion of the problem of apparent suffocation is to be found in *Recent Advances in Pædiatrics* (1954) edited by D. Gairdner.

Neonatal mortality was higher this year than last. Of the 135 neonatal deaths, 122 occurred during the first week and 68 of these on the first day. Thus neonatal deaths accounted for 73 per cent. of deaths under one year, and of these neonatal deaths 90 per cent. occurred within one week of birth and 50 per cent. within one day. This important matter of natal day death is fully discussed in a recent article by Dr Herman N. Bundesen, President of the Chicago Board of Health who has already done so much admirable work for the care of premature infants in that city.

The term perinatal mortality is increasingly coming into use to indicate a combination of stillbirths and neonatal deaths, but no standard definition has yet been adopted. It seems likely that perinatal mortality may be restricted to the combination of stillbirths and deaths during the first week of life. There is no doubt, however, that detailed investigation on a national scale of stillbirths and early neonatal deaths is urgent as they represent such a tremendous loss of infant life.

Thirty-four deaths occurred among children aged 1-5 years, accidental causes accounting for seven of these deaths. These are listed herewith under the heading of home accidents and those occurring out of doors.

Home Accidents (6)

1.	Male, æt. 1 year.	Asphyxia by hanging.
2.	Male, æt. 2 years.	Burning accident.
3.	Male, æt. 3 years.	Burning accident.
4.	Female, æt. 3 years.	Burning accident.
5.	Female, æt. 4 years.	Burning accident.
6.	Female, æt. 4 years.	Burning accident.

Accidents out of doors (1)

Male, æt. 2 years. Run-over street accident.

Three children (Nos. 3, 4 and 5) were burned as a result of a wooden shack in which they were residing going on fire.

Of the 12 " All other Causes " of death in the 1-5 age group, 7 involved the nervous system, 2 were due to malignant disease, 1 to aplastic anæmia, 1 to nephrosclerosis and 1 to homicidal assault.

(*d*) **Ophthalmia Neonatorum** (Table 20).—Four cases of this notifiable disease were brought to the attention of the Health Department during the year but all cases responded rapidly to treatment. No cases were due to the gonococcus.

(*e*) **Health Supervision** (Table 21).—The number of child welfare clinics operating at the end of the year was 29, including the clinic at the emergency housing camp at Duddingston. In all, 2,750 sessions were held at these clinics and 7,131 infants under one year and 3,562 children aged 1-5 years paid first visits, making a total of 10,693 first visits. The total number of attendances made by infants under one year was 50,643 and by children between 1-5 years, 20,815, making a grand total of 71,458 attendances at all centres compared with 82,350 last year and 77,078 in 1952. The following summary gives some idea of the age groups of children attending the clinics.

	1950 per cent.	1951 per cent.	1952 per cent.	1953 per cent.	1954 per cent.
Under 1 year	73	67	68	69	71
Between 1-2 years ...	14	15	14	14	13
,, 2-3 years ...	7	8	9	8	7
,, 3-4 years ...	4	6	5	6	5
,, 4-5 years ...	2	4	4	3	4

Attempts are made to have the pre-school children brought to the clinics for regular supervision on an appointment basis but the response is disappointing. On the other hand many general practitioners in the city hold regular child welfare clinics at their surgeries and these are wholly admirable. A regular system of visitation in the homes is, of course, undertaken by the health visitors, and transference of records to the School Health Service of children entering school is regularly carried out.

The functions and scope of child welfare clinics have, for a considerable time, engaged the attention of workers not only in the field of child welfare but also in other branches of the Health Service and numerous papers, reports and

editorials have appeared in medical and allied journals dealing with this aspect of the preventive health service. All whose concern it is to administer and be responsible for the provision of these clinics must ever be alive to the changing needs of the service provided and constantly review the work done. Two recent comments only need be cited to illustrate some of the points presently under discussion. Dr C. C. Harvey, county pædiatrician, writing in the Annual Report of the Medical Officer of Health for the West Riding has some pertinent remarks to make on, among other matters, the subject of weekly weighing of infants at clinics. Let him speak for himself. " At the clinics I am sure we need to swing the interest of mothers away from the pernicious craving for weekly weighing of babies. Far too many mothers abandon breast feeding, worry themselves sick, alter diet capriciously and beset their doctors needlessly through blind idolatry of the little weight card. A week is far too short an interval to give an equable guide to weight gain. I would suggest a rule that no baby be weighed oftener than fortnightly, and preferably monthly, except upon the clinic doctor's individual direction. Health visitors could then concentrate on instruction, but would need to make it interesting enough to compensate for the flagging interest in the weights." On infant feeding, Dr Harvey continues, " We are now admitting that the baby is the best judge of when he should be allowed to feed, and mothers are being freed from bondage to the clock, with happy results. More recently emphatic attention is being drawn to the baby's wisdom in choosing how much he shall drink. The bogey of overfeeding is largely a relic of the days of gastro-enteritis and unclean milk. It is acutely unjust to curtail the feeds of a thriving baby because he is gaining weight twice as fast as our doctrine prescribes, whether on breast or bottle." The dangers of underfeeding have been emphasised by F. E. Hytten and I. A. G. MacQueen (Lancet 1954, II, 836) who have criticised the formulæ given on tins of dried milks for infant feeding. This emphasises the need for competent medical advice to mothers being given according to the needs and demands of the infant. Thus study of the problems of infant feeding still remains an important function of the child welfare clinic.

Important studies on birth weight and weight gains thereafter have been published during the year by J. Thomson, and these studies deserve the close attention of medical officers engaged in child welfare work. (*Birth Weight and Weight Gain at Six Months*, Health Bulletin of Department of Health, 1954, *12*, 25; *Birth Weight and Weight Increment in the First Year*, Medical Officer, 1954, *92*, 75, and to complete the series to date, *Height and Weight at Three Years*, Health Bulletin, 1955, *13*, 16).

Professor Charles McNeil (*Brit. Med. Journ.*, 1954, 533) has reviewed the problems of child health over the last hundred years. After discussing the achievements of the preventive and curative child health services he indicates the future lines of development along which the services must proceed to achieve their aims. This is yet another of the thoughtful papers we expect from the Professor.

(*f*) **Ultra-violet Ray Clinics** (Table 22).—During the year 659 sessions were held at the various centres where sunray lamps are installed, and 9,960 attendances were made by 849 children. The local medical committee have

been kept informed of these clinics and increasing use is being made of the facilities offered at them by medical practitioners. The clinics operate only from October to April, and during the period of closure of the clinics the lamps are inspected, overhauled and tested.

(*g*) **Orthopaedic Clinic.**—The Chief Executive School Medical Officer has continued to offer facilities to the Child Welfare section so that children under five years may be referred to the orthopædic surgeon at this clinic situated at 60 Pleasance. Full use is made of this opportunity and warm thanks are due to our surgical colleagues and the physiotherapist for their help.

(*h*) **Vaccinations and Immunisations.**—In all, 2,400 successful small-pox vaccinations and 2,522 completed diphtheria immunisations in children under five were carried out by the assistant medical officers. Reference has already been made in the Introduction to the triple antigen trial. At the tuberculosis preventorium at Willowbrae House, 68 infants received B.C.G. vaccine during the year. These are additional to the many such vaccinations carried out at the central chest clinic at the Royal Victoria Dispensary.

(*i*) **Day Nurseries** (Table 23).—The fourteen day nurseries with places for 660 children continued to care for a full complement of children. To allow for absences it is customary to enrol a small number of extra children and the average number of children on the roll during the year was 672. The number of children dealt with increased, for as children from poor and overcrowded housing conditions left the central parts of the city to go to new housing areas, their places were promptly filled by others from the priority waiting lists.

The poor weather during the summer largely prevented the children from enjoying outdoor play which is so much a part of nursery life, and extra demands were made on the ingenuity and patience of the nursery staffs in keeping the youngsters happily and profitably occupied indoors. Sand and water play, drawing, painting, caring for pets and taking part in musical activities were some of the ways in which the days were occupied. Attendance was not adversely affected by weather conditions and stood at 78 per cent. compared with 77 last year.

(*j*) **Residential Nurseries** (Table 24).—Admissions to the three short-stay nurseries at St Helens (West Coates), Stockbridge (Henderson Row) and Viewforth (Viewforth Terrace) continued at the same high level, the total number of admissions during the year amounting to 656 compared with 657 last year.

A proportion of the admissions is arranged for at the request of medical practitioners, health visitors or almoners when emergencies occur in a family and deprive the youngsters of their mothers' care and no suitable relative or friend is available to look after them. The majority of admissions, however, are booked cases, that is to say, the parents faced with a family difficulty approached the Child Welfare section in advance and arrangements were made for the admission of the children at a later date—specific, as for hospital admission of the mother, approximate, as in confinement. With the comparatively small number of beds to work on, it will readily be appreciated that difficulties arise when emergencies occur during a period when advance bookings are heavy. It

is satisfactory to report, however, that during the year it was possible to deal with both types of case without allowing one type to block the other.

(*k*) **Nursery Nurses' Hostel.**—A proportion of applicants for the nursery nurse course of training hail from rural districts in Scotland and the North of England or from towns where there are no training schemes for nursery nursing. For such girls, many of whom are as young as sixteen years, the hostel is a great boon and is appreciated by their parents. Vacancies are filled as soon as they occur. The health of both staff and students was good throughout the year.

(*l*) **Registration of Nurseries and Child-Minders** (Table 25).—One new nursery was registered during the year making three nurseries registered as at 31st December. Two new registrations of child-minders were granted and a previously registered minder had her registration cancelled when she gave up such work. Thus, two child-minders were registered at the end of the year.

(*m*) **Toddlers' Playgrounds** (Table 26).—The Voluntary Health Workers' Association which organises and administers the playgrounds throughout the city opened two new ones at Greenside and the Sighthill Health Centre respectively thus bringing the number of playgrounds to 22. The number of two to five year olds on the attendance rolls was 605, and the average daily attendance was 462 These playgrounds fulfil an important social function in the child life of the city The Organising Secretary and Treasurer of the Association is Dr Margaret M. Brotherston, M.B.E., 9a Abbotsford Crescent, Edinburgh 10 (Tel. Edinburgh 54912) from whom full particulars of the activities of the Association may be obtained, or from the Child Welfare Section, Public Health Department, Johnston Terrace, Edinburgh 1 (Tel. Edinburgh CENtral 4471).

(*n*) **Welfare Foods Distribution** (Table 27).—Prior to 28th June, 1954, welfare foods were distributed at 42 centres throughout the city, one of these centres being at a Ministry of Labour office in Leith where distribution facilities had been made available by agreement between the Ministries of Labour and of Food. On the appointed day, the Health Committee assumed responsibility for the distribution of welfare foods and took over 41 of these centres, facilities for distribution at the Ministry of Labour office in Leith being withdrawn by that Ministry. The change-over was accomplished smoothly and the Women's Voluntary Service, which had previously staffed or assisted in the staffing of 24 centres, continued to do so and we are very grateful indeed to the ladies concerned for so willingly agreeing to continue giving their services, and also to Sister Simpson, of the Simpson Memorial Maternity Hospital for continuing her services at the distribution centre at that hospital. Indeed, if these ladies had not done so, considerable difficulties would inevitably have arisen. It was necessary, nevertheless, to recruit 4 full-time and 5 part-time staff for administrative and distribution purposes. One of the full-time staff is charged with the organisation and co-ordination of the distribution service.

The 41 centres remained in operation until 31st December, although certain changes, mainly concerning premises, are contemplated in early 1955. The

centres taken over on 28th June were situated at : Grassmarket (main administrative and distribution centre) ; Abbeyhill ; Balgreen ; Blackhall ; Bruntsfield ; Corstorphine ; Craigmillar ; Davidson's Mains ; Duddingston ; Firrhill ; Fountainbridge ; Gilmerton ; Gorgie ; Granton—(*a*) Royston Mains, (*b*) Lochinvar Camp ; Haymarket ; Inch ; Juniper Green ; Leith—(*a*) Great Junction Street, (*b*) Easter Road, (*c*) Elm Row ; Liberton ; Lochend ; Moredun ; Morningside ; Muirhouse ; Newington ; Niddrie ; Pleasance ; Portobello ; Prestonfield ; Sighthill ; Slateford ; Southfield ; Southhouse ; Stockbridge ; Turnhouse ; West Mains ; West Pilton ; Simpson Memorial Maternity Hospital ; Western General Hospital.

The uptake of welfare foods from 28th June-31st December is shown in Table 27. Investigations are at present being conducted by an assistant medical officer of the section on the reasons for the low uptake of the vitamin preparations.

(III) **Dental Care of Mothers and Young Children** (Table 28).

During the year 132 expectant mothers were examined at the dental clinics, all required treatment, and all received it. There were 118 nursing mothers examined and again all required treatment ; 117 accepted and received it. Of the 1,161 pre-school children sent for examination at the clinics, all required some form of treatment and in every instance this was successfully carried out.

It is very gratifying that the number of mothers and youngsters coming for dental examination and treatment is increasing each year. It is known that in addition a considerable number attend their own dentists independently. There appears to be a greater appreciation of the need for and value of dental care among mothers and parents generally.

(IV) **Homes for Mothers and Babies provided by Voluntary Associations** (Table 29).

(*a*) **Edinburgh Home for Mothers and Babies, 17 Claremont Park, Edinburgh, 6.**—This home has a complement of twelve beds, six for ante-natal and six for post-natal purposes, and twelve cots. Most of the mothers residing at this home are unmarried, the confinements taking place in hospital.

(*b*) **Haig Ferguson Memorial Home, 4 Lauriston Park, Edinburgh, 3.**—Unmarried mothers are admitted to this home during the ante-natal period. Twelve beds are available. The confinements are conducted in hospital. A proportion of the mothers return to the home for a short period with their infants. Four cots are provided for the infants of the few mothers who do return.

(*c*) **Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road, Edinburgh, 12.**—Unmarried mothers are admitted during the ante-natal period when they come under the care of the medical officer to the home. After the confinements, which are conducted at the home, the mothers remain with their infants for about three months. There is accommodation for seven ante-natal and twenty-two post-natal cases and cots for twenty-four infants.

Over the year in these three homes, 113 mothers were admitted (ignoring readmissions after confinement in the cases of (*a*) and (*b*)).

(V) **Health Visiting** (Table 30).

The staff of health visitors has continued its efforts to meet the ever increasing demands for its services. As at 31st December, the health visitor staff consisted of a supervisor, assistant supervisor and 56 health visitors. In addition, there is a full-time health visitor tutor whose duties are solely concerned with the training course for the health visitor's certificate.

For the year, 7,103 first visits were paid to infants under one year of age in their own homes for purposes of health supervision by health visitors and health visitor students in training. Subsequent visits to infants under one year numbered 36,540, making 43,643 visits in all to infants of this age period. Further, there were 63,941 first and subsequent visits to children between 1-5 years, a total of 107,584 visits to children from birth to five years, a decrease of 10,924 visits compared with last year. Visits to expectant mothers totalled 3,793, and those to cases of old age, illness, accident, infectious diseases, etc., numbered 10,064. Thus 121,441 visits were paid by the health visitors during the year to mothers, young children, and cases of old age, illness, etc., a decrease of 9,924 total visits compared with 1953. Waste visits, not included in this total, amounted to 32,724 compared with 23,184 last year, 23,165 in 1952, and 20,502 in 1951. The main reason for the reduced number of visits this year is that the health visitor staff is called upon increasingly to undertake teaching duties in connection with their home visitations. Thus post-graduate medical men and women taking the University Diploma in Public Health, students attached to the Social Study Department of the University, and young nurse trainees from some of the general hospitals in the city, as well as our own health visitor certificate students accompany the health visitors in their visits. Doctors, health visitors, midwives and nurses from the commonwealth and foreign countries also add to the number of those who are taken on to district to observe the work of the health visitors.

Thirty-five students were presented by the Corporation for examination in health visiting in April and all were successful in obtaining the health visitor's certificate granted by the Royal Sanitary Association of Scotland. In October, another complement of thirty-one students commenced study under the Corporation's scheme of health visitor training. In May, Miss Isobel A. R. Milne, health visitor tutor, resigned her post on her marriage and she was succeeded in September by Miss D. M. Stevenson. Our thanks are accorded Miss Milne for the excellent work she carried out during her period as tutor and we extend a warm welcome to Miss Stevenson.

(VI) **Miscellaneous.**

The medical officers of the Child Welfare section undertake the medical care and supervision of the infants and children attending the day nurseries and toddlers' playgrounds, and, on behalf of the Child Welfare Medical Officer, give general medical care to those children in the residential nurseries, tuberculosis preventorium, and to the deprived children in the children's homes provided by the

Children's Committee. Thus, a close association exists between the Child Welfare section and the Children's Department to our mutual benefit. The Scottish Association for the Adoption of Children, an association founded in 1923, has its headquarters in a room in the Child Welfare Department, and as the Child Welfare Medical Officer is Honorary Medical Adviser to the Association, the contact is an intimate one.

Acknowledgments.

Even the most cursory perusal of this report will show that a considerable field is covered, and it can only be covered satisfactorily when those engaged in the work, whether in an official or a voluntary capacity, give of their best. This is done in full measure and my most grateful thanks are extended to them all. My thanks are also due to my colleagues, the Chief Executive School Medical Officer and the Chief Dental Officer for the facilities they grant to the Child Welfare section.

TABLE 1.—ANTE-NATAL AND POST-NATAL SUPERVISION.

	Ante-natal	Post-natal
Number of clinics at end of year provided by local authority	3	—
Number of clinics at end of year provided by voluntary bodies	—	—
Total number of women who attended at the clinics during the year ...	323	75

TABLE 2.—MIDWIFERY SERVICE.

I. Total number of births notified—				
(i) Live : Institutional	7,951			
Domiciliary	1,266			
		9,217		
(ii) Still : Institutional	223			
Domiciliary	14			
		237		
				9,454
II. Total number of births in (I.) occurring in institutions—				
Simpson Memorial Maternity Pavilion	3,326			
Elsie Inglis Maternity Hospital	1,625			
Eastern General Hospital	1,442			
Western General Hospital	1,223			
Nursing Homes	557			
Others	1			
		8,174		
III. Total number of domiciliary births in (I.) classified to show nature of attendance at birth—				
(i) *National Health Service (Scotland) Act*, 1947				
(*a*) Doctor engaged and present at confinement...	880			
(*b*) Doctor engaged but not present at confinement	376			
(*c*) Midwife alone (no doctor engaged)	3			
(*d*) Doctor alone (no midwife engaged)	4			
		1,263		
(ii) *Other cases*				
(*a*) Doctor engaged	16			
(*b*) Midwife alone (no doctor engaged)	—			
(*c*) Without doctor or midwife	1			
		17		
			1,280	
			9,454	9,454

TABLE 3.—PUERPERAL FEVER AND PUERPERAL PYREXIA.

Number of cases of puerperal pyrexia notified ...	31		
Number of cases of puerperal pyrexia confirmed		11	
Number subsequently developing into puerperal fever ...			20
Number of cases of puerperal fever notified ...	8		
Number of cases diagnosed as puerperal pyrexia ...		1	
Number of cases of puerperal fever confirmed			7
		—	—
Total number of cases of confirmed puerperal pyrexia ...		12	
Total number of cases of confirmed puerperal fever ...			27
		—	—

TABLE 4.—DEATHS and AGE at DEATH of CONFIRMED CASES of PUERPERAL FEVER.

NONE

TABLE 5.—AGES of PATIENTS suffering from PUERPERAL FEVER.

15 years and under 20 years	0
20 years and under 25 years	8
25 years and under 30 years	5
30 years and under 35 years	9
35 years and under 40 years	3
40 years and over	2
	—
TOTAL ...	27
	—

Table 6.—MATERNAL DEATHS.

Causes of Death	Age at Death							
	15–20	20–25	25–30	30–35	35–40	40–45	45+	Total
Puerperal sepsis	—	—	—	—	—	—	—	—
Toxæmia	—	—	—	—	—	—	—	—
Hæmorrhage	—	—	—	—	—	—	—	—
Embolism	—	—	—	—	—	—	—	—
Other Conditions ...	—	—	—	—	1	—	—	1
	—	—	—	—	1	—	—	1

Table 7.—MATERNAL DEATHS, 1951–1954.

Numbers and Rates per 1000 Total Births (Live and Still).

	1951		1952		1953		1954	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Septicæmia	2	0·3	—	—	—	—	—	—
Toxæmia	1	0·1	—	—	2	0·3	—	—
Hæmorrhage	1	0·1	—	—	2	0·3	—	—
Embolism	1	0·1	1	0·1	—	—	—	—
Other Conditions ...	3	0·4	—	—	1	0·1	1	0·1
	8	1·1	1	0·1	5	0·7	1	0·1

Table 8.—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
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
1948	8,674	5	0·6	9	1·0	14	1·6	2	0·2	13	1·5	15	1·7
1949	8,357	1	0·1	1	0·1	2	0·2	—	—	4	0·5	4	0·5
1950	7,864	1	0·1	4	0·5	5	0·6	—	—	5	0·6	5	0·6
1951	7,557	3	0·4	4	0·5	7	0·9	2	0·3	6	0·8	8	1·1
1952	7,324	1	0·1	—	—	1	0·1	—	—	1	0·1	1	0·1
1953	7,404	2	0·3	3	0·4	5	0·7	—	—	5	0·7	5	0·7
1954	7,414	—	—	1	0·1	1	0·1	—	—	1	0·1	1	0·1

TABLE 9.—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 1950	2,006	1,888	118	5·9
2nd ,, ...	2,029	1,919	110	5·4
3rd ,, ...	1,857	1,769	88	4·7
4th ,, ...	1,782	1,691	91	5·1
Year 1950	7,674	7,267	407	5·3
1st Quarter 1951	1,963	1,875	88	4·5
2nd ,, ...	1,949	1,813	136	7·0
3rd ,, ...	1,827	1,725	102	5·6
4th ,, ...	1,614	1,538	76	4·7
Year 1951	7,353	6,951	402	5·5
1st Quarter 1952	1,768	1,689	79	4·5
2nd ,, ...	1,890	1,787	103	5·4
3rd ,, ...	1,791	1,684	107	6·0
4th ,, ...	1,680	1,578	102	6·1
Year 1952	7,129	6,738	391	5·5
1st Quarter 1953	1,823	1,745	78	4·3
2nd ,, ...	1,982	1,862	120	6·1
3rd ,, ...	1,754	1,657	97	5·5
4th ,, ...	1,682	1,598	84	5·0
Year 1953	7,241	6,862	379	5·2
1st Quarter 1954	1,853	1,751	102	5·5
2nd ,, ...	1,945	1,837	108	5·6
3rd ,, ...	1,770	1,679	91	5·1
4th ,, ...	1,688	1,603	85	5·0
Year 1954	7,256	6,870	386	5·3

TABLE 10.—BIRTH RATES for eight large towns in Scotland and for the whole of Scotland.

Year	Scotland	Glasgow	Edinburgh	Dundee	Aberdeen	Paisley	Greenock	Motherwell and Wishaw	Clydebank
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
1948	19·4	20·2	**17·2**	19·8	19·1	18·9	21·2	21·2	21·1
1949	18·5	19·0	**16·7**	18·7	17·5	18·5	20·9	20·5	23·2
1950	17·9	18·4	**15·7**	17·8	17·2	17·4	20·1	18·7	22·4
1951	17·7	18·4	**15·7**	17·6	16·5	17·1	20·4	17·3	22·7
1952	17·7	18·7	**15·0**	17·7	16·5	17·0	18·6	18·6	22·5
1953	17·8	18·7	**15·4**	17·9	16·6	17·5	20·0	19·4	21·6
1954	18·0	19·4	**15·5**	18·1	17·4	17·7	20·6	18·8	21·9

Table 11.—Edinburgh and Scotland—STILL-BIRTH RATES (per 1000 Total Births, Live and Still), 1945–1954.

Year	Edinburgh		Scotland	
	No.	Rate	No.	Rate
1945	214	28	2,949	33
1946	305	32	3,483	32
1947	268	26	3,563	31
1948	254	29	2,966	29
1949	203	24	2,666	27
1950	190	24	2,558	27
1951	204	27	2,470	27
1952	195	27	2,430	26
1953	163	22	2,307	25
1954	158	21	2,399	25

Table 12.—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
1914	28·6	6·5	5·7	2·9	44	110
1915	26·5	7·2	6·1	4·1	44	132
1916–20	27·7	5·4	4·4	4·5	42	105
1921–25	23.0	4·3	4·5	3·2	35	91
1926–30	22·8	3·7	3·6	1·9	32	75
1931–35	23·6	3·4	2·7	2·3	32	68
1636–40	23·9	5·0	3·6	2·5	35	65
1941–45	21·5	3.3	1·4	1·8	28	55
1946	19·1	3·8	1·4	1·7	26	52
1947	16·9	2·1	2·4	1·3	23	49
1948	15·3	2·1	1·2	0·6	19	34
1949	15·7	1·2	1·0	1·0	19	32
1950	14·9	1·4	1·2	0·7	18	29
1946–50	16.4	2·1	1·4	1·1	21	39
1951	13·7	1·9	1·0	0·1	17	27
1952	14·9	2·5	0·4	1.0	19	29
1953	12·8	1·1	1·1	0·6	16	24
1954	16·7	1·1	0·7	0·1	19	25

Table 13.—NEO-NATAL MORTALITY.

Rates per 1000 Live Births.

Year	Premature Birth	Injury at Birth	Congenital Malformation	Diarrhœa and Enteritis
1914	17.0	1·4	3·1	0·5
1915	18·3	0·2	2·4	0·7
1916–20	20·4	0·9	2·4	0·3
1921–25	17·2	0·9	2·9	0·8
1926–30	15·8	2·7	2·8	0·3
1931–35	14·3	3·7	1·9	0·5
1936–40	13.1	5·1	2·9	1·2
1941–45	11·6	2·8	3·7	1·2
1946	10·7	1·6	3·2	0·6
1947	9·1	2·4	3·5	1·0
1948	4·8	3·0	3·0	0·2
1949	5·4	3·3	3·0	—
1950	4·7	3·5	2·7	0·1
1946–50	7·3	2·8	3·1	0·4
1951	2·9	3·9	2·4	—
1952	4·6	1·1	3·5	—
1953	3·7	2·5	2·9	0·1
1954	5·1	3·3	3·3	0·1

Table 14.—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	1899	147	1918	94	1937	70
1881	128	1900	132	1919	Y117	1938	61
1882	121	1901	143	1920	89	1939	59
1883	128	1902	119	1921	P96	1940	68
1884	135	1903	117	1922	91	1941	66
1885	120	1904	125	1923	82	1942	56
1886	136	1905	124	1924	89	1943	54
1887	137	1906	112	1925	96	1944	51
1888	128	1907	121	1926	80	1945	50
1889	133	1908	R114	1927	80	1946	52
1890	144	1909	113	1928	75	1947	49
1891	138	1910	103	1929	80	1948	34
1892	135	1911	115	1930	82	1949	32
1893	148	1912	110	1931	69	1950	29
1894	125	1913	101	1932	73	1951	27
1895	152	1914	110	1933	66	1952	29
1896	122	1915	132	1934	62	1953	24
1897	164	1916	100	1935	70	1954	25
1898	•141	1917	T123	1936	68		

• 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 15.—INFANT and NEO-NATAL 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
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
1946-50	8,693	17·9	185	21	164	19	349	40
1951	7,353	15·7	123	17	73	10	196	27
1952	7,129	15·0	134	19	72	10	206	29
1953	7,241	15·4	113	16	64	8	177	24
1954	7,256	15·5	135	19	50	6	185	25

Table 16.—INFANT AND NEO-NATAL MORTALITY RATES.

	INFANT MORTALITY RATES					NEO-NATAL MORTALITY RATES				
Year	Scot-land	Glas-gow	Edin-burgh	Dundee	Aber-deen	Scot-land	Glas-gow	Edin-burgh	Dundee	Aber-deen
1945	56	68	**50**	57	54	29	31	**25**	34	27
1946	54	67	**52**	47	42	30	35	**26**	37	24
1947	56	77	**49**	70	64	29	35	**23**	33	26
1948	45	56	**34**	47	34	25	29	**19**	19	20
1949	41	49	**32**	44	30	23	24	**19**	29	16
1950	39	44	**29**	50	29	23	25	**18**	29	17
1951	37	46	**27**	41	27	22	25	**17**	25	18
1952	35	41	**29**	31	30	19	28	**19**	20	18
1953	31	36	**24**	32	27	19	22	**16**	20	19
1954	31	35	**25**	33	22	21	21	**19**	23	15

TABLE 17.—CAUSES of DEATH among CHILDREN under FIVE YEARS during 1954.

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
Tuberculosis Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	2
Cerebro-spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Meningococcal Infections	—	—	—	—	—	—	1	—	2	3	2	—	—	—	2	5
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Measles	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Other Infectious and Parasitic Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (other forms)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	4	1	1	—	6	9	1	2	1	19	2	—	—	—	2	21
Bronchitis	—	—	—	—	—	1	—	—	—	1	—	1	—	—	1	2
Other Respiratory Diseases	—	—	—	—	—	1	—	—	—	1	—	1	1	—	2	3
Intestinal obstruction and Hernia	—	1	—	—	1	—	—	—	—	1	—	1	—	—	1	2
Gastro-Enteritis ...	—	—	—	1	1	2	2	1	1	7	1	—	—	—	1	8
Other Digestive Diseases	1	—	—	—	1	1	1	—	—	3	—	—	—	—	—	3
Hydrocephalus ...	1	—	—	—	1	2	—	—	—	3	1	—	—	—	1	4
Congenital Heart ...	1	2	1	—	4	1	1	1	—	7	1	—	—	1	2	9
Other Congenital Malformations	15	3	1	—	19	1	1	1	—	22	—	—	—	—	—	22
Injury at Birth ...	24	—	—	—	24	—	—	—	—	24	—	—	—	—	—	24
Post-natal Asphyxia and Atelectasis	28	—	—	—	28	—	—	—	—	28	—	—	—	—	—	28
Other Infections of New-born	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of early infancy	9	—	—	—	9	—	—	—	—	9	—	—	—	—	—	9
Immaturity	36	—	1	—	37	—	—	—	—	37	—	—	—	—	—	37
Accidents:— Suffocation	—	—	—	—	—	5	3	1	—	9	1	—	—	—	1	10
Overlaying	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Out of Doors ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Other	—	—	—	—	—	—	—	—	—	—	1	1	2	2	6	6
All Other Causes ...	3	—	1	—	4	2	—	2	1	9	3	3	3	3	12	21
Total ...	122	7	5	1	135	25	10	9	6	185	13	9	6	6	34	219

TABLE 18.—DEATHS from RESPIRATORY DISEASES.

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Pneumonia—										
Under 4 weeks ...	11	32	30	20	14	7	6	10	10	6
Total under 1 year ...	52	75	84	41	26	24	24	27	30	19
Total under 5 years ...	67	83	95	46	31	27	28	33	33	21
Bronchitis—										
Under 4 weeks ...	—	—	—	—	1	—	—	—	—	—
Total under 1 year ...	11	11	10	9	14	8	6	3	—	1
Total under 5 years ...	12	13	11	10	18	9	7	4	—	2

TABLE 19.—EDINBURGH—INFANT MORTALITY RATES in Wards.

Ward	Infant Mortality Rates (per 1000 Live Births)					
	1949	1950	1951	1952	1953	1954
1. St Giles	27	27	40	35	32	45
2. Holyrood	32	31	36	28	23	25
3. George Square	19	11	17	34	12	35
4. Newington	43	37	20	29	30	27
5. Liberton	22	14	37	31	26	20
6. Morningside	25	31	15	12	21	30
7. Merchiston	25	37	29	26	16	28
8. Colinton	23	16	50	27	13	13
9. Sighthill	25	11	15	25	13	24
10. Gorgie-Dalry	27	9	30	12	11	29
11. Corstorphine	35	13	12	39	25	14
12. Murrayfield and Cramond	36	26	—	20	6	11
13. Pilton	55	49	26	34	36	25
14. St Bernard's	33	36	31	35	27	19
15. St Andrew's	37	40	24	22	31	27
16. Broughton	18	28	15	34	29	11
17. Calton	27	34	22	39	24	32
18. West Leith	34	25	20	37	22	29
19. Central Leith	38	27	25	26	41	20
20. South Leith	52	42	15	26	27	19
21. Craigentinny	25	26	27	27	22	38
22. Portobello	22	32	35	15	20	15
23. Craigmillar	43	46	30	45	23	38
City Rate ...	**32**	**29**	**27**	**29**	**24**	**25**

TABLE 20.—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	2	—	—	—	—	—	—	—	—	—	2	—	4

Treatment was given :—

	Cases
At home	2
In hospital	2
TOTAL	4

Table 21.—CHILD WELFARE CLINICS.

(i) Number of clinics at end of year provided by local health authority ... 29*

* Includes 1 clinic at Emergency Housing Camp.

(ii) Number of clinics provided by voluntary bodies at end of year ... —

(iii) Total number of children under 5 years of age who attended at the clinics during the year—

(*a*) under 1 year of age	7,131
(*b*) over 1 year of age	3,562
	10,693

(iv) Total number of attendances made by children during the year—

(*a*) under 1 year of age	50,643
(*b*) over 1 year of age	20,815
	71,458

Table 22.—ULTRA-VIOLET RAY CLINICS.

Number of sessions held— 659.

Total number of attendances made by children under 5 years of age during the year—

	First Attendances	Subsequent Attendances	Total
(*a*) under 1 year of age	63	421	484
(*b*) over 1 year of age	786	8,690	9,476
	849	9,111	9,960

Table 23.—DAY NURSERIES.

	Approved Places	Average No. on Roll	Possible Attendances	Actual Attendances	Percentage of Attendances
Craigmillar	50	53	13,515	10,317	76
Dean	30	35	8,925	6,420	72
Dumbiedykes ...	30	34	8,670	6,778	78
Gilmore Place ...	40	40	10,200	8,188	79
Granton	60	58	14,790	11,195	76
Lochend	30	29	7,395	5,126	69
Niddrie	45	46	11,730	9,444	81
Pilrig	40	42	10,710	8,872	83
St Kentigern's ...	80	75	19,125	14,281	75
South Fort Street...	60	56	14,280	9,885	69
Stenhouse ...	50	52	13,260	10,888	82
Tollcross	30	35	8,925	7,417	83
Victoria Park ...	65	64	16,320	13,174	81
West Pilton ...	50	53	13,515	11,451	85
	660	672	171,360	133,436	—

Average attendance during the year—78 per cent.

TABLE 24.—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 1954		
		Aged 0-2	Aged 2-5	Others
PUBLIC HEALTH DEPARTMENT				
Willowbrae House	Short-stay	16	—	—
MATERNITY AND CHILD WELFARE DEPARTMENT				
St Helen's, 7 West Coates	"	15	15	—
Viewforth Nursery, 22 Viewforth Terrace ...	"	15		—
Henderson Row Nursery, 73 Henderson Row	"	15		—
CHILDREN'S OFFICER'S DEPARTMENT.				
St. Katharine's Children's Home, Howdenhall Road, Liberton	Either	40	—	—
Clerwood Children's Home, Clermiston Road, Corstorphine	"	38	—	—
Canaan Lodge Children's Home, Canaan Lane	"	—	26	54
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 1954		
		Aged 0-2	Aged 2-5	Others
Challenger Lodge (Edinburgh Cripple Aid Society), Boswall Road	Long-stay	—	4	22
Edinburgh Home for Babies, "Avenel," 30 Colinton Road	Either	23	2	—

TABLE 25.—NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

	No. of applications received	Number of Certificates				No. of children being cared for at end of year	No. of inspections made	No. of cases in which no inspection made
		Issued	Refused	Cancelled	In force at end of year			
1. Nursery premises ...	1	1	—	—	3	85	15	—
2. Child-minders ...	2	2	—	1	2	44	5	—

Table 26.—TODDLERS' PLAYGROUNDS.

Centre	Number on Roll	Daily Attend-ances	Centre	Number on Roll	Daily Attend-ances
Fountainbridge ...	22	17	Yardheads, Leith ...	36	30
Pleasance	33	24	Boswall Parkway ...	40	26
Stockbridge	24	19	Granton	40	32
Tron Square	24	17	Lochinvar	38	23
Abbeyhill	21	16	Lochend	25	20
Barony Place	30	22	Marshall Street	22	17
Carrick Knowe ...	27	20	Portobello	36	30
Elm Row	36	23	Canongate	18	18
St Ninian's, Leith ...	25	24	West Pilton	27	22
Craigentinny	20	17	Greenside	20	15
Jamaica Street	23	18	Sighthill...	18	12

Table 27.—WELFARE FOODS DISTRIBUTION.

Uptake of Welfare Foods—28th June to 31st December 1954.

	National Dried Milk	Cod Liver Oil	A and D Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
General	114,157	32,598	9,559	142,539
To day nurseries, hospitals, etc.	1,838	1,666	106	8,151
Total	115,995	34,264	9,665	150,690
Average Monthly Uptake ...	19,332	5,711	1,611	25,131

Table 28.—DENTAL CARE OF MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE.

	Expectant Mothers	Nursing Mothers	Pre-School Children
1. Number inspected by dental officers	132	118	1,161
2. Number found to require treatment	132	118	1,161
3. Number accepting treatment	132	117	1,161
4. Number actually treated by dental officers ...	132	117	1,161

TABLE 29.—MOTHER AND BABY HOMES.

PROVIDED BY VOLUNTARY ASSOCIATIONS.

Name and Address of Home or Hostel	Number of Beds		
	Ante-natal	Post-natal	Cots
Edinburgh Home for Mothers and Infants, 17 Claremont Park, Leith	6	6	12
Haig-Ferguson Memorial Home, 4 Lauriston Park ...	12		4
Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road ...	7	22	24

Total number of women admitted during the year to these three homes (ignoring re-admissions after confinement) 113

TABLE 30.—HEALTH VISITING.

	Number Visited	First Visits	Subsequent Visits	Total
(*a*) Expectant mothers ...	2,590	2,590	1,203	3,793
(*b*) Infants (under 1 year)	10,733	7,103	36,540	43,643
(*c*) Children (1–5 years) ...	17,394	567	63,374	63,941
(*d*) Other cases	8,324	8,324	1,740	10,064
		18,584	102,857	121,441
(*e*) Waste Visits				32,724
			Total ...	154,165

SCHOOL HEALTH SERVICE.

REPORT BY THE CHIEF EXECUTIVE SCHOOL MEDICAL OFFICER

The following report for the year ending 31st July, 1954, is the forty-seventh since the institution of school medical inspection in Edinburgh and the twenty-fourth since the transfer of the service to the municipality.

General Statistics.

Population of the area	470,847
Number of schools (under the Education Committee) :—	
(*a*) Nursery	10
Nursery classes	12
(*b*) Primary	80
(*c*) Secondary	22
*(*d*) (i) Special schools	16
(ii) Special classes in ordinary schools	1
(*e*) In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School and Cowgate Nursery School) ...	2
Total	143

* Includes the following not medically inspected by the Authority: Astley Ainslie Hospital, Challenger Lodge, Princess Margaret Rose Hospital, Royal Hospital for Sick Children and Southfield Hospital.

Number of children on the registers :—	
Primary	37,737
Roman Catholic	5,266
Episcopal	500
Secondary	14,774
Roman Catholic	2,162
Special	868
Nursery schools	621
Nursery classes	360
Total	62,288
Average number of children in attendance	58,095
Average number of children in hospital classes	239
Average number of children taught at home by visiting teachers	70

Organisation and Administration.

Sanitary Condition of Schools.—Section 20 (3) of the 1946 Act lays upon school medical officers the duty of inspecting and reporting on school premises, and particular attention was paid during the past year to this function of the School Health Service. The tables given below show the results of routine inspection of premises and also of investigation of specific defects referred by headmasters personally to school medical officers and those noted in Her Majesty's Inspectors' reports.

Routine Inspection of School Premises.

Number of Schools Inspected—76.

	Satisfactory	Unsatisfactory	Action suggested by Inspecting Medical Officer	Action recommended by Chief Executive School Medical Officer to Director of Education
GENERAL :				
(1) Heating	55	21	5	5
(2) Lighting	65	11	6	4
(3) Ventilation	69	7	3	2
(4) Cleanliness	73	3	2	1
PARTICULAR :				
(*a*) Classrooms	58	18	4	2
(*b*) Cloakrooms ...	62	14	2	1
(*c*) Corridors	65	11	2	1
(*d*) Dining centre ...	56	20	9	5
(*e*) Drinking water ...	49	27	7	7
(*f*) Gymnasium ...	35	7	1	1
(*g*) Hall	47	9	2	1
(*h*) Medical room ...	68	8	1	1
(*i*) Playgrounds—				
1. Space ...	59	17	3	—
2. Surface ...	53	23	3	1
(*j*) Showers	10	4	—	—
(*k*) Staff rooms	56	20	8	3
(*l*) Wash basins ...	56	20	8	6
(*m*) Towels	60	16	—	—
(*n*) Urinals	47	27	10	10
(*o*) W.C's	47	29	9	9
(*p*) Provision of W.C's which are reserved for older girls ...	15	10	3	3
(*q*) Arrangements for personal hygiene for older girls ...	19	6	2	1
TOTAL ...	1,124	328	90	64

In a number of the older schools, accommodation was below standard and incapable of improvement, and school medical officers made no recommendations, the only possible remedy being the replacing of an obsolete school with a new one. In 26 cases in which school medical officers made recommendations, further investigation showed that they were impracticable in view of the conditions existing in the schools concerned. In the remaining 64, recommendations were made to the Director of Education for consideration by the City Architect's Department.

Specific Defects referred to Assistant School Medical Officers by Headmasters.

Nature of Defect.

Inadequate lighting	1
Inadequate ventilation	1
Inadequate drinking water	1
Defective lavatories	4
Offensive smell (piggeries)	1
Leak of gas	2
Risk of accident—playground	2
workshop	1
gymnasium	1
Total	14

Specific Defects noted in Reports of Her Majesty's Inspectors of Schools.

Nature of Defect.

Inadequate heating	1
Defective lavatories	2
Defective urinals	1
Inadequate drinking water	1
Risk of traffic accident	1
Inadequate fire protection	2
Total	8

In all 22 cases, recommendations were made to the Director of Education.

System and Extent of Medical Inspection and Treatment.

Inspection.

Inspections have been carried out in accordance with the scheme formulated by the Department of Health for Scotland.

(1) Systematic (Routine) Inspection of the specified age groups.

(2) Non-routine (Special) Inspection of pupils referred by teacher, parent or school health visitors.

(3) Supervision of pupils found at previous inspection to be suffering from disease or defect.

(4) Routine Medical Inspection of pupils in schools for the physically and mentally handicapped.

(5) Class-room Inspection.

There was also periodic inspection of children receiving home tuition. Examination was provided of children over 13 for part-time employment; of volunteers for potato picking; of classes going to camp schools; of applicants for theatrical work; of persistent truants appearing before the School Management Committee; of children admitted to the Remand Home, and of those for whom Approved School Reports were required by the Juvenile Courts.

School doctors examined pupils who made a low score in the group intelligence tests given to all pupils at the ages of 7 and 11 years. Physical defects likely to have prejudiced the performance of these tests were discussed with the Principal Psychologist and her assistants.

Arrangements were also made throughout the session for cleanliness inspections, dental inspections, diphtheria immunisation and examinations for vocational guidance.

Examination by the Mass Radiography Unit was made available to pupils in Day Institutes and Secondary Schools and to pupils of secondary school age in Special Schools.

Treatment.

The Health Centre, Sighthill.—In order that fuller advantage might be taken of the Centre, arrangements were made for the transfer to its ultra-violet radiation department of school children resident in the area who previously attended the school clinic in the Pleasance. A clinic was also opened by the school chiropodist for children resident in the Sighthill area.

Inch.—A Minor Ailments Clinic was opened in Inch Primary School to serve the needs of the much enlarged school population of the new housing areas to the south of the city.

Clinics and medical services provided are shown in the following table :—

Clinic	Doctor's Clinic	Minor Ailments Treatment	Aurist	Ophthalmologist	Dermatologist	Orthopædic Surgeon	Physiotherapist	Ultra-Violet Light	Chiropodist	Scabies
Main Treatment Centres										
45 Lauriston Place ...	x	x	x	x	x					
5 Links Place ...	x	x	x	x			x	x	x	x
Sighthill Health Centre		x					x	x	x	
Sub-Clinics										
Craigentinny School	x	x								
Craigmuir School ...		x								
Granton School ...	x	x								
High School Yards ...	x	x								x
Inch Primary School		x								
Niddrie Old Farmhouse	x	x								
Pennywell School ...	x	x								
St. John's School ...		x								
Orthopædic Clinic										
60 Pleasance						x	x	x		

Treatment for minor ailments was also given by inspection nurses in schools for handicapped children.

The incidence of scabies remains unchanged.

The fall recorded last year in the number of children referred to the aurists and of those recommended by the aurists for operative treatment has not been maintained. Instead, a small increase is recorded.

The work of the speech therapists has continued unchanged throughout the year.

Prevention of Accidents and First Aid.—Workshops in technical institutes administered by an education authority are outwith the concern of the Factory Acts and are not inspected. Students, however, are employed on the same machines, equipment and processes as workers in industrial workshops and are liable to industrial hazards. During the session Dr Robert Jack undertook medical supervision of the Ramsay Technical Institute. He has made recommendations on the guarding of machinery and other methods of accident prevention

and has trained members of the staff in first aid up to the standard of First Aid Instructor. In addition, a standard first aid box has been evolved and an adequate number of such boxes installed throughout the Institute.

During the year, Dr Douglas Murray visited the nine sports grounds administered by the Education Authority, discussed the prevention of accidents with the groundsmen, and advised on the procedure to be followed and the methods of first aid to be used when injury or accident occurred. Following these discussions, a standard first aid box was supplied to each pavilion.

Specialist Services.—Examination and minor treatment in the school clinics is provided by aurists, ophthalmologists, a dermatologist and an orthopædic surgeon of the Hospital Service, who refer children for major treatment to the appropriate hospitals in the city.

Unless in exceptional circumstances, children found to require specialist attention not available in the clinics or departments mentioned above are referred by school medical officers to their family doctors for action and not direct to hospital.

System and Extent of Dental Inspection and Treatment.

REPORT BY THE SENIOR DENTAL OFFICER.

Staff.—By the loss of three dental officers during the year 1953-54, some dental work was delayed, but with new appointments the staff at the close of the session had risen to fourteen full-time dental officers, one half-time dental officer and two oral hygienists.

In addition to the part-time attendance of Dr Russell Logan, the orthodontic consultant, the dental department has been fortunate in obtaining the services of Mr A. E. Duvall for periodic consultation and treatment of difficult oral surgery cases.

For these facilities we are indebted to the Regional Hospital Board and the Edinburgh Dental Hospital, and would like to acknowledge their co-operation and help.

Clinics.—The opening in March 1954 of dental suites attached to the new schools of St David's, Pilton and the Inch Timber relieved the heavy demand on other clinics. A further centre is approved in the South Fort Street Maternity and Child Welfare Centre to cater for about 2,000 school children, mothers and infants in the area, at present served by the clinic at 5 Links Place, which is the treatment centre for a population of 12,000 children. It is not possible to offer these children dental treatment in less than two-and-a-half-year intervals, and a new clinic will reduce the time by at least six months.

The policy of gradual expansion of the dental service, particularly in opening new surgeries in new schools, has proved beneficial to parents and children in saving time and travelling expenses. The cost of building is economical compared with the expense of separate clinics.

For some time it has been evident that the clinic at Lauriston Place is becoming insufficient for the growing demands made on it. This is the busiest

dental centre in the city, and there is difficulty in finding the necessary accommodation to deal with the number of patients who attend. Furthermore, the building, designed as a private house, is in four floors, which increases working difficulties.

Treatment.—The combined figures of dental inspection and treatment (Table V) during the year again show an increase in conservation of teeth with a total of 18,862 fillings completed. The figure of 16,808 extractions remains high. In connection with a welcome fall in the total of general anæsthetics, there are signs that, with more understanding of the National Health Scheme, parents have been influenced to seek treatment for their children at earlier stages, and also that dental surgeons are not encouraged to take any risk in the procedure of acting as both operator and anæsthetist at the same time. The two factors have resulted in the administration of a higher number of local anæsthetics.

Table V shows a large number of "other operations," which include 108 dentures fitted for school children as a result of teeth lost, usually by accident, 118 appliances for correcting irregularities of teeth, 26 root fillings, 15 teeth crowned and 4,978 cases of scaling and gum treatment. The last item mainly represents the work of the two oral hygienists, whose work is divided between four centres. The X-ray machines were used in 491 cases.

During the second part of the year under review, the Education Department has co-operated with general dental practitioners in allowing attendance marks to school children for dental treatment during school hours. Forms signed by both dentist and head teacher certified attendances and have provided reliable information and also a check on absenteeism.

Group talks and films for propaganda purposes were held by the oral hygienists at seventeen meetings at schools, and three lectures with films to Parent/Teacher and Mothers' Clubs were given by dental officers. In November, 1953, many of the dental staff took part in a Sunday cinema show, assisted by a school choir.

A training scheme for dental attendants has been inaugurated by the Organiser for Further Education, and many of the dental staff are to take part in preparing candidates for a certificate examination.

Maternity and Child Welfare.—Details of the work of the School Dental Service in this field are given in the report of the Maternity and Child Welfare Medical Officer.

School Nursing.

Twenty-six health visitors continue to be wholly occupied on various duties including nursing at treatment and specialists' clinics in the three main treatment centres, instruction in mothercraft in secondary schools, duties as inspection nurses at groups of schools, staffing the sub-clinics and the ultra-violet light clinics, discussing and advising on matters of health and hygiene with children, parents and teachers and carrying out home visits. During the year 2,419 home visits were paid.

Co-operation with Voluntary Bodies and other Outside Agencies.

Voluntary Bodies.—Co-operation is maintained with the Association for Mental Welfare, Catholic Enquiry Office, Central Clinic for the Blind, Children's Holiday Fund, Council of Social Service, Cripple and Invalid Children's Aid Society, Royal Scottish Society for the Prevention of Cruelty to Children, St. Andrew's Ambulance Association, Scottish Council for the Care of Spastics, Seaforth Sanatorium Trust, the Voluntary Youth Welfare Association, and the Women's Voluntary Service.

University and Other Teaching Bodies.—Lectures as well as practical insight into school health work by visits have been given to post-graduate and undergraduate students of medicine, to Queen's Nurses, and to nurses studying for a Health Visitor's Diploma. Instructional visits have also been arranged for doctors and others visiting this country from overseas.

Forty-eight five-year-old children were concerned in a national survey organised by the Institute of Child Health of the University of London. In each case, home visits were paid by school nurses.

General Practitioners.—After full discussion with the local medical committee a routine procedure has been established for the referral of school children to specialists. In all cases, except those requiring the attention of the oculist, the family doctor is first consulted, and a copy is sent to him of all reports received from specialists.

On the subject of irregular attendances, 122 telephone conversations have been held with general practitioners.

Co-operation with Hospitals and with Teachers and Parents.

Co-operation with hospitals' medical staff and almoners has remained close and the cordial relationship between teachers and the staff has continued. The work of the parents' associations has facilitated the excellent relationship with the parents of school children.

An increasing number of school children with hearing defects have been fitted with instruments at the Hearing Aid Centre and in order that the best use may be made of these instruments, the children are supervised in school by Dr Jean Willison, who acts as liaison officer with the Hearing Aid Centre.

A school nurse attends the weekly clinic for rheumatic diseases in the Royal Hospital for Sick Children.

Co-operation with Other Authority Departments.

Cordial co-operation continues, and special reference should be made to the help received from the Maternity and Child Welfare Medical Officer, who furnishes reports on all children approaching school age thought likely to need special supervision by the School Health Service. The staff of the Maternity and Child Welfare Service encourages parents of handicapped children to avail

themselves of that section of the Education Act which provides for examination by the school medical officer of children who have attained the age of two, and in this way early ascertainment and the provision of special educational treatment in nursery special schools is made possible. Children, blind as a result of retrolental fibroplasia, form a small but important group of handicapped children who are ascertained through the help of the Maternity and Child Welfare Medical Officer. There are now 6 of these children in the Royal Blind School and 5, still under school age, are on the waiting list.

The Findings of Medical Inspection.

In Table I details of the numbers examined during the school session are shown under the various categories. In Table II are detailed the numbers and percentages of children who at routine medical inspection were observed as suffering from defects.

Systematic Examinations. — The summary of systematic medical examinations shows that the percentage of nursery school children free from defect, which had fallen to 61·1 per cent. in 1952-53, rose to 66·3 per cent. Since 1946, the first year after the war when satisfactorily comparable figures were published, there has been an increase in all age groups of those free from defect and a still more noticeable drop in defects of a serious nature. This improvement is shown by the following figures :—

Year.	No Defect.	Serious Defect.
1945-46.	65·1 per cent.	13·4 per cent.
1953-54.	68·7 ,,	8·4 ,,

The improvement in school attendance of recent years is shown in the following table :—

1950–51	92·1 per cent.
1951–52	92·5 ,,
1952–53	92·5 ,,
1953–54	93·3 ,,

Average Heights and Weights.—In order to ensure accuracy in the weighing and measuring of children, arrangements have been made with the Weights and Measures Department of the city for the yearly testing of all machines used in the School Health Service.

A British standard for weighing and height measuring machines was issued in 1953, and in future all appliances purchased will conform with this standard.

TUBERCULOSIS.

Mass Radiography of Pupils in Secondary Schools and Centres of Further Education.—As in previous years, examination was carried out in the main by the use of the mobile van, but towards the end of the school session the van was withdrawn for use in other areas. More pupils, therefore, than in previous years, were sent to the Static Unit.

	Male	Female	Total
No. examined at Static Unit	1,401	1,854	3,255
No. examined in Mobile Van	5,957	6,119	12,076
Total	7,358	7,973	15,331

	Male	Female	Total
No. found normal	7,258	7,847	15,105
No. recalled for large film	100	126	226 (1·5%)
No. of notified cases of Tuberculosis ...	6	16	22 (0·14%)

The 22 notified cases received treatment through their family doctors.

Investigation of Pupils exposed to Infection in School.—The Education Authority makes specially generous sick pay provisions for any teacher agreeing to submit annually to X-ray examination. Of the 2,384 certificated teachers employed by the authority, 1,945 accepted those provisions and, as a result of examination, 4 were notified as suffering from active pulmonary tuberculosis.

Of the 78 children notified as cases of tuberculosis throughout the year, 3 were considered likely to have been a possible source of infection to their class-mates. The parents of all class contacts of these pupils and of notified school teachers were advised to agree to Mantoux testing of their children and to X-ray examination of positive reactors: 93·4 per cent. of parents consented. The results of the examination are shown in the following table:—

	Male	Female	Total
No. offered Tuberculin Testing	200	191	391
No. accepted	187	178	365
Percentage accepted	93·5	93·2	93·4
No. Tuberculin Tested	181	175	356
No. of Positive Reactors and therefore referred to Mass X-ray	43	41	84
Percentage of Positive Reactors	23·8	23·4	23·6
No. of Negative Reactors	138	134	272
Percentage of Negative Reactors	76·2	76·6	76·4
Total No. of Absentees	6	3	9
Percentage of Absentees	3·2	1·7	2·5

No cases of active tuberculosis were found on X-ray examination.

B.C.G. Vaccination.—Throughout the winter two teams, each consisting of a school medical officer, school nurse and clerical assistant were engaged in the Mantoux testing and B.C.G. vaccination of children aged 13 years. Parents of all children of that age in the secondary schools, in Moray House School, and in one private school for girls, were asked to give their consent, and the following table gives the result:—

	Male	Female	Total
No. offered Tuberculin Testing	2,458	2,561	5,019
No. accepted	1,987	2,157	4,144
Percentage of acceptances	80·8	84·2	82·6
Total absenteeism due to absence from school or other causes (contacts, etc.)	164	173	337
Percentages of Absentees	8·2	8·0	8·1
No. Tuberculin Tested	1,823	1,984	3,807
No. of Positive Reactors	563	600	1,163
Percentage of Positive Reactors	30·9	30·2	30·5
No. of Negative Reactors and therefore Vaccinated	1,260	1,384	2,644
Percentage of Negative Reactors	69·1	69·8	69·5

Post-vaccinal inspection for complications was carried out on 1,189 boys (94·4 per cent. of those vaccinated); 1,311 girls (94·7 per cent. of those vaccinated); a total of 2,500 children (94·6 per cent. of those vaccinated).

The following complications occurred :—In one case, vaccination was followed by a severe reaction requiring treatment; three cases of mild reaction were kept under supervision but required no treatment. In all of these cases the reaction took the form of inflammation of the axillary glands.

Since B.C.G. vaccination was first introduced in Edinburgh schools in May, 1953, it has been offered to 5,192 children. Of these, 3,934 children have been tested and 2,724 children, being found to be negative reactors, have received vaccinations.

MEDICAL TREATMENT.

(1) Provided directly by School Health Service :—

A. Minor Ailments :—	New Cases	Attendances
(1) Cuts, bruises, sprains, minor injuries, etc.	8,470	17,147
(2) Diseases of the ear	867	3,754
(3) Diseases of the eye, excluding def. vision	968	2,179
(4) Diseases of the skin :—		
Ringworm (scalp)	—	—
Ringworm (body)	40	283
Scabies	16	35
Impetigo	1,047	3,104
Other diseases	720	2,240
Total	12,128	28,742
B. Doctors' Clinics	2,192	3,399
C. Sunray Treatments :—		
Pleasance Clinic—		
School children	96	869
Pre-school children	—	—
Leith Clinic—		
School children	136	1,303
Pre-school children	—	—

D. Orthopædic Clinics (Physiotherapist) :—	New Cases	Attendances
Pleasance Clinic—		
School children	240	3,103
Pre-school children	51	598
Leith Clinic—		
School children	83	545
Pre-school children	—	—
Sighthill—		
School children	41	818
Pre-school children	—	—

E. Chiropodist :—	New cases
Children examined	4,579
Children requiring treatment	298
Children who refused treatment	44
Special cases referred by medical officer or by Orthopædic Clinic	224
Total number of new cases treated ...	421

	Primary Schools	Secondary Schools	Total
No. of schools inspected	3	4	7
Children inspected	1,342	3,237	4,579
Children requiring treatment or advice	73 (5 %)	225 (7 %)	298 (7 %)

Of the 298 requiring treatment or advice, 85 (28·5 per cent.) were boys and 213 (71·5 per cent.) were girls.

Thirty-one appropriate cases have been referred to other departments by the chiropodist.

The remainder have been treated at the school chiropody clinics as follows :—

Condition	Attendances
Skin conditions	2,070
Nail conditions	287
Muscle and tendon conditions	200
Joint conditions	167
Bone conditions	32
Arch conditions	183
Posture and gait, shoes, etc.	46
TOTAL ...	2,985

F. **Immunisation :—**

Diphtheria.—5,294 children received injections of A.P.T. (of these 4,149 were reinforcing doses).

4,525 children received injections of T.A.F. (of these 4,202 were reinforcing doses).

Whooping Cough :—No children received injections this year.

G. **Infectious Diseases :—**

There were 6,171 cases and 664 contacts absent from school on account of infectious diseases.

Scabies :—

Cases and Attendances at Scabies Clinic.

Year	Age 0-5 Years	Age 5-15 Years	Age 15 Years+	All Ages	Total Attendances
1947	114	754	214	1,082	9,868
1948	101	577	172	850	8,412
1949	60	359	76	495	4,858
1950	36	251	75	362	3,455
1951	15	95	15	125	577
1952	14	74	8	96	510
1953	13	56	11	80	356
1954	19	46	18	83	313

(2) Given in School Clinics by Regional Hospital Board Specialists :—

	New Cases	Attendances
H. **Defective Vision**	1,959	4,249
Squint	302	665
Glasses prescribed	2,794	
Glasses supplied by dispensing optician ...	2,119	
I. **Nose and Throat**	813	1,270
Recommended for operative treatment ...	637	
J. **Skin Specialist's Clinic**	354	752
K. **Orthopædic Surgeon**	1,157	
Number of plasters supplied	161	
Number of children admitted to Princess Margaret Rose Hospital for operative treatment or manipulation	42	

An analysis of new cases seen by the visiting surgeon is given below :—

Congenital Deformities :

Spina bifida	2
Polydactylism	1
Talipes	4
Contractures	3
Torticollis	4

Diseases of the Nervous System :

Anterior poliomyelitis	12
Spastic paralysis	4

Tuberculosis—Bones and Joints :

Ankle	1
Fibula	1

Chronic Bone Disease :

Epiphysitis—Kohler Freiberg	3

Traumatism :

Ligamentous sprains	3

Static Deformities—Structural and Postural :

Pes cavus—calcaneo cavus	16
Pes planus—calcaneo valgus	30
Hallux rigidus : hallux valgus : hammer toe, etc.	33
Other foot deformities	2
Knock-knees	19
Bow legs	3
Scoliosis	8
Kypho-lordosis	9

Exostosis : Osteoma, etc. 3

(3) Carried out in Hospital :

	Boys	Girls	Total
IN-PATIENT TREATMENT—			
L. In-patients discharged from the Royal Hospital for Sick Children and from children's departments of general hospitals—			
Medical	258	265	523
Surgical	489	300	789
T. & A. operation	710	679	1,389
Skin conditions	—	4	4
Orthopædic conditions (excl. Princess Margaret Rose Hospital)	23	8	31
No diagnosis	39	36	75
M. In-patients discharged from Princess Margaret Rose Hospital—			
Orthopædic conditions	109	98	207
N. In-patients discharged from the City Hospital (figures incomplete—6 months only)—			
Infectious diseases	71	73	144
O. In-patients discharged from Southfield Sanatorium—			
Tuberculosis	9	15	24
Total number discharged from hospitals	1,708	1,478	3,186

OUT-PATIENT TREATMENT—	
P. Child Psychiatric Unit, Royal Hospital for Sick Children—referred by School Health Service ...	42
Q. Edinburgh Foot Clinic	97
R. Hearing Aid Clinic, Cambridge Street—new cases issued with aids	24
S. Orthoptic Clinic, Cambridge Street	56
T. Rheumatism Clinic, Royal Hospital for Sick Children	18
U. Royal Victoria Dispensary—Contacts	268
V. Royal Victoria Dispensary—contacts vaccinated with B.C.G.	65

SPECIAL SCHOOLS AND CLASSES.

(*a*) **Physically Handicapped.**—There are three day schools for physically handicapped children to which pupils are admitted on the recommendation of the school medical officer. The children on the rolls of these schools at the end of the year, 198 in number, are classified in Table IV, column 2.

For those with handicaps so severe that they cannot attend special day schools, a service of 8 visiting teachers is provided, 6 of whom are employed whole-time and 2 part-time, representing a total of 7 whole-time teachers, each of whom has ten children under her charge.

Dr Jessie Wilson periodically reviews the children on the visiting teachers' roll, and during the year 107 pupils received education from visiting teachers. The following summary shows the categories of handicap and the number of children in each category :—

Pulmonary Tuberculosis	13
Surgical Tuberculosis	3
Still's Disease	2
Dystrophy	1
Cerebral Palsy	8
Poliomyelitis	5
Other Orthopædic Conditions	17
Rheumatism, Chorea, etc.	12
Acquired Heart Disease	3
Congenital Heart Defect	3
Other Congenital Deformities	4
Accidents, Fractures, etc.	7
Post-encephalitis	1
Epilepsy	1
Other Diseases of the Nervous System	1
Asthma	2
Other Lung Conditions	2
Dermatitis	1
Nephritis	3
Hæmophilia	7
Leukæmia	1
Other Conditions	10
	107

(*b*) **Delicate and Convalescent Children.**—Middleton House, near Gorebridge, accommodates 38 of these children. 167 boys and 172 girls were admitted during the year.

(*c*) **Partially-Sighted Children** to the number of 31 are educated in Lauriston Special School—16 refractive errors and 15 other conditions. This includes 3 children from neighbouring counties.

(*d*) **Partially-Deaf Children** to the number of 92 are educated in St Giles' Special School for hard-of-hearing children. This includes 27 children from neighbouring counties.

(*e*) **Educationally Subnormal Children.**—In the ascertainment of children requiring special educational treatment, formal testing of intelligence and of educational attainments is performed by psychologists of the Child Guidance Clinic, who communicate their findings to Dr Constance Drysdale and Dr Paul Routley, the two assistant school medical officers specially engaged in work with the educationally subnormal.

There are six day schools (one of which is an Occupation Centre with a roll of 92) and one special class—the total roll being 529.

(*f*) **Speech Therapy** is given in small, special classes. During the year 787 children attended for therapy; 184 were stammerers, 19 had cleft palate and 584 had defective articulation; 216 cases were discharged, 84 discontinued treatment or left school before treatment was completed and 487 remain on the roll to continue treatment. This is carried out by four speech therapists employed whole-time by the Education Authority.

Number of Children Resident in Institutions.

Blind—	
Royal Blind School	18
Deaf—	
Donaldson's School	52
Deaf and Blind—	
St Vincent's R.C. School	3
Epileptic—	
Colony for Epileptics	3
Physically Handicapped—	
Challenger Lodge	10
East Park Home, Glasgow	2
Trefoil School	10
*Westerlea School (for Spastics)	9
Castlecraig, Peeblesshire	2
Kingsdown Diabetic Hostel near Deal, ...	1
Mentally Handicapped—	
Gogarburn Institution	46
St Joseph's Institution	10
St Charles' Institution	4
Psychological Residential Schools—	
Rudolf Steiner (Aberdeen)	1
Naemoor School, Perthshire	1
Hengrove School, near Tring, Herts. ...	1

* This includes 2 day pupils.

CLASS INSPECTIONS.

At these inspections, both by medical officers and by nurses, defects of health and of cleanliness have been noted and appropriate action taken.

As in previous years, the children have been divided into three categories of fitness. The percentage figures of these categories for the last seven sessions are given below.

	1947–48	1948–49	1949–50	1950–51	1951–52	1952–53	1953–54
Examined	36,316	42,584	51,637	54,364	49,848	56,870	50,800
Passed	75·2	72·6	73·8	76·5	74·9	76·00	76·8
Slight Defect	20·7	24·6	24·0	21·7	23·6	22·56	21·9
Marked Defect	4·1	2·8	2·2	1·8	1·5	1·44	1·3

In the session 1947-48 the percentage of Head Cards of those inspected was 8·49 (3,084 out of 36,316), in 1948-49 it was 10·8 (4,618 out of 42,584), in 1949-50 it was 8·9 (4,610 out of 51,637), in 1950-51 it was 6·6 (3,610 out of 54,364), in 1951-52 it was 6·7 (3,339 out of 49,848), in 1952-53 it was 5·9 (3,328 out of 56,870), and in 1953-54 it was 5·7 (2,905 out of 50,800).

AUDIOMETRIC TESTING.

The testing is carried out under the direction of the Headmaster of St Giles Special School for hard-of-hearing pupils. Staff changes, necessitating the training of the new personnel, again prevented a complete test of all schools. A portion of the tests performed were again of the gramophone test type owing to the lack of replacement of one of the obsolete instruments.

At each session, when children previously known to have defects of hearing are re-tested, a large proportion (of the order of 40 per cent.) show a return to normal hearing. These cases are largely children with temporary minor defects which clear in a comparatively short time as their condition of health, which created the defect, improves. During the session, 1,773 known cases of defect were re-tested and 766 returned to normal hearing.

To find if this defect could be eliminated from the permanent lists of defective children, an experimental re-test was made in 15 primary and 2 secondary schools. By the usual testing methods the number of defective cases in these schools was—Grade I, 156 (55 per cent.) ; Grade II (including IIA and IIB), 126 (45 per cent.). Total 282 (100 per cent.). The re-testing of these cases took place at intervals varying from 10 days to 4 weeks. After re-testing, the position was—Grade I, 73 (40 per cent.) ; Grade II, 109 (60 per cent.). Total still showing defect, 182 (100 per cent.). Number no longer defective, 100. The indication is, therefore, that without a re-test at a reasonable interval (approximately 4 weeks) there is a tendency for the number of defective cases to be unduly exaggerated by the inclusion of temporary minor defects.

The use of the re-test method will be tried during the following session, in the schools of Edinburgh, in order to examine the general result on a larger scale. The inclusion of this method, as standard practice, will not be possible without further assistance. By the present method it is only just possible to test in every school during the session.

The position in the routine age groups is shown in Appendix I. The total number of children known to be defective in all city schools is also shown in Appendix 1.

INSTRUCTION IN MOTHERCRAFT.

The work of the mothercraft instructors is carried out in secondary schools in collaboration with the domestic science departments and it consists of lecture-demonstrations to small groups of the 13-15 year-old girls and, by arrangement with the Maternity and Child Welfare Medical Officer, of visits to day nurseries where the practical care of infants is studied. During the session, mothercraft instruction was given to 1,359 children in 22 schools. The schools concerned

were 4 Senior Secondary; 10 Junior Secondary; 1 school for hard-of-hearing; 3 schools for mentally handicapped pupils; and 4 schools for physically handicapped pupils.

At the end of the spring term a quiz on the lines of the B.B.C.'s "Top of the Form" was held in one of the senior secondary schools, between teams of girls who had completed the mothercraft course. There was also an interesting exhibition of material used in the teaching of mothercraft, arranged by the school health visitor concerned. The quiz and exhibition provided instruction not only to the teams but to the large number of other pupils and of parents who formed the audience.

MEALS.

The number of meals supplied to schools and nurseries during the year ending 15th May, 1954, was 3,652,746. The total cost involved was £265,903. The average cost per meal was 17·47d. (8·505d. for food and 8·965d. for administration). The income from payments received for meals was £91,453. Applications for provision of free meals were received from 1,359 parents or guardians; 1,181 of these applications were granted.

Nursery Meals.

	Nursery Schools		Day Nurseries	Total
	Corporation	Voluntary		
1947–48	146,989	56,351	23,948	227,288
1948–49	141,150	41,346	15,030	197,526
1949–50	181,908	42,226	15,060	239,194
1950–51	176,282	37,230	14,564	228,076
1951–52	187,972	55,598	13,781	257,351
1952–53	186,038	55,106	13,484	254,628
1953–54	193,305	42,064	11,915	247,284

MILK.

The Government Free Milk Scheme is in operation in all schools. Under this scheme, no milk is supplied during holidays. On the average 58,564 bottles of milk were consumed daily by pupils.

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.

TABLE I.

Total number of children examined at :—

	Systematic Examinations	Other Systematic Examinations
Nursery	674	...
5 year-olds	6,251	...
9 ,, ...	5,115	...
13 ,, ...	4,698	...
16 ,, ...	592	...
Various	...	109
Total ...	17,330	109

Other examinations :—

Special cases	12,739
Re-inspections	4,151
Visual Acuity and Hearing (1945 age groups) ...	3,824
Employment of children	1,989
National Camps	2,273
Vocational Guidance	603
Potato harvesters	450
Remand Home Admits	250
Approved School Reports	105
Special schools (routines)	435
Nursery schools and classes (routines)	316
Pre-apprentices (building)	131
Pre-apprentices (engineering)	111
Pre-nursing	47
Moray Sea School	36
Community Centres' Camps	128
Children's Village, Humbie ; referred by School Welfare Officer	16
School Journeys Abroad	79
Re-examination of Taught at Home children ...	107
Cadets' Camp	70
Examinations for Theatre, etc.	4
Total	27,864

Treatment Advised.

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

Nursery	73
5-year-olds	814
9 ,, ...	675
13 ,, ...	708
16 ,, ...	92
Total ...	2,362

TABLE II.

Systematic Examinations,

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls	%
Total number examined in each Age Group	356	318	3,256	2,995	2,649	2,466	2,361	2,337	236	356	17,330	100
Nature of Defect :												
1. Clothing unsatisfactory	...	...	7	2	8	2	...	2	...	...	21	0·12
2. Footgear unsatisfactory	...	...	5	4	7	4	4	1	...	...	25	0·14
3. Uncleanliness :												
(*a*) Head—												
(i) Nits	2	5	42	77	41	89	28	140	...	...	424	2·45
(ii) Verminous	...	...	2	6	6	9	7	3	...	1	34	0·20
(iii) Dirty	...	3	16	14	17	11	4	9	...	...	74	0·43
(*b*) Body—												
(i) Dirty	...	...	11	5	6	1	6	...	...	...	29	0·17
(ii) Verminous	...	...	...	1	...	...	3	1	...	...	5	0·03
4. Skin :												
(*a*) Head—												
(i) Ringworm	...	...	4	6	4	...	...	...	...	3	17	0·10
(ii) Impetigo	...	1	7	8	6	1	1	7	...	...	31	0·18
(iii) Other diseases	...	...	4	13	5	6	5	10	3	2	48	0·28
(*b*) Body—												
(i) Ringworm	...	1	6	...	8	4	4	...	1	...	24	0·14
(ii) Impetigo	...	...	2	2	3	...	...	...	...	...	7	0·04
(iii) Scabies	2	1	3	1	1	...	...	1	...	...	9	0·05
(iv) Other diseases	3	2	92	77	58	34	49	61	9	9	394	2·27
5. Defective nutrition :												
(*a*) Slightly defective	23	24	156	137	164	183	137	103	4	6	937	5·41
(*b*) Bad	...	...	8	7	9	1	6	3	...	...	34	0·20

TABLE II—*continued.*

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls	%
6. Mouth and teeth unhealthy	12	9	168	189	95	66	101	52	8	2	702	4·05
7. Nose, Throat and Glands ·												
(*a*) Nose—												
(i) Obstruction, requiring observation	10	7	84	67	28	16	7	11	1	1	232	1·34
(ii) Obstruction, adenoids	6	4	94	69	15	10	6	3	...	...	207	1·19
(iii) Other conditions	4	4	61	63	45	30	19	16	1	2	245	1·41
(*b*) Throat—												
(i) Tonsils, requiring observation ...	30	22	288	247	75	85	26	23	3	2	801	4·62
(ii) Tonsils, requiring operation ...	17	13	173	153	39	39	14	15	...	...	463	2·67
(*c*) Glands—												
(i) Requiring observation	6	3	79	41	18	7	5	1	...	...	160	0·92
(ii) Requiring operation	...	...	1	3	...	...	...	...	...	1	5	0·03
8. Eye conditions :												
(*a*) External conditions—												
(i) Blepharitis	...	2	15	11	18	16	9	18	2	1	92	0·53
(ii) Conjunctivitis	2	2	3	4	4	2	7	6	1	...	31	0·18
(iii) Corneal opacities	...	...	1	1	...	...	...	4	...	...	6	0·03
(iv) Strabismus	12	13	99	97	77	68	47	51	...	4	468	2·70
(v) Other diseases	...	2	8	3	9	4	8	1	...	2	37	0·21
(*b*) Visual acuity—†												
(i) Fair vision (6/9 or 6/12 in better eye)	...	...	...	...	309	280	279	344	30	44	1,286	12·36
(ii) Bad vision (6/18 or worse in better eye)	...	...	...	...	65	66	85	110	11	22	359	3·45
(iii) Recommended for refraction ...	...	...	...	...	76	53	105	102	17	10	363	3·49
9. Ear conditions:												
(*a*) Diseases—												
(i) Otorrhœa	1	5	21	16	13	23	28	10	...	1	118	0·68
(ii) Other diseases	1	2	32	24	18	16	9	13	...	...	115	0·66

(*b*) Defective hearing—															
(i) Grade I	...	...	9	10	16	12	15	5	...	...	67	0·39
(ii) Grade IIA	...	...	...	1	10	7	17	9	2	...	46	0·27
(iii) Grade IIB	...	...	...	1	3	2	3	1	...	...	10	0·06
(iv) Grade III	...	...	1	...	...	...	...	...	...	...	1	0·01
10. Defective speech :															
(i) Defective articulation	3	2	44	13	18	7	8	4	...	1	100	0·58
(ii) Stammering	...	2	4	1	5	1	7	1	...	...	21	0·12
11. Mental and nervous conditions :															
(*a*) Epilepsy—															
(i) Mild	1	...	2	1	2	1	...	...	...	...	7	0·04
(ii) Severe	1	...	1	...	...	...	2	10	...	...	14	0·08
(*b*) Backward	...	...	...	3	1	2	5	2	...	...	13	0·08
(*c*) Dull	1	1	5	2	5	7	4	5	...	1	31	0·18
(*d*) M. H. (educable)	...	1	1	...	1	3	2	2	...	...	10	0·06
(*e*) M. H. (ineducable)	...	...	1	4	1	...	...	...	...	...	6	0·03
(*f*) Nervous or unstable	1	2	15	16	10	8	7	...	...	...	59	0·34
(*g*) Difficult in behaviour	4	3	3	11	2	2	...	...	...	...	25	0·14
12. Circulatory system :															
(*a*) Organic heart disease—															
(i) Congenital	...	...	16	14	5	6	4	6	...	...	51	0·29
(ii) Acquired	1	2	9	10	2	2	3	11	1	...	41	0·24
(*b*) Functional conditions	1	1	20	17	7	10	10	15	1	...	82	0·47
13. Lung conditions :															
(*a*) Asthma	1	...	20	8	12	6	7	6	...	...	60	0·35
(*b*) Chronic bronchitis	2	...	12	8	7	1	2	1	1	...	34	0·20
(*c*) Suspected tuberculosis	1	2	4	10	1	1	1	11	...	...	31	0·18
(*d*) Other diseases	4	4	32	21	20	7	18	15	2	1	124	0·72
14. Deformities :															
(*a*) Birth injury	...	1	12	8	13	21	11	13	3	4	86	0·50
(*b*) Congenital	1	6	28	26	38	18	36	11	6	2	172	0·99
(*c*) Acquired (infantile paralysis)	1	1	6	9	3	2	2	2	...	1	27	0·16
(*d*) Acquired (probable rickets)	6	6	23	15	15	21	20	44	3	7	160	0·92
(*e*) Acquired (other causes)	14	8	84	78	55	38	61	57	6	24	425	2·45

† 9-, 13- and 16-year-olds only.

TABLE II—*continued.*

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys & Girls	%
15. Tuberculosis :												
(*a*) Bone and joint	...	...	...	4	...	...	...	...	...	...	4	0·02
(*b*) Abdomen	...	...	1	...	...	...	...	...	...	...	1	0·01
(*c*) Glands	...	...	1	...	...	...	...	...	1	...	2	0·01
16. Infectious diseases	1	3	3	1	5	1	1	1	...	...	16	0·09
17. Other diseases or defects :												
(*a*) Other diseases or defects	12	7	154	121	115	98	119	65	8	13	712	4·11
(*b*) Individual children notified	44	29	430	384	369	306	311	397	28	64	2,362	13·63
(*c*) Notices issued	50	38	562	513	505	474	491	523	33	67	3,256	18·79

Heights and Weights.

	Number Examined	Average Height (inches)	Average Weight (lbs.)	Average Age	
				Years	Months
Nursery—					
Boys	308	38·37	36·15	3	9
Girls	287	37·55	34·24	3	8
Infants—					
Boys	3,238	42·65	42·44	5	3
Girls	3,162	42·20	41·10	5	4
9-year-olds—					
Boys	2,657	51·89	64·49	9	6
Girls	2,579	51·47	63·38	9	6
13-year-olds—					
Boys	2,286	59·76	94·05	13	6
Girls	2,495	60·16	98·78	13	7
16-year-olds—					
Boys	270	67·68	135·70	16	9
Girls	409	63·58	124·50	16	8

TABLE III

Summary of 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	447	66·32	4,124	65·97	3,566	69·72	3,326	70·80	448	75·68	11,911	68·73
II. (*a*) 6/12+ (better eye) with or without glasses ...	...	...	4	0·06	113	2·21	156	3·32	32	5·40	305	1·76
(*b*) Mouth or teeth likely to cause ill-health ...	2	0·30	79	1·26	37	0·72	50	1·06	2	0·34	170	0·98
(*c*) Both (*a*) and (*b*)	2	0·30	7	0·11	9	0·18	32	0·68	...	...	50	0·29
Total	4	0·60	90	1·43	159	3·11	238	5·06	34	5·74	525	3·03
III. Temporary illness only	154	22·85	1,420	22·72	1,035	20·23	760	16·18	69	11·66	3,438	19·84
IV. (*a*) Cure expected by treatment	61	9·05	561	8·98	294	5·75	290	6·17	32	5·40	1,238	7·14
(*b*) Improvement only by treatment	8	1·18	56	0·90	61	1·19	84	1·79	9	1·52	218	1·26
Total	69	10·23	617	9·88	355	6·94	374	7·96	41	6·92	1,456	8·40
Total number of children examined	674	100·00	6,251	100·00	5,115	100·00	4,698	100·00	592	100·00	17,330	100·00

Average Heights and Weights.

(Height in inches; Weight in lbs.)

	1947–48		1948–49		1949–50		1950–51		1951–52		1952–53		1953–54	
	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 ...	37·19	34·02	37·66	35·84	37·67	35·37	37·47	34·86	38·18	36·18	38·60	36·79	38·37	36·15
Nursery Girls ...	37·59	33·88	37·40	34·50	36·79	33·29	37·56	34·26	37·81	35·29	38·34	35·45	37·55	34·24
Infant Boys ...	42·53	41·95	42·72	42·23	42·47	42·55	42·33	42·73	42·21	42·48	41·83	42·58	42·65	42·44
Infant Girls ...	42·14	40·37	42·26	41·01	42·14	41·21	42·07	40·87	42·17	41·00	42·02	41·04	42·20	41·10
9-year-old Boys ...	51·41	63·06	51·53	63·92	51·59	64·04	51·46	62·64	51·73	63·06	50·53	64·61	51·89	64·49
9-year-old Girls ...	50·85	60·68	51·03	61·23	51·25	62·75	51·05	61·72	51·27	62·38	51·29	62·42	51·47	63·38
13-year-old Boys	58·66	90·87	59·46	93·55	59·15	92·15	59·06	92·21	59·71	92·15	59·08	92·97	59·76	94·05
13-year-old Girls	59·08	95·55	59·79	98·13	59·90	97·50	59·83	96·79	60·18	99·16	60·38	101·75	60·16	98·78
16-year-old Boys	64·04	120·64	66·78	136·42	67·40	135·00	67·33	135·90	67·11	131·72	67·51	133·94	67·68	135·70
16-year-old Girls	63·11	124·67	63·40	121·50	62·95	120·10	62·94	121·59	63·34	123·75	63·31	123·26	63·58	124·50

TABLE IV.

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

Disability	At Ordinary Schools	At Special Schools	At Hospitals or other Institutions	Not at School or Institution	Total	
1. *Blind*	...	18(a)	...	...	18	(a) in R.B.S.
2. *Partially-sighted*—						
(a) Refractive errors ...	...	14	...	...	14	
(b) Other conditions ...	...	14	...	...	14	
3. *Deaf*—						
Grade I	1,968	...	...	...	1,968	
Grade II	226*	...	...	...	226	
Grade IIa	1113	...	...	...	1,113	
Grade IIb	26*	65(b)	...	...	91	(b) in St. Giles.
Grade III	...	55(c)	...	10(d)	65	(c) 52 in Donaldson's. 3 in St. Vincent's. (d) Waiting-list for Donaldson's.
4. *Defective Speech*—						
(a) Articulation ...	584	6(e)	...	...	590	(e) Excluding M.H. Schools.
(b) Stammering ...	184	2(e)	...	...	186	
5. *Educationally Sub-normal*—						
(a) I.Q. approx. 70-50—						
(i) Education Act	...	437	...	...	437	
(ii) M.D. Acts ...	...	25(f)	...	...	25	(f) In Cert. Institutions.
(b) I.Q. under 50—						
(i) Education Act	...	92(g)	...	...	92	(g) In Occupation Centre.
(ii) M.D. Acts ...	...	16(f)	19(f)	38(h)	73	(h) Notified G.B.O.C.
6. *Epilepsy*—						
(a) Mild	...	17	...	...	17	
(b) Severe	...	7(i)	...	1	8	(i) 3 in Colony. 1 taught at home.
7. *Physically Handicapped*—						
(a) Non-pulm. T.B. ...	...	46(j)	...	6	52	(j) 17 in P.M.R. 6 in Southfield. 3 taught at home.
(b) General Orthopædic	1,291	223(k)	...	7	1,521	(k) 10 in Challenger. 134 in P.M.R. 17 taught at home. 7 in Trefoil.
(c) Organic Heart Disease	...	7(l)	...	...	7	(l) 4 taught at home
(d) Other causes ...	...	119(m)	...	20	139	(m) 25 taught at home. 14 in Southfield.
8. *Multiple Defects* ...		Not recorded				

* A provisional sub-grading. Further investigation required.

TABLE V.

Dental Inspection and Treatment.

	Systematic Examinations	Special and Emergency Cases	Total
1. Inspected—Age 5 years	1,293	746	2,039
,, 6 ,,	2,468	895	3,363
,, 7 ,,	2,571	970	3,541
,, 8 ,,	2,329	836	3,165
,, 9 ,,	1,994	811	2,085
,, 10 ,,	2,158	694	2,852
,, 11 ,,	2,103	628	2,731
,, 12 ,,	1,413	569	1,982
,, 13 ,,	934	544	1,478
,, 14 ,,	912	558	1,470
,, 15 ,,	499	309	808
,, 16 ,,	133	50	183
,, 17 ,,	20	10	30
	18,927	7,618	26,545
2. Found to be requiring treatment	14,305	7,618	21,923
3. Number accepting treatment	8,696	7,618	16,314
4. Actually treated	8,453	7,618	16,071
5. Attendances for treatment	28,865	7,618	36,483
6. Fillings—(*a*) Permanent teeth	15,807	584	15,391
(*b*) Temporary teeth	3,083	388	3,471
7. Extractions—(*a*) Permanent teeth	2,578	1,520	4,098
(*b*) Temporary teeth	7,496	5,214	12,710
8. Number of general anæsthetics	2,549	2,245	4,794
9. Other operations :			
Dressings—(*a*) Permanent teeth	1,671	429	2,100
(*b*) Temporary teeth	4,179	837	5,016
Scalings	2,818	156	2,974
Gum treatment	1,764	230	1,994
Regulation plates fitted	118	—	118
Dentures fitted	108	—	108
Sundries	3,078	200	3,278
10. Half-days devoted to treatment	—	—	5,886
Half-days devoted to inspection	—	—	125
11. Number of children treated under private arrangements	—	—	386

APPENDIX 1.

Audiometric Testing.

	No. Tested	Normal	I	II	IIA	IIB	III	Total No. Defective
Age Groups this session :								
Born 1945	4,010	3,603	289	11	100	7	—	407
Percentage of number tested ...	—	89·8	7·2	0·3	2·5	0·2	—	10·2
Infant admits of 1953	5,429	4,803	343	54	225	4	—	626
Percentage of number tested ...	—	88·5	6·3	0·99	4·2	0·01	—	11·5
Secondary admits of 1953 ...	4,308	3,808	396	12	84	8	—	500
Percentage of number tested ...	—	88·4	9·2	0·3	1·9	0·2	—	11·6
Absentees from previous session :								
Born 1944	170	141	17	3	9	—	—	29
Percentage of number tested ...	—	82·9	10·0	1·8	5 3	—	—	17·1
Infant admits of 1952	326	269	39	3	15	—	—	57
Percentage of number tested ...	—	82·5	12·0	0·9	4·6	—	—	17·5
Secondary admits of 1952 ...	104	94	7	—	3	—	—	10
Percentage of number tested ...	—	90·4	6·7	—	2·9	—	—	9·6
Additional Groups :								
Cases submitted by teachers ...	981	630	181	32	127	11	—	351
Percentage of number tested ...	—	64·2	18·5	3·3	12·9	1·1	—	35·8
Cases submitted by doctors, etc.	179	61	19	53	26	18	2	118
Percentage of number tested ...	—	34·1	10·6	29·6	14·5	10·1	1·1	65·9

	I	II	IIA	IIB	III	Total
From all categories listed above. *Less cases occurring under two headings* ...	1,278	119	570	33	2	2,002
Previously found defective and retested this session (other than cases which occur in the above groups)	363	45	308	50	—	766
Previously found defective but not retested this session	261	58	215	8	—	542
Previously known to be defective but normal on one previous test and now defective this session	66	4	20	—	—	90
Total	1,968	226	1,113	91	2	3,400

HEALTH EDUCATION.

REPORT BY
THE MEDICAL OFFICER FOR HEALTH EDUCATION.

" Health programmes can only be truly effective with the understanding, the support and the participation of the citizens. That is where the health educator comes into the picture. To-day, the good health educator is no longer merely an expert at selling a finished product of expert thinking. He or she is far more concerned in working directly with the people themselves as represented by their leaders, in educating them for intelligent co-operation in planning the programme itself so that it becomes *their* programme and not something imposed on them from above."

These words from Dr Winslow's address to the Fifth Assembly of the World Health Organisation, sum up an important change that has taken place in Edinburgh's health education programme in the last two years. All the recognised methods of health education used in previous years have been developed and expanded, but a new element has been introduced, an element of practical community participation,which constitutes a revolutionary development in the history of health education in this country. The aim of this type of health education is to enlist the enthusiasm and the active support of large numbers of well-informed citizens from all spheres of community life, and no report of health education in Edinburgh during 1954 would be complete without a full description of a community project which came to be known throughout the country as the Pilton Health Campaign.

THE PILTON HEALTH CAMPAIGN.

Although in many parts of Edinburgh the health conditions and the vital statistics could be compared favourably with those of any country in the world, it had long been evident that there were areas in the city where the vital statistics were still unsatisfactory. Ignorance of the simple health rules and neglect of simple health precautions must be important factors in the unfavourable figures in certain wards. Here was a situation that cried out for the fullest possible development of health education.

Convinced as we were of the value of community participation, we were anxious to enlist the help of local people and it seemed that a mass X-ray survey would be a suitable focus for such community help. It was at this stage that a delegation representing various groups in the Pilton Ward came to the Public Health Department and asked for help in running a Pilton Health Week. After discussion it was agreed that something more than a Health Week was needed and that a continuing Pilton Health Campaign should be our aim.

A special tribute must be paid to those community leaders whose initiative and enthusiasm have never wavered or slackened since that day. From their first tentative overtures to the Health Department has grown a large and effective organisation and a friendly collaboration with the Medical Officer of Health which augurs well for the future and has set a pattern which the rest of the country might well follow.

It was decided that the campaign should deal with all aspects of health but that the central feature of the first phase should be a large-scale mass X-ray survey in an attempt to reveal as many as possible of the unsuspected infectious cases who were causing the high rate of tuberculous infection in the ward.

Organisation of the Campaign.

Very soon a Pilton Health Campaign Central Committee with a Steering Committee was formed representing all organisations in the ward, including industry. This Central Committee undertook the planning and general organisation of the campaign, while three Area Committees organised and carried out the day-by-day community work, and also directed the work of over 300 voluntary workers. These workers were to be trained to act as household visitors and propagandists for the mass X-ray campaign.

In all, 48 business meetings were held by the Central Committee and the various Area Committees. In addition, there were many meetings of the Steering Committee and of the small Chairman's Committee and several small sub-committees.

For some months before the campaign opened, interest was gradually built up by Press announcements, and over 50 Health Education meetings were held in Pilton, including two large-scale meetings in the Embassy Cinema. Films were shown at most of these meetings and all aspects of health were covered.

In addition, a number of special concerts, plays, etc., were arranged by the various community groups in connection with the Health Campaign, and certain general practitioners from the area and doctors from the Public Health Department gave short talks during the intervals at these shows.

A large programme of open-air events, mostly sporting, culminated in the very successful Health Gymkhana attended by more than 5,000 people, in which large numbers of the children and young people competed in a very comprehensive range of outdoor sports. It is hoped that from this start a Sports or Recreational Committee for the ward will develop.

Household Visitation.

From the earliest stages it was realised that one of the prime differences between the Pilton Campaign and previous campaigns was the introduction of large-scale household visitation, and special arrangements were made to train the household visitors. A training " brief " or brochure was prepared and each visitor was asked to attend two training meetings at which all their questions

were answered and they were instructed in the method of approach to the householders. Thereafter, all visitors were X-rayed so that they could speak from personal experience of the simplicity and speed of mass X-ray examination. A Central Committee Visiting Organizer and three Area Visiting Organizers undertook to direct the household visitation based on a household card index prepared in the Public Health Department.

Every worker in the Campaign wore a Pilton Health Campaign badge which served as an introduction to the householders, and each carried a card of authority from the Central Committee. Immediately before the household visiting was due to start, a mass rally of visitors was addressed by Dr Mearns of the Scottish Council for Health Education. This meeting was held during a holiday weekend and on a beautiful sunny day, and yet over 300 household visitors were there and showed a degree of enthusiasm which was most heartening for the rather tired organizers.

For a month before the X-ray vans arrived in the area, every house in the ward was visited and revisited where necessary, in an attempt to persuade a large percentage of the population to come forward for X-ray. Those who refused were later visited by health visitors and doctors, including the Medical Officer of Health himself.

Participation by School Children.

Special mention must be made of the way in which school children were brought into the Health Campaign. The problem of distributing over 6,000 letters from the Medical Officer of Health to every household in the ward was solved by the headmaster of the local secondary school and the Central Committee Visiting Organizer who was a science teacher in the school. In a remarkably well-organised " operation," groups of 12 to 15 senior pupils, each group under the direction of a teacher, completed the distribution of over 6,000 introductory letters in about 2½ hours. This " Operation Letterbox," as it was called, was reckoned by the headmaster to be school time well spent in developing the community spirit of the children.

Throughout the Campaign, all school children carried home to their parents messages and publicity material about the X-ray units and about various functions during the campaign.

A Health Quiz in which 3,104 children took part was a most popular competition, while approximately 300 posters were entered for the Schools' Health Poster Competition. At the Final Rally in the Embassy Cinema, a large number of children and their parents were present. They saw a film on the subject of " Clean Food " and heard a health talk by Dr Alex. G. Mearns. The Ainslie Park School Choir and the Verse-speaking Choir of St David's School presented an excellent entertainment at this meeting.

Publicity.

During the last month while household visitation was in progress, interest in the campaign was quickly built up by Press announcements and poster

("Evening News" phot

PILTON HEALTH CAMPAIGN—"OPERATION LETTERBOX"
School Children Work for Health

PREVENTION OF HOME ACCIDENTS —PORTABLE EXHIBITION

propaganda on hoardings, in trams, buses, vans and shop windows and even in large numbers of household windows. The Pilton Campaign was specially mentioned in the Secretary of State's announcement of the National Campaign against Tuberculosis which received wide publicity in the Press and through B.B.C. A Pilton Campaign press conference was organised and the B.B.C. broadcast a special interview with the Medical Officer of Health.

Broadcasting vans toured the ward daily, and the new NAPT film " X-ray Inspector," with a special Pilton trailer, was shown for a week in the only local cinema.

In fact, all the usual methods of stimulating interest were used, but the essential difference between this Pilton Campaign and others was the development of a community planning organisation and the use of door-to-door canvassing by volunteer household visitors.

Industrial Participation.

Leaders of industry and commerce in the district showed that they appreciated that ill health and tuberculosis were " bad business " and not only arranged for their employees to be X-rayed but also contributed generously to the funds of the campaign.

Finances.

In addition to £200 allocated by the Health Committee towards the cost of the Pilton Campaign, over £150 was collected in the ward. This included donations from various industrial and commercial undertakings towards the cost of newspaper advertising and prizes. Some firms also contributed their own advertising space in the Press.

The National Association for the Prevention of Tuberculosis contributed services to the value of £66 : 2 : 6 and a further £200 towards the funds of the Care Committee. Much publicity material was provided free by the Scottish Council for Health Education, while posters, hoarding advertisements, and large banners were provided by the Department of Health.

Results of the Campaign.

Pilton had, at the 1951 census, a total population of 19,378 people over 15 years of age. It is known from school-rolls and child welfare records that there had been in the three years between the census and the Campaign a considerable reduction in the population as a result of the rehousing of overcrowded families living as sub-tenants. These families were rehoused in neighbouring housing estates outside the ward. As no reliable figures concerning this migration exist, the original census figures have been used, although they are believed to be a considerable over-estimate. Even on this basis, practically 59 per cent. of Pilton's population were persuaded to come forward for X-ray.

A large number of people, when visited before the X-ray campaign, stated that they had been X-rayed previously, mostly at work, and these claims have been checked against the records of the Mass X-ray Unit and the Royal Victoria Dispensary. In all, 1,905 persons made such claims but it has only been possible to obtain confirmation for a total of 988 persons.

It can be claimed, therefore, that at least two-thirds, and much more, probably three-quarters, of the adult population of Pilton have now been X-rayed and, as all the children between 12 and 15 years of age are X-rayed at school, it will be interesting to study the incidence of tuberculosis in the ward in succeeding years, especially if the intended follow-up campaign can be organised.

Results of X-ray Examinations.

TABLE I.—PILTON HEALTH CAMPAIGN, 1954, EDINBURGH.

Mass Radiography Survey—Summary of Analysis after Three Months' Observation.

		Sex	Male	Female	Both Sexes
Examined		Number	4,799	6,337	11,136
		Percentage of Population Group	52·0	65·0	58·7
Yield of New Cases	Tuberculosis Active	Number	13	26	39
		Rate per cent.	0·27	0·41	0·35
	Tuberculosis Observation	Number	47	41	88
		Rate per cent.	0·98	0·64	0·80
	Total	Number	60	67	127
		Rate per cent.	1·25	1·06	1·14
Cases already known, whether Active or Observation		Number	19	30	49
		Rate per cent.	0·39	0·47	0·44

Age and Sex of Those Examined.

It will be noted that women (65 per cent.) were much more willing to be X-rayed than men (52 per cent.). This may have been influenced by the fact that many more meetings were held in women's organisations than in men's, or that the majority of the household visitors were women who would have more influence on the female section of the population. Moreover, a greater number of men would be X-rayed at work.

Least success was achieved amongst those over 60 years of age (men 40·9 per cent., women 48·5 per cent.), whilst in several age groups the percentage of men X-rayed fell below 50 per cent. The fact that over 70 per cent. of the women in the 25–35 and the 45–60 years age groups came forward for X-ray was a most encouraging feature of the campaign. It is noteworthy that the best results amongst both men and women were achieved in the 25–35 years age group. This may have been a direct result of the propaganda line—" No good parents should miss this opportunity to safeguard their children."

TABLE II—PILTON HEALTH CAMPAIGN, 1954, EDINBURGH.

Mass Radiography Survey—Analysis of Results after 3 Months (by age and sex).

			Sex	—14	—24	—34	—44	—59	60+	All Ages	Both Sexes
Examined		Number	M	3	1,264	1,048	977	1,217	288	4,799	11,136
			F	2	1,763	1,216	1,434	1,575	347	6,337	
		Population at 1951 Census	M	...	2,574	1,667	1,997	2,287	704	9,229	18,978
			F	...	2,894	1,693	2,240	2,207	715	9,749	
		Per cent. Popn. Group	M	...	49·1	62·9	49·0	53·2	40·9	52·0	58·7
			F	...	60·9	71·8	64·0	71·4	48·5	65·0	
Yield of New Cases	Tuberculosis Active	Number	M	...	1	1	6	4	1	13	39
			F	...	8	10	3	5	...	26	
		Rate per cent.	M	...	0·08	0·09	0·61	0·33	0·35	0·27	0·35
			F	...	0·45	0·82	0·21	0·32	...	0·41	
	Tuberculosis Observation	Number	M	...	2	5	11	19	10	47	88
			F	...	4	8	14	9	6	41	
		Rate per cent.	M	...	0·16	0·48	1·12	1·56	3·5	0·98	0·80
			F	...	0·23	0·66	0·98	0·57	1·73	0·64	
	Total	Number	M	...	3	6	17	23	11	60	127
			F	...	12	18	17	14	6	67	
		Rate per cent.	M	...	0·24	0·57	1·75	1·97	3·8	1·25	1·14
			F	...	0·68	1·48	1·18	0·89	1·73	1·06	
Cases already known, whether Active or Observation		Number	M	...	2	7	5	4	1	19	49
			F	...	7	12	6	4	1	30	
		Rate per cent.	M	...	0·16	0·67	0·51	0·33	0·35	0·39	
			F	...	0·40	0·98	0·42	0·25	0·29	0·47	0·44

Incidence of Tuberculosis.

Table II shows the age and sex incidence of tuberculosis amongst those examined.

Although the incidence of active tuberculosis was considerably higher amongst women, and the incidence of tuberculosis requiring observation was higher amongst men, this difference is probably not of any significance.

An examination of Table II shows a low incidence of active tuberculosis amongst young men under 35 years of age, and a higher incidence amongst young women of that age group. The highest incidence was found amongst young women between 25 and 35 years of age, and amongst men between 35 and 45 years.

An interesting feature is the high percentage of older men who were retained in the " Observation " group after three months' investigation.

Other Conditions Diagnosed.

In addition to these tuberculous conditions, 138 males and 97 females were found to have some abnormality, but only 56 of these were considered to be of such significance as tc justify any follow-up. The majority in this group were heart conditions (30), while three cases of cancer of the lung were discovered. Information concerning those with abnormalities was sent to their general practitioners.

Pilton Care Committee.

A most important result of the Health Campaign has been the formation of the Pilton Care Committee which is pledged to deal with all problems arising from sickness or disability, including old age. This committee is now securely established with funds contributed by N.A.P.T. and various local industrial firms. A whole-time secretary is shared with the District Committee of the Edinburgh Council of Social Service, and this District Committee is almost entirely nominated by the Pilton Care Committee. The liaison is indeed so close that the two organisations act as one, with N.A.P.T. benevolently in the background. The Care Committee meets weekly and only about 20 per cent. of the cases dealt with result from tuberculosis. It is impressive indeed to see that, in almost every case, several members of this remarkable committee have knowledge and information with which to supplement the secretary's case report.

THE CENTRAL LEITH HEALTH CAMPAIGN.

Following on the successful Pilton Campaign, the Department of Health offered two X-ray units for a period of three weeks in March 1955. Approaches were then made to organisations and responsible individuals in the Central Leith ward with a view to organising a campaign similar to that of Pilton, and the first meeting took place towards the end of December. This left a rather inadequate time for the development of a full-scale community organisation. Nevertheless an enthusiastic start was made by a representative Central Committee, and plans were made to develop this Campaign along the lines used so successfully in Pilton. Household visitation was again the foundation of the campaign and, although the full story will be told in the report for 1955, it is permissible to reveal that a record-breaking campaign ensued in which 13,007 people were X-rayed. A new record for Scotland and, we believe, for Great Britain was created on the last day when 1,322 people passed through the two units.

THE FUTURE OF COMMUNITY HEALTH PROJECTS.

These community health projects are a new development in social medicine and health education, and our initial success in Pilton and Central Leith encourages us to believe that in the next few years we will begin to see an improvement in the health of the people of these two wards. But our very success leaves us dissatisfied. So much that could be done must be left undone because of lack of staff. This work could be going on in every ward of Edinburgh and, indeed, all over the country, but all that is at present beyond our resources.

Health education takes up a great deal of time, most of it out of normal working hours. This is especially true of such community projects which involve a very considerable amount of committee work to enable the local people to reach their own decisions and to plan their activities. The Public Health staff must join in all this work. It was clear in Pilton that unexpected and unnecessary difficulties, misunderstandings and confusion were bound to arise in

such campaign meetings unless the health educators were present to explain and to guide when the need arose. Moreover, they can inspire the whole organisation by their enthusiasm.

Participation by all members of the Public Health staff will be necessary if this method of keeping people away from hospitals and the curative services is to be developed as it should be.

Tuberculosis in Edinburgh alone costs at least half a million pounds every year. This figure takes no account of the resulting loss of production in industry which must be very great. To save even a large part of this half-million pounds would justify the spending of several thousand pounds each year on these community health campaigns. Unfortunately, even if we were willing to spend this amount, there are not the mass X-ray units available to carry out such campaigns on an effective scale.

MEETINGS IN CLUBS, GUILDS, ASSOCIATIONS, &c.

Once again the Health Committee can look with some satisfaction on the continued expansion of their health educational work in such clubs and guilds, as can be seen from the following statement :—

Year	No. of Meetings	Attendances	Average Attendances
1948–49	28	1,422	51
1949–50	45	2,709	60
1950–51	51	2,455	48
1951–52	43	1,981	46
1952–53	146	7,065	52
1953–54	258	14,647	57
1954–55	277	15,510	56

Almost all these meetings were carried through in a period of 20 weeks, so that an average of between two and three meetings per working night has been achieved through the winter. On many nights, of course, four, five and even six meetings have been carried through, and on one occasion seven meetings were successfully organised in one day.

At all these meetings it is now our custom to provide visual aids to help the speaker and to improve the interest and quality of the health instruction provided. In most cases, sound films were provided, but sound and silent film-strips, flannelgraphs and wall displays have all been used. The preparation and execution of this programme, and the maintenance of a carefully timed schedule for the movement of a steadily increasing amount of equipment have constituted a problem in logistics for which the newly appointed Organiser for Health Education has shown a special flair.

It is particularly gratifying that there has been no falling off in this work as a result of the development of the community health education projects during the winter. It was noted, however, that the expansion of the winter programme of talks in 1954–55 took place entirely in the first half of the winter, and that

there was a distinct drop in the number of meetings in the second half of the winter. The Health Committee has agreed to the employment, when necessary, of a temporary female clerical assistant, for a period of up to three months during any health campaign.

SUNDAY CINEMA MEETINGS.

The ninth series of Sunday evening Health Education meetings authorised by the Health Committee was the least successful of the series. In all, 11 meetings were held and admission to all meetings was by ticket only.

Attendances at these 11 meetings totalled 11,550, the lowest total of attendances since these meetings began.

	Total Attendances
1946–47 (8 meetings)	12,850
1947–48 (8 ,,)	15,500
1948–49 (9 ,,)	17,800
1949–50 (10 ,,)	13,100
1950–51 (11 ,,)	12,360
1951–52 (9 ,,)	12,700
1952–53 (10 ,,)	15,500
1953–54 (11 ,,)	16,731
1954–55 (11 ,,)	11,550

After the most careful consideration, the Health Committee decided a year ago that admission to these meetings should be by ticket only. This decision was reached following a year in which three rather noisy meetings had given the speaker of the evening a poor hearing and had earned unwelcome publicity in the Press.

Every effort was made to make the tickets easily available to young people who could benefit most from the meetings. Tickets were distributed through the headmasters of all the " night schools " in Edinburgh. They were offered to all the Youth Clubs, Youth Fellowships, etc., in the city, and were available during the previous week at the appropriate cinema and at the Public Health Department in Johnston Terrace. For most meetings, 2,500 tickets were distributed but only a proportion of the seats was taken up and the average attendance was just over 1,000.

This drop in attendances has been associated with a considerable increase in the proportion of elderly and middle-aged people in the audiences.

It must be admitted that these all-ticket meetings were not entirely satisfactory for the purposes of health education. Very often we were " preaching to the converted " or to those who were too set in their ways to change, since the sharp fall in the size of audiences has affected particularly the younger age groups. We are tending to lose or exclude the young audience we so urgently want to influence. For this reason the Health Committee has decided to revert for a trial period to the system of free admission without tickets.

Subjects Discussed.

Once again the common-sense rules of health formed the basis of the programme but very special attention was paid to the prevention of tuberculosis and mass X-ray examination, food hygiene and the prevention of food poisoning and dysentery, 100 per cent. immunisation of children, the prevention of home accidents, improved nutrition, and the seriousness of atmospheric pollution as a danger to health.

Special meetings were devoted to the prevention of venereal disease, the prevention of home accidents, the care of the elderly and the prevention of mental illness. The arrangements for this last meeting were made in co-operation with the Ministry of Labour Nursing Appointments Service who invited the speakers and arranged for the showing of appropriate films on the subject. Special emphasis was laid by Dr T. A. H. Munro on the need for more nurses in mental hospitals and it was gratifying to see the largest attendance of the season at this meeting.

On the other hand, the attendance at the meeting on the prevention of venereal disease was disappointingly small, which was unfortunate, as Dr Mearns and Dr Lees contributed to one of the most effective and attentive meetings of the winter programme. So many questions on this subject had been submitted at previous meetings that a much larger audience was expected.

Mr A. B. Wallace, Surgeon to the Royal Hospital for Sick Children, spoke to a most successful meeting on the subject of home accidents, and his appeal received a great deal of press publicity. As his talk was timed to fit in with the issue of the Committee's first fluorescent poster (the very successful " Play Safe for Christmas " poster), which also had considerable notice in the press, the matter of preventing home accidents was very much before the public over the dangerous Christmas party season.

The popular approach to health education was most effectively practised by Mr Tommy Walker, Manager of the Heart of Midlothian Football Club, who fitted the health maxims of the Public Health Department into the background of football training and the life of a footballer.

It must be emphasised that a very wide range of additional health subjects was discussed by the medical panels during the question periods at which time members of the Health Committee also had an ideal opportunity to state the aims and ideals of the Corporation.

The Use of 16 millimetre Films in Commercial Cinemas.

The presentation of 16 millimetre films by means of a special carbon-arc projector, which was authorised as an experimental measure by the Health Committee, has been very successful and will be continued until a sufficient number of 35 millimetre films becomes available. We have to thank the Director of the Scottish Film Council for making this remarkably efficient projector available to us.

Future Policy for Sunday Meetings.

Apart from their real value in sowing the seeds of good health behaviour in the minds of young people, these Sunday meetings have a special value, since they provide an excellent medium for publicising the work of the Health Committee and the Public Health Department. At least as important as the meetings themselves are the subsequent Press reports which may be read by approximately a quarter of a million people, and through these Press reports it is possible for the Health Committee to carry out a great deal of health educational work.

Every effort will be made to continue these meetings and to maintain the interest of the young people throughout the proceedings as there is little doubt that noisiness only develops as interest wanes.

VISUAL AIDS.

Films.—It has become increasingly clear that many people find difficulty in learning health facts and health rules from a speaker who presents his material verbally and so we have used films at almost all our meetings. Two sound film projectors and a film strip projector were in constant use and others have been borrowed when necessary. It has been found that a speaker briefly introducing the important salient points of his subject before illustrating these points with a film, and then hammering home his message while the film is being changed, has been more effective and more appreciated than one who talks, however well, for half an hour.

Sound Film Strips.—Increasing use has also been made during the winter of the new Sound Film Strips prepared by the Central Council for Health Education, which tell a family story presenting a health problem, and leave the audience, guided by a doctor or other member of the Public Health Department, to discuss the solution and to reach their own group decision on the action that should be taken by the family or by the community to put matters right. These sound film strips have been most successful in propagating health ideas through discussion, and it is intended to use them extensively next winter.

Silent Film Strips.—A short film strip dealing with Press advertising on health subjects was prepared in the Health Education section and has been used with good effect on several occasions. This is our first venture in the production of film strips and more use could well be made of local interest film strips.

Flannelgraphs.—A most valuable aid to visual understanding in health education is the flannelgraph, and a start has been made by producing a flannelgraph on the subject of food hygiene. Two others are almost complete and it is hoped that several more will be completed before next winter.

Health Education Posters.—A recent decision of the Transport Committee has prohibited the use of standard-type national posters in favour of the long

(horizontal) narrow poster 24″ wide and only 6″ deep. This has forced the Health Committee to develop their own Edinburgh health posters. The first of a series of these dealt with home accidents and was produced in fluorescent colours, creating great interest and a certain amount of Press comment.

All these additional visual aids greatly increase the versatility of the Health Education section and, although much time is required for their preparation, their value is very great.

OTHER FEATURES OF THE YEAR.

Nineteen hundred and fifty-four has been a year in which community health projects have rather overshadowed other developments and, partly for this and partly for other reasons, progress in certain other aspects has not been so rapid as had been forecast in the report for 1953.

School Health Education.

The very promising experiments outlined in the 1953 report could not be repeated in 1954 and there have been only limited developments in this work during the year. The basic health education carried out in all schools has, of course, been supplemented in the Pilton and Central Leith schools by the special features mentioned previously. In addition, there has been an increasing amount of education in dental care in all schools throughout the city by the Chief Dental Officer and his staff.

However, the Director of Education has indicated his willingness to " co-operate with the Medical Officer of Health in this important work of prevention," and towards the end of the year several meetings took place and the Medical Officer of Health's proposals are now being considered. Certainly there is no more vital work than the health training of the young citizen.

TRAINING OF HEALTH EDUCATORS.

St Andrews Summer School.

During the year, three health visitors attended the Health Education School organised in St Andrews by the Scottish Council for Health Education. The Organiser for Health Education also attended this Summer School, which was devoted to " Methods in Health Education " and proved to be most valuable and stimulating.

Moray House.

Both the Depute Medical Officer of Health, Dr Gammie, and the Medical Officer for Health Education and Research carry through a course of 20-odd lectures on health education for all male students at the East of Scotland Provincial Teachers' Training College, Moray House, the purpose of which is to provide all newly qualified teachers with a basis of health information, and

the interest and enthusiasm to carry out health education as part of their teaching duties.

Health Education in the D.P.H. Course.

Mention should perhaps be made of a course of 10 lectures and demonstrations to post-graduate medical students taking the course for the Diploma in Public Health at Edinburgh University. It is important that all Public Health workers should be imbued with an interest in health education and this course provides an excellent opportunity to promote such interest amongst doctors who are about to take up Public Health work.

The Royal Sanitary Association of Scotland Congress, 1954.

It was significant that, for the first time, both the Royal Sanitary Association of Scotland and the Royal Sanitary Institute devoted complete sessions of their Annual Conferences to health education. I was asked to open the proceedings in Dundee with a paper dealing with community participation in health activities, and a most interesting and vigorous session developed.

ACKNOWLEDGMENTS.

It only remains to say how deeply we appreciate all the help we have had in the past year.

To all those private citizens who have helped us we would say a special word of thanks, and hope that they will maintain their interest and enthusiasm in the future.

Sincere thanks are also due to all members of the Public Health Department and School Health Service staff who, as lecturers, projectionists, drivers and helpers in all our many projects, have made the year's work possible. Special mention of individuals is invidious, but none will grudge a special tribute of thanks and congratulations to our new Organiser, Miss McMullen, who has shown a special flair for a very difficult job.

To the staff and the Council of the N.A.P.T. in Edinburgh and to all those official and unofficial organisations who have helped us we owe our thanks. Finally, as always, we must thank the staff of the Scottish Council for Health Education who have been particularly active in helping us this year.

HEALTH EDUCATION—ATTENDANCES AT MEETINGS.

Film Shows and Talks to Adults.

		Number of Meetings	*Attendances*
Meetings held from July-Dec. 1953 ...	...	91	4,750
Meetings held from Jan.-June 1954 ...	...	167	9,897
Meetings held during 1953-54 session	...	258	14,647
Meetings held from July-Dec. 1954 ...	...	144	6,940
Meetings held from Jan.-June 1955 ...	...	133	8,570
Meetings held during 1954-55 session	...	277	15,510

Sunday Cinema Shows.

		Number of Meetings	*Attendances*
Meetings held from Oct.-Dec. 1953 ...	...	5	8,700
Meetings held from Jan.-Mar. 1954...	...	6	8,031
Meetings held during 1953-54 session	...	11	16,731
Meetings held from Oct.-Dec. 1954 ...	...	5	5,400
Meetings held from Jan.-Mar. 1955 ...	...	6	6,150
Meetings held during 1954-55 session	...	11	11,550

PREVENTION OF HOME ACCIDENTS.

As in previous years investigations were continued during 1954 into the causes of accidents in the home. Six hundred such accidents were reported during the year by the hospital authorities and the Edinburgh City Police—a reduction of two hundred and twenty-seven on the 1953 figure. It should be pointed out that it is not possible to assess the trend in incidence from these figures because they depend, of course, on voluntary reporting, and naturally the completeness of the returns varies from hospital to hospital.

Health visitors followed up the accidents reported to the department and offered advice and help towards preventing further mishaps. Table I gives details of accidents reported and investigated during the year and Table II shows the deaths from accidental causes.

TABLE I

Home Accidents reported and investigated during 1954.

No. of Home Accidents Reported		Burns		Scalds		Fractures		Lacerations		Dislocations		Cuts		Foreign Bodies in Ear, Nose and Throat		Others	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
274	326	42	60	82	86	16	26	32	31	4	1	36	37	2	1	60	84
600		102		168		42		63		5		73		3		144	

TABLE II

Deaths from Accidents in the Home during 1954.

Age Group	Fracture		Injury to Head		Electric Shock		Burn		Scald		Poisoning				Accidental Mechanical Suffocation		Total	
											Gas		Other					
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—1 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	4	5	4
1-5 ...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	1	1	3	4
5-45 ...	...	2	...	...	...	...	1	...	...	...	1	1	...	...	...	...	2	3
45-55 ...	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...	2	2
55-65 ...	...	2	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	4
65-75 ...	1	6	...	1	...	...	...	1	...	...	...	1	...	...	...	...	1	9
75-85 ...	10	25	4	1	...	...	...	2	...	...	1	2	...	...	...	...	15	30
Over 85 ...	2	15	...	1	...	...	...	...	...	...	...	1	...	...	...	...	2	17
Total ...	13	50	4	3	...	...	4	8	...	...	3	7	...	...	6	5	30	73
	63		7		...		12		...		10				11		103	

Progress of Fireguard Scheme.

The number of burning accidents reported showed an increase over the 1953 total and this emphasises the need for continued vigilance if the young and the very old are to be safeguarded. With this end in view the Home Safety Committee of the Edinburgh Accident Prevention Council drew the attention of the Health Committee to the number of serious burning accidents occurring amongst aged and handicapped persons. After consideration, the Committee authorised that, whenever considered necessary by a medical officer, the fireguard loan scheme should be extended to cover these categories in addition to households with young children. The fireguard loan scheme has now been functioning for over four years and the number of fireguards at present on loan in the city is 1,400. During the year, 608 guards were issued or re-issued and the waiting list at the end of the year was reduced to 310, as against 450 at December, 1953. Income from the hire charge of five shillings per annum is now considered sufficient to enable additional fireguards to be purchased out of revenue and in this way the number of guards available should soon reduce the waiting list.

The Heating Appliances (Fireguards) Act, 1953, and the Regulations made thereunder are now in force and the Chief Sanitary Inspector and the district sanitary inspectors have been appointed " authorised officers " for the enforcement of these provisions. An attempt to strengthen the law governing the provision of fireguards for open coal fires in homes where children under seven years of age reside, by the insertion of a clause in the Edinburgh Corporation Provisional Order, 1953, failed, as the clause was subsequently deleted from the Order at the official hearing although previously approved by the Town Council. The terms of the clause are contained on page 41 of the annual report for 1953

Propaganda.

In addition to the investigation of reported cases, the health visitors continued to emphasise the need for care and thought to prevent home accidents during their routine visits to homes for other purposes, and instruction on home accident prevention takes a prominent place in the curriculum of the Health Visitor Training Course in Edinburgh. This important matter also formed the subject of talks to groups of mothers and at meetings of various city organisations.

The report contains a photograph of a model constructed and gifted to the department by Mr George Read, an Edinburgh commercial artist. The model, on which much care and ingenuity and time were lavished, demonstrates the common causes of home accidents and shows in contrast a room where order prevails and reasonable precautions are taken to guard against accidents. It has attracted the attention and interest of callers at the Public Health Chambers where it has been on view for some months, and when it was loaned in the autumn for showing at the Hobbies Exhibition at the Waverley Market it was much admired not only as an outstanding example of craftsmanship but as an excellent piece of propaganda. The model has already proved very useful for teaching purposes to students and others.

PREVENTION OF TUBERCULOSIS

REPORT BY
THE MEDICAL OFFICER FOR TUBERCULOSIS SERVICES

Last year this section of the report began with these words " The problem of tuberculosis in Edinburgh showed no signs of abating during 1953." Unfortunately the same has to be said about 1954. However, although in terms of magnitude the problem has increased there has been some indication that its quality has changed. Particularly has this been evident in the welcome and dramatic fall in the number on the waiting list for hospital admission (68 at 31st December, 1954). This cannot be attributed entirely to the 5 per cent. increase in the number of hospital beds available to Edinburgh patients because this fall has taken place notwithstanding a further increase (8 per cent.) in the number of new notifications of respiratory tuberculosis and a decrease (19 per cent.) in the number of deaths from that disease. One factor contributing to the reduction of the hospital waiting list has been its thorough review resulting in the removal of duplications and those no longer in need of hospital treatment. Another reason has been that probably more patients are, as the treatment of choice, under active medical treatment in their own homes. Some even are able to continue at work. Early case finding coupled with modern treatment is reducing the demand on hospitals and at the same time giving a quicker turnover of beds. As the year went on it became increasingly difficult to select cases fulfilling the necessary conditions for treatment in Switzerland. By the year's end it was seen that Edinburgh would probably have to withdraw from the scheme and thus make more places available to other areas. In Edinburgh there is still a delay for patients who are in need of surgical treatment.

In January the Health Committee authorised an increase in the number of health visitors engaged in tuberculosis work from 10 to 13. However, staff resignation and illness prevented the full effect of this increase being felt during the year and the average number of health visitors available throughout the year was only one more than last year.

It should be noted that some of the tables in this report have been altered in form from last year. This has been done to make them conform to the modifications of the statistical return required by the Department of Health for Scotland.

Respiratory Tuberculosis.

The number of notifications has again shown an increase. The change in the method of statistical return mentioned above obscures somewhat the extent of this increase. During 1954 there were 954 notifications received and of these 800 were confirmed as new active cases (including 21 cases " notified after

death "). Similarly, last year's figure of 797 breaks down into 760 confirmed new cases (including 13 cases " notified after death "). The increase, therefore, of new recorded tuberculosis in Edinburgh in 1954 over 1953 was 40 cases. There were in addition 79 patients previously notified in another area who came to stay in Edinburgh in 1954 and the comparable figure of " transfers-in " for 1953 was 37.

Analysis of the notifications for 1954 shows that of the 800 new cases 384 were females and 416 were males. In the females the largest number occurred in the 15–25 age group, the actual number being 144 (38 per cent.). In the males the greatest number was also in the age group 15–25, but the peak was lower, the number being 90 (22 per cent.). Although the peak incidence for males was lower the decline with age was much slower in that there were 55 male new cases compared to 6 females in the 55–65 age group. In those over 65 years of age there were 24 males and 11 females, a reminder that no age-group should be ignored in the search for tuberculosis. The age and sex pattern of the notifications is essentially the same as 1953.

Information about the methods by which new patients were discovered is known in 767 cases. Symptom group examination (Mass X-ray or other) gave the greatest yield with 528, then Mass X-ray of the general public 115, contact group examination (Mass X-ray or other) 104, National Service recruits 14 and emigrants 6. These figures should be borne in mind by those who decry the use of Mass Miniature Radiography for X-raying the general public as being "unprofitable" on a percentage basis. Tuberculosis will only be eradicated by finding all cases not just a percentage.

Deaths (88) again showed a decrease (21) resulting in a further lowering of the death rate to 19 per 100,000.

Increasing notifications and decreasing deaths continued in 1954 the trends observed in previous years. It has to be remembered that this divergence of morbidity and mortality rates does add considerably to the work of the department year by year and more so than ever in 1954 since the number on the respiratory tuberculosis register increased by 614 in 1954 compared to 303 in 1953, bringing the total to 4,441.

Non-respiratory Tuberculosis.

The number of new cases in 1954 was 84, being a decrease of 26 from the 1953 figure. This decrease was mainly in the disease of the spine and other bones and joints. In the last 14 years the incidence rate for all forms of non-respiratory tuberculosis calculated from notifications has been more than halved and this improvement has almost entirely been confined to the under 15 years age-group.

Deaths from non-respiratory tuberculosis numbered 7, being 4 less than in 1953. Here too there has been a fall in the death-rate during the last 14 years from 16 per 100,000 to 1 per 100,000 and again it is the under 15 years age-group which has shown the greatest improvement.

There is little or no waiting list for admission to hospital for treatment of the non-respiratory forms of tuberculosis.

Contacts.

One of the more important aspects of anti-tuberculosis work is the search for and examination of contacts. The tracing of contacts and their persuasion to attend for examination are, amongst other responsibilities, the constant care and endeavour of health visitors. This is no easy task but in face of many difficulties they succeeded in getting 2,323 (88 per cent.) domiciliary contacts of 870 respiratory tuberculosis cases to attend at least once for examination. Similarly 203 (85 per cent.) domiciliary contacts of 78 non-respiratory tuberculosis cases attended.

The search for contacts has been gradually widened beyond the immediate family circle to the places of work and of leisure activities. It must be made clear that this has been no large-scale operation but rather a feeling of the way bearing in mind the confidential nature of the doctor/patient relationship, the wishes of the patient and other considerations. In encouraging employers to allow worker contacts to attend for examination in the employers' time one has to avoid overstressing the importance of contact examination to such an extent that the patient may find difficulty in being re-employed. It has been found that it is almost impossible to persuade the work contact to attend a Chest Clinic but many will attend the Mass Radiography Unit. Many of the difficulties which were thought might arise in this type of contact work seem mainly to have been theoretical and it is hoped to extend it as staff and facilities permit. There is no doubt that this aspect of the work has been helped by the enlightened attitude towards tuberculosis of trade unions and employers in the Edinburgh area. A beginning has been made to attempt to assess the response of persons who, although not being in known contact with a source of infection, may have had some degree of contact in the geographical sense, *e.g.* in a tenement, a block of flats or neighbouring houses, etc. Such persons have been asked to attend for chest X-ray but it is as yet too early to make any comment on the results.

Laundry.

In September a pilot scheme was begun for the disinfection and laundering of clothing and linen of infectious patients being treated at home. The articles are collected by one of the department's vans and taken to High School Yards for disinfection, thereafter being sent to the City Hospital for laundering. At present the scheme is limited to 20 patients who are each allowed 20 articles per week. A disadvantage of the present arrangement is that owing to pressure of work the City Hospital laundry is unable to undertake the washing of woollens and consideration is being given to modify the scheme in order to overcome this difficulty.

After-care.

In April a Resettlement Committee was set up to help those patients who have been declared fit for work to find suitable employment. The Committee is composed of representatives of the Royal Victoria Dispensary, the Ministry of Labour and the Public Health Department, and the patient's general practitioner

is also invited to attend. Only those cases in which there was likely to be difficulty in finding employment have been dealt with so far. By the 31st December 121 persons (97 male, 24 female) had been interviewed. Of these 35 had been placed in work, 25 found work, 12 were in training, 11 were at the Rehabilitation Unit, 33 were still unemployed, 3 were sick and 2 were classified as unco-operative. These are by no means startling figures but they do show a modest beginning. Perhaps the numbers placed are no greater than previously but even so it is felt that a committee of this kind can help in placing former patients in occupations more suitable to their condition.

With a view to providing a hostel for homeless men suffering from respiratory tuberculosis and infectious or likely to break down, many premises were inspected. For a variety of reasons this search was unsuccessful but was still being actively pursued at the end of the year.

Conclusion.

Too often recently one hears expressed the opinion that the defeat of tuberculosis in this country is in sight provided we do not let up in our efforts. Such a belief is unjustified on the evidence so far available and can only lead to the dangerous state of complacency. With the rapidly changing picture of tuberculosis, with formerly reliable yardsticks no longer to be depended upon, it is perhaps unwise to indulge in optimistic prophecy. Better far to adopt a realistic view and regard ourselves as being at the stage where we are in possession of the prototypes of the weapons which can wipe out tuberculosis. The next stage is the full scale production and use of these weapons in order to launch an all out offensive against this disease. Whilst allowing ourselves an occasional glance at past achievements let us keep before us that which has still to be done, looking upon every person suffering from tuberculosis and every person infected with the tuberculosis germ as failures of the preventive services and every death from tuberculosis a failure of the curative services. Those who find it difficult to conjure up pictures from statistics should remember the sorrow from each death, the anxiety from each illness, the misery and the suffering, the broken lives, the broken homes. For the materialist there are the man-hours lost, lowered production and efficiency, the interruption of education and training, the cost of treatment and allowances, the cost of rehabilitation, re-training and sheltered employment. There is indeed no ground for complacency.

Attendances at Chest Clinics.

During 1954 there was a decrease of 9,024 in the number of attendances at the Royal Victoria Dispensary. Figures of attendances for the past ten years are given :—

Year	Attendances	Year	Attendances
1945	17,749	1950	36,896
1946	20,896	1951	38,261
1947	23,508	1952	36,761
1948	27,505	1953	37,588
1949	34,574	1954	28,564*

* Does not include patients and contacts who returned for tuberculin test readings,

Details of attendances at the peripheral out-patient clinics for the year are given below :—

Royal Victoria Hospital	10,006
City Hospital	3,023
Northern General Hospital	1,406
Southfield Sanatorium	699
M.O.P.D., Royal Infirmary	783
S.M.M.P.	265
	16,182
Royal Victoria Dispensary	28,564
Total Attendances at Clinics	44,746

Hospital Admissions.

Of the 800 patients notified during the year 381 were admitted to hospital, a higher percentage than last year.

Hospital Bed Accommodation.

Hospital	Male	Female	Children	Total
City Hospital	109	100	...	209
Royal Victoria Hospital	52	38	...	90
Southfield Sanatorium	28	38	22	88
Loanhead Hospital	...	...	40	40
East Fortune *	88	73	12	173
Bangour (Non-Pulmonary)	18	18	14	50
Totals	295	267	88	650

* No specific allocation of beds for Edinburgh patients—figures given represent beds occupied by Edinburgh patients at 31st December, 1954.

Housing.

During the year 254 families were rehoused under the Corporation's priority scheme for tuberculosis patients, as against 270 in 1953. At 31st December, 1954, 493 families were awaiting rehousing, 68 more than at the same date in 1953.

The following table shows the type of house occupied by the 800 cases of respiratory tuberculosis notified during the year :—

1 Roomed House	2 Roomed House	3 Roomed House	4 Rooms and Over	Lodging Houses	Institutions, Etc.	Total
86	153	276	255	17	13	800

B.C.G. Vaccination.

The scheme for the B.C.G. vaccination of school leavers has continued during the year and has been mainly responsible for the increase in persons tuberculin tested and persons B.C.G. vaccinated. During the year, 9,539 persons were tuberculin tested (3,610 in 1953), and of this number 5,771 persons were found to be negative to 1·0 mgr. Old Tuberculin (1,832 in 1953). The number vaccinated was 5,525, an increase of 3,723 over the 1953 figure. The following table gives details in the form rendered to the Department of Health for Scotland each year :—

Category	Tuberculin Tested		Negative Reactors		Vaccinated during 1954 *	
	M.	F.	M.	F.	M.	F.
Nurses	22	725	3	185	9	332
Medical Students ...	286	149	67	50	67	48
Contacts	1,124	1,199	654	747	442	491
School leavers	2,894	2,914	1,983	2,052	1,917	2,051
New-born babies	38	29	...	...	39	29
Others	29	130	6	24	27	73
Totals	4,393	5,146	2,713	3,058	2,501	3,024
	9,539		5,771		5,525	

* Including vaccinations where the tuberculin tests were carried out in the previous year.

Tuberculosis Death Rates in Scotland.

The death rates quoted below, which are taken from the Registrar-General's preliminary statement for 1954, 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	
	Respiratory Tuberculosis	All forms of Tuberculosis		Respiratory Tuberculosis	All forms of Tuberculosis
Glasgow	0·34	0·37	Paisley	0·24	0·26
Edinburgh ...	**0·19**	**0·20**	Greenock	0·37	0·43
Dundee	0·19	0·20	Motherwell & Wishaw	0·19	0·23
Aberdeen	0·10	0·12	Clydebank	0·25	0·27

SCOTLAND :—Respiratory T.B., 0·20 ; All forms 0·22.

RESPIRATORY TUBERCULOSIS.

The number of confirmed new cases notified during the year was 800, an increase of only 3 over the previous year. In the table below the cases are allocated to municipal wards.

	Notifications	Rate per 1000		Notifications	Rate per 1000
1. St Giles	66	3·0	15. St Andrew's	23	1·3
2. Holyrood	47	2·5	16. Broughton	22	1·2
3. George Square ...	23	1·4	17. Calton	25	1·3
4. Newington	21	0·9	18. West Leith	24	1·4
5. Liberton	39	1·5	19. Central Leith	35	1·6
6. Morningside	10	0·6	20. South Leith	35	1·7
7. Merchiston	24	1·6	21. Craigentinny	42	1·8
8. Colinton	21	1·3	22. Portobello	42	1·9
9. Sighthill	54	2·1	23. Craigmillar	53	3·0
10. Gorgie-Dalry	27	1·3	Institutions and Military Quarters	18	...
11. Corstorphine	16	0·9			
12. Murrayfield-Cramond	13	1·0	Total ...	800	1·70
13. Pilton	80	2·9			
14. St Bernard's	40	1·8			

The deaths and death-rates in municipal wards are shown in the following table. The total deaths numbered 88 as against 109 in 1953.

Deaths and Death Rates in Municipal Wards of the City.

No.	WARDS	No. of Deaths	Rate per 1000	Sex		Age-periods													
						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 upwards	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	St Giles ...	2	0·1	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
2	Holyrood ...	2	0·1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...
3	George Square	5	0·3	5	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	2	...
4	Newington ...	7	0·3	4	3	...	...	...	1	...	...	...	...	2	1	...	...	...	...	2	1
5	Liberton ...	6	0·2	4	2	...	1	...	...	...	...	...	1	1	...	1	...	1	...	1	...
6	Morningside	2	0·1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
7	Merchiston ...	1	0·1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
8	Colinton ...	1	0·1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
9	Sighthill ...	4	0·2	4	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	1	...
10	Gorgie-Dalry	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11	Corstorphine	2	0·1	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
12	Murrayfield and Cramond ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13	Pilton ...	8	0·3	1	7	...	...	...	...	...	1	...	1	...	1	...	3	1	1	...	...
14	St Bernard's	3	0·1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1
15	St Andrew's	2	0·1	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
16	Broughton ...	8	0·4	3	5	...	...	...	...	...	1	...	...	...	...	2	1	...	1	1	2
17	Calton ...	3	0·2	1	2	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...
18	West Leith ...	2	0·1	2	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
19	Central Leith	3	0·1	3	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...
20	South Leith ...	5	0·2	1	4	...	...	...	...	...	...	...	1	...	...	...	1	1	1	...	1
21	Craigentinny	6	0·3	5	1	...	...	...	...	...	1	...	...	2	...	...	...	2	...	1	...
22	Portobello ...	3	0·1	2	1	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...
23	Craigmillar ...	3	0·2	2	1	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...
	Institutions and Military Quarters ...	10	...	8	2	...	...	...	...	...	...	1	1	...	...	1	...	1	...	5	1
	Totals ...	88	0·2	54	34	...	1	...	1	1	3	4	4	6	4	13	7	11	6	19	8

Patients Treated in Sanatoria during 1954.

Patients		Remained at 1st Jan. 1954	Admitted During Year	Discharged During Year	Died in Hospital	Remaining at 31st Dec. 1954
Adults	Male ...	207	437	329	24	291
	Female ...	240	370	331	19	260
Children	Male ...	49	56	44	...	61
	Female ...	38	45	56	...	27
Totals ...		534	908	760	43	639

NON-RESPIRATORY TUBERCULOSIS.

Notifications of non-respiratory tuberculosis numbered 84 as compared with 110 in the previous year. The number of deaths (7) was four less than the total in 1953. The following is a record of notifications and deaths since 1940 :—

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuber-culosis, 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
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
1948	30	...	20	4	23	21	3	1	6	1	19	2	24	4	6	4	131	37	27	8
1949	34	2	15	4	21	6	1	...	9	1	25	4	22	2	4	2	131	21	27	4
1950	30	1	15	3	20	11	3	...	9	4	15	...	14	2	8	1	114	22	23	5
1951	8	...	9	2	13	7	...	...	10	...	20	3	17	2	4	2	81	16	17	3
1952	15	2	9	2	14	6	...	...	12	3	16	3	27	2	7	...	100	18	21	4
1953	25	...	4	1	13	3	3	...	16	2	17	2	30	2	2	1	110	11	23	2
1954	20	1	7	...	11	2	3	...	17	2	9	2	14	...	3	...	84	7	18	1

Respiratory Tuberculosis Notifications.

Year	Under 15 years		15–25 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	Males	Females	Total	
Average 1941–45	23	23	71	102	57	65	57	26	38	12	30	8	12	7	288	243	531	126
1946 ...	21	14	71	110	84	65	57	36	57	10	33	6	18	10	341	251	592	129
1947 ...	28	20	60	131	68	74	67	32	42	10	44	7	15	8	324	282	606	125
1948 ...	40	42	80	121	72	75	46	32	60	12	33	5	26	9	357	296	653	134
1949 ...	44	26	78	144	67	64	68	34	44	18	39	7	21	7	361	300	661	135
1950 ...	42	64	85	138	56	71	54	25	49	11	39	12	19	12	348	333	681	139
Average 1946–50	35	33	75	129	69	70	59	32	50	12	38	8	20	9	346	293	639	132
1951 ...	31	52	74	122	59	64	60	28	43	12	40	11	21	12	328	301	629	135
1952 ...	59	48	73	134	71	92	63	31	59	12	39	9	22	10	386	336	722	152
1953 ...	59	73	90	119	67	95	59	44	83	22	42	9	26	9	426	371	797	169
1954 ...	**75**	**71**	**90**	**144**	**62**	**87**	**55**	**44**	**55**	**21**	**55**	**6**	**24**	**11**	**416**	**384**	**800**	**170**

Respiratory Tuberculosis Deaths.

Year	Under 15 years		15–25 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	Males	Females	Total	
Average 1941–45	4	7	19	43	24	36	31	20	28	10	27	7	14	8	147	131	278	65
1946 ...	7	4	23	49	22	32	31	14	43	6	27	5	18	11	171	121	292	64
1947 ...	9	10	15	46	25	40	33	31	33	6	36	4	20	6	171	143	314	65
1948 ...	8	11	22	41	31	33	21	24	44	10	21	5	19	11	166	135	301	62
1949 ...	3	6	23	44	17	38	26	16	28	10	33	2	19	5	149	121	270	55
1950 ...	1	3	7	29	23	29	24	12	35	10	29	9	18	8	137	100	237	48
Average 1946–50	6	7	18	42	24	35	27	19	36	8	29	5	19	8	159	124	283	59
1951 ...	2	...	8	12	9	19	9	9	23	5	21	10	22	7	94	62	156	33
1952 ...	3	3	8	11	9	6	9	5	25	3	13	6	15	9	82	43	125	26
1953 ...	...	1	3	3	6	10	15	4	16	6	23	4	15	3	78	31	109	23
1954 ...	**...**	**1**	**1**	**4**	**4**	**4**	**6**	**4**	**13**	**7**	**11**	**6**	**19**	**8**	**54**	**34**	**88**	**19**

Non-Respiratory Tuberculosis Notifications.

Year	Under 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	Males	Females	Total	
Average 1941–45	35	30	13	23	6	14	5	8	7	12	5	5	71	92	163	38
1946 ...	36	24	12	18	6	12	2	4	4	5	6	4	66	67	133	29
1947 ...	25	26	10	21	9	8	3	13	4	3	4	5	55	76	131	27
1948 ...	34	18	11	23	7	9	3	5	3	3	5	10	63	68	131	27
1949 ...	22	18	12	22	7	14	3	9	5	4	4	11	53	78	131	27
1950 ...	22	23	14	15	8	10	2	6	3	6	2	3	51	63	114	23
Average 1946–50	28	22	12	20	8	10	2	7	4	4	4	7	58	70	128	27
1951 ...	12	16	7	13	3	6	3	2	3	5	3	8	31	50	81	17
1952 ...	12	15	13	13	6	10	6	2	6	7	2	8	45	55	100	21
1953 ...	11	13	8	16	9	15	9	5	5	5	6	8	48	62	110	23
1954 ...	**13**	**14**	**9**	**12**	**7**	**8**	**3**	**6**	**1**	**3**	...	**8**	**33**	**51**	**84**	**18**

Non-Respiratory Tuberculosis Deaths.

Year	Under 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	Males	Females	Total	
Average 1941–45	15	15	2	10	2	3	1	2	2	3	5	5	27	38	65	16
1946 ...	11	17	6	1	5	2	1	3	4	2	3	4	30	29	59	13
1947 ...	10	9	4	3	1	4	1	4	3	2	5	2	24	24	48	10
1948 ...	13	7	1	6	1	1	...	...	1	...	3	4	19	18	37	8
1949 ...	1	2	1	3	1	2	...	1	3	1	1	5	7	14	21	4
1950 ...	2	5	1	2	1	...	1	2	2	1	4	1	11	11	22	5
Average 1946–50	7	8	2	3	2	2	1	2	3	1	3	3	18	19	37	8
1951 ...	1	7	1	2	1	...	1	2	2	1	4	1	7	9	16	3
1952 ...	...	2	...	...	...	...	3	...	1	1	2	1	6	12	18	4
1953 ...	2	...	...	2	1	1	2	...	2	1	1	6	7	4	11	2
1954 ...	...	...	...	...	...	**1**	**1**	**1**	**2**	...	**1**	**1**	**4**	**3**	**7**	**1**

Deaths from Tuberculosis.

(Showing the period elapsing between notification or intimation and death.)

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Number of persons who died from tuberculosis :—				
Not notified or notified only at or after death	12	9	1	2
Notified less than 1 month before death ...	6	1	...	...
,, from 1 to 3 months before death ...	4	2	1	...
,, from 3 to 6 months before death ...	1	2	...	...
,, from 6 to 12 months before death ...	1	...	1	...
,, from 1 to 2 years before death ...	4	1	...	...
,, over 2 years before death	26	19	1	1
Totals	54	34	4	3

Number of Persons in the City at 31st December, 1954, who were known to be suffering from Tuberculosis.

	Under 15 years	15–25 years	25–35 years	35–45 years	45–55 years	55–65 years	Over 65 years	Totals
RESPIRATORY								
Males	241	397	542	413	394	245	102	2,334
Females ...	240	631	676	311	150	59	40	2,107
Total ...	481	1,028	1,218	724	544	304	142	4,441
NON-RESPIRATORY								
Males	68	83	45	28	19	6	5	254
Females ...	74	83	74	44	27	23	17	342
Total ...	142	166	119	72	46	29	22	596

ISSUE OF HOME NURSING EQUIPMENT.

Under the arrangements made by Edinburgh Corporation for the exercise of their functions under Section 27 of the National Health Service (Scotland) Act, 1947, a total of 1,307 persons have been supplied with home nursing equipment since the inauguration of the scheme in March, 1951, to the end of 1954. The following table shows the number of persons who borrowed equipment each year, indicating whether tuberculosis patients or patients suffering from other illnesses :—

	Tuberculosis Patients	Other Illnesses	Total
Issued during 1951	89	68	157
,, ,, 1952	97	177	274
,, ,, 1953	98	311	409
,, ,, 1954	80	387	467
	364	943	1,307
No. of patients who have returned equipment	190	634	824
No. of patients with equipment still on loan at 31st December, 1954	174	309	483

DEPARTMENT OF VENEREAL DISEASES.

REPORT BY THE PHYSICIAN-IN-CHARGE.

Incidence of Venereal Disease.—It is a widespread belief that the incidence of venereal infections is greatly reduced. This is true for syphilis. There has been a substantial reduction in the incidence of gonorrhœa, but non-gonococcal urethritis and other forms of venereal infection have increased. It is increasingly recognised that these conditions are of importance not only to the affected individual but also to the community.

The decline of incidence of syphilis is very gratifying and a tribute to the work of public health workers and venereologists. Early syphilis (" primary " and " secondary ") has become a rarity. In Edinburgh there were 11 male cases and 4 female cases. We now study these cases almost as closely as cases of smallpox. The male patients gave the information regarding the place where the disease was contracted as Edinburgh 4, Plymouth 2, Baghdad 1, Venezuela 1, West Indies 1, East Africa 1, Spain 1.

The female patients illustrate the spread of disease in a community: One was the wife of a male case who had acquired the disease in Spain, and it was her condition that brought his infection to light. The second was the wife of a man who acquired the disease from an unidentified woman in Edinburgh: no other " contact " cases from this man and woman were traced. The third woman attributed syphilitic infection to an American serviceman (unknown). The husband and one other contact of this woman were examined but they did not develop syphilis, though one had gonorrhœa. She was very promiscuous sexually and as she was brought under treatment promptly it seems probable that she did not spread early syphilis to others. The fourth female case was a divorced woman, aged 25, who was very promiscuous sexually. She produced one consort for examination and he was free from disease, but we concluded that he was the most recent of a large number of contacts and the source of the disease was untraced. Again, spread in the community had not occurred, so far as is known.

The observation that five out of eleven male cases of early syphilis were infected abroad indicates the need for continued vigilance at the ports, and the value of prompt tracing of possible contact cases. It is surprising that greater spread in the community is not caused by these cases of contagious syphilis in sexually promiscuous persons, but it is probable that instruction given to young men in the armed forces regarding the personal prophylaxis of disease has some value in limiting the spread of disease in civilian life. It is still true that isolation and intensive treatment of contagious cases is needed, though to a limited extent, to protect the public.

Too often it is impossible to detect the source and to examine all contacts, as the association between the individuals has been casual, often while one or both persons was drunk.

Late Syphilis.—It is almost impossible to give a reliable estimate of the amount of late syphilis in the community. Many cases remain unsuspected and undiagnosed, and many cases do not come under the care of a hospital physician but receive treatment from their family doctor. It is probable that the incidence of late effects of syphilis will remain at its present level for a few years, the patients being those who were infected about ten years ago when the peak incidence of syphilis was observed. It is probable that the mortality and morbidity associated with syphilis will then decline sharply. Ten years ago when the penicillin treatment of syphilis was started many patients were not cured though all signs of disease disappeared and serological tests were negative. Such cases will now present late signs of syphilis or will be, if lucky, detected by routine tests. The value of routine blood tests for syphilis on all medical admissions to hospital is undoubted.

Congenital Syphilis.—This disease should now be extinct or a great rarity, for not only do we have a specific drug (penicillin) which should almost guarantee a non-syphilitic baby if the mother is treated in pregnancy, but the amount and quality of antenatal supervision should ensure that no pregnant woman with syphilis should escape diagnosis and treatment. The decline in the incidence of congenital syphilis is not nearly so satisfactory as expected. Our figures are somewhat misleading, and the gross figure of 25 cases in the year appears rather scandalous at first. But many of these cases are adults and failure of antenatal care occurred many years ago, indeed one patient was 70 years of age.

An analysis of children with congenital syphilis diagnosed at the Royal Infirmary in 1954 is presented below.

No.	Age	Clinical Findings	Blood Tests	Where born
1	6 years	Typical congenital syphilis	Positive	**Edinburgh.** At home
2	8 years	Typical congenital syphilis	Positive	**Edinburgh.** At home
3	5 yrs. 11 mos.	Typical congenital syphilis	Positive	Fife. At home
4	7 weeks	Apparently healthy	Weak pos.	Fife.
5	6 years	Apparently healthy	Weak pos.	**Edinburgh.** At home
6	8 months	Apparently healthy	Weak pos.	Fife.
7	10 years	Blind	Positive	Inverness.
8	6 yrs. 8 mos.	Typical congenital syphilis	Positive	Fife. At home
9	6 years	Apparently healthy	Weak pos.	Midlothian. At home
10	12 years	Apparently healthy	C.s.f. Positive	In hospital
11	10 years	Mentally retarded	Positive	**Edinburgh.** At home
12	10 days	Acute congenital syphilis	Positive	East Lothian. Hospital
13	3 yrs. 6 mos.	Typical congenital syphilis Very backward	Positive	East Lothian. Hospital
14	8 weeks	Acute congenital syphilis	Positive	East Lothian. At home
15	5 years	Typical congenital syphilis	Positive	East Lothian. At home

Summary :—15 cases in 10 families.
6 born in hospital or nursing home.
5 illegitimate.

The principal danger of cases being missed appears to arise if the woman has no antenatal care and reaches hospital or calls a doctor when she is in labour.

Also some practitioners do not insist on blood tests for the cases they book for domiciliary confinement. There are few difficulties in the way of having blood tests for syphilis performed, most antenatal patients expect to have blood tests, and they should be arranged as a routine.

Treatment of congenital syphilis is generally rewarded by considerable success, particularly since cortisone has improved the outlook for interstitial keratitis.

Ophthalmia Neonatorum.—Gonococcal ophthalmia is now a rarity, but the occurrence of sporadic cases points to the need for constant vigilance and the immediate provision of intensive treatment. The occurrence of a small number of cases of milder conjunctivitis due to other less virulent organisms tends to produce a false sense of security. It is probable that either chronic, subacute or acute infections, non-venereal in nature, of the maternal birth passages can cause ophthalmia neonatorum and that most of these infections can be diagnosed and treated before confinement, with benefit to the mother and child. It is also clear that any failure or negligence in respect of good obstetric nursing technique may be followed by serious effects to mother and child.

Gonorrhœa.—It is disturbing that the incidence of gonorrhœ ais not falling as rapidly as that of early syphilis. The disease appears to be cured rapidly and easily by antibiotics, so this failure to control the disease must be due to failure to diagnose a considerable proportion of infected individuals in the community. This is due, I think, to the fact that many of these persons do not suspect that they are infected and thus they spread disease, though others are ignorant and indifferent both to their own health and the welfare of the community. It might be helpful if all cases of leucorrhœa were to have an accurate diagnosis of the cause, followed by efficient treatment and stringent tests of cure. Though the difficulties are obvious, I suggest that health education should develop the idea that vaginal discharges are seldom " natural " and harmless and that all merit investigation and most can be cured.

I am confident that gonorrhœa can be eradicated from the community in a decade, just as early syphilis has been controlled since the war. Already we possess all that is necessary—efficient facilities for diagnosis and treatment, allied with public health workers to ensure that diagnosis and treatment are received by all who need them.

Non-gonococcal Urethritis.—This condition in men continues to present a difficult problem, and is far from solved by the discovery of new antibiotics. The incidence is tending to increase, not only in Edinburgh but throughout Britain and in other countries. It is not a trivial infection, but is frequently followed by serious forms of genito-urinary disease and general illness.

Some severe cases of Reiter's Syndrome have been treated, and several have required treatment by high fever in the " inductotherm " cabinet.

Non-venereal cases.—Large numbers of patients are examined and tested and thus proved to be free from venereal infection. This feature of the work, though unspectacular, is important as fear of venereal disease is still widespread

and may readily form the foundation of an anxiety state or exaggerate the symptoms of an unstable mental condition. Also we diagnose, and direct towards efficient treatment, many cases of other diseases such as glycosuria, urinary calculus, prostatic disease, to mention only a few. It is obvious that only by thorough and meticulous care of all who suspect venereal infection we can protect the individuals and the community.

The opportunity is often present, too, for advice to the occasionally or habitually promiscuous person, regarding the avoidance of disease, as well as some ethical and elementary psychological instruction.

An important section of our work is the investigation and care of pregnant women who have vaginal discharge. A very small proportion of these are " venereal " in origin, but all benefit from appropriate treatment, and there is evidence that treatment improves the prospect of a trouble-free puerperium and good health afterwards.

Research.—The staff of the department have continued observations on a number of clinical problems.

New long-acting penicillin compounds such as " D.B.E.D. penicillin " have been the subject of observation in late syphilis. It was felt there was inadequate material to try them in early syphilis, and such compounds are not required in gonorrhœa.

It has been noted that some cases of Reiter's Syndrome present evidence of cardiac disease and a paper on the abnormal E.C.G. findings was read by Dr Mayne at a meeting of the Medical Society for the Study of Venereal Diseases in London.

The relatively large number of cases of late syphilis attending the department has allowed us to report, also at a meeting of the Society, a series of unusual cases of aneurysm of the aorta.

Trials of new drugs for the control of Trichomonas Vaginalis have continued. None seem to be outstandingly superior to the older and more familiar preparations.

Sociological investigations.—The source of venereal infections has been studied and some interesting observations have emerged.

Males.—About one third of the total were infected by prostitutes, about 10 per cent. were marital infections and the remainder (the large majority) had been infected by unknown casual " amateur " contacts of the " pick-up " type.

It was remarkable that about 40 per cent. of the cases acquired the infection outside Edinburgh and Leith, and many were infected in foreign countries. But clinics in Fife and the Royal Navy complain of the number of infections contracted in the Edinburgh city area.

Men are often under the influence of alcohol when they expose themselves to infection—women very seldom.

Females.—A close study of the type of patient attending our female clinics has been made, and Dr Murrell is taking part in a national inquiry into prostitution. 525 cases were studied in 1954.

(*a*) *Age groups.* 33 per cent. were under the age of 20 years and 29 girls were under the age of 17.

(*b*) *Employment.* 60 per cent. were not employed. A similar observation has been made in the " cotton " towns of Lancashire.

(*c*) *Offences against Children.* Nine cases of alleged infection in children, ascribed to rape or manual interference, were investigated and treated as necessary. In five instances infection with Trichomonas Vaginalis was detected.

(*d*) *Marital status.* The great majority were single.

(*e*) *Mental defect.* Nine individuals were classed as " dull " or mentally retarded.

(*f*) *Prostitution.* There were 39 undoubted or professed prostitutes, and another five women were probably living wholly or mainly by prostitution. Of these 39 were found to suffer from V.D. Age varied greatly, but three were under 17 years, and another ten between the age of 17 and 20 years.

Juvenile delinquent.—It is a sorry reflection on our community that so many young girls are inmates of remand homes or prison, and out of 43 girls from remand homes examined in the year 34 were found to be not *virgo intacta.* Of these 16 were considered to come from a good or fairly good home, and 24 were under the age of 17. Only one girl was " dull and backward."

Dance halls.—A considerable amount of sexual promiscuity arises from casual meetings at dance halls.

Follow-up of defaulters.—This is a perennial problem and our social workers, aided by their colleagues of the Public Health Department and many other social agencies, have done a large amount of work and have been very successful. Their work, done quietly and without publicity, or even by stealth, deserves the highest praise.

No. of names submitted for " follow-up "	... ...	776
,, ,, patients returned to clinics	... ...	737 (95 per cent.)
,, ,, ,, could not be traced	... ...	27
,, ,, ,, traced but refused to return	... ...	7

In addition, valuable work was done trying to trace individuals named as the probable source of disease by cases occurring in the Services. In many instances the meagre information rendered tracing of the individual impossible, but in other instances the special knowledge of the social worker secured recognition of present or former patients who were persuaded to return for further tests or treatment. A number of unsuspected, but highly dangerous, sources of venereal infection were brought under control by the patient detection and the advice given by these devoted nurses.

Acknowledgment.—I have pleasure in recognising publicly the invaluable work done by all members of the staff, medical, nursing and secretarial. They have formed a team inspired by idealism and assiduous in the tasks of curing disease and promoting the public health.

RE-HOUSING ON HEALTH GROUNDS.

In the post-war housing developments throughout the country it has been recognised that certain families deserve some form of priority in rehousing for medical reasons. In some places a specific allocation of houses is earmarked for cases selected by the Medical Officer of Health, whilst other authorities allow their health department to apportion points to households for a variety of medical conditions. In Edinburgh one in nine of all houses available for letting are allocated to tuberculosis cases which are dealt with according to the date of the priority certificate or in certain cases the date of discharge from hospital. Where in special cases there is a need for an urgent recommendation it is usually possible for arrangements to be made by the City Chamberlain's Department.

Pulmonary tuberculosis is the principal disability for which priority in rehousing may be recommended—three categories of priority being recognised. Category I is applied to households where there is an open infective case requiring a separate bedroom. Category II is reserved for intermittently infective cases also requiring separate bedroom accommodation. Category III includes other forms of pulmonary tuberculosis not necessarily infective but where the housing conditions are unsatisfactory for some reason, *e.g.*, overcrowding, insanitary housing or situation unsuitable for work or for nursing help from relatives.

The following table shows the number of families in each category rehoused during the year and the number still on the waiting list at the end of the year :—

	T.B. I	*T.B. II*	*T.B. III*	*Total*
Rehoused	180	72	2	254
Waiting list at end of year ...	276	138	79	493

Priority in respect of other medical conditions is also awarded although at the present time it is only possible for the House-letting Department to deal with those recommended as Priority I. This first priority is normally reserved for persons who may be a danger to the health of other people. It is, therefore, applied mainly to carriers of gastro-intestinal infections such as typhoid or para-typhoid fever who in their existing accommodation share a common lavatory and have no washing facilities. Only a few households are awarded this degree of priority in any one year. Priority II is awarded to households where rehousing is essential for the health of one of the family. The most common medical disabilities which may qualify for this category are colostomy, paralysis, heart disease and nonpulmonary tuberculosis. Priority III includes those whose health would benefit from rehousing and so a variety of medical disabilities are involved from the old person with heart or artery disease requiring ground floor accommodation to the child suffering from ill-health to which overcrowded and insanitary housing conditions may contribute.

DISINFECTION.

Various disinfecting processes have now been investigated in Edinburgh over a sufficient number of years to enable the results to be reviewed, and the following notes by Dr R. P. Jack are included in this report :—

Ten years ago, when the investigation began, the disinfecting processes in common use aimed at the complete destruction of all infecting organisms. The high temperature required was usually sufficient to damage the material under treatment, so much so that destruction by burning was often more economical. For example, if the high steam temperature and long exposure necessary for the sterilisation of surgical dressings are applied in the disinfecting chamber, clothing and blankets tend to be charred and ruined. Where disinfecting plants were operated so as to avoid such damage to the material, the process was frequently unsuccessful and even pathogenic organisms were liable to survive.

An enquiry was instituted in order to discover processes which,while reducing damage to an acceptable level, would at the same time destroy dangerous organisms. To this end it was decided that attention should be focussed primarily on the destruction only of those germs capable of transmitting disease. The most resistant infecting agents to heat and chemicals are those which cause smallpox, anthrax and tuberculosis but they can be readily killed at relatively low temperatures by chemical vapour or steam provided that adequate access of the vapour to all parts of the material is possible.

Disinfection by means of the Steam Chamber.

In commercial disinfection such large quantities of material must be placed in the steam chamber to make the process an economic proposition that air pockets form, with the result that the infecting organisms are insulated from the effects of the steam or chemical vapour. Air pockets can be removed by packing the material loosely, by displacement, by diffusion in the case of chemical vapour and by removal of part of the air by employing a vacuum apparatus. The experiments now completed at High School Yards indicate that a combination of these methods is effective in allowing the complete penetration of the material by steam or chemical vapour.

Two processes have been adopted, one using steam alone and the other using steam and formaldehyde. Both methods are successful in killing all disease-producing organisms under ordinary working conditions without damage to clothing and blankets. Bacteriological tests employing organisms buried in the depths of the material have proved the efficacy of the processes.

Disinfection of Tubercle-infected Dwellings.

Over 2,000 rooms have now been treated by the formaldehyde spray-and-vapour process, and it is possible to summarise the results of this work.

When the method was originated, some damage to furnishings, and difficulties in connection with the escape of vapour were anticipated. It is therefore gratifying

to report that in this large number of disinfections there have been only five complaints, all of which on investigation were found to be of little account. This satisfactory result is entirely due to the conscientious work of those responsible for carrying out the process.

Repeated bacteriological tests have confirmed that no tubercle bacilli, even when protected by dust or by a layer of sputum, can survive. This is of considerable practical importance when it is remembered that tubercle bacilli may survive for a year or more in a suitable position and be capable of infecting a susceptible person entering and living in such a place. As tuberculosis is gradually brought under control and the number of cases diminishes, it will become more and more important to ensure that germs in such situations are destroyed.

Results of the Investigations.

The results of the investigations may be summarised as follows :—

(1) All clothing materials can now be disinfected in the steam chamber without damage to the fabric. There is, of course, no process known as yet for the disinfection of furs, leather and certain plastics.

(2) The formaldehyde spray-and-vapour process can be used with certainty of success in any infected room.

(3) Bacteriological proof of the efficiency of these processes has been obtained, using thick smears of tuberculous sputum, thick variola crusts and anthrax material in all of which the organisms have been completely destroyed. It is thought that these methods carry a large margin of safety which may be of some importance when exceptional circumstances arise.

(4) The success of the procedures described depends to a large extent on the conscientious manner in which they are undertaken by specially trained operators working under the supervision of a medical officer conversant with the processes.

DISINFECTIONS.

The following Table shows the number of disinfections carried out by the department during 1954 :—

Disinfection of Premises Infected with Tubercle Bacillus.	Total
Number of visits paid to houses and institutions (including visits paid to arrange a suitable time for disinfecting)	1,001
Number of rooms and wards disinfected by means of the formaldehyde process	704
Number of collections of soft goods (including mattresses, blankets) which were disinfected in steam chamber by means of steam under pressure or by formaldehyde vapour or by steam along with formaldehyde vapour ...	189*

* *Many householders refuse to allow bedding to be removed from the house for steam disinfection. In such cases, bedding is left in the room during the whole process but every article of bedding must be sprayed with liquid on both sides to ensure killing of bacillus. For technical reasons, it is difficult to carry out this procedure and every effort made to is discourage this practice.*

Disinfection of Premises following Infectious Diseases other than Tuberculosis.	
Number of visits paid to houses and institutions (including visits paid to arrange a suitable time for disinfecting)	1,008†
Number of rooms and wards disinfected by means of the formaldehyde process	92
Number of collections of soft goods (including blankets and mattresses) which were disinfected in the steam chamber by means of steam under pressure or by formaldehyde vapour or by steam under pressure along with formaldehyde vapour	597

† *In this group there were many requests for disinfection which were found to be unnecessary.*

NATIONAL ASSISTANCE ACT, 1948.

Residential Accommodation.—Under Part III, Section 21 of the Act, the local authority must provide residential accommodation for those in need of care and attention. Temporary accommodation must also be provided in special circumstances. These functions are administered by the Welfare Committee, but certain medical duties are carried out by staff from the Public Health Department.

(i) **Residential accommodation for those in need of care and attention.**

Accommodation for persons in need of care and attention is provided in Glenlockhart, Firrhill, Edinholme and Craigard and by arrangement with voluntary associations in various voluntary homes.

(*a*) **Glenlockhart.**—During the year there were 336 admissions, 173 discharges and 132 deaths. Over 80 per cent. of the applications to the City Social Services Department for admission to Part III accommodation were visited by a medical officer of the Public Health Department prior to acceptance in order to ascertain if they were suitable for entry to an Old People's Home. A satisfactory liaison was maintained between the general practitioners and the acute and chronic sick hospitals in the correct disposal of cases. It is very evident that the type of person seeking admission is becoming increasingly frail and passing more into the category of the chronic sick.

The overall medical supervision of the residents is undertaken by the Public Health Department, although each person is registered with a medical practitioner under the National Health Service. All specialist and hospital facilities are available to each resident. In addition the ancillary services of a physiotherapist, chiropodist, dentist and optician are available on the premises.

(*b*) **Firrhill.**—This small home accommodates 16 men. Most admissions to the home are from Glenlockhart. There were 11 admissions, 10 discharges and 1 death during the year.

(*c*) **Edinholme.**—This small home accommodates 19 women. There were 7 admissions, 7 discharges and 1 death during the year.

(*d*) **Craigard.**—This small home accommodates 22 women. There were 15 admissions, 4 discharges and 1 death during the year.

(*e*) **Voluntary Organisations.** — Various voluntary bodies provide accommodation for persons in need of care and attention. In many cases supplementation of board is provided by the local authority. These homes are registered by the City Social Services Department to whom the advice of a medical officer is made available and a yearly visit is paid to ensure that a satisfactory standard is being maintained..

(ii) **Temporary accommodation in special circumstances.**

Accommodation is provided in a separate part of Glenlockhart for evicted

families and those rendered homeless by fire or flood. During the year accommodation was provided for 66 women and 153 children.

Removal to suitable premises of persons in need of care and attention.—Section 47 of the Act makes provision for the removal to suitable premises of persons who are suffering from grave chronic disease or are aged, infirm, physically incapacitated and living in insanitary conditions if they are unable to devote to themselves, and are not receiving from others, proper care and attention.

During the year 12 new Court Orders were obtained. Of the 12 Orders, 2 were removed to hospital and 10 to Glenlockhart. In 7 instances an Emergency Certificate for immediate removal was required. During the year 2 of the Orders were allowed to lapse, while 3 of the cases died. The remaining 7 Orders were renewed at three-monthly intervals.

Registration of Disabled and Old People's Homes.—Under Section 37 of the Act an inspection of all homes registered by the local authority was carried out by a medical officer of the Public Health Department in conjunction with an official of the City Social Services Department.

The number of homes on the register at the 1st January, 1954, was 16, compared with 21 at the 31st December, 1954, 5 having been registered during the year.

Welfare of Handicapped Persons.—The Welfare Committee has made arrangements with the following organisations for the care of these handicapped persons.

(*a*) **Blind Persons.**—The Royal Blind Asylum and the Society for Welfare and Teaching of the Blind.

(*b*) **Crippled Persons.**—Edinburgh Cripple and Invalid Children's Aid Society.

(*c*) **Deaf and Dumb.**—Edinburgh Deaf and Dumb Benevolent Society.

Other duties.—Various other related duties, although not directly under the National Assistance Act were carried out by the Public Health Department. These duties included—

(*a*) Visitation of old people in their homes at the request of medical practitioners, health visitors, sanitary inspectors, voluntary organisations etc.

(*b*) Arrangements where necessary for the provision of a home help, " Meals on Wheels " or appliances and nursing requisites.

(*c*) Regular follow-up of these domiciliary cases.

(*d*) Periodic visitation to hospitals for the chronic sick in order to arrange transfer of cases between the hospitals and Part III accommodation.

LUNACY AND MENTAL DEFICIENCY.

During 1954 the total number of applications from relatives concerned about the mental condition of patients was 301, of whom 237 were certified and removed to hospital. Comparative figures for the last few years are as follows:—

	1950	1951	1952	1953	1954
Number Certified ...	239	242	234	240	237
Applications withdrawn	56	55	51	47	64
Total No. of Applications	295	297	285	287	301

The proportion of male patients among those certified last year was 36 per cent. This shows little change from preceding years. The age-groups of those certified were as follows:—

Mental Illness—Certification

Ages	Males		Females		Total	
	1953	1954	1953	1954	1953	1954
Under 16 years	1	1	—	2	1	3
16–19 ,, ...	1	1	3	2	4	3
20–29 ,, ...	11	14	12	21	23	35
30–39 ,, ...	11	7	18	16	29	23
40–49 ,, ...	8	9	28	21	36	30
50–59 ,, ...	12	13	25	25	37	38
60–69 ,, ...	11	14	23	16	34	30
70–79 ,, ...	16	19	37	30	53	49
80 ,, and over ...	7	8	16	18	23	26
	78	86	162	151	240	237
Not Certified and Withdrawn ...	25	24	22	40	47	64
Total No. of Applications ...	103	110	184	191	287	301

Mental Defectives.—13 new cases were admitted to institutions during the year as against 20 in the previous year. In addition, 5 patients were re-certified at 16 years of age and detention continued. The waiting list for admission to institutions numbered 62. This compares with 53 in 1951, 50 in 1952 and 55 in 1953. The table following gives the comparative figures for various categories for 1953 and 1954.

Mental Defectives

	Males		Females		Total	
	1953	1954	1953	1954	1953	1954
1. New cases admitted to institutions ...	11	4	9	9	20	13
2. Re-certified at 16 years and detention continued	1	4	4	1	5	5
3. New cases certified and placed under guardianship	5	2	1	4	6	6
4. Removed from guardianship for various reasons (no longer suitable for boarding out)	3	1	—	2	3	3
5. Removed from guardianship roll by death...	3	—	2	—	5	—
6. Waiting list for admission to institutions as at 31st December ...	33	38	22	24	55	62
7. Under guardianship as at 31st December	70	71	92	94	162	165

Boarding Out.—At the end of the year, the number of mental defectives boarded out was 165 (71 males and 94 females) compared with 162 the previous year. Mental patients boarded out numbered 20 (10 males and 10 females). This was three less than in 1953.

BACTERIOLOGICAL SERVICES.

The following statement is submitted by Professor T. J. Mackie (Consultant Bacteriologist to the South-Eastern Regional Hospital Board, Scotland) and gives details of the examinations carried out for the Public Health Department of the city by the Bacteriology Department, University of Edinburgh, from January to December, 1954.

The total number of examinations was 18,263 as compared with 14,937 in 1953, which represents a further and substantial increase in the volume of bacteriological work required by the Public Health Department and medical practitioners in the city.

The examinations are classified and enumerated in the statement.

As in the previous year, no diphtheria bacilli were isolated from the cases of throat infections examined in the laboratory, but hæmolytic streptococci were found in a fairly high proportion of such cases. This corresponds with the findings in 1953.

Enteric infections (typhoid or paratyphoid) were again minimal. A certain number of cases of *Salmonella* enteritis were diagnosed bacteriologically, the majority due to *Salmonella typhi-murium*.

As in the previous year, a considerable number of cases of suspected bacillary dysentery called for bacteriological diagnosis and, among these, infections by the Sonne type of *Shigella* were predominant.

A large number of bacterial strains isolated from clinical cases were tested for sensitivity to the sulphonamide compounds and the various antibiotics now used in therapy.

The coagulase test of staphylococci from clinical cases was frequently called for in order to determine whether such strains were virulent or not. This test is of particular importance in the investigation of staphylococcal carriers.

It may be noted that four positive results are recorded in agglutination tests for *Leptospira canicola* infection. These were in contacts of a clinical case in the Edinburgh City Hospital

The work included the examination by various methods of samples of water, milk, ice-cream, various foods, food-containers, etc. in order to assess their condition from the hygienic standpoint.

Certain investigations of viral infections were included in the service during the year, including an outbreak of type B influenza, a note on which is appended.

The increase in the total amount of work as compared with 1953 is accounted for mainly by the larger number of specimens examined from throat and intestinal infections, and the increased number of tests for sensitivity of bacteria to chemo-therapeutic agents.

The work recorded was under the charge of Dr Helen A. Wright, Senior Lecturer in Bacteriology, Edinburgh University.

	Positive	Total
Swabs from throat, nose and ear examined for *C. diphtheriæ*	–	771
Swabs from throat, nose and ear examined for hæmolytic streptococci and other pathogenic organisms		2,179
Hæmolytic streptococci	583	
Determination of group of hæmolytic streptococci	.	30
Cough plates and per-nasal swabs for *H. pertussis*	–	14
Sputum examined for *Myco. tuberculosis* by the microscopic method* ...	14	191
Urine, fæces and pus for *Myco. tuberculosis* by the microscopic method*	1	59
Cultivation tests for *Myco. tuberculosis* (sputum and other specimens)† ...	16	229
Animal inoculation for *Myco. tuberculosis* (fæces and other specimens) ...	7	68
Specimens for general bacteriological examination :		
Pleural and peritoneal fluids (including examination for *Myco. tuberculosis* by the microscopic method*)	.	9
Cerebro-spinal fluid	.	1
Pus	.	205
Urine	.	590
Sputum	.	221
Conjunctival swabs and smears	.	60
Vaginal, uterine and urethral swabs and smears	.	74
Umbilical swabs		1
Blood for agglutination of *Leptospira icterohæmorrhagiæ*	–	9
Blood for agglutination of *Leptospira canicola*	4‡	8
Paul-Bunnell test for glandular fever	9	39
Blood cultures (general)	.	2
Blood for Widal reaction (including agglutination test for *Br. abortus*) ...		74
Salm. typhi	2	
Salm. typhi-murium	2	
Blood-clot cultures from specimens submitted for Widal reaction ...	–	38
Fæces and urine examined for organisms of *Salmonella* and dysentery groups§		3,751
Salm. paratyphi B.	3	
Salm. typhi-murium	24	
Salm. aberdeen	19	
Salm. thompson	1	
Salm. give	2	
Shig. flexneri (type 3)	54	
Shig. flexneri (X type variant)	38	
Shig. sonnei	452	

Number of cases proved by isolation of the specific organism and/or serological examination to be due to :

Salm. typhi	2
Salm. paratyphi B.	2
Salm. typhi-murium	18
Salm. aberdeen	1
Salm. thompson	1
Salm. give	1
Shig. flexneri (type 3)	30
Shig. flexneri (X type variant) ...	54
Shig. sonnei	328

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* After concentration of specimen.

† Negative by microscopic method.

‡ Contacts of clinical case.

§ This number includes repeat tests.

	Positive	Total
Fæces examined for protozoa and helminths		97
Giardia lamblia	7	
Ascaris lumbricoides	4	
Oxyuris vermicularis	2	
Serological tests for Syphilis :—		
Wassermann reaction	35	157
Flocculation test—method of Bacteriology Department, University of Edinburgh	21	381
Flocculation test—Kahn method	1	13
Flocculation test—Kahn " verification " method	46	98
Cerebro-spinal fluid for Wassermann reaction	-	1
Complement fixation test for gonococcal infection	-	18
Tests for sensitivity of bacterial strains to :		
Penicillin	.	997
Chloromycetin	.	999
Streptomycin	.	999
Aureomycin	.	992
Erythromycin	.	4
Terramycin	.	10
Polymyxin	.	18
Sulphonamide	.	986
Staphylococcal coagulase tests	215	459
Examinations for smallpox virus infection :		
Direct microscopy		1
Complement fixation for viral antigen		1
Isolation of the virus by embryonated egg inoculation		1
Examinations for Coxsackie virus infections by suckling mouse inoculations		5
Serological tests for influenza virus infections		12
Water specimens :—		
Bacterial count	.	473
Test for coliform bacilli	.	684
Examination for pathogenic organisms	-	2
Total water specimens examined ... 725		
Milk specimens :—		
Bacterial count	.	505
Test for coliform bacilli	.	872
Phosphatase test	.	360
Turbidity test	.	36
Examination for pathogenic organisms	-	5
Examination for blood	.	14
Examination for *Myco. tuberculosis* by animal inoculation	-	24
Total milk specimens examined ... 756		
Examination of milk bottles and carton :—		
Bacterial count of washings	.	14
Test for coliform bacilli in washings	.	14
Samples of cream and " synthetic cream " examined for pathogenic organisms	.	9
Ice-cream specimens :—		
Bacterial count	.	95
Test for coliform bacilli	.	95
Food specimens for general bacteriological examination	.	65
Food specimens for examination for pathogenic organisms	.	8
Samples of shell fish for bacteriological examination	.	34

	Positive	Total
Swabs from restaurant equipment for general bacteriological examination	.	24
Syringes examined for sterility	.	12
Rats examined for plague infection	-	23
Post-mortem tissues for bacteriological examination	.	15
Miscellaneous tests	.	8
		18,263

Note on the Investigation of an Outbreak of Virus Influenza.

In early December, 1954, an outbreak of influenza occurred in Edinburgh. At first the majority of the cases were children and many schools in the city closed their term a week or ten days early on account of the high rate of absenteeism. By the middle of the month the adult population was considerably affected and laboratory investigations on the cause of the outbreak were begun. Similar epidemics of influenza were occurring simultaneously in the North but not the South of England.

A number of typical cases of influenza in the early stage were selected from one general practice and from elsewhere in the city, and virological investigations were undertaken. In four cases strains of influenza virus were isolated from the throat washings which had been inoculated into chick embryos. It was shown that these strains were influenza virus B by their reactions with type-specific antisera. Confirmation that the epidemic was caused by this virus was obtained when it was shown that in eight patients a considerable rise in the amount of specific antibody to the influenza virus B had occurred during convalescence after the illness.

These findings corresponded with those obtained during the outbreaks in the North of England where the infection was similarly due to the influenza virus B.

R. H. A. SWAIN

SANITARY DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, 1. *July* 1955.

To

The Corporation 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 1954.

The report follows the pattern of previous years, the work of the department being classified under headings appropriate to its varied functions. All relative data is contained in appendices to the report.

Post-war policy has made an invaluable contribution to the housing and well-being of a large section of the community. Thousands of homeless and overcrowded families have been accommodated in planned dwellings, sanitarily equipped, and possessed of commendable amenities. Because of the acute shortage of houses following the war, slum clearance and the reconstruction or sanitary improvement of sub-standard properties were left in abeyance. The 1946 housing survey revealed that this dual problem involved about one-third or 45,858 of the permanent dwellings throughout the city. Of these houses 6,750 were scheduled as uninhabitable and 39,108 as sub-standard. It is hoped that the relative returns called for under the Housing (Repairs & Rents) (Scotland) Act, 1954, may lead to a resumption of the successful drive initiated against slums which resulted in the demolition or closure of 7,760 uninhabitable houses since 1923.

Food hygiene is another problem which continues to exercise the public mind. As in the case of the milk and ice-cream industries, where educational efforts failed to attain adequate hygienic standards, local authorities should be equipped with legislative control to ensure minimum safeguards in all food establishments. Much stress has been laid upon the washing of hands in the training and education of children in the prevention of food poisoning. The means to attain this end however require to be available in the home as well as in the school and food establishment. Since 87 per cent. of the sub-standard houses in the city are without bathrooms, a disconcerting feature of this problem is that much food labour may be drawn from homes devoid of such essential hygienic amenities as baths, wash-hand basins and hot water supplies.

The publication of the report by the Committee on Air Pollution last November brought the problem of smoke abatement prominently before the nation. In the study of this national problem, " Auld Reekie " among other towns was favoured by a visit from the Chairman, Sir Hugh Beaver, and several

members of Committee. Under brilliant sunshine the delegation obtained a magnificently clear view of the city from the Castle esplanade. Industrial chimneys, however, were behaving more or less favourably. Even at St Margaret's Railway Depot the haze created by the low level discharge of idling smoke from stationary locomotives drifted away from the adjacent smoke-blackened houses contrary to the usual prevailing wind. To see open windows, as on this visit, was an unusual sight !

The long crusade against atmospheric pollution, the tragedy of the London fog in 1952, and the recent investigations and report of the Beaver Committee, induced the Government to promise the introduction of a Clean Air Bill embodying the main recommendations of the Committee. Among other things the Bill is expected to prohibit the emission of dark smoke, grit and dust from factory chimneys, extend control over special industrial processes and prohibit excessive smoke from railway engines. Powers to establish smoke control areas and to approve of furnaces capable of being operated smokelessly will probably be extended to local authorities in general.

To ensure clean air is as much the task of the citizen as the industrialist. In facing up to its responsibility in this matter the Corporation has given practical evidence of its earnestness to contribute to a healthier atmosphere by embarking upon a three years programme of fitting automatic stokers to furnaces in markets, baths and wash-houses. Ten of these mechanical stokers were installed throughout the year under review. Although the question has yet to be finally resolved, the establishment of a smokeless zone has been approved in principle meantime. The real obstacle to its accomplishment is the prevention of domestic smoke. Special fuel supplies, gas ignition and the installation of approved fire grates enter into the problem. These requirements have to be capable of fulfilment in order to achieve success. In other cities, central business areas free from domestic dwellings or estates of new houses have proved themselves to be appropriate subjects for the establishment of smokeless zones. Where circumstances are reasonably favourable, there is no reason why greater efforts should not be made to reduce domestic smoke which, of necessity, must be a long term policy calling for the combined efforts of many different interests.

The work of the department is reported in detail under the sections which follow.

HOUSING.

Clearance Areas.

It had been hoped during the year to make a commencement with the first section of the proposed St Leonard's (Arthur Street, Dumbiedykes, etc.) Redevelopment Area. Objections were raised, however, by industrial firms within the area, which necessitated the holding of an Inquiry by the Secretary of State and Confirmation had not been received by the end of the year.

Confirmation has now been given and arrangements for the acquisition of the various properties and the making of Declaration of Unfitness Orders on houses unfit for human habitation will be undertaken during 1955.

The area contains 206 houses (190 occupied and 16 vacant) and is triangular

in shape, being bounded by Holyrood Road, Dumbiedykes Road and the Queen's Park. When the various properties have been acquired and the site cleared the local authority propose to erect multi-storied flats.

The following table shows the Clearance Areas undertaken by the local authority since 1923 :—

Housing (Scotland) Acts, 1919-1925.

Scheme.	*No. of houses dealt with.*	*Population.*
Cowgate-Grassmarket, 1923	630	1,429
Leith, 1924	678	2,444
Canongate-Corstorphine, 1927	293	556
St. Leonards (1st Section), 1927	752	2,619
St. Leonards (2nd Section), 1929-30 ...	1,544	5,375
Totals ...	3,897	12,423

Housing (Scotland) Act, 1930.

Scheme.	*No. of houses dealt with.*	*Population.*
Ann Terrace, etc., 1934	87	301
Trafalgar Lane, Leith, 1934	152	571
Maryfield, etc., Portobello, 1935	78	253
New and Old Broughton, etc., 1935 ...	108	225
Couper Street, etc., Leith, 1936	327	1,186
Abbeyhill (1st and 2nd Sections), 1936 ...	57	192
Albert Cottages, etc., 1936	41	200
Canongate (Duncan's Close, etc.), 1936 ...	37	121
Canongate (1st Section), 1937	152	323
Morrison Street, etc., 1937	37	58
Meadowbank Cottages, etc., 1937	77	352
Lauriston, High Riggs, etc., 1938	178	538
Abbeyhill (3rd Section), 1938	25	92
Lapicide Place, etc., Leith, 1938	91	248
Totals ...	1,447	4,660

Housing Scotland Act, 1950,

Scheme.	*No. of houses dealt with.*	*Population.*
Burns Street, Leith, 1952	88	297
Grand total since 1923 ...	5,432	17,380

Individual Unfit Houses.

No houses were closed officially during the year under the Housing (Scotland) Act, 1950, but in 35 instances the owners gave Voluntary Undertakings that the houses would not be re-let for human habitation in the event of the occupiers obtaining other accommodation. The House-letting Department rehoused 95 families from unfit houses and the houses were subsequently closed.

The following table shows the number of individual unfit houses closed or demolished since 1923 :—

Housing (Scotland) Acts, 1919-1950.

	No. of houses.	*Population.*
Housing (Scotland) Acts, 1919-1925 ...	272	979
Housing (Scotland) Act, 1930	2,053	6,438
Housing (Scotland) Act, 1950	3	8
Totals ...	2,328	7,425

Overcrowding.

Certificates relative to overcrowding in dwelling houses were submitted to the House-letting Department on behalf of 2,371 applicants for Corporation houses, a decrease of 1,202 as compared with the previous year. The House-letting Department rehoused 1,125 families from overcrowded houses or overcrowded sub-let rooms, a decrease of 650 from the previous year.

Bug-Infestation of Houses.

The scheme adopted by the local authority in 1934 to prevent the transference of bug-infested furniture to new houses continues to give entire satisfaction. During the year the houses and household effects of 5,407 prospective Corporation tenants were examined by inspectors of this department and 92 or 1·70 per cent. of that number were found to be bug-infested. Since the scheme was put into operation 47,290 houses have been inspected and 4,326 or 9·15 per cent. have been found to be bug-infested.

The furniture from bug-infested houses is removed in special pantechnicons to the fumigation chamber at Powderhall and there subjected to hydrocyanic acid gas for a period of two to three hours. The bedding and bedclothes are treated in the steam disinfector. The furniture and bedding are thereafter delivered direct to the new houses. Since 1934, when this work was commenced, 3,756 fumigations have been carried out, including 80 for the year under report.

Supervision of Rehousing Areas.

The houses in the rehousing areas were visited regularly by lady sanitary inspectors and the results continue to be most gratifying.

Close contact is made with housewives, and by sympathy and understanding they are encouraged to adopt careful and cleanly habits. In the 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*) Houses in which infectious disease occurs are visited and the necessary enquiry form completed for the information of the Medical Officer of Health.

(*i*) The occupiers frequently ask advice about domestic and family matters which is given where possible and provides opportunity for closer understanding between the lady inspector and the occupiers.

During the year 13,527 houses were visited, and the following table shows the condition of the houses at the end of 1954, as compared with the previous year.

	Clean	Percentage of total	Fair	Percentage of total	Dirty	Percentage of total	Total Houses Visited
31st Dec. 1953	16,982	96·29	644	3·65	11	0·06	17,637
31st Dec. 1954	13,108	96·90	408	3·02	11	0·08	13,527

In addition to the aforementioned routine visits the lady sanitary inspectors made 480 visits regarding certificates of overcrowding; 2,736 enquiries on behalf of the House-letting Department; 788 enquiries regarding infectious disease in Corporation houses; inspected 322 staircases in Housing Areas re stair-painting; miscellaneous complaints totalled 2,567. Items of disrepair reported to the City Architect's Department totalled 73.

Housing (Repairs & Rents) (Scotland) Act, 1954.

This Act came into force on 30th August, 1954, and amongst other matters permitted an increase in rent in houses where the owner had spent on repairs over a period of 12 months, a sum of not less than three-fifths of the rent which was recoverable immediately before the commencement of the Act or six-fifths of the rent over a period of 3 years. In addition the house has to be in good and tenantable repair and in no other respect be unfit for human habitation.

" Repairs " for the purposes of this Act includes maintenance but does not

include improvement, structural alterations or the provision of additional or improved fixtures or fittings.

If on receipt of a notice of increase or at any time thereafter the tenant is not satisfied that either or both of the conditions justifying the increase of rent are satisfied, he may apply to the local authority for a certificate of disrepair. If a certificate is granted the local authority must serve a copy on the landlord. When this has been done the certificate is treated as having been in force since the date of the application and so long as it is in force no repairs increase is recoverable.

After a certificate of disrepair has been granted and the owner carried out the necessary repairs to the satisfaction of the local authority he is entitled, on application, to have the certificate revoked. The landlord has a right of appeal to the Sheriff against the local authority's decision to (*a*) grant a certificate of disrepair ; or (*b*) refuse to revoke a certificate of disrepair.

From the date of the Act coming into operation until 31st December, 1954, 18 applications were received for certificates of disrepair and of that number 12 were granted and 6 were refused. No applications for the revocation of certificates were received by the end of the year.

GENERAL SANITATION.

Nuisances and Structural Defects.

During the year, 15,729 structural defects and other nuisances were removed or remedied by the department. Of these 2,346 or 14·8 per cent. were intimated by citizens ; 40 or 0·3 per cent. were notified by other Corporation departments and 13,343 or 84·9 per cent. were discovered and reported by the district sanitary inspectors. These nuisances required the serving of 555 Intimations of Existence of Nuisance in terms of the Public Health (Scotland) Act, 1897, to bring them to the notice of the owners of the property concerned. This figure includes 29 Intimations in connection with the renewal of sinks and water-closets. Since no appropriate action was taken in 127 cases, 115 Statutory Notices under the Public Health Act and 12 under the Edinburgh Corporation Order had to be served to effect the required improvements.

In 14 instances obsolete or badly defective water-closets were abolished and new appliances substituted. Sixty defective water-closets were improved or repaired and in one case a water-closet had to be introduced where none previously existed. Twenty-one water-closets were found filthy and subsequently cleansed and chokages were cleared in 31 cases. There were 3 new water-closet apartments provided.

Nine insanitary sinks were replaced and 3 new sinks introduced. Repairs to sinks and surrounding woodwork were effected in 62 instances and chokages cleared in sinks numbered thirty-two. Four wash-hand basins were renewed or installed.

Drainage systems found choked or requiring repair inclusive of soil, sink waste and rain water pipes totalled two hundred and eight. The safeguarding

of the domestic water supply in 225 cases necessitated the cleaning or covering of 180 cisterns and the repairing of 17 water pipes.

In all, 356 repairs were undertaken in houses at the instance of the department and these related to floors, hearths, doors, windows, skylights, coal bunkers, grates, boilers and plasterwork.

Nuisances in houses totalled 1,781 and concerned floors and bedding being in a dirty condition, offensive smells due to escapes of gas and dead vermin, smoky vents, dampness, overcrowding, floodings and other matters.

General nuisances dealt with by the department related to infestations of premises by rats, mice, bugs and other insects, accumulations of rubbish, garbage and filth in areas, on roofs and in vacant houses, dirty cellars, surfacing of courts in disrepair, seasonal workers' huts found dirty or not up to the standard required, noise and miscellaneous nuisances. Complaints of persons casting garbage over windows in 63 cases necessitated the serving of 615 notices warning them about this offence.

Notices requiring the painting of staircases totalled 3,095 and the number of staircases painted during the year amounted to one thousand one hundred and thirty-five. Unsatisfactory conditions due to neglect by persons in the regular washing and sweeping of common stairs and passages were reported in 321 instances and cats and dogs were responsible for an additional 109 nuisances in stairs.

The total number of inspections carried out during the year was fifty-eight thousand eight hundred and sixty-nine. Details of nuisances abated and defects remedied are given in Appendix 1 and inspections in Appendix 2.

Noise Abatement

Forty-eight complaints were received regarding noise abatement. The matters complained of were either of a domestic or industrial nature. In the former class, the excessive use of radio sets, children playing, defective smoke dispersers and noisy neighbours were common causes for objection on the part of residents. In the latter class, a variety of causes contributed to complaints being lodged including refrigerators in various shops, dough mixers in bakeries, bread vans and several complaints of night work in factories. Legislation is restricted to dealing with excessive or unreasonable or unnecessary noise, and then only where it is injurious or dangerous to health and capable of being prevented or mitigated having due regard to all the circumstances. The department gratefully acknowledges the co-operation received from industrialists in its efforts to abate noise nuisances.

Offensive Trades

The offensive trades registered within the city comprise 4 tanners, 1 gut scraper, 1 glue and size maker, 1 soap boiler, 2 tripe cleaners, 5 manure manufacturers, 2 fellmongers, 2 tallow melters and 2 skin and hide factors making a total of twenty. 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.

Places of Public Entertainment

Theatres, cinemas 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.

Common Lodging-Houses

There was no change in the number of common lodging-houses which, at the end of the year totalled 9, with accommodation for 1,462 persons. Regular inspections were made to ensure that the terms of the Bye-laws were being observed.

Hairdressers and Barbers.

There are 314 premises registered in the city as Hairdressers and Barbers. Improvements carried out during the year as a result of visits by the district inspectors include hot water appliances fitted in 10 shops, the installation of wash-hand basins in 5 shops, the introduction of water-closet apartments in 2 shops, the provision of receptacles for disinfecting combs in 10 shops and the redecoration of 9 shops.

RODENT AND INSECT CONTROL.

Rats and Mice.

Throughout the year the destruction of rats and mice continued with satisfactory results. Surveys which were carried out in various districts of the city entailed the inspection of piggeries, factories, mills, business premises, shops and other places. Occupiers of infested premises were advised as to the best method of abating the nuisance and of rat-proofing premises to prevent a recurrence.

Infestations in built-up areas were mostly found in shop cellars used for the storage of all kinds of rubbish including old boxes, paper and sacks which afforded excellent harbourage for rats and mice and made admirable breeding places.

All infestations of rats notified to the department were of a minor nature and were adequately dealt with by the use of traps and " Warfarin " poison baits. Where drainage systems were suspected, the co-operation of the City Engineer's staff was of considerable assistance in having the drains tested and, where necessary, repair work carried out. Sewer manholes were again baited and good takes observed. Upon intimation being received from the Electricity Board that electricity junction boxes showed evidence of rats, poison baits were also laid down.

Circular letters were sent to farmers drawing attention to their obligations under the Prevention of Damage by Pests (Threshing and Dismantling of Stacks) (Scotland) Order, 1950. The co-operation of the City Police was also secured in notifying this department of farms where threshing was in operation.

Occupiers of dwelling-houses could do much to prevent rat infestations. There is no doubt that rats are attracted to particular areas because of the habit of persons throwing bread on gardens or drying greens for the purpose of feeding

birds and if coal boxes and garden huts are not raised sufficiently above the ground, at least 12 inches, there is every possibility that rodents will take up their abode under such structures. Poultry keepers could also discourage rats by taking a few simple precautions such as feeding by the hopper system, clearing away all food after meals and daily cleaning of houses. Poultry houses should be raised at least 12 inches from the ground and small mesh wire netting should be fixed around the space between the bottom of the hut and the ground, the netting being sunk into the ground to a depth of about 6 inches.

Full details of the number of premises visited, complaints and other matters dealt with will be found in Appendix 9.

Disinfestation of Bug-infested Houses.

The number of bug-infested houses treated during the year was 105, comprising 135 apartments. Of this number 26 apartments were treated as a precautionary measure, being adjacent to infested houses or having been previously infested and about to be occupied by new tenants. Most of the infestations were of a light nature there being only one which could be termed heavy. This particular infestation must have been of several years standing and was only discovered when the tenant had left the house. The number of apartments actually infested, 109, was the lowest on record, the number last year being 143. A decrease in the number of infestations is evident each succeeding year and it is to be hoped that this will continue until final extinction is eventually reached.

Beetles, Cockroaches, Wasps, etc.

One hundred and fifty-five houses comprising 237 apartments were treated for infestations of beetles, cockroaches, wasps and other insects. This shows an increase of 23 over last year. Twenty-three wasps nests were destroyed by the use of 5 per cent. D.D.T. in Kerosene and Cymag.

The Flea.

Although there is a steady decrease in the number of bug infestations the flea still holds its own for elusiveness and much irritation. The number of flea infestations reported during the year was 64. These were confined chiefly to old properties although several occurred in some of the fairly new housing areas. The occurrence of fleas in a house is not always an indication that it is in a dirty condition. In well kept houses infestations can be caused by cats or dogs. The sleeping places of these animals are sometimes neglected in otherwise clean houses. Fleas can also be carried from one place to another by human beings, or in the case of dusty empty houses adults may hatch out and as they do not live on dirt they take the first opportunity of attaching themselves to human beings or domestic animals from whom they can obtain blood which is their only diet. The efficient treatment of a flea-infested house entails a good deal of work. The bed, bedding and bedclothes, carpets and rugs are dusted with 10 per cent. D.D.T. and Pyrethrum Powder. The rooms are then sprayed with an oil base insecticide. All cracks in the floor along the skirtings and under

the edges of the carpets are carefully treated. The carpets and rugs are then removed, beaten and left for a few hours in the open air. The whole of the floor surface can then be treated with the oil insecticide which is usually 5 per cent. D.D.T. in Kerosene. As larvæ feed on fluff and dust usually found in floor cracks and seams, the frequent use of soap and water will prevent a recurrence of flea breeding as larvæ will not develop on a clean floor.

Insecticides.

The insecticides used for the treatment of bug and other insect infestations were :—

5	per cent.	D.D.T. in Kerosene.
·5	,,	Lindane Water Emulsion.
2	,,	Chlordane.
10	,,	D.D.T. and Pyrethrum Powder.
		Cymag.

The table in Appendix 9 shows the number of apartments treated for verminous infestations in each ward, the total number being 372 for the city.

ANTI-FLY CAMPAIGN.

The general cold and wet weather conditions were probably more effective this summer than any anti-fly measures. Even the natural attractions of exposed manure or swill at farms and piggeries in the city failed to cause any marked fly nuisance this year in these premises.

The diminution of house flies generally in recent years has been attributed to the disappearance of horse drawn transport and to the improved sanitary control over the disposal of refuse and offensive matter. Other factors which have played a part are the demand for and the speedy removal of waste products, the efficiency of modern insecticides, climate, rising standards of hygiene and a public more conscious of the danger to food as a result of the educational and advisory aspects of previous anti-fly campaigns.

As a matter of interest, however, reports were received from several golf courses during the few spells of warm weather which did occur, indicating the prevalence of flies in wooded places where decaying vegetation in sheltered moist conditions favours their presence. The droppings of cattle in adjacent fields and of sheep grazing on the courses themselves contribute to this type of nuisance. The difficulties in the way of eradicating flies from such places are evident when it is realised that in open country flies disperse much more widely than in built-up areas where research experiments into their average flight range show that they tend to remain within a quarter of a mile of their breeding place.

Publicity.

The Edinburgh Anti-fly Campaign in 1954 was publicised as usual by posters in the trams and buses and by paragraphs in the newspapers. Copies of the advisory leaflet on fly destruction provided by the Scottish Council for Health Education were again distributed by the district sanitary inspectors.

Treatment.

The treatment of premises undertaken entirely by the staff of the Sanitary Department was commenced early in the month of June and repeated in September. During this campaign a wider range of insecticides was used than in previous years and these included 5 per cent. D.D.T. in Kerosene, 0·35 per cent. Gammexane, 2 per cent. Chlordane, 0·5 per cent. Lindane and 10 per cent. D.D.T. and Pyrethrum Powder. Because no visible deposit or taint results from its use, Lindane was particularly useful in premises where food was stored or exposed and in piggeries and stables.

The number of premises and areas treated (192 as shown in the Appendix) was 22 short of last year, largely on account of the reduction in the number of open spaces by building or other developments and, of course, the diminished number of stables. The number of treatments actually carried out during June and September was 363.

Cooking Centres.

As in previous years the 18 school cooking centres were inspected and arrangements made for the treatment of 14 kitchens with Lindane. Four kitchens were not treated on this occasion because they were being repainted during the months of July and August. At later periodic inspections all cooking centres were found to be almost entirely free from flies.

Common Lodging House Kitchens.

This year it was decided to carry out a pilot experiment using various insecticides in common lodging house kitchens where a preliminary inspection revealed the presence of flies in fairly large numbers. Fly papers were hung and regular inspections made of all the kitchens, one of which was used as a control.

Whilst the results were inconclusive with regard to the efficacy of the different kinds of insecticides, guidance was obtained for the future and several interesting facts emerged, *viz.* :—

(1) In the Lawnmarket area the number of flies caught was surprisingly high, although inspection of the adjoining area failed to disclose any breeding places. One reason for the prevalence of flies here may well be the congested nature of the neighbourhood with obstruction to the free circulation of air.

(2) In lodging houses where the cooking and service of meals was undertaken for the inmates, fewer flies were caught than in communal kitchens where lodgers stored their food in lockers and cooked it individually on hot plates.

(3) The greatest number of flies were caught in lodging houses with underground kitchens where the air tends to be close and stagnant due to poorer ventilation.

Results of Campaign.

There would seem little doubt that the anti-fly campaigns undertaken in the city in recent years have had a considerable effect in encouraging anti-fly measures. Thus shopkeepers and householders generally are now using insecticides and fly papers readily and in this way helping to keep the fly population down. The pocket ærosol spray is gaining in popularity and is of particular advantage in food premises. It should be added that whether a campaign is in progress or not advice is constantly being given as to the best method of protecting premises from the invasion of flies. Appendix 9A shows in detail the number and types of premises and areas treated.

Expenditure.

Insecticides	£97 4 0
Prizes for poster competition in schools	2 18 9
Wages of Spraying Attendant	63 0 0
Proportion of cost of wages of van driver and use of motor van for two months (estimated) ...	85 0 0
Miscellaneous Expenses	1 15 0
	£249 17 9

The sum in the current Estimates is £300.

SMOKE ABATEMENT.

Industrial Smoke.

From year to year improvements continue to be effected in the boilerhouses of industrial and commercial establishments where inefficiency of plant or practice have given cause for complaint by reason of emissions of dense smoke. Many matters enter into the problem of preventing smoke pollution and these may be classified as of an economic, technical or human character. The remedies therefore are as variable as the circumstances which give rise to nuisances. Smoke problems are not always easy to solve. Reasonable patience has to be exercised by the department in order to achieve its ends, especially so where the sums of money involved are considerable.

The following improvements—the effects of which may not be visible to the public in general—are typical of the progress made from year to year by the efforts of the department :—

Premises	Nature of improvement
(*a*) **Private :**	
Departmental Store	New boiler plant.
Station Hotel	Mechanical Stokers.
Hospital	New Power-house, boiler plant and Mechanical Stokers.
Garage	Oil fuel introduced.
Church	New sectional Boiler and Mechanical Stoker.
Dry-cleaning Establishment ...	Gas boiler introduced.

(*b*) **Public :**

Slaughterhouse, Gorgie Markets	Four Mechanical Stokers.
Baths—Warrender	Two Mechanical Stokers.
Dalry	Two Mechanical Stokers.
Wash-houses—Murdoch Terrace	Two Mechanical Stokers.
Lochrin	Two Mechanical Stokers.
Abbeymount ...	Two Mechanical Stokers.

Throughout the year 125 observations, each of one hour's duration, were made of offending factory chimneys and 424 visits were paid to boilerhouses for the purpose of observing, checking and advising on the methods of hand-stoking, with a view to minimising smoke emissions.

Atmospheric Pollution.

Deposit Gauges.—Investigation of atmospheric pollution continues to be undertaken in co-operation with the Department of Scientific and Industrial Research. For this purpose 3 deposit gauges are stationed at the following sites and show the degree of pollution in these areas :—

Site	Average monthly deposit in tons per sq. mile.
Seafield (Leith Hospital)	13·28
Morningside (Astley-Ainslie Institute)	10·69
Glencorse (Reservoir)	4·44

In Appendix 5 the City Analyst's reports give the respective monthly records of the total solids deposited in tons per square mile, the subdivision thereof into soluble and insoluble solids, together with the rainfall in inches.

Lead Peroxide Instruments.—In addition to the deposit gauges, lead peroxide instruments are installed for the purpose of measuring the sulphur content in the atmosphere and the 3 instruments give the following results :—

Site	Average daily deposit of SO_3 per 100 sq. cm.
Seafield (Leith Hospital)	0·83
Morningside (Astley-Ainslie Institute)	0·75
Robb's Loan, Gorgie	0·80

In Appendix 5A the monthly reports submitted by the City Analyst show the rate of sulphation expressed in milligrammes of SO_3 per day per 100 square centimetres.

Domestic Smoke.

It has to be accepted that domestic smoke is responsible for the greater part of atmospheric pollution in the city. This aspect of the problem is one which is still outwith the orbit of general legislation. The Corporation, however, acquired powers under the 1950 Order to establish smokeless zones within its area, whereby domestic smoke may be controlled.

The question of the establishment of smokeless zones was made the subject of a special report to the Health Committee by the Medical Officer of Health and Chief Sanitary Inspector, the text of which was as follows :—

" For many years the Health Committee has taken an active interest in the prevention of smoke pollution, and, although handicapped by war and post-war difficulties, considerable progress has been achieved and there is evidence that as the result of propaganda and advice, more public attention is being paid to the problem. Thus an increasing number of industrial concerns in Edinburgh are now fitting smoke-preventive equipment to their boilerplant, and the classes for firemen promoted by the Corporation at the Heriot-Watt College, visits to boilerhouses, and the advice given by the sanitary staff, have resulted in a large number of boilerhouse workers trained in the proper methods of operating plant to prevent smoke pollution. Again, the contracts recently placed by the Corporation for the installation of 30 Mechanical Stokers at Public Wash-houses, Baths and other establishments, should be a further step in the reduction of atmospheric pollution in the city. Much, however, remains to be done.

Legal Powers.

" As the Committee are aware, their legal powers for dealing with smoke nuisance have been, until recently, inadequate. Limited to smoke from industry, these powers have been essentially punitive and not preventive in scope, also difficult to operate in practice. Important additional powers are now available under the Edinburgh Corporation Order, 1950. This Order provides for prior approval of the installation of furnaces for steam-raising purposes to ensure that they are capable of operating smokelessly and gives the Corporation the right to prohibit the emission of smoke from any premises in the area and in this way from smokeless zones.

" Difficulties in the supply and cost of smokeless fuels have, up to the present, prevented the promotion of smokeless zones in the city. With recent official assurances, however, of adequate supplies of coke (the cheapest form of smokeless fuel) the Committee may now wish to give this matter attention and two suggestions are put forward for preliminary consideration.

(*a*) *Central Smokeless Zone.*

" The selection of a central area in the city as a smokeless zone would seem most desirable and, for this purpose, a preliminary survey has been made of an area bounded by Hope Street and Charlotte Square in the West, St Andrew Street and Square in the East, and Queen Street and Princes Street to the North and South. This area includes 3,164 properties, of which 2,353 are business establishments, most of which already operate smokeless plant or use smokeless methods in the form of gas, electricity or coke. The co-operation of the other business occupiers, who have not so far installed smoke-preventive equipment, may be reasonably anticipated. The area, however, contains 811 houses and this fact presents a difficulty. Most of these houses are of one, two and three apartments and while perhaps 100 may be regarded as unfit for human habitation, the others although sub-standard, are not suitable at present for clearance area procedure under the Housing Act. While a detailed survey has not been made, it is likely that the grates or kitchen ranges in the majority of these houses would require to be replaced by fireplaces of an approved pattern capable of burning smokeless fuel or by gas or electric fires. The conversion at an anticipated cost varying

from £10 to £40 per fireplace would be expensive, and, owing to the condition of the houses, it might be considered that this expenditure was unreasonable. The fact that the railway, which is a constant source of smoke, lies adjacent to the area, is a further disadvantage.

(*b*) *Peripheral Smokeless Zone.*

" As an alternative to a central zone the possibilities of a smokeless area on the periphery of the city might be considered. In view of the direction of the prevailing wind, the western suburbs would appear to be the most suitable for any proposed action. Sighthill industrial area at present under development is practically smokeless and the Corporation houses in this area have modern fireplaces which could be readily adapted at a low cost by the extension of gas services to burn smokeless fuel. The technical and financial difficulties do not appear to be great, and, if the Committee wish, an early survey of the area could be undertaken.

Future Policy.

" The question of zones to prohibit smoke nuisance will depend on the availability and price of smokeless fuels. As regards availability, the Edinburgh division of the Scottish Gas Board have given an assurance that local supplies of coke should be adequate.

" As an additional measure of smoke control, it is for consideration whether all future housing schemes, suburban or in connection with the re-development of central areas, should be designed as smokeless zones. The Borough of Nottingham is at present constructing 4,000 houses in which the use of smokeless fuel is a condition of tenancy. The principal fuel used is gas coke. The venture is already claimed to be a complete success in the 1,650 houses so far occupied.

" The Committee may decide that this is a question which might be discussed with the Housing Committee."

After discussing both suggestions, the Committee instructed that a further report be submitted on areas in the city, substantially industrial in nature, which might form the subject of a smokeless zone. At the close of the year no progress had been made in finding an area exclusively industrial and a report on the other areas surveyed was under preparation.

PET ANIMALS ACT, 1951.

Under this Act no person is permitted to keep a pet shop unless he is licensed by the local authority for that purpose. The licences are renewed annually on 1st January of each year.

In determining whether to grant a licence, the local authority have regard to the need for securing :—

(*a*) that the animals will at all times be kept in accommodation suitable as respects size, temperature, lighting, ventilation and cleanliness ;

(*b*) that animals will be adequately supplied with suitable food and drink and (so far as necessary) visited at suitable intervals ;

(*c*) that animals, being mammals, will not be sold at too early an age ;
(*d*) that all reasonable precautions will be taken to prevent the spread of infectious diseases ;
(*e*) that appropriate steps will be taken in the case of fire or other emergency.

Applications were received from the occupiers of 22 shops in the city. The premises generally were found to be kept in a satisfactory manner, although in 2 instances the attention of the occupiers had to be directed to minor defects or lack of a proper standard of cleanliness. These were attended to and licences were issued to all the applicants.

FACTORIES ACTS, 1937-1948.

The number of inspections of factories with mechanical power was 1,119 and of factories without power 102, a total of 1,221. The former are subject to inspection by the local authority in respect of sanitary conveniences only, while the latter are subject to inspection more or less in all sanitary matters.

Improvements under Part I—Health (General Provisions)—of the 1937 Act numbered 137 which included 41 in bakehouses.

The tabulated statement showing the prescribed particulars on the administration of the Factories Act, which is prepared at the request of the Ministry of Labour and National Service, was completed and sent to the Department as required by the Factories Act, 1937.

Detailed statements of improvements effected in factories are shown in Appendices 6 and 7.

BASEMENT BAKEHOUSES.

Section 54 of the 1937 Act requires local authorities to examine all basement bakehouses every five years as to their hygienic suitability, when they must give notice to the occupier that either the existing certificate of suitability should continue or that the certificate should cease to have effect. It also provides that an occupier may appeal to a Court of Summary Jurisdiction if he receives notice that the certificate is to be terminated.

Another quinquennial period fell due during the year under review. There are 25 basement bakehouses in all and the necessary examinations were made, including visits to several bakehouses by a sub-committee of the Health Committee. After due consideration the Health Committee resolved that in the case of 9 of the less satisfactory basement bakehouses the certificate should cease to have effect after the expiration of a period of one year from November 1954. The occupiers of these 9 bakehouses were given notice accordingly and one of them lodged an appeal, which is still pending. The occupiers of the remaining 16 bakehouses were notified that the certificate of suitability held by them would continue to operate.

SHOPS ACT, 1950.

Shops inspections carried out to ascertain if the provisions of the Act were being observed totalled 1,249.

Contraventions.

Contraventions were principally those which relate to the closing of shops on the weekly half-holiday. No court action was necessary as, after warning letters were sent, compliance with the Act was secured.

Christmas and New Year Periods.

The Secretary of State did not exercise his powers under Section 43(1) of the Act to suspend the general closing hours and closing orders during these periods. The local authority, however, in exercise of their powers under Section 43(2) granted suspension throughout the city for all shops, with the exception of licensed premises, to remain open on Christmas and New Year's Eve until midnight.

Arrangements for Health and Comfort.

By reference to Appendix 8 an indication may be obtained of the work carried out in meeting the requirements of the health and comfort provisions of the Act. Many improvements in regard to sanitary accommodation have been effected. In addition ventilation, lighting, heating and washing facilities were also improved.

All plans in connection with shops which come before the Dean of Guild Court were carefully scrutinised by the Shops Inspector, and where necessary the attention of petitioners was drawn to the requirements of the Shops Act, and the plans thereafter adjusted. Prior to plans being lodged, guidance from inspectors is usually sought by those who contemplate carrying out alterations.

FOOD PREMISES.

Visits of inspection to shops and other premises reveal that advances continue to be made hygienically in the methods of production, storage and sale of food. Progressive firms continue to effect necessary improvements to meet the public demand for clean and safe food. The past year or two has witnessed the complete or partial renovation of many food establishments. Many restaurants have been entirely redesigned or modernised. Glass screened counters and hygienic food cabinets give protection to food displays. Behind the scenes, stainless steel equipment, adequate hot water supplies, effective detergents, automatic dish-washing machines and improved food storage replace obsolete plant and unsatisfactory methods. Hygienic pre-wrapping, bottling, canning and cartoning of food is also on the increase. Educational methods of raising standards in food hygiene are undertaken by members of the staff who by means of lectures, selected films and short talks interest food employees and members of the public through the agency of church organisations, guilds, trade or other associations. The passage of the Food & Drugs Bill through Parliament has

(1) Coffee Lounge (*Left*) and Restaurant

(2) Servery and Restaurant

(3) Dish-washing Machine

(4) Central cooking stoves with fume canopy above. Impervious floor. Washable walls. Wash-hand basin

been long awaited. By means of this measure it is hoped to effect improvements generally and bring hygiene codes of practice into operation.

SALE OF FOOD AND DRUGS ACTS, ETC.

During the year 1,526 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, 363 were statutory or official samples and 1,163 were informal or test samples. Of the 363 statutory samples, which represented 53 different articles of food and drugs, Dr A. Scott Dodd, City Analyst reported 10 or 2·75 per cent. as failing to comply with the legal requirements.

Milk.—To ensure that the milk sold in the city was of the proper compositional quality there were more samples of this commodity taken than of any other article of food. Of the total number of statutory or official samples, 147 were of milk, 144 being reported genuine and 3 adulterated by the addition of water. Extraneous water found in the adulterated samples of milk varied from 3 to 9 per cent. The average fat and non-fatty solids content of all milk samples taken, including the adulterated samples was 3·59 per cent. and 8·71 per cent. respectively. This is much in excess of the presumptive standards of 3 per cent. and 8·50 per cent. Court proceedings were taken against 3 producers for selling milk containing added water, 2 of whom pleaded guilty and fines totalling £17 were imposed. The other pleaded not guilty and was acquitted. The 2 farmers who admitted guilt blamed leaking milk coolers for the presence of the added water in the milk.

School Milk.—The milk supplied to the city schools under the Milk-in-Schools Scheme is of the following grades, viz. :—" Tuberculin Tested," " Tuberculin Tested (Pasteurised)," or " Pasteurised " milk. Of 43 samples taken, either at the schools or at the distributors' premises, the average milk fat content was 3·74 per cent.—a very satisfactory result.

Ice-cream.—The number of premises registered under the Ice-cream (Scotland) Regulations, 1948, at 31st December, 1954, for the manufacture, storage and sale of ice-cream was 217 and the number of vehicles registered for the sale of the commodity was 118. This was an increase of 1 and 4 respectively over last year. The premises were frequently inspected and observations made of the methods of manufacture and handling employed. These operations were in general, found to be satisfactory. Stances and vehicles were also kept under supervision.

There were 117 samples of ice-cream purchased from various manufacturers and vendors in the city and submitted to Dr A. Scott Dodd, City Analyst, for chemical analysis. In addition 103 samples were sent to the Professor of Bacteriology at Edinburgh University for examination. The results were as follows :—

(*a*) *Chemical Analysis.*—Of the 117 samples of ice-cream submitted for chemical analysis 107 samples were obtained informally and 10 formally. Four

of the latter were found not to comply with the requirements of the Food Standards (Ice-cream) Order, 1953. In these cases legal proceedings were instituted against the manufacturers for selling ice-cream deficient in fat content. The accused all pleaded guilty and fines totalling £55 were imposed. The fat content of all the samples taken including the sub-standard samples, ranged from as low as 2·73 per cent. to as high as 15·12 per cent., giving an average of 8·42 per cent., which is considerably above the minimum prescribed standard of 5 per cent.

Another aspect of ice-cream standards is concerned with the sugar content. In a Court case in Cardiganshire in 1953 it was alleged that a deterioration of the sucrose content of ice-cream could take place if it was not kept in a frozen state from the time of sampling until the commencement of the analysis. In order to make a study of the compositional changes alleged to take place in the sugar content of ice-cream, the Food Standards Committee requested the Department of Health for Scotland to obtain the following information in respect of samples taken during the summer season :—

(*a*) the approximate temperature at which the samples were stored between the time they were taken by the sampling officer and examined by the public analyst.

(*b*) if they were not stored at a low temperature the period, approximately, which elapsed between the time they were taken and the time they were analysed.

(*c*) whether the public analyst found any evidence that there had been " loss " of sucrose from the samples or that inversion of sucrose had occurred.

In Edinburgh, immediately samples are taken they are all placed into a well-insulated carrying case and delivered in a frozen condition to the City Analyst within an hour. The comments of Dr A. Scott Dodd, City Analyst, upon the storage and analytical aspects of the question are of special interest :—

" All the samples of ice-cream received for analysis are kept in a refrigerator until they are analysed. This precaution, in my opinion, is sufficient to prevent any decomposition taking place. When the analysis is duplicated by a second test there may be a period between the tests when the temperature will be higher than 28° F. As results have shown no loss of sugar in the second tests, I am very doubtful if any appreciable loss is likely to occur if reasonable precautions are taken. It is highly probable that some degree of inversion of the sugar will take place as the ice-cream becomes more acid during prolonged keeping, but this will not necessarily cause a loss in total sugars. I am, however, inclined to regard this controversy about the loss of sucrose in ice-cream as a lot of hair-splitting nonsense. My personal view of the matter is that the 10 per cent. standard of sugar should be regarded merely as a Code of Practice instruction. Sugar is the cheapest ingredient in ice-cream and is, therefore, not likely to be scrimped intentionally. Out of 107 samples analysed during the past year 10 of these contained less than 10 per cent. of sugar. When, however, one looks at the other constituents it is found that these ice-creams are nevertheless exceptionally good.

" The analyses of these 10 samples are as follows :—

	Total Solids	*Fat*	*Milk Solids*	*Sugar*
	Per cent.	Per cent.	Per cent.	Per cent.
(1) ...	30·0	6·0	13·0	8·0
(2) ...	37·0	8·5	16·0	9·0
(3) ...	34·0	11·0	12·0	7·0
(4) ...	39·0	12·6	12·0	9·0
(5) ...	29·0	7·5	10·0	9·0
(6) ...	32·0	6·7	14·0	9·0
(7) ...	37·0	12·5	12·0	9·0
(8) ...	38·0	5·9	11·0	9·5
(9) ...	37·0	11·8	12·0	9·5
(10) ...	37·0	15·1	12·0	9·0

With regard to the standard of 10 per cent. sugar all these samples might be called ' adulterated.'

" Let us compare these results with the following ' genuine ' ice-creams :—

	Total Solids	*Fat*	*Milk Solids*	*Sugar*
	Per cent.	Per cent.	Per cent.	Per cent.
(11) ...	29·0	5·4	7·5	10·0
(12) ...	30·0	6·3	8·0	11·0
(13) ...	34·0	5·6	10·0	12·0
(14) ...	42·0	7·4	9·0	19·0
(15) ...	36·0	5·6	11·0	14·0
(16) ...	27·0	5·4	7·5	10·5
(17) ...	35·0	5·6	8·0	16·0
(18) ...	36·0	7·9	10·0	15·0
(19) ...	37·0	9·2	10·0	14·0
(20) ...	33·0	6·5	8·0	15·0

and also the following adulterated ice-creams :—

(21) ...	32·0	3·9	6·5	16·0
(22) ...	29·0	2·9	6·5	14·0

" A well-known Scottish judge stated that laws and regulations should be interpreted in a reasonable manner by reasonable people. This could well be applied to the ice-cream regulations.

" The ice-cream regulations are intended to protect the consumer and therefore should be interpreted in a reasonable manner. The consumer is prejudiced only in the case of Nos. 21 and 22. The samples Nos. 1 to 10 are deficient in sugar to the extent of 5 per cent. to 30 per cent. but in each case the consumer is receiving a very good article. He is therefore not prejudiced and it would be quite unfair to prosecute the vendor of any of the samples Nos. 1 to 10. With regard to Nos. 21 and 22, these ice-creams are definitely low enough in quality to warrant a prosecution.

" I saw an account of the case in Cardiganshire but the analytical figures were not given. If the prosecution was based on low sugar, I am not surprised that it was unsuccessful. The analyst for the defence evidently attacked the reliability of the sugar result but if the percentages of fat and milk solids were

high enough to show that the ice-cream was of good quality, it seems to me somewhat unfortunate that he had to rely on such hypothetical evidence.

" In conclusion I would suggest that the Ministry and Department of Health instruct local authorities not to take proceedings when ice-cream is only low in sugar. If this were done there would, in my opinion, be no necessity for worrying about any theoretical changes in the sugar which might be caused by temperature or other factors when reasonable precautions are taken."

(*b*) *Bacteriological Examination.*—Although the need has often been stressed, no bacteriological standard has as yet been prescribed as an index of the hygienic quality of ice-cream. Ice-cream, however, with not more than 100,000 bacteria per c.c. and with no *B. Coli* present is tentatively accepted as being satisfactory. Of the 103 samples submitted for examination, 9 had a plate count of more than 100,000 bacteria per c.c., 7 had coliform organisms present in 1/100th of a c.c. and 6 had both a plate count of more than 100,000 organisms per c.c. and coliform organisms present. In these cases a special visit was made to the premises where the samples were obtained and following a plant inspection advice was given on improved methods of manufacture. The most frequent cause of unsatisfactory samples has been found to be inadequate cleansing of the plant and inefficient sterilisation. Before the fault was detected it was necessary in one case to take samples of the product at various stages of its manufacture. Subsequent samples were found to be satisfactory.

Iced Lollies.—Iced lollies were investigated with special reference to the problem of metallic contamination acquired during processing. Twelve samples were purchased from various manufacturers and vendors and submitted for analysis. The results were very satisfactory. Dr A. Scott Dodd reported 7 of the samples free from metallic contamination and the remaining 5 as being contaminated with insignificant amounts of copper. The factor responsible for the metallic content was probably worn and scratched moulds.

The Food Standards Committee in July issued a revised report by their Metallic Contamination Sub-Committee recommending the introduction of limits for lead in foods and also that statutory effect should be given to the limits proposed. For ice-cream, iced lollies and similar frozen confections a provisional limit of 1 part per million is recommended. The Sub-Committee think that it should be possible in due course to set a lower limit for iced lollies but that at present some allowance should be made for contamination from moulds and containers in order to give the manufacturers time in which to minimise the risks of contamination from these sources. It is to be hoped that the Food Standards Committee will soon recommend the maximum quantity of other metals which are to be regarded as permissible in iced lollies.

Mince.—20 samples of mince were purchased from various butchers' shops and 3 of these were reported as not conforming to the Public Health (Preservatives etc. in Food) Regulations (Scotland). While excessive amounts of sulphur dioxide found in mince are now exceptional, 2 of these samples contained 1,600 and 800 parts per million by weight compared with the maximum of 450 parts permissible

only during the months of June, July, August and September. Legal action was taken against 2 of the offenders, each of whom pleaded guilty and fines amounting to £7 were imposed.

Sausages.—Of the 60 samples of sausages of various descriptions procured for chemical analysis, 19 were reported to contain preservative within the limit specified by the Public Health (Preservatives etc. in Food) Regulations (Scotland) and the other 41 were found to be entirely free from preservatives. Since the revocation of the Meat Products (No. 3) Order, 1952, in March, 1953, the Department of Health have been kept informed as to whether the sausage manufacturers were maintaining the minimum meat content of 65 per cent. for pork and 50 per cent. for beef sausages. Twenty-four samples (10 of pork and 14 of beef) were examined with the following results :—

Pork		Beef	
Meat Content	*Price per lb.*	*Meat Content*	*Price per lb.*
Per cent.		Per cent.	
69	2/6	73	2/6
74	2/4	48	2/–
86	2/6	70	2/–
45	2/4	79	2/2
70	2/8	54	2/2
80	2/10	67	2/6
54	2/4	66	2/2
62	2/6	78	2/–
68	2/4	68	2/–
83	2/6	64	2/–
		58	2/–
		62	2/–
		71	2/5
		69	2/2

All the samples were considered satisfactory except two of pork which contained less meat than the revoked standard.

Meat Pies.—There is no statutory standard for meat pies but the wide variation in the percentage of meat present in these items of food points to the need for a prescribed standard. As small meat pies costing from 5d. to 10d, each are a very popular article of food, a few samples were purchased, with the special view of ascertaining the amount of meat in their composition. The actual meat content of the individual fillings was found to be 81, 85, 66, 52, 50 and 80 per cent., but the meat content of the fillings in relation to the pie as a whole was only 25·11, 23·80, 18·48, 18·20, 16·00 and 15·20 per cent. respectively. While samples with 25 per cent. are generally accepted as satisfactory those with less than 20 per cent. meat are distinctly on the low side. As has been found in the case of sausages the price charged was no indication of the quality of the article.

Thiourea.—Early in the year the Department of Health for Scotland issued a circular calling attention to the possible use by certain orange growers of thiourea and of fungicides incorporating thiourea, as a rot and mould suppressant. This chemical compound is capable not only of penetrating the rind of citrus fruit but of finding its way also into the fleshy part and juice of it. While the precise effect of thiourea on human beings is not known, the fact that experiments have shown it to be lethal in very low concentration to some animals is sufficient to raise strong objections to its use in human food on grounds of toxicity. As thiourea falls within the definition of " Preservatives " contained in the Public Health (Preservatives etc. in Food) Regulations (Scotland) the sale of any article of food containing this compound would be a contravention of these Regulations.

Twenty-three oranges of Spanish, Israeli or South African origin were purchased from various fruit shops and found to be free from thiourea.

The Fertilisers and Feeding Stuffs Act, 1926.—Inspections were made of premises throughout the city where fertilisers and feeding stuffs are prepared for sale or consignment and 7 samples of feeding stuffs and 1 sample of fertiliser were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. These samples were all of satisfactory composition.

The Merchandise Marks Act, 1926.—Inspections were made of business premises in the city in connection with the making of certain imported foodstuffs which under the above Act and relevant Orders must on exposure for sale bear an indication of the place of origin. Raw tomatoes and fresh apples were the foods most commonly involved where incorrect marking or non-marking was found and warnings had to be given to a number of traders. The contraventions could be attributed to carelessness and in each case a subsequent visit proved that the reprimand had been sufficient to prevent a repetition of the offence.

The Rag Flock and Other Filling Materials Act, 1951.—At the end of the year the number of premises registered in accordance with the provisions of Section 2 of the Act was 14. Eleven samples of various kinds of specified filling materials were taken from registered premises in the city and submitted for testing to the City Analyst. The respective samples of washed flock, coir fibre, jute wadding, new curled hair and feathers were subjected to the appropriate tests prescribed for each kind of material by the Rag Flock and Other Filling Materials Regulations, 1951. The City Analyst reported that the standard of cleanliness required by the Regulations had been complied with in each case.

Pharmacy and Poisons Act, 1923, and Pharmacy and Medicines Act, 1941.—The number of applications received from persons or firms desirous of being registered by the local authority for the sale of poisons included in Part II of the Poisons List was 343. All the applicants were duly registered. The various premises were visited periodically in order to see that the requirements of the Acts were fulfilled. Warnings were given to 4 shopkeepers for

selling Part II poisons without being on the local authority's list of persons entitled to sell such articles: of these one was ultimately registered for the sale of Part II poisons but the others decided not to sell these goods and discontinued the sale forthwith.

MILK SUPERVISION.

The number of premises registered for the sale of milk under the Milk & Dairies (Scotland) Act, 1914, was 616 on 31st December, 1954. These premises hold licences under the Milk (Special Designations) (Scotland) Order, 1951, for the sale of the various grades of milk, viz. :—Pasteurised (including Tuberculin Tested Pasteurised), Sterilised, Certified and Tuberculin Tested.

During the year 634 milk samples were submitted for examination to the Bacteriology Department of the University. The results of these samples are to be found in Appendices 10 and 11.

The results of samples of Certified and Tuberculin Tested Milk taken at creameries, shops and from vans show an improvement compared with those of of the previous year. The results of samples of Pasteurised and Tuberculin Tested Pasteurised Milk remain, on the whole, very satisfactory. During the year five firms held licences to pasteurise milk. In December, however, the smallest of these dairies was given up on account of the ill-health of the owner. Two creameries situated in Midlothian send Pasteurised Milk to Edinburgh, of which samples are taken regularly.

There were no major changes in milk legislation during the year. As from 31st September, 1954, " Standard " ceased to be a designation. The only milk of this grade, however, sold in the city was by producer-retailers.

As from 1st October, 1954, Pasteurised Milk must be bottled at the depot where it is pasteurised and the bottles must be sealed by overlapping caps. Furthermore, the holder of a dealer's licence for Pasteurised Milk who supplies milk, *e.g.* to a catering establishment may not transfer the milk from one bulk container to another. It must be delivered with the seals and fastenings of the creamery unbroken. Previously a dairyman could purchase Pasteurised Milk in bulk and bottle it or transfer it to smaller retail containers on his own premises.

In February a Clean Milk Exhibit was set up for the Bakery Students' Exhibition in Castlehill School. At the request of the Principal of the Edinburgh College of Domestic Science a small exhibit was also prepared for the exhibition of students' work held in April.

During the year 27 complaints were received from the public and these were investigated and in each case the necessary steps were taken to prevent a recurrence of the trouble. The majority of these were concerned with dirty bottles. Although every effort is made by the creameries to prevent this happening, an occasional bottle may escape detection. Misuse of bottles by the public is usually the cause and accounts for large numbers of bottles having to be destroyed as unsuitable for washing.

PORT SANITARY INSPECTION.

Shipping Arrivals.

The following table shows the amount of shipping which arrived at Leith Docks and Granton Harbour.

	Number	Tonnage
From Foreign Ports ...	1,185	860,239
From Home Ports	2,874	606,725
Foreign Fishing Vessels ...	18	2,408
British Fishing Vessels ...	1,501	154,021
Totals	5,578	1,623,393

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 revisits of vessels totalled 1,888 and the insanitary conditions dealt with were 1,275, necessitating 7 written and 558 verbal intimations.

Of the many insanitary conditions dealt with, the lack of cleanliness in respect of the floors, bunks and bedding, internal partitions and ceilings of crews' quarters and the offensive state of the latrines and other sanitary fittings were of the most frequent occurrence. The cleanliness of the bilges, drinking water tanks and the removal of garbage also called for careful supervision. The presence of bed-bugs in the crews' quarters was eradicated by efficient fumigation and the cockroach invasion of galleys, stores and living quarters was dealt with by similar measures or the use of insecticides.

Water.

The water supplied to the ships is identical to that of the city and is delivered by hydrants situated at 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.

Rat Destruction.

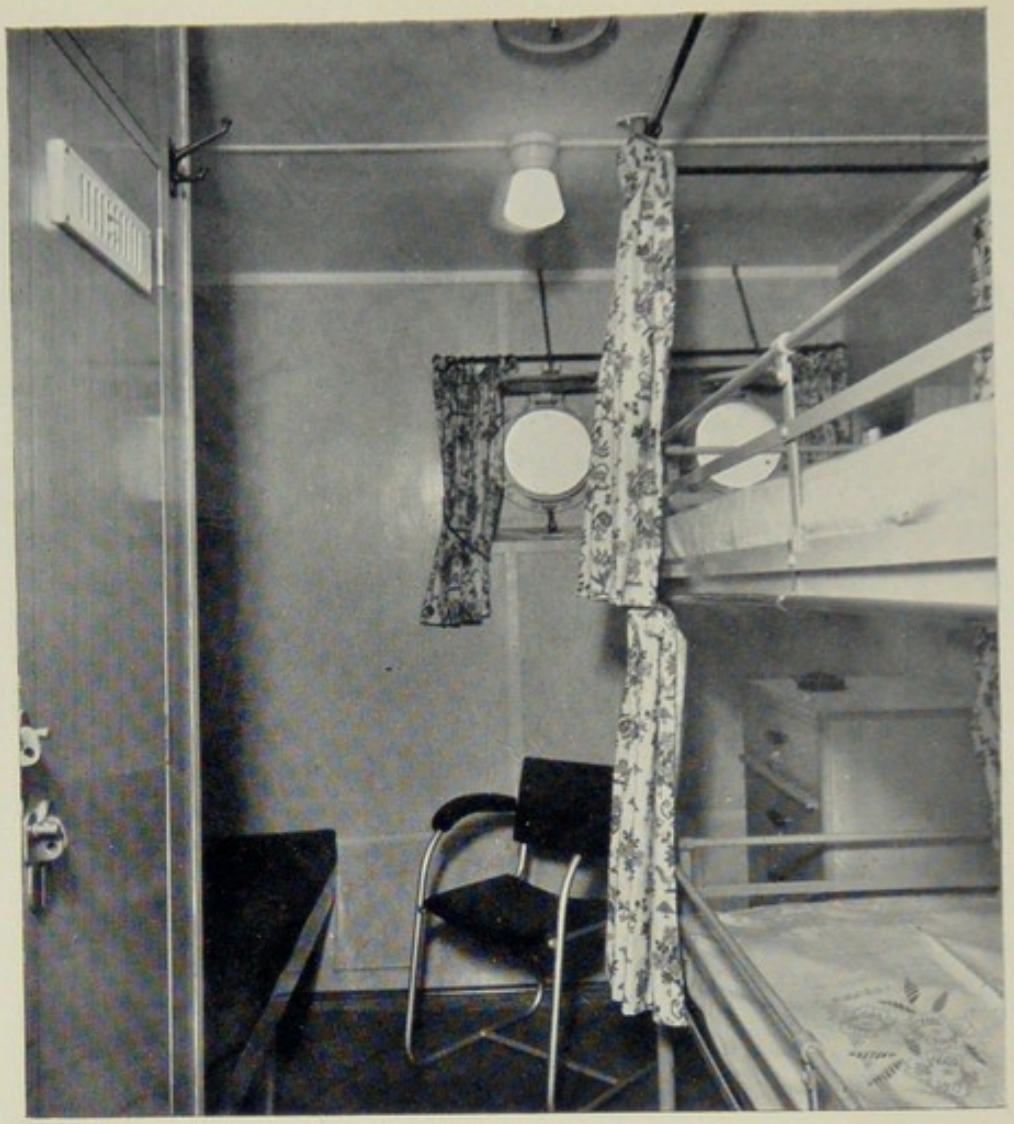
The total number of certificates granted to masters of vessels was 108, of which 104 were exemption certificates. The fees collected for these certificates amounted to £234, 14s. In 4 cases it was necessary to request fumigation measures to be undertaken for the destruction of rats. The number of rats killed on board ships in port and on quays and wharfs totalled 742. Thirty-three specimens of rats caught throughout the year were sent for bacteriological examination and in each case a negative result was obtained.

MODERN ACCOMMODATION OF SHIPS' CREWS

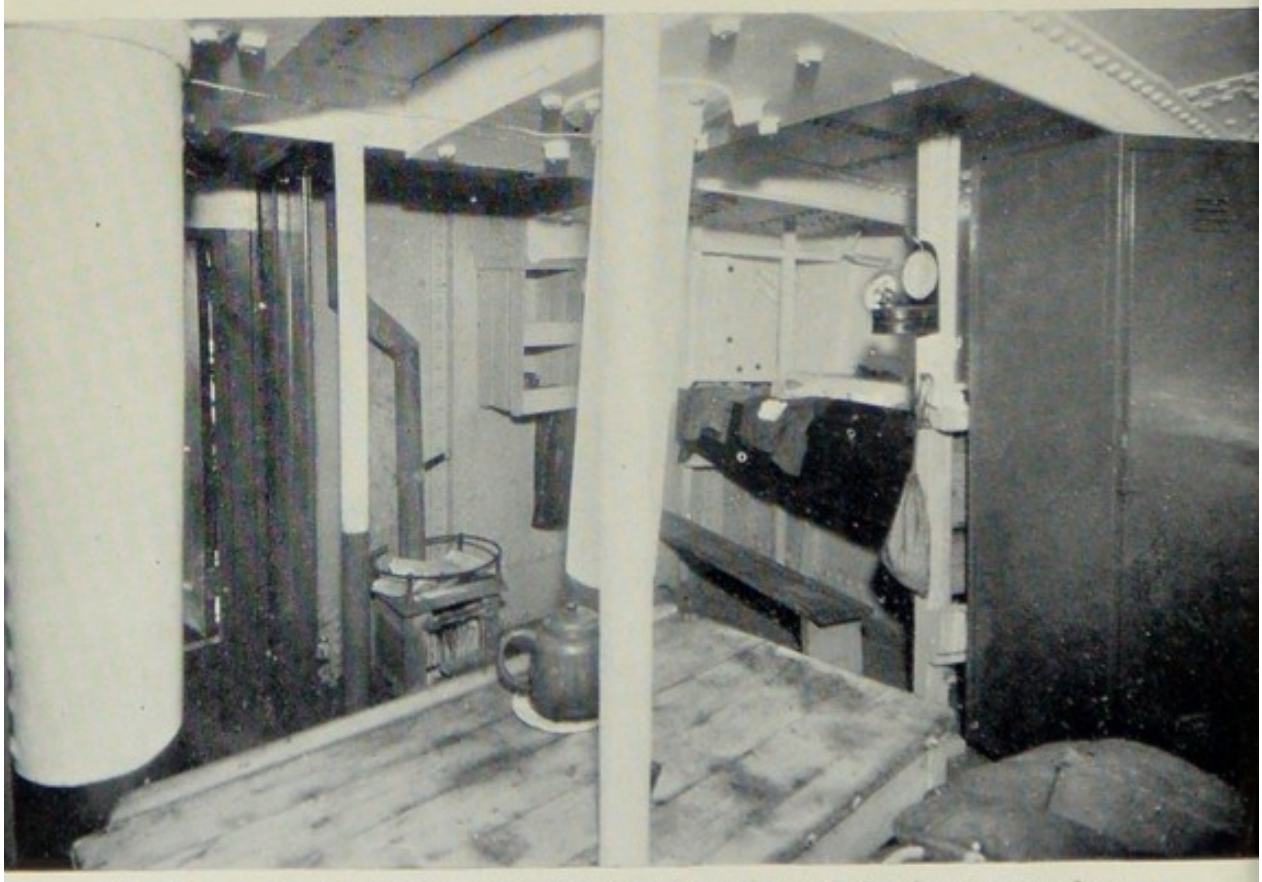
(Photographs Nos. 1, 2 and 3 by courtesy of the Pan-Ore Steamship Co. Inc. of New York as the owners and The Burntisland Shipbuilding Coy. Ltd., Burntisland, as builders)

(1) Officer's Room

(2) Crew's Messroom



(3) Crew Cabin



(4) Primitive Accommodation—Combined messing and sleeping quarters for crew

Under the Prevention of Damage by Pests (Application to Shipping) Order, 27 Rodent Control Certificates were issued. In one case it was necessary to request fumigation measures to be undertaken and in two cases poison was used for the destruction of rats and mice on board.

In recent years much effort has been manifested and research conducted, with the object of eliminating pests that are considered to be vectors of diseases communicable to man or invaders capable of sabotaging his economic welfare.

From time to time new rodenticides and insecticides have been discovered and techniques investigated whereby the best results could be achieved, always considering their lethal qualities and the economic factors when assessing the real value of their application.

In the deratting of ships, hydrogen cyanide replaced sulphur dioxide to a large extent in the 1920s', but to-day other materials are in general use, particularly Warfarin and Sodium Fluoroacetate.

Warfarin is not an instantaneous killer and must be eaten by rodents for a period of days before its reaction causes death. The multiple feeding technique of very low concentrations of warfarin, though fatal to rodents, makes it very safe in respect of humans and domestic animals.

Sodium Fluoroacetate (1080) is, however, extremely poisonous and its use calls for very careful procedure if accidents are to be avoided. This chemical was first used in America and the results obtained were most encouraging. Comprehensive experiments and trials were carried out by the Port of London Health Authority and the results fully justified the reports received from America.

Deratting certificates are granted to ships which have been treated with 1080. The advantages to a shipowner in receiving a deratting certificate with 1080 rather than by reason of fumigation with hydrogen cyanide are considerable. In particular, there is no loss of working time, the ship does not need to be sealed up and prepared as when using a gaseous fumigant, and it is not necessary to provide shore accommodation for officers and crew during the operation.

Permission for the use of Sodium Fluoroacetate in the deratting of ships in this Port was granted by the Medical Officer of Health and up to the present one vessel has been so treated. All work is carried out under the supervision of the port sanitary inspectors.

Rodent control is a race between the breeding powers of the vermin and the killing powers of the exterminators. When the latter take the lead the control of the rodent population may be said to have been gained. Complete extermination is quite another matter. Two factors encourage the belief that the " control " stage has now been reached ; firstly, appreciable fall in the total kill and secondly, the rarity of big kills in individual ships and premises which were fairly common a few years ago.

It must be stressed that the figure for rats exterminated in the appendix refers to carcasses recovered. As no reliable method exists for estimating the kills by poisoning, no assessment is attempted even where results appear to be good.

Cleansing.

The Dock Commission continued to maintain a very high standard of cleanliness, the roads, wharfs, shed and sanitary conveniences being regularly attended to throughout the area.

In the execution of the duties of the Port Sanitary section 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 co-operation.

Appendices 12 and 13 contain a detailed statement of the port sanitary work.

PROSECUTIONS.

It was found necessary to institute legal proceedings in 23 cases in connection with the administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £77. Details of these prosecutions are given in Appendix 14.

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,

JAMES F. ANDERSON, F.R.San.I., M.R.S.A.(Scot.),
Chief Sanitary Inspector.

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1954.

Nature of Nuisance	WARDS																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	St Giles	Holyrood	George Square	Newington	Liberton	Morningside	Merchiston	Colinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/ Cramond	Pilton	St Bernard's	St Andrew's	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentinny	Portobello	Craigmillar	Totals
Water-Closets :—																								
Water-closets introduced	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
New apparatus substituted	—	4	3	—	—	—	—	—	1	—	—	—	—	1	1	—	1	—	1	1	—	—	1	14
Water-closets improved or repaired ...	8	17	2	3	1	1	—	—	1	—	—	—	—	—	5	—	3	3	9	4	1	—	2	60
Water-closets and sinks in a filthy condition and cleansed	5	5	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	4	—	1	—	1	—	21
Choked water-closets cleared	5	6	1	—	2	—	—	—	—	—	—	—	1	2	2	—	2	1	6	—	—	2	1	31
New water-closet apartments provided ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	3
Sinks, Tubs and Wash-hand Basins :—																								
Sinks introduced	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	3
Insanitary sinks abolished	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	2	—	—	1	2	—	—	9
Earthenware sinks and tubs introduced ...	—	—	—	—	—	—	—	—	—	2	—	—	—	—	5	—	4	—	—	2	1	—	—	14
Repairs (woodwork, etc.)	3	7	1	2	—	—	1	—	1	6	—	—	1	1	12	2	9	3	7	4	1	1	—	62
Choked sinks, wash-tubs, etc., cleared ...	4	8	1	1	—	1	—	—	—	5	—	—	1	1	4	—	2	2	2	—	—	—	—	32
Wash-hand basins renewed or introduced	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	1	—	—	—	—	—	—	—	4
Drains :—																								
Choked drains cleared	6	16	7	5	5	1	1	—	1	13	—	2	3	2	17	7	4	15	23	8	—	10	4	150
Choked surface traps cleared	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	3
Drains repaired or renewed	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	1	—	—	—	—	—	—	4
Soil pipes repaired or renewed	1	3	2	—	—	1	—	—	1	3	—	—	—	—	5	—	—	—	1	—	1	—	—	18
Sinks, etc., waste pipes repaired or renewed	3	4	—	2	—	2	1	—	—	2	—	—	—	—	6	1	2	—	1	—	2	2	1	29
Rain water conductors repaired or renewed	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	—	—	4
Water Supply :—																								
Cisterns found dirty	16	10	5	9	1	5	11	—	3	8	2	2	8	9	11	1	2	10	5	9	4	16	7	154
Cisterns found without covers	5	3	—	3	—	—	2	—	1	1	—	—	2	—	1	—	—	2	2	2	—	4	—	26
Cisterns repaired or renewed	3	7	1	—	—	1	1	—	—	1	—	—	—	—	2	1	1	2	5	1	1	—	1	28
Water Pipes Repaired or Renewed	—	2	2	1	—	—	—	—	—	1	—	—	—	—	2	1	2	2	2	—	—	2	—	17
Houses temporarily without water supply due to burst pipes, etc.	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	4
Repairs to Houses :—																								
Floors, hearths, doors, walls, etc., repaired	3	18	3	—	—	3	—	—	1	6	—	—	—	1	7	2	5	5	9	5	—	2	2	72
Windows and skylights repaired	6	17	10	4	—	3	—	—	—	5	2	—	—	8	7	2	7	6	8	7	—	2	2	96
Coal bunkers repaired or provided ...	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	4
Grates or ranges repaired or substituted ...	4	9	1	—	—	2	1	—	—	5	—	—	—	1	3	1	6	3	1	1	—	—	1	39
Wall and ceiling plaster repaired	8	35	8	6	—	4	2	1	1	14	—	2	—	5	13	5	9	4	5	3	1	2	3	131
Boiler of kitchen range renewed	—	1	1	2	—	1	1	—	—	2	—	—	—	—	1	2	—	—	—	2	—	—	1	14

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1954—*continued.*

Nature of Nuisance	WARDS																							
	1 St Giles	2 Holyrood	3 George Square	4 Newington	5 Liberton	6 Morningside	7 Merchiston	8 Colinton	9 Sighthill	10 Gorgie/Dalry	11 Corstorphine	12 Murrayfield/ Cramond	13 Pilton	14 St Bernard's	15 St Andrew's	16 Broughton	17 Calton	18 West Leith	19 Central Leith	20 South Leith	21 Craigentinny	22 Portobello	23 Craigmillar	Totals
Nuisances in Houses :—																								
Floors and bedding of houses in a dirty condition and cleansed by tenants ...	2	1	4	1	—	1	—	1	—	2	—	—	1	2	10	2	3	5	2	4	—	2	—	43
Bad smells in houses and shops due to escapes of gas, dead vermin, etc. ...	5	4	12	8	1	9	1	—	5	5	1	—	—	2	34	7	7	2	15	12	1	8	—	139
Smoke in houses due to foul or defective vents	14	13	8	4	5	5	—	—	1	10	1	2	—	7	13	5	22	5	18	15	2	9	3	162
Dampness in houses remedied or abated ...	4	4	5	5	2	2	—	—	1	11	—	1	2	5	7	2	4	10	14	5	2	7	5	98
Overcrowded families removed to Corporation houses	167	121	40	35	17	11	16	14	86	54	17	5	59	40	63	61	59	61	74	86	54	98	63	1,301
Houses and shops flooded from defects in flat above	2	2	1	1	—	1	—	—	—	1	—	—	—	—	4	1	1	2	3	—	—	1	—	20
Animals or birds kept in or in close proximity to dwelling-houses	—	2	—	—	—	—	1	—	—	2	—	—	2	—	3	—	2	—	3	—	1	1	—	17
Houses distempered, papered or painted by tenants	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Stairs, Passages, etc. :—																								
Staircases painted	71	65	53	48	7	34	23	1	89	35	8	7	107	18	47	45	35	43	50	50	129	31	139	1,135
Stairs and passages in a dirty condition and cleansed by tenants	24	31	21	5	—	12	—	—	4	20	—	—	55	7	41	6	12	17	29	17	6	10	4	321
Dogs and cats committing nuisance in common stairs and back greens	4	5	8	3	1	9	2	—	2	5	—	—	5	—	22	6	5	7	6	4	3	8	4	109
General :—																								
Premises infested by rats and mice ...	26	28	19	20	37	10	9	20	21	16	8	14	7	39	48	19	13	38	39	24	15	23	19	512
Premises infested by bugs, fleas, beetles, etc.	49	41	12	6	17	1	3	8	10	25	2	6	10	22	28	7	16	6	31	22	4	26	20	372
Accumulations of rubbish, garbage and filth removed from areas, roofs cellars and vacant houses	275	298	158	3	1	5	1	—	1	206	1	1	3	103	511	178	198	508	1834	1013	564	9	3876	9,747
Accumulations of manure near dwellings ...	—	—	1	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	1	—	2	—	6
Disused cellars cleansed and closed ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	2
Tenants casting garbage over windows ...	2	5	9	3	—	7	2	—	—	2	1	—	—	1	3	6	10	5	2	4	—	1	—	63
Surfacing of courts repaired or renewed ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	4
Noise nuisances	3	3	1	2	1	6	—	—	2	8	2	1	—	—	4	1	3	2	3	2	3	1	1	48
Miscellaneous nuisances	24	59	28	34	13	28	9	7	19	29	11	9	8	14	46	21	31	32	56	43	10	37	14	582
Totals	754	855	432	218	111	166	88	52	254	511	57	52	275	292	1001	393	485	807	2270	1354	810	318	4174	15,729

APPENDIX 2.

RECORD OF INSPECTIONS CARRIED OUT BY SANITARY DEPARTMENT.

Number of visits to :—

Ice-cream Shops	454
Dairy Shops	454
Creameries, Pasteurisation Plant, etc.	312
Fried Fish Shops	110
Restaurants	147
Hotels, Apartments, etc.	213
Public Houses	55
Hairdressers' and Barbers' Shops	287
Picture Houses and Theatres	78
Schools	5
Offices	23
Common Lodging-Houses	99
Farmed-out Houses and Houses-let-in-Lodgings	8
Brokers' Premises	68
Second-hand Furniture Shops	13
Offensive Trades	31
Piggeries	84
Stables	119
Showgrounds and Camping Sites	44
Swimming Baths *re* sampling of water	156
Seasonal Workers' Accommodation	17
Burial Grounds	2
Boilerhouses	424
Building Sites	70
Pet Shops	50
Corporation Houses by Lady Sanitary Inspectors	16,512
Houses *re* overcrowding and recommendations to House-letting Department	3,693
Houses for evidence of bug infestation prior to removal of tenants into Corporation properties	5,407
Properties *re* complaints of rats and mice	6,207
Properties *re* painting of common stairs	4,536
Houses *re* infectious disease enquiries	2,632
Houses of Applicants for Certificates of Disrepair	81
Premises *re* nuisances	16,478
Total	58,869

APPENDIX 3.

NOTICES.

Intimations of existence of nuisance served	526
Intimations served in connection with the renewal of sinks and water-closets ...	29
Notices to remove nuisances served at the instance of the Local Authority ...	115
Notices served in connection with the renewal of sinks and water-closets ...	12
Notices delivered cautioning persons against casting garbage over windows ...	615
Notices served on occupiers failing to take due rotation of stair-washing and sweeping	115
Notices served for the cleaning of dirty areas, cellars, etc.	52
Notices served in connection with the painting of common staircases	3,095
Notices served in connection with the cleansing of water cisterns	199
Total	4,758

SUMMARY.

Complaints by citizens	2,346
Complaints by other departments	40
Nuisances discovered and reported by District Inspectors	13,343
Total nuisances dealt with by Department	15,729

APPENDIX 4.

COMMON LODGING-HOUSES.

WARD	ADDRESS	ACCOMMODATION	
		Males	Females
	EDINBURGH		
1	75 Grassmarket	374	—
1	3 Guthrie Street	332	—
1	1 Pleasance	144	—
1	85 West Port	78	—
1	17 James Court	—	34
1	3 Merchant Street	—	73
1	5 and 7 Vennel	—	119
	LEITH		
19	5 Parliament Street	180	—
19	57 Tolbooth Wynd	128	—
	Totals	1,236	226

FARMED-OUT HOUSES

WARD	ADDRESS	No. of Houses	No. of Occupants
1	18 Blackfriars Street	15	46
1	32 West Port (top flat)	14	20
	Totals	29	66

HOUSES-LET-IN-LODGINGS.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	1 and 3 Blair Street	1	114
1	72 Grove Street	1	164
3	31 Clerk Street	1	16
	Totals	3	294

APPENDIX 5.

ATMOSPHERIC POLLUTION—MONTHLY RECORD OF DEPOSITS 1954.

Month	Station	Rainfall in Inches	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Solids
January ...	1. Seafield	2·09	12·08	13·34	25·42
	2. Glencorse	...	...	...	...
	3. Astley Ainslie Institute ...	2·84	5·71	14·22	19·93
February	1. Seafield	1·22	14·76	4·54	19·30
	2. Glencorse	1·93	0·79	4·28	5·07
	3. Astley Ainslie Institute ...	1·89	6·16	4·19	10·35
March ...	1. Seafield	1·06	10·16	5·38	15·54
	2. Glencorse	2·01	1·75	5·06	6·81
	3. Astley Ainslie Institute ...	1·65	5·78	3·43	9·21
April ...	1. Seafield	1·58	5·96	2·74	8·70
	2. Glencorse	1·34	0·82	3·76	4·58
	3. Astley Ainslie Institute ...	1·42	3·36	5·05	8·41
May ...	1. Seafield	1·54	5·65	3·96	9·61
	2. Glencorse	...	...	...	...
	3. Astley Ainslie Institute ...	4·18	15·71	9·00	24·71
June ...	1. Seafield	1·26	1·15	3·42	4·57
	2. Glencorse	2·80	1·74	3·46	5·20
	3. Astley Ainslie Institute ...	2·40	4·05	2·63	6·68
July ...	1. Seafield	2·01	2·78	3·52	6·30
	2. Glencorse	2·44	0·17	3·32	3·49
	3. Astley Ainslie Institute ...	1·18	7·09	4·22	11·31
August ...	1. Seafield	3·78	5·89	5·15	11·04
	2. Glencorse	5·79	2·29	5·27	7·56
	3. Astley Ainslie Institute ...	4·06	5·43	3·43	8·86
September	1. Seafield	0·42	0·58	3·42	4·00
	2. Glencorse	0·28	0·82	4·11	4·93
	3. Astley Ainslie Institute ...	0·32	2·25	3·46	5·71
October ...	1. Seafield	5·40	24·11	8·02	32·13
	2. Glencorse	5·59	0·72	3·25	3·97
	3. Astley Ainslie Institute ...	5·59	2·18	6·57	8·75
November	1. Seafield	1·69	3·96	3·52	7·48
	2. Glencorse	3·82	0·85	4·69	5·54
	3. Astley Ainslie Institute ...	0·99	1·70	2·94	4·64
December	1. Seafield	1·73	4·27	11·07	15·34
	2. Glencorse	3·98	0·72	5·41	6·13
	3. Astley Ainslie Institute ...	2·72	3·29	6·50	9·79

APPENDIX 5A.

MEASUREMENT OF SULPHUR DIOXIDE BY THE LEAD PEROXIDE METHOD EXPRESSED AS MILLIGRAMMES OF SO_3 PER DAY PER 100 SQUARE CENTIMETRES.

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Seafield	1·11	1·16	0·77	0·96	0·79	0·40	0·40	0·30	0·99	0·79	1·14	1·25
Astley Ainslie Institute ...	0·92	1·32	0·60	1·02	1·04	0·40	0·36	0·31	0·32	0·86	0·86	1·01
Robb's Loan, Gorgie ...	1·48	1·40	0·91	1·04	0·57	0·65	0·42	0·47	0·50	0·64	0·89	0·68

APPENDIX 6.

FACTORIES ACTS, 1937 and 1948.

Prescribed particulars on the administration of the Acts (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	292	102	2	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,142	1,041	20	...
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	62	78	3	...
Total	2,496	1,221	25	...

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) ...	35	29	...	3	...
Overcrowding (S.2)	...	...	...	...	...
Unreasonable temperature (S.3)	4	3	...	...	...
Inadequate ventilation (S.4) ...	3	3	...	...	...
Ineffective drainage of floors (S.6)	...	...	...	...	...
Sanitary conveniences (S.7)—					
(*a*) insufficient	2	2	...	2	...
(*b*) unsuitable or defective ...	83	91	...	27	...
(*c*) not separate for sexes ...	2	2	...	...	...
Other offences (not including offences relating to homework)	24	21	1	...	...
Total	153	151	1	32	...

3. Outwork (Sections 110 and 111).

Number of outworkers in August lists (*i.e.*, these residing in Edinburgh)	6
Nature of work :—	
(1) Making wearing apparel	5
(2) Curtains and Furniture Hangings	1

APPENDIX 7.

FACTORIES ACTS, 1937 AND 1948—STATEMENT FOR 1954.

1. INSPECTIONS MADE		1,221
2. DEFECTS REMEDIED. HEALTH (GENERAL PROVISIONS) :—		
Cleanliness—		
Accumulations of dirt and refuse removed	6	
Floors cleaned	5	
Walls and ceilings cleansed (whitewashing, colourwashing, painting, varnishing or washing down)	18	
Temperature—		
Number of thermometers provided in workrooms	2	
Means provided or improvements effected...	1	
Ventilation—		
Number of cases remedied where adequate ventilation of workrooms was not maintained	1	
Means provided for removing fumes and other impurities ...	1	
Improvements effected in general ventilation	1	
Sanitary Conveniences—		
Additional water-closets introduced	2	
Urinals Introduced	1	
New apartments constructed or reconstructed	5	
W.C. or urinal removed to more sanitary situation	1	
Intervening ventilated spaces provided	4	
Notices provided indicating conveniences for each sex	2	
Lighting (natural) provided or improved	1	
Lighting (artificial) provided	23	
Ventilation provided or improved	3	
Walls and ceilings found dirty and limewashed, etc.	23	
Floors found dirty and cleaned	11	
Appliances found dirty and cleaned	10	
Repairs to appliances, roofs, floors, walls, ceilings, doors, windows, etc.	16	
		137
Miscellaneous—		
Sinks or washhand basins introduced	5	
Appliances repaired	4	
Hot water supply introduced	3	
General repairs to roofs, walls, ceilings, floors, windows, etc. ...	2	
		14
Total		151

Bakehouses (defects in Bakehouses included in above statement)—

Walls and ceilings of bakehouses — limewashed, painted, varnished or washed down	12
Storerooms limewashed, painted or washed down	4
Water-closet apartments or cloakrooms painted or washed down ...	6
Floors of bakehouses and storerooms cleaned	3
Floors of cloakrooms and water-closet apartments cleaned ...	1
Stair steps and passages, etc., cleaned	1
Windows cleaned	1
Sanitary appliances found dirty and cleaned	3
Accumulations of dirt and refuse removed	2
Bakehouse tables and utensils cleaned	1
Shelving, cupboards, racks, etc., cleaned	1
Baking machines and steam presses cleaned	1
Insect pests exterminated	1
Rats and mice infestation—nuisance abated	4
Total	41

APPENDIX 8.

SHOPS ACT, 1950—STATEMENT FOR 1954.

INSPECTIONS MADE :—	
Retail Shops, Wholesale Shops and Warehouses	1,240
Number of evenings on duty to check observance of Evening Closing Orders	8
Number of Saturday afternoons on duty to check observance of Weekly Half-holiday Orders	3
CONTRAVENTIONS REGARDING HOURS OF EMPLOYMENT, CLOSING ORDERS, ETC. :—	
Weekly Half-holiday for Assistants	4
Failure to observe Half-holiday Orders and Closing for Weekly Half-holiday	23
Failure to observe Evening Closing Orders or General Closing Hours	6
NOTICES, ETC. :—	
Failure to display Notice where shop is open for the carrying on of a certain Trade or Business (*i.e.*, Mixed Shops)	20
Failure to affix form re Assistants' Half-holiday	3
HEALTH AND COMFORT PROVISIONS :—	
Ventilation—Improvements effected	1
Lighting—Improvements effected	11
Heating—Means provided or Improvements effected	2
Suitable facilities provided where meals are taken in premises	9
WASHING FACILITIES :—	
Water supply introduced	2
Sinks or wash-hand basins introduced	52
Earthenware sinks substituted	2
Sinks removed to more sanitary situation	4
Hot water supply provided	11
Repairs to appliances	9
SANITARY ACCOMMODATION :—	
Water-closets introduced	31
New water-closet apartments constructed or re-constructed	22
Water-closets substituted (or replacements)	1
Water-closets removed to more sanitary situation	8
Separate sanitary accommodation provided for sexes	7
Intervening ventilated spaces provided	16
Lighting and/or ventilation provided or improved	27
Repairs to appliances, walls, ceilings, floors, windows, etc.	18
Dirty water-closets : cleansed or limewashed	6
Miscellaneous repairs, etc., in shops	5
CLEANLINESS :—	
Dirty walls and ceilings—painted or limewashed	15
Dirty floors, etc.	9
Accumulations of refuse removed	16
Other nuisances remedied	9
Intimations served under Shops Act	1
Letters sent under Shops Act	33
PROSECUTIONS :—	
Convictions	*Nil*

APPENDIX 9.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The following report was sent to the Department of Agriculture. The figures include surveys made under the Act:—

	Local Authority	Dwelling houses	Business	Agri-culture	Total
No. of Properties inspected	46	370	3,256	55	3,727
No. of Properties found infested	45	369	323	45	782
No. of Infestations abated	32	349 (including 52 previous year)	191 (including 23 previous year)	4	576

Number of items of repair carried out	63
Electricity junction boxes treated	10
Sewer manholes treated	51
Notices served under Prevention of Damage by Pests Act, 1949	—
Total visits made (including Surveys)	6,207

Complaints of Rat or Mouse Infestation.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Complaints received ...	26	28	19	20	37	10	9	20	21	16	8	14	7	39	48	19	13	38	39	24	15	23	19	512
*Infestations abated ...	26	27	16	19	29	10	8	16	19	19	7	11	7	30	53	19	13	38	44	21	13	31	23	499
Visits made	66	113	61	68	154	28	26	67	64	77	28	53	22	185	215	60	43	199	209	125	50	71	80	2,064

* 75 of the infestations were notified in the previous year.

Insect Infestation.—The following table shows the number of apartments treated for verminous infestation in each Ward—the total number being 372.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Bugs—																								
Infestations	24	17	2	2	–	–	1	–	–	1	–	–	–	10	19	3	7	3	7	8	–	2	3	109
Suspected	4	4	1	2	4	–	–	–	–	–	–	–	4	2	–	–	–	–	1	–	–	–	4	26
Other Insects	21	20	9	2	13	1	2	8	10	24	2	6	6	10	9	4	9	3	23	14	4	24	13	237
Total ...	49	41	12	6	17	1	3	8	10	25	2	6	10	22	28	7	16	6	31	22	4	26	20	372

APPENDIX 9A.

ANTI-FLY CAMPAIGN.

Various Premises and Areas Treated, 1954.

Wards ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Dairies and farms	–	–	–	–	12	–	–	–	–	–	–	3	–	–	–	–	–	–	–	–	–	3	2	20
Fish and meat trade premises	2	–	–	–	–	–	–	–	3	–	1	–	3	–	–	–	–	3	–	–	1	–	–	13
Garden and other refuse tips ...	–	–	–	–	2	–	–	–	–	–	5	–	–	4	–	–	–	–	–	–	1	5	–	17
Emergency housing areas, hospitals, institutions, etc. ...	–	–	–	–	1	–	–	4	1	–	–	–	1	2	–	–	–	1	2	–	1	1	–	14
Piggeries	–	1	–	1	8	–	1	14	1	1	15	1	–	–	–	–	–	–	–	–	1	4	4	52
Stables	6	3	–	2	1	–	4	6	1	2	1	–	1	3	–	–	–	–	4	2	–	1	2	39
Yards and areas	1	–	–	–	–	2	–	–	–	1	–	–	–	1	1	–	–	–	3	4	1	–	–	14
School cooking centres ...	–	–	2	–	1	–	–	1	1	1	–	–	–	–	–	1	1	1	1	–	2	–	2	14
Common lodging house kitchens	6	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	9
Total ...	15	5	2	3	25	2	5	25	7	5	22	4	5	10	1	1	1	5	12	6	7	14	10	192

Number of premises and areas treated for second time, 171. TOTAL, 363.

APPENDIX 10.

MILK TESTING SCHEME.

Number of Samples taken for Bacteriological Examination.

Certified	122
Tuberculin Tested (Bulk)	33
Tuberculin Tested (Bottled)	56
Tuberculin Tested (School)	11
Tuberculin Tested (Pasteurised)	89
Tuberculin Tested (Pasteurised—School)	56
Pasteurised (Bottled)	170
Pasteurised (School)	36
Sterilised	35
Miscellaneous	19
Biological examination for *B. tuberculosis* (negative 7.)	7
	643

SUMMARY OF RESULTS.

Tuberculin Tested Pasteurised, Pasteurised and Sterilised Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	Classification of Failures	
			Phosphatase Test	Coliform Test
T.T. Pasteurised	89	88	...	1
T.T. Pasteurised (School) ...	56	56	...	...
*Pasteurised	170	166	2	2
Pasteurised (School) ...	36	34	...	2
Sterilised	35	35	...	...

* Included in this figure are eleven samples of milk taken in the City from two creameries situated outside the boundary.

Certified and Tuberculin Tested Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	Classification of Failures		
			Plate Count	Coliform	Plate Count and Coliform
Certified	122	106	3	7	6
T.T. (Bulk)	33	30	...	2	1
T.T. (Bottled)	56	51	...	5	...
T.T. (School)	11	10	...	1	...

APPENDIX 12.

PORT SANITARY INSPECTION.

Annual Statement—Year 1954.

Ships boarded and inspected	1,047
Re-visits made	841
Nuisances discovered	1,275
Nuisances abated	1,258
Communications written	7
Notices served	Nil
Verbal warnings	558
Ships fumigated or otherwise treated for vermin by owners	30
Fumigation Certificates granted	4
Deratting Certificates granted	4
Deratting Exemption Certificates granted	104
Local Fumigation Certificates granted	Nil
Rodent Control Certificates granted	27
Rats exterminated	742
Rats submitted for bacteriological examination	33
Found negative	33
Rat destructive measures in the Dock area—Baits laid	20,000
Fees collected	£234 14 0

Nuisances Discovered.

Accumulations of garbage, refuse, etc.	329
Choked and defective scuppers	39
Choked and defective latrines	32
Choked and defective sinks	15
Choked and defective wash basins	14
Dampness in quarters	2
Dirty floors, tables, decks, etc.	297
Dirty bunks and bedding	146
Dirty partitions and ceilings	55
Dirty lockers	121
Dirty and offensive bilges	23
Dirty fresh water tanks	2
Dirty galleys, food stores, pantries, etc.	17
Dirty wash places	25
Foul closets and latrines	36
Foul sinks	12
Foul baths	3
Foul wash basins	9
Insufficient light and ventilation	3
Presence of rats and mice	10
Presence of cockroaches and beetles	20
Presence of bugs and fleas	1
Miscellaneous	64
Total	1,275

APPENDIX 13.

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS 1952.

Edinburgh Port Health District.

1. Amount of shipping entering the Port in 1954 :—

	Number	Tonnage
(1) Foreign	1,185	860,239
(2) Coastwise	2,874	606,725
Total	4,059	1,466,964

2. Total number of vessels subjected to measures of rat destruction in 1954

"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 bacterio-logically	*No. of Rats destroyed (other than on Ships)	No. of Rats examined bacterio-logically	On Ships	On Shore
10	128	30	614	3	Nil.	Nil.

*Species of rats recovered (*a*) On Ships :—Black and Brown.
(*b*) On Shore :—Black and Brown.

"B"

No. of Vessels fumigated by SO_2	No. of Dead Rats recovered	No. of Vessels fumigated by HC_n	No. of Dead Rats recovered	No. of Vessels in which poisoning, etc., was employed	No. of Dead Rats recovered	No. of Deratting Certificates Issued	No. of Deratting Exemption Certificates Issued
Nil.	Nil.	4	107	6	21	4	104

3. Number of vessels (included in (2) above) deratted before discharge of cargo :—

Nil

APPENDIX 13—*continued.*

"C"

PRECAUTIONS AGAINST PLAGUE.

Particulars relating to vessels infected, or suspected, or from infected ports.

Date of arrivals 1954	Whether infected, suspected, or from infected ports	Methods of Rat Destruction	No. of Rats killed	Whether a Certificate of Deratting granted	Remarks
Nil	Nil	Nil	Nil	Nil	Nil

No plague "infected" or "suspected" vessel or vessel from infected port arrived during the year.

"D"

Vessels other than those dealt with in Table "C" subjected to measures of rat destruction.

No. of Vessels fumigated by SO_2	No. of Rats killed	No. of Vessels fumigated by HC_n	No. of Rats killed	No. of Vessels on which poisoning etc., was employed	No. of Rats killed	No. of Deratting Certificates issued	No. of Deratting Exemption Certificates issued	Remarks
Nil.	Nil.	4	107	6	21	4	104	Ropes and hawsers rat guarded.

Reports of Prosecutions instituted by the Sanitary Department during the year ended 31st December, 1954

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
1	Failure to clean Common Stair and Passage	Bye-Laws for Cleansing of Common Stairs, Etc.	Burgh	£1 Fine.
2	Do.	Do.	Do.	10/- Fine.
3	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Do.	Case continued—Work carried out.
4	Adulterated " Tuberculin Tested " Milk ...	Food and Drugs (Adulteration) Act, 1928, Sections 2 and 16, sub-section 2.	Sheriff	£7 Fine.
5	Failure to clean Common Stair and Passage	Bye-Laws for Cleansing of Common Stairs, Etc.	Burgh	£1 Fine.
6	Do.	Do.	Do.	Admonished.
7	Adulterated " Tuberculin Tested " Milk ...	Food and Drugs (Adulteration) Act, 1928, Sections 2 and 16, sub-section 2.	Sheriff	£10 Fine.
8	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Burgh	Case continued—Work carried out.
9	Do.	Do.	Do.	Do.
10	Failure to comply with a notice requesting the cleansing of a dwelling-house.	Edinburgh Corporation Order, 1933, Section 159.	Do.	£1 Fine.
11	Failure to clean Common Stair and Passage	Bye-Laws for Cleansing of Common Stairs, Etc.	Do.	Admonished.
12	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Do.	Case continued—Work carried out.
13	Do.	Do.	Do.	Do.
14	Do.	Do.	Do.	Do.
15	Do.	Do.	Do.	Do.
16	Do.	Do.	Do.	Do.
17	Do.	Do.	Do.	Do.

Reports of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1954—*continued.*

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
18	Deficiency in Fat in Ice Cream	Food Standards (Ice Cream) Order, 1953, Article 3 and Article 1 of the Food Standards (General Provisions) Order, 1944, as amended.	Sheriff	£10 Fine.
19	Failure to clean Common Stair and Passage (2 Charges).	Bye-Laws for Cleansing of Common Stairs, Etc.	Burgh	10/- Fine each.
20	Deficiency in Fat in Ice Cream	Food Standards (Ice Cream) Order, 1953, Article 3 and Article 1 of the Food Standards (General Provisions) Order, 1944, as amended.	Sheriff	£20 Fine.
21	Do.	Do.	Do.	£5 Fine.
22	Do.	Do.	Do.	£20 Fine.
23	Failure to clean Common Passage	Bye-Laws for Cleansing of Common Stairs, Etc.	Burgh	10/- Fine.

VETERINARY DEPARTMENT.

REPORT BY THE VETERINARY INSPECTOR.

MILK AND DAIRIES.

Milk and Dairies (Scotland) Act, 1914.—During the year, 353 visits of inspection were made to premises 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.

At December, 1954, there were 23 registered dairy herds within the city boundary. The total number of cows in these herds was approximately 740. During the year, three new Certificates of Registration were issued, two to premises previously in Midlothian but since June, 1954, in Edinburgh, as a result of the extension of the boundary under the Edinburgh Corporation Order, 1954. The third was issued to Messrs N. N. Little & Sons, Cammo Home Farm, Barnton. During the year two certificates of registration were cancelled.

Milk (Special Designations) (Scotland) Orders, 1951 & 1952.—During the year, 15 producers held licences for the production of designated milk, three of these related to " Certified " milk and 12 to " Tuberculin Tested " milk. The " Certified " licences were held by Messrs N. N. Little & Sons for Braehead Mains, Barnton, and also for Cammo Home Farm, Barnton, and the third by the University of Edinburgh for the " Sir Robert Philip Memorial Farm," Gracemount, Liberton, Edinburgh. At 30th September 1954, when " Standard " ceased to be a designation, four licences to produce this grade of milk were in force. Two of these producers applied for and received " Tuberculin Tested " licences ; the third, who was undecided as to his future policy, also decided in the beginning of 1955 to apply for a " Tuberculin Tested " licence ; the fourth has disposed of her herd and now retails milk bought in from one of the creameries.

CAMMO HOME FARM.

As mentioned in the earlier part of this report, a licence to sell certified milk was granted to Messrs N. N. Little & Sons, Cammo Home Farm.

The dairy premises are possibly unique in that they have been converted from a golf clubhouse. This building had been empty from about 1928 until 1952 when Mr Little began to have plans for his project.

A cattle-court has been built adjoining the main building to house the Jersey cows which are brought into the milking parlour for milking. This parlour was previously the locker room ; the milk-house, where the cooling and bottling take place, is in the old entrance hall ; while the milk scullery was formally the gentlemen's cloakroom. The bar is now a cold store, and part of the dining room is used as a store room.

Messrs N. N. Little & Sons hold a licence from the Ministry of Food authorising them to sell Channel Island "Certified" Milk. To comply with the requirements in the Milk (Great Britain) Order, 1953, this milk must have a butterfat content of not less than 4 per cent. Samples taken so far have shown the fat content to be well in excess of 4 per cent.

Bacteriological Examination of Milk.—During the year, 183 routine samples of milk were examined :—

	Samples taken
Certified Milk	24
Tuberculin Tested	87
Standard Milk	21
Non-designated Milk	51
	183

Certified Milk.—Three samples of certified milk had bacterial counts in excess of the prescribed limit of 30,000 per ml., and in five B. coli was present in 0·1 ml.

Tuberculin Tested Milk.—In 11 samples of tuberculin tested milk B. coli was present in 0·01 c.c. and four samples had bacterial counts over 200,000 per ml. with B. coli present.

Standard.—Two samples of standard milk were unsatisfactory—B. coli being present in 0·01 ml. in both cases.

After a sample has been taken the producer is notified in due course of the result. If this has been unsatisfactory, a further sample is taken within approximately 10 days.

Apart from the routine samples, a considerable number of investigational and advisory samples were taken in order to trace the cause of samples failing to comply with the required standard. Empty milk bottles ready for filling were also tested in order to ascertain whether or not they had been properly washed and sterilised. In some cases the methods of washing and sterilising the milking utensils on the farm were observed with a view to giving advice where necessary.

Biological Results.—During 1954 and in the previous two years all samples (21) of milk taken for biological examination for the presence of B. tuberculosis have given negative results. It may be interesting at this point to consider the position 60 years ago (the time from which records are available) and to trace the legislation that has come into force since then aiming at a milk supply free from tubercle bacilli.

It was in 1893 that a dairy inspector was appointed who, along with a veterinary surgeon, appears to have been responsible for visiting the byres within the city. From a survey carried out in 1895, the fact that in only 16 byres out of 175 was there the requisite 500 cubic feet of air space per cow, as required in the Cattlesheds in Burghs (Scotland) Act, 1866, causes the observation to be made that, if instructions were issued insisting on 500 cubic feet per cow, the health of the cows would improve and the risk of animals suffering from pleuro-pneumonia and tuberculosis would be lessened.

Under the Edinburgh Municipal and Police (Amendment) Act, 1891, when a cow was found to be suffering from tuberculosis or other disease an officer of the local authority would order the animal's removal from the byre. There was no law which permitted the seizure and destruction of the cow and it was possible for the affected animal to appear in a country byre supplying milk to the city. The officers of the local authority evidently exercised careful supervision over the movements of these animals and usually managed to persuade the owners to have them destroyed.

This unsatisfactory state of affairs is emphasised year after year in reports covering the last years of the previous century and the early years of the twentieth century. It is stressed repeatedly that the local authority should have power to insist on the slaughter of animals especially those giving tuberculous milk and that the owners be paid compensation.

In 1897 it is estimated that about 20 per cent. of the cows in the city byres had tuberculosis and about 5 per cent. of those had the udders affected. In the report for that year it is mentioned that " Tuberculin had been used in and around Edinburgh on several occasions, but with varying results, and has been abandoned as a positive proof that an animal is, or is not, tuberculous."

The Tuberculosis Order of 1914 provided the local authority with the means of ensuring the slaughter of animals with tuberculosis " in a form or to an extent as to be a danger to the human race or to animals." Shortly after the outbreak of World War I, however, this Order was suspended and did not come into force again until 1925. The Milk and Dairies (Amendment) Act of 1922 made the owner of a cow known to be the cause of tuberculin infection in milk liable to heavy penalties if he sold the milk or offered it for sale for human consumption. The cow, however, could still be transferred from one district to another until the 1914 Order was reintroduced in 1925.

In 1938, the Ministry of Agriculture's Attested Herds Scheme was introduced to encourage the setting up of herds certified free from tuberculosis, the owners of such herds being paid a bonus. This was the first stage in a plan to eradicate tuberculosis from all herds (beef and dairy) in the country. At present in the Edinburgh area farmers can have their herds treated free of charge until they qualify for admission to the Attested Herds Register. It is anticipated that in the spring of 1955 the Ministry of Agriculture will declare a further Eradication Area which will include Edinburgh and its surroundings. All cattle will then be tested compulsorily. At such time as the Minister is satisfied that all herds in the area are free of tuberculosis an Attested Area will be declared.

INSPECTION OF MEAT AND OTHER FOODS.

Meat.—From the point of view of administration, the most important changes were brought about when meat was de-rationed in July of this year. Prior to this date under the Livestock (Restriction of Slaughtering) Order of 1947 no person was allowed to slaughter livestock for human consumption except by the authority of the Ministry of Food. The Ministry purchased livestock from the farmers after certification at a grading centre, and was responsible for the subsequent slaughter of the animals and the wholesale allocation of the meat. Since July, the butchers have been free to purchase their supplies either alive from livestock markets or in

carcase form in the dead meat markets. The carcases are supplied to the dead meat market by wholesale dealers. Under these methods a butcher has freedom of choice and can purchase the quality he so desires. The quality of some of the meat allocated by the Ministry was often rather poor but the butcher had no alternative than to supply it to his customers.

There is no question that the general public are now much better pleased with meat supplied to them and very few complaints have been received in recent months regarding quality. Another explanation, however, is that the butcher instead of being merely a distributor has now to exercise his craft in supplying tender appetising meat. This means, of course, that the good butcher is now allowing his meat to ripen or mature prior to sale.

From July until the end of the year the number of animals slaughtered has been very high and the total for the year shows an excess kill of 13,527 cattle and 27,830 sheep but a decrease in pigs of 1,188, compared with 1953.

Our greatest difficulty was finding lairage accommodation which was a problem shared by practically all slaughterhouses in Scotland but, in Edinburgh, due to the close proximity of the markets, it was possible to utilise some of the sheds there for temporary lairage.

On the day prior to de-rationing a meeting was arranged with all the slaughtermen and a talk was given on (*a*) Modern Slaughterhouse Practices and (*b*) Hygiene in the Slaughterhouse. In my opinion, the slaughtermen have markedly improved their slaughtering technique since de-control and, in addition, have raised the standard of cleanliness of their utensils, clothing, etc.

As meat can now be moved throughout the country with more freedom, carcases are consigned from outside sources to the Dead Meat Markets in Fountainbridge. Article 10 of the Public Health (Meat) Regulations places an obligation on the consignee of a carcase which he has reason to believe has not been inspected in the manner specified in these Regulations to report its receipt to the local authority of the district.

In practice, the Wholesale Meat Traders of the city notify the Veterinary Department in all cases in which they receive home-killed carcases beyond the city boundaries. Six sheep, three calves and portions of two cow carcases, have been seized since July.

Abattoir.—Supervision has been maintained in accordance with the usual practice at Gorgie abattoir.

The number of animals passing through the abattoir during 1954 is shown in the following table :—

Oxen	... ...	28,028
Bulls	... ...	237
Cows	... ...	3,339
Heifers	... ...	3,405
		35,009
Calves	... ...	3,661
Sheep	... ...	129,919
Swine	... ...	43,481
		212,070

Carcases and Offal Condemned in Abattoir.—Carcases partially or wholly condemned in the city abattoir weighed 107·04 tons. To this there

falls to be added 112·11 tons (weight estimated) of condemned offal, making a total of 219·15 tons. Comparison between the weight of meat seized on account of tuberculosis with other non-tuberculosis diseases shows that tuberculosis was responsible for 69·22 per cent. of all beef seized and destroyed and 7·41 per cent. of pork.

Number and weight of carcases in the different classes of animals condemned at abattoir during 1954 :—

Class of Animals	Totally Condemned		Partially Condemned		Total Weight in lbs.
	Number	Weight in lbs.	Number	Weight in lbs.	
Oxen ...	40	25,484	956	71,209	96,693
Bulls ...	4	2,533	20	1,009	3,542
Cows ...	78	34,571	347	20,053	54,624
Heifers ...	18	7,708	155	7,234	14,942
Calves ...	58	2,765	10	62	2,827
Sheep ...	306	12,841	1,237	13,682	26,523
Swine ...	171	22,466	1,382	18,209	40,675
Total ...	675	108,368	4,107	131,458	239,826

Comparison between tuberculosis and non-tuberculosis diseases as causes of condemnation in carcases of animals slaughtered in abattoir during 1954 :—

By Numbers		Cattle						Swine	Sheep	Grand Total
		Oxen	Bulls	Cows	Heifers	Calv's	Total			
Tuberculosis ...	Total	37	4	33	14	1	89	12	...	101
	Partial	489	14	161	78	...	742	24	...	766
Total and Partial ...		526	18	194	92	1	831	36	...	867
Non-tuberculous	Total	3	...	45	4	57	109	159	306	574
	Partial	467	6	186	77	10	746	1,358	1,237	3,341
Total and Partial ...		470	6	231	81	67	855	1,517	1,543	3,915

By Weight	Tuberculosis (lbs.)	Non-tuberculous Disease (lbs.)	Percentages Tuberculous	
Oxen	72,040	24,653	74·50	69·22
Bulls	3,464	78	97·80	
Cows	30,712	23,912	56·22	
Heifers	11,314	3,628	75·72	
Calves	87	2,740	3·08	
Sheep		26,523	...	
Swine	3,016	37,659	7·41	

Number of organs condemned in the different classes of animals at abattoir during 1954 (excluding organs of animals totally condemned) :—

Organs Condemned	Cattle						Swine	Sheep	Grand Total
	Oxen	Bulls	Cows	Heifers	Calves	Total			
Lungs and Hearts :—									
Tuberculosis ...	1,156	35	442	216	6	1,855	58	...	1,913
Other Causes ...	856	14	138	72	5	1,085	6,933	2,750	10,768
Bowels :—									
Tuberculosis ...	450	10	138	62	...	660	16	...	676
Other Causes ...	80	6	61	7	1	155	99	67	321
Stomachs :—									
Tuberculosis ...	32	...	14	4	...	50	6	...	56
Other Causes ..	133	1	44	6	...	184	63	72	329
Spleens :—									
Tuberculosis ...	24	...	9	...	...	33	2	...	35
Other Causes ...	15	1	8	3	...	27	13	8	38
Livers :—									
Tuberculosis ...	345	10	59	45	1	460	33	...	493
Other Causes ...	5,853	32	796	368	9	7,058	2,471	4,272	13,801
Kidneys :—									
Tuberculosis ...	10	...	1	...	...	11	...	...	11
Other Causes ...	116	2	89	22	...	229	118	30	377
Udders :—									
Tuberculosis ...	...	...	6	...	...	6	...	...	6
Other Causes ...	...	...	407	...	...	407	208	10	625
Heads :—									
Tuberculosis ...	596	9	167	80	2	854	907	...	1,761
Other Causes ...	347	1	40	38	...	426	67	20	513
Skirts :—									
Tuberculosis ...	65	1	10	8	...	84	5	...	89
Other Causes ...	605	25	86	29	...	745	2	36	783
Total ...	10,683	147	2515	960	24	14,329	11,001	7,265	32,595

Percentage incidence of Tuberculosis in animals slaughtered at abattoir during 1954 :—

Cattle	Oxen	5·91	
	Bulls	16·46	... 7·14
	Cows	16·26	
	Heifers ...	7·69	
Calves	... ...		0·19
Swine	... ...		2·18

Number of carcases in the different classes of animals slaughtered during 1954 and causes of condemnation :—

Causes of Condemnation	Cattle										Swine		Sheep	
	Oxen		Bulls		Cows		Heifers		Calves					
	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial	Total	Partial
Tuberculosis	37	487	4	14	33	161	14	78	1	...	12	24	...	...
Emaciation and Oedema	...	...	1	...	18	...	1	...	27	...	21	...	191	...
Local Oedema	...	5	...	...	...	8	...	...	...	5	...	9	...	68
Abscess and Sepsis	1	131	...	5	5	23	1	16	14	...	42	309	30	498
Septic Pneumonia and Septic Pleurisy	...	12	...	...	...	4	1	6	1	...	23	83	19	277
Pneumonia and Pleurisy	...	13	...	1	...	4	...	2	...	...	...	77	...	30
Peritonitis and Septic Peritonitis	...	48	...	4	1	45	...	8	1	...	14	108	8	95
Bruising and Fractures	...	76	...	5	1	54	...	31	1	4	1	280	2	136
Arthritis	...	3	...	1	...	3	...	...	...	2	13	192	5	97
Acute Mastitis	...	...	...	...	3	...	...	...	...	...	1	...	2	...
Mastitis and Lactating Udders	...	...	...	...	...	15	...	...	...	...	...	131	...	3
Skin Tuberculosis	...	70	...	5	...	4	...	4	...	...	...	...	...	...
Actinomycosis	...	97	...	4	1	10	...	11	...	...	...	17	...	...
Fevered and Badly Bled	...	...	...	...	4	...	...	...	8	...	23	...	32	...
Acute Enteritis	...	...	...	...	1	...	...	...	...	...	6	...	3	...
Tumours	...	...	...	...	1	2	...	1	...	...	1	5	6	1
Septic Metritis	...	...	...	...	4	...	...	...	...	...	5	...	4	...
Septic Pericarditis	...	...	...	...	2	...	...	...	...	...	2	...	1	...
Uræmia	...	...	...	...	...	...	1	...	...	...	5	...	2	...
Gangrene	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Swine Erysipelas	...	...	...	...	...	...	...	...	...	...	...	46	...	...
Jaundice	...	...	...	...	1	...	...	...	2	...	...	...	...	...
Melanosis	...	2	...	...	...	1	...	...	...	...	...	53	...	...
Nephritis	...	1	...	...	...	2	...	...	1	...	...	10	...	2
Moribund, Ill Bled and Decomposed	...	...	...	...	...	...	...	...	4	...	1	...	2	...
Fat Necrosis	...	8	...	1	...	...	...	3	...	...	...	...	...	2
Malformation	...	...	...	...	...	...	...	1	...	2	...	9	...	42
	38	953	5	40	76	336	18	161	60	13	170	1353	308	1251

Laboratory Report —The assistance of laboratory findings has continued to prove of value in the judgment of difficult cases, especially the carcases of casualty animals. Since July there has been a marked drop in the number of animals sent in to the abattoir for emergency slaughter, but ante-mortem inspection of the animals in the main lairages has, in recent months, revealed the presence of sick animals which, prior to July, the farmers would have sent in for slaughter on a casualty basis.

Accordingly we are finding ante-mortem inspection quite valuable in detecting those animals prior to their being slaughtered.

Summary of Work.—Samples of bile were taken from 1,103 animals and plated out on culture media.

Cultural Examination.—190 showed B. coli; 8 showed Enterococci; 1 showed Paracolon; 5 showed Salmonella.

B. coli is constantly found in the gut of food animals and has little public health significance but a hæmolytic strain was isolated from pyæmic foci in the kidneys and the musculature of a calf carcase, rendering it unfit for human consumption.

Three of the Salmonella cases (Salmonella choleræ suis) were from pigs, of which two showed a localised infection in the gall bladder and were passed, but

in the other animal the bacilli were recovered from all organs and musculature and the carcase was seized.

Another case involved a calf from which Salmonella enteriditis was recovered from the gall bladder and the kidneys, rendering it unfit for food. The remaining case was a bullock carcase in very good condition in which S. enteriditis was recovered from the bile only, and it was passed as being fit but all organs were seized.

In addition, cultural examinations are made for other organisms, *e.g.*, in three pig carcases hæmolytic staphylococci were recovered from lesions in the heart valves and the carcases condemned.

Miscellaneous examination of local lesions has been carried out to identify the causal organism and under this heading can be included the microscopic examination of smears for Tuberculosis, Johnes, Swine Erysipelas, Anthrax, etc.

Cysticercus Bovis (Measly Beef).—The following table shows the incidence of Cysticercus Bovis during 1954 :—

Month	C. Bovis	Number of Cattle Killed
January	4 out of	2,016
February	4 ,, ,,	1,680
March	13 ,, ,,	1,951
April	19 ,, ,,	2,541
May	17 ,, ,,	2,592
June	11 ,, ,,	1,247
July	37 ,, ,,	3,313
August	47 ,, ,,	3,083
September	46 ,, ,,	3,264
October	37 ,, ,,	4,548
November	41 ,, ,,	4,161
December	42 ,, ,,	4,613

which gives 318 cases out of a total of 35,009 cattle, representing 0·9 per cent. of the total.

If a carcase showed any lesions, whether old-standing or not, it was sent into cold store for three weeks at 20° F. as laid down in the Public Health (Meat) Regulations (Scotland), 1932.

Actinobacillosis.—The number of cattle which showed Actinobacillosis was 207, and of that number 141 had the disease in the structures of the head only. This gives an incidence of 0·59 per cent.

Condemned Carcases.—As in past years, all condemned carcases have been converted in the IWEL plant at Gorgie abattoir into meat and bone meal after the abstraction of fat for soap manufacture.

Livestock Markets.—Until de-rationing, the markets at Gorgie were used by the Ministry of Food as a grading centre. Since July, Messrs John Swan & Sons and Messrs Oliver & Son have held weekly sales on Tuesdays of fat cattle, sheep and pigs.

The Market for Store Stock has been held on Wednesdays.

The veterinary inspection of the markets was carried out on behalf of the Ministry of Agriculture and Fisheries throughout the year by the Veterinary Department.

Since July, five cows and one sheep have been ordered out of the markets on account of disease.

The following table shows the number of animals passing through the fat-stock market during 1954 :—

Cattle	16,206
Calves	1,589
Sheep	82,301
Swine	22,345
	122,441

The number of animals passing through the store market on a Wednesday was :—

Cattle	19,349
Milk Cows (non-attested)	4
Sheep	111,624
Swine	49,453
	180,430

Attested Cattle Sales.—The sales of attested cattle were held approximately once a fortnight in the byres of the Corporation Market. Dairy breeds of cattle were chiefly exposed but there were one or two good sales of feeding bullocks. During the year, the following animals were sold :—

Milk Cows	436
Store Cattle	802
Heifers, Bulls, etc.	512
Calves	153
	1,903

Messrs J. Swan & Sons Ltd. have held fortnightly sales of attested cattle in their own premises, and a total of 3,542 cattle were sold. Messrs Oliver & Son Ltd. also held sales during the year and 945 cattle were sold from their premises.

Approval of Meat Storage.—Article 15 of the Public Health (Meat) Regulations (Scotland), 1932, 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. Five applications were received during 1954 and the storage accommodation provided in each case was satisfactory.

Retail Shops, Street Hawkers, etc.—Periodical visits were made during the year to shops, etc., in which foodstuffs were prepared or exposed for sale. In addition, the Fish Market at Newhaven was visited daily for the purpose of inspecting the fish exposed for sale there.

During routine inspection, inspectors examined a percentage of food exposed for sale and noted cleanliness or otherwise of the premises, particularly of back shops, cellars, cold stores, etc. In addition, they noted the condition of utensils, *e.g.*, mincers, sausage machines, delivery baskets, etc.

This department is still receiving requests from shopkeepers who wish to obtain Condemnation Certificates for unsound foodstuffs so that they can claim

credit from the wholesalers. As in past years, the chief commodity dealt with was tinned goods. During the year, 13,000 Condemnation Certificates were issued.

Meat Contracts.—From July to December, since no butcher would take out a long-term contract to supply meat owing to the impossibility of forecasting market prices, monthly meetings were held with the Supplies Officer and the existing meat contractors. At these meetings the price was fixed for the succeeding month only.

Periodic visits are made to school meals cooking centres in order to check the quality of meat supplied by the butchers. In addition, a talk and film shows were given in December to all the kitchen staff on food hygiene.

Number of Visits paid to Shops, etc., during 1954 :—

Fruit Markets	208
Provision Shops	1,670
Butchers' Shops	718
Fish Market	444
Live Stock Markets	315
Meat Sales and Cold Stores	678
Fruiterers' Shops	256
Fishmongers' Shops	165
Restaurants	63
Cooking Centres and Canteens	37
Bakeries, Bakers' Shops	106
Miscellaneous Visits	284
	4,944

The weights of foodstuffs seized in markets, shops and other premises in the city during 1954 were as follows :—

	Weight in lbs.
Soup	3,814½
Milk	4,864¼
Jam	542½
Beef	9,639½
Vegetables (fresh)	3,850
,, (tinned)	5,540
Meat	19,077¾
Cooked Ham	4,503¾
Pork	1,443¼
Fruit (fresh)	2,370
,, (tinned)	12,095
,, (dried)	630¼
Poultry and Game	1,163½
Fish	1,604
Cheese and Cheese Spread	1,352
Sandwich Spread	92
Eggs	806
Mutton	230
Butter and Margarine	30
Sugar	368
Cereals	719
Confectionery	260
Sausages	573
Rabbits	488
Semolina	79
Macaroni	41¼
Miscellaneous	813
	76,994¼
Equal to ...	34 tons, 7 cwts., 1 qr., 22¼ lbs.

PORT FOOD INSPECTION.

The usual supervision was maintained as to the condition and soundness of foodstuffs landed at the port of Leith during 1954. The appended summary will serve to show the origin and the kinds of foodstuffs falling under the supervision of this department at the Port of Leith.

Imported foodstuffs inspected under the Public Health (Imported Food) (Scotland) Regulations, 1937, during 1954 :—

Country of Origin	Foodstuffs	Number of Consignments	
Holland	Bacon	61	
	Butter	62	
	Cheese	83	
	Eggs	12	
	Vegetables (fresh) ...	501	
	Fruit (fresh)	297	
	Milk (canned)	69	
	Chocolate	17	
	Food (canned)	822	
			1,924
Denmark	Bacon	95	
	Butter	95	
	Cheese	98	
	Eggs	116	
	Biscuits	56	
	Food (canned)	830	
	Beer	18	
	Carrots	10	
	Pickled Veg.	27	
	Margarine	5	
	Marzipan	25	
	Frozen Poultry	3	
	Fruit Cakes	2	
	Beetroot	10	
			1,390
Germany	Meats (canned)	19	19
Belgium	Meat & Veg. (canned) ...	56	
	Vegetables (canned) ...	18	
	Fruit (fresh)	7	
	Margarine	3	
			84
Spain	Grapes	4	4
France	Onions	2	
	Canned Foods	4	
			6
Italy	Apples	5	
	Pears	5	
			10
Iceland	Lamb Fry	1	1
Faroes	Whalemeat	1	1
			3,439

Imported foodstuffs condemned, rejected or re-exported at the Port of Leith during 1954 :—

	Weight in lbs.
Crushed Pineapple	270
Pineapple Slices	2,612
Luncheon Meat	26
	2,908
Equal to ...	1 ton, 5 cwts., 3 qrs., 24 lbs.

Summary showing total diseased and unsound foodstuffs dealt with by the department in the city during 1954 :—

	Weight in lbs.
At Abattoir—carcases	239,826
—offal (weight estimated) ...	251,136
In shops, warehouses, etc.	76,994¼
At Port of Leith	2,908
	570,864¼
Equal to ...	254 tons, 14 cwts., 0 qrs., ¼ lb.

DISEASES OF ANIMALS ACTS.

The Acts confer power on the Ministry of Agriculture and Fisheries to make Orders for the control and prevention of animal diseases, to govern the import and export of animals and carcases, 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 Ministry :—

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 (1877).
Contagious Bovine Pleuro-pneumonia (1898).
Epizootic Lymphangitis (1906).
Glanders and Farcy (1928).
Rabies (1922).
Sheep Pox (1850).

There have been no cases of the last six diseases in Great Britain since the date shown against each. Rabies has occurred in imported dogs in this country in recent years but the animals affected were undergoing their six months' quarantine.

Anthrax.—The number of anthrax cases in Great Britain dropped from 1,215 in 1952 to 350 in 1954. Three cases of suspected anthrax were notified on farms within the city boundary but all proved negative on investigation. In addition, 87 sheep, 9 cattle, 9 calves, and 9 pigs were found dead at the markets,

railway sidings and abattoir. These were examined for anthrax but all proved negative. During the year, the carcase of one bull affected with this disease was consigned from Midlothian and destroyed at Seafield Refuse Plant.

Foot and Mouth Disease.—The number of confirmed cases of Foot and Mouth Disease (for the whole of Great Britain) dropped from the high total of 495 in 1952 to only 12 for this year. This entailed the slaughter of 1,318 animals. There were no outbreaks of the disease in the city, nor were there any restrictions placed on the movement of stock during the year.

The following Orders, which are more or less complementary to the principal Foot and Mouth Disease Orders, have continued in operation, and observations and visits necessary for their enforcement have been made :—Foreign Hay and Straw Order ; Foot and Mouth Disease (Packing Materials) Order ; Importation of Carcases and Animal Products Order ; Foot and Mouth Disease (Boiling of Animal Foodstuffs) Order ; Importation of Meat, etc. (Wrapping Materials) Order ; Movement of Animals (Records) Order. In connection with the latter Order, a twice-yearly check of the record books of the stock owners in the city was again made with the assistance of the Police.

Swine Fever.—The number of confirmed cases in Great Britain dropped from a total of 2,713 in 1953 to 1,455 for this year. In the city, no suspected cases were reported.

The Regulation of Movement of Swine Order, 1954, states that no sale of pigs can be held unless it is authorised by the local authority. John Swan & Sons Ltd. and Oliver & Son Ltd., New Mart Road, were authorised to hold markets and all store pigs leaving the premises could only do so under licence. During the year, 9,289 pigs were licensed from Swan's and 40,682 pigs from Oliver's, necessitating the issue of 3,407 licences.

Bovine Tuberculosis.—As in 1953 there were no cows found on routine examination in the city byres, which came within the terms of the Tuberculosis Order.

Fowl Pest.—There have been 795 notified cases in Great Britain of this disease. No outbreaks occurred in the city.

Sheep Scab.—There have been no cases of Sheep Scab in Great Britain. The number of sheep dipped at the Corporation Market in 1954 was 8,052.

Warble Fly.—Under the Warble Fly (Dressing of Cattle) Order of 1948, all cattle infested with Warble Fly must, during the months from March to June, be dressed periodically by the owner. During the year, 45 visits were paid to the stock owners in the city by the Assistant Veterinary Inspector in order to secure their co-operation in carrying out this dressing.

Importation of Animals.—(1) **Irish Cattle.**—The Order which controls the importation of Irish cattle provides that the imported cattle must be landed

at ports approved for the purpose where, on arrival, they are inspected, and thereafter 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. At Gorgie Market, 14,257 Irish cattle were received under licence from ports and 921 licences were issued authorising movement of these cattle from the market. There were 725 Irish cattle moved to farms in the district of the local authority from the markets or direct from the ports, and they were maintained under observation during the period of detention. A total of 5,403 fat Irish cattle and 1,379 sheep were licensed from the ports to Gorgie abattoir.

(2) **Dogs and Cats.**—The Importation of Dogs and Cats Order, 1928, is intended to protect Great Britain against the introduction of Rabies through the agency of canine and 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, 21 dogs and three cats were received and detained in the city in quarantine. They were maintained under observation and police supervision.

Certification for Export.—Many countries abroad require the disinfection and certification of straw, hay and sacks used for packing goods exported to them from this country. This disinfection is still being carried out satisfactorily by the Edinburgh Hygienic Company. During the year, seven certificates were issued for the disinfection of straw. In addition, 78 certificates were issued in respect of wool exported to Italy ; 16 for wool to South Africa ; 8 for wool to Australia ; 10 in respect of dried fish to Cuba, Trinidad and Egypt ; and 28 in respect of sausage skins to France.

Sea Transport of Animals.—The Animals (Sea Transport) Order prescribes the accommodation and fittings which must be provided on board ship for the transport of animals by sea. It also deals 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 officers of the local authority. During the year, 4,862 sheep, 3,254 lambs, 398 cattle, 3 ponies and 26 swine were landed at Leith Docks from coastwise vessels. The cleansing and disinfection of the vessels after landing of the animals were carried out under supervision of the officers of the local authority. In addition, 17 ponies were exported from Leith to Continental ports during the year.

Pet Animals Act, 1951.—This Act controls the sale of pet animals, and, during the year 22 pet shops were licensed by the local authority. Seventy-nine visits were made and no serious contraventions of the Act were encountered. On the whole, the pet shops have been quite satisfactory from the point of view of animal welfare.

The Transit of Animals Order is similarly designed to protect animals during transit by road or rail and, in addition, prescribes 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. During the year, 3,292 vehicles were cleansed and disinfected, an average of 63 vehicles per week. The railway officials have satisfactorily discharged their obligation in the cleansing and disinfection of cattle trucks and approaches.

The Markets, Sales and Lair Order.—This Order regulates many features in the construction of livestock 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 generally has been well done.

Submission of Papers.—A paper entitled *Emergency Slaughter of Food Animals* was presented at the Royal Sanitary Institute Congress at Scarborough in April. In September, another paper entitled *Food Inspection—Common Problems* was presented at the Royal Sanitary Association's Congress at Dundee.

Farms.—The department has continued to provide the clinical services required in connection with the stocks at Roddinglaw and Bangour Farms.

Police Stud.—Fifty visits of inspection were paid to the Police Stud. One horse was purchased.

Prosecutions.—One person was charged and subsequently fined £3 for illegally retaining a freshly imported dog in her home, thus contravening the Importation of Dogs and Cats Order of 1928.

Police Services.—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.

DEVELOPMENT OF HEALTH SERVICES.

as shown by Municipal Expenditure.

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

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 and Mental Institutions.	*394,088	48,070	346,018
1931–32		*354,499	48,205	306,294
1937–38		*473,940	81,964	391,976
1938–39	Hospital Beds increased for war emergencies.	*456,037	84,633	371,404
1939–40		*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
1947–48		*1,218,062	665,592	552,470
1948–49	Hospitals transferred to Regional Boards.	*254,450	132,635	121,815
1949–50		*284,883	143,748	141,135
1950–51		*328,250	166,722	161,528
1951–52		*341,287	173,568	167,719
1952–53		*410,937	211,011	199,926
1953–54		*393,647	171,338	222,309

* Interest and Debt Charges included.

CITY OF EDINBURGH PUBLIC HEALTH DEPARTMENT.

Number of Whole-time Employees at 31st December 1954.

	Medical Officers	Dental Officers	In-spectors	Admin. and Clerical Assists., etc.	Health Visitors and Midwives	Nursing Staff	Almoner, Masseuse Chiro-podist, Oral Hygienist	Home Helps	Domestic Staff	Porters and other Male Staff	Cleaners and other Female Staff	Total
1. Public Health—												
Medical Officer's Department ...	5	...	...	24	...	...	...	...	...	1	...	30
Sanitary Department	...	...	41	3	...	...	...	...	...	...	1	45
Veterinary Department	...	...	9	2	...	...	...	...	...	...	...	11
Tuberculosis Scheme	1	...	...	...	13	...	...	...	...	...	...	14
Maternity and Child Welfare Scheme, includes Day Nurseries, Midwifery, C. W. Foods and Home Helps ...	‡11	4	...	29	71	190	1	*91	*87	10	...	494
Venereal Diseases Scheme	...	...	...	...	2	...	...	...	...	...	...	2
Motor Vans and Disinfecting Station	...	...	...	...	...	...	...	...	...	7	1	8
2. School Health Service	10	†12	...	23	26	1	4	...	...	2	9	87
	27	16	50	81	112	191	5	91	87	20	11	691

* 52 of the Home Helps and 28 of the Domestic Staff are employed on a part-time basis.

† Includes 1 part-time Dental Officer.

‡ Includes 1 Medical Officer engaged in Triple-Antigen Investigation and 1 Medical Officer part-time School Health Service.

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