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CONTENTS

	PAGE
INTRODUCTION	3
MEMBERS OF HEALTH COMMITTEE	22
HEALTH SERVICES STAFF	23
VITAL STATISTICS	25
CHILD HEALTH—	
Maternity and Child Welfare	
School Health Service	
PREVENTION OF ILLNESS—	
Health Education	110
Prevention of Home Accidents	133
Prevention of Tuberculosis	136
Disinfection	145
Report on Edinburgh X-ray Campaign, 1958	146
Rehousing on Health Grounds	171
Port Health Supervision	172
Immunisation and Vaccination	173
CONTROL OF INFECTION—	
Infectious Diseases	179
Bacteriological Services	189
Venereal Diseases	193
DOMICILIARY SERVICES—	
Home Nursing	198
Home Nursing Equipment	200
Home Helps	201
Almoner	201
Nursing Homes	203
Sighthill Health Centre	204
MENTAL HEALTH SERVICES	206
NATIONAL ASSISTANCE ACT, 1948	212
SANITARY SERVICES	214
VETERINARY SERVICES	256
PUBLIC HEALTH DEPARTMENT—NUMBER OF EMPLOYEES	274
INDEX	275

ILLUSTRATIONS

MASS X-RAY CAMPAIGN—

“Drive Past” of Mobile X-Ray Units	<i>Facing page</i>	150
The “Big Top” in Princes Street Gardens	”	151
Waiting for X-ray Inside the “Big Top”	”	154
“Wonder What’s Going On In There?”	”	155

VETERINARY—

Tuberculosis Illustration	”	260
Weight of Beef Condemned for Tuberculosis (graph)	”	261

PUBLIC HEALTH DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, 1
April, 1959.

To: *The Corporation of the City of Edinburgh.*

LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Public Health Department for the year 1958.

Edinburgh X-ray Campaign

This has been an exceptionally active year of public health work in Edinburgh and the most outstanding feature was undoubtedly the Mass X-ray Campaign conducted in the city during the month of March.

Reference was made in last year's report to much of the preparatory work for the campaign and the Senior Medical Officer for Research and Health Education gives a full account of the extensive publicity arrangements undertaken. A comprehensive report on the planning and community arrangements, the complex technical and administrative arrangements and the highly satisfactory results of the campaign was published in the December 1958 issue of *Tubercle*, the Journal of the British Tuberculosis Association, and is reprinted at page 146 of this report.

It is appropriate, however, to mention here the remarkable success which resulted from the co-operative effort between local health authority, regional hospital board and the Department of Health. This co-operation, with the goodwill and help of local community workers, achieved an 84.4 per cent. response of the public to the request to have chest x-ray. Much of the credit must go to the voluntary workers, whose enthusiastic assistance made the result possible, and to the influential publicity committee, whose efforts inspired and sustained public interest.

Despite the "arctic" weather throughout the month, a total of 295,037 people were x-rayed between March 3rd and March 28th. Of this number, 280,663 were residents in the city, whilst, in addition, 28,084 Edinburgh citizens were x-rayed in special groups of the population during the preceding three months. Thus, a grand total of 308,747 Edinburgh people came forward for x-ray, i.e. 84.4 per cent. of the estimated population over the age of 14 years.

The number of new cases of active pulmonary tuberculosis discovered in Edinburgh citizens as a result of the campaign was 423 (271 males, 152 females). The overall prevalence in males was 2.17 and in females 1.01 per 1,000 persons x-rayed. The highest prevalence was in males over 60 years (3.30 per 1,000). Thus, the importance of the elderly male in the epidemiology of tuberculosis has once again been emphasized.

It is concluded that a campaign of this sort is a useful and justifiable method of case-finding for tuberculosis and other serious chest diseases. It is particularly suitable in communities where the disease appears to be coming satisfactorily under control and it may advance the day of final conquest of tuberculosis in a community by several years.

Many tributes have been paid to the loyal, untiring work of all who took part in this tremendous campaign, the success of which proved beyond doubt that only with the understanding, the support and the participation of the citizens can health programmes be truly effective. Edinburgh has pioneered this theme for years and it is to be hoped that from the excellent foundation of the voluntary workers' organisations so actively engaged in the campaign there will emerge permanent bodies of citizens to foster and encourage health projects in every local community in the city.

Other aspects of the work in the prevention of tuberculosis are detailed in the appropriate section. As would be expected, there was a considerable increase in notifications of pulmonary tuberculosis, 694 new cases being reported in 1958, compared with 276 the previous year. The contribution of the X-ray Campaign is well brought out when it is realised that 65 per cent. of these new cases came to light by mass miniature radiography, which contrasts with 19 per cent. last year. There were only 29 deaths, a welcome decrease of 5 on 1957, bringing the rate down to 6 per thousand of the population. Laundry services were again provided for infective cases and 23 households received help during the year. The average weekly number of families assisted was 11 and a total of 6,180 articles were washed and laundered after disinfection.

The re-housing of patients with active disease continued as before, 112 families being rehoused under the Corporation's priority scheme for tuberculosis.

Home Accident Prevention

The Secretary of State for Scotland invited the co-operation of all local authorities in the national "Guard That Fire" campaign and the Health Committee responded by collaborating with the Edinburgh Accident Prevention Council and the Royal Society for the Prevention of Accidents in promoting a campaign for the prevention of home accidents during the first week of November.

In addition to the intensive publicity adopted to bring the campaign and its objectives to the notice of the public, a large-scale exhibition was organised in vacant store premises in the centre of the city. Detailed reports of the exhibition and of the whole campaign are given at page 133 of this report. It is extremely satisfactory to record that during the five days the exhibition was open, approximately 5,000 persons saw the many exhibits, which included displays of safety furniture and furnishings and flame-proof material, photographic and model displays, demonstration of fireguard manufacture, film shows, talks and a fashion display.

Most of the recognised publicity methods were used during the campaign with considerable success. Pamphlets, booklets, posters and stickers were widely distributed and articles or advertisements appeared regularly in the newspapers.

Two competitions were run during the campaign and these attracted a large number of excellent entries, the prizes being presented by prominent Edinburgh citizens.

Perhaps the best measure of the success of the campaign is the effect on the sale of fireguards and enquiries from local retailers indicated clearly that sales generally had increased as a result of the campaign. It is certainly the case that the demand for fireguards on loan under the scheme operated by the Home Safety Committee of the Edinburgh Accident Prevention Council is ever increasing. This scheme has been in operation for 8 years, and at the end of the year 2,500 fireguards were on loan to families with young children, or to aged or handicapped persons in the city.

During 1958 there were 17 deaths of children under 1 year from accidental asphyxia (8 from inhalation of vomited matter and 9 from overlaying). This, unfortunately, is the highest recorded figure from this cause in recent years, despite the constant propaganda directed to parents on the subject of accident prevention. The total number of deaths from accidents in the home showed an increase from the previous year, the largest individual increase being in deaths from gas poisoning, which account for 30 per cent. of the total. The number of non-fatal accidents is much lower than last year, but is still far too high and continues to be a challenge to public health workers.

Smoking and Lung Cancer

After considering a preliminary report by the Medical Research Council, the Government asked all local authorities to bring effectively to the notice of the public the opinion expressed in that report, "that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years is that a major part of it is caused by smoking tobacco, particularly heavy cigarette smoking."

The Health Committee gave urgent consideration to the difficulties involved in what would amount to a serious attack on a firmly-established social custom, and agreed to plans for a campaign in two phases, i.e. an initial intensive phase lasting three weeks, to be followed by a continuing campaign of unspecified duration. The Committee decided to use every possible means of publicity in a "Cigarette Cancer Campaign" to commence in January 1959.

In order to collect information about smoking habits, two surveys were organised in 1958, and they will be repeated after the campaign in 1959, in an attempt to get some indication of the measure of success achieved by a campaign of this nature. The first survey was a large-scale one on a selected section of the public and the other was confined to the pupils of certain secondary schools.

Chiropody Service

The Health Committee had under consideration during the year the provision of a chiropody service for elderly persons not in remunerative employment. Within the terms of Section 27 of the National Health Service (Scotland) Act, 1947, such a service could be established either directly by the Corporation or through the medium of a voluntary organisation.

Discussions were held with representatives of the Department of Health for Scotland and the South-Eastern Regional Hospital Board, and after reviewing the existing chiropody service in relation to the estimated unsatisfied need for chiropody in the city, the Health Committee recommended the institution of a new Corporation service to provide chiropody facilities for elderly persons not in remunerative employment, in cases where chiropodial treatment was recommended by the patient's doctor. The service would be on an experimental basis for a six months' period.

These proposals were approved by the Town Council and the Department of Health and were to be implemented early in 1959.

Radiation and Public Health

A special report on Radiation Hazards was submitted to the Health Committee during the year and the Committee agreed that a matter of such importance should be submitted to the Counties of Cities Association for detailed technical study and consideration. Amongst the recommendations in the report were the following :—

(1) That, although there are many safeguards at the present time, it would seem reasonable to have independent checks on radiation carried out by local health authorities. Therefore, as an additional safeguard of the public health and also to allay public disquiet, independent sampling of atmosphere, water, milk, sewage and other waste might be undertaken. The cost of apparatus would be heavy and the work entailed for any one local authority would not be sufficient to utilise either apparatus or staff, therefore, it might be that one central laboratory, adequately staffed and equipped, could serve all local authorities in Scotland.

(2) That there should be a requirement that all industrial and other users of radiation should register with the local authority so that it would be possible to know what sources are present in the area.

(3) That, as the radiation hazard will become of increasing importance as the years pass, educational courses should be instituted to make the various sections of local authority staff aware of the problem.

(4) It is apparent that knowledge on many aspects of the radiation problem is still inadequate and there is a great need for further research in many directions. For this reason the local authority should be prepared to place at the disposal of recognised research bodies all facilities to assist in the search for new knowledge.

Association of Sea and Air Port Health Authorities of the British Isles

The Association was formed as long ago as 1898 as the " Association of Port Health Authorities " and in 1946, to keep abreast with progress, the title was altered to incorporate " Air Port Health Authorities ". All the important port authorities in the British Isles are included in membership and Edinburgh has for years taken an active part in the deliberations of the Association.

It was indeed an honour to the city that the Chairman of the Health Committee in the earlier part of the year should be elected President of the Association and that the Annual Meeting of the Association should be held in Edinburgh on June 19th and 20th. Close on a hundred delegates, many with their ladies, came to the city for this occasion and a very full and interesting programme of events was arranged in conjunction with Stirling Port Health Authority.

The proceedings included papers on "Crew's Accommodation—A Half-Century of Progress" by Mr Alex. Wilson, Technical Director, Henry Robb Ltd., Leith; "Health Aspects of Modern Food Technology" by Sir Kenneth Cowan, Chief Medical Officer, Department of Health for Scotland; and "Port Health—from the Viewpoint of a Ship's Doctor" by Dr J. B. Maguire, late Principal Medical Officer, R.S.M. "*Queen Mary*". Delegates were taken on a cruise up the Firth of Forth, on a tour of Leith Docks and on a tour of industrial establishments in the Grangemouth area.

Vital Statistics

The Registrar General's estimate of the population in Edinburgh at June, 1958, on which the appropriate vital statistics for the city are calculated, was 467,410. This is 1,739 higher than last year's figure, thus arresting the downward trend of the last five years. The present estimate is 649 over the city population at the 1951 Census.

The proportion of persons over 65 years of age is now reckoned as 12·4 per cent of the population, compared with 4·4 per cent. in 1901. This steady change in the structure of the population is throwing an increased burden on the health and welfare services and is also shown by the fact that 69 per cent. of all deaths during the year were in the older sections of the population.

The general death rate was 12·9 per 1,000, a similar rate to that of the last five years. Heart disease, malignant disease and disease of the nervous system accounting for three-quarters (75·5 per cent.) of the deaths. Cancer of the lungs and bronchi was responsible for 296 or 4·9 per cent. of the total deaths, continuing the increase evident in recent years. Deaths from infectious disease numbered 16 as compared with 64 last year. Of these deaths 14 were from influenza, mostly in persons of advanced years and the other two were from cerebro-spinal fever in young children.

There were 7,864 births to Edinburgh citizens in 1958, of which 4,010 were males and 3,854 females. The birth rate, 16·8 per thousand of the population, maintained the increased rate of recent years. Illegitimate births numbered 369 or 4·7 per cent. of all live births (the lowest recorded rate), and stillbirths totalled 155 or 19 per 1,000 births, the same rate as the record low rate for the city recorded last year. There were four maternal deaths during the year, the ages of the women being 22, 25, 37 and 38. All these deaths were due to pulmonary embolism and therefore could be considered unavoidable.

The number of infant deaths was 193, only 2 deaths more than last year. This small increase, however, is just sufficient to raise the infant mortality rate from 24 to 25 per 1,000 live births. As in recent years, the majority of infant

deaths took place within a few days of birth. Thus, 113 or 59 per cent. occurred within the first week, 51 or 26 per cent. occurring during the first day of life. Prematurity, congenital anomalies and birth injury were the chief causes of infant deaths.

Care of Mothers and Young Children

The twenty-nine child welfare centres in the city had a very busy year. The totals of 12,223 children under five, with 78,853 attendances, represent increases by 20 per cent. and 15 per cent. respectively on last year's figures. This is, however, not a real increase in the number of children brought for supervision, but reflects rather the extension to child welfare centres of facilities for poliomyelitis vaccination. Nevertheless, all the children were offered advice and guidance by the medical officers and health visitors and it may be that mothers who have so far failed to do so will now be encouraged to take advantage of the facilities available for regular supervision of their young children. As in the past two years there is only one ante-natal clinic provided by the Corporation. Most of the 209 pregnant women who attended were booked for their confinements at the Elsie Inglis Maternity Hospital.

Compulsory notification of ophthalmia neonatorum was introduced in 1913 with the object of securing early detection and treatment of gonococcal ophthalmia among the newly-born and in this way preventing the impaired vision and, not infrequently, blindness which can result from this disease. For a considerable number of years now notifications have been decreasing, but 1958 is noteworthy as being the first year in which no intimations were received. Inflammation of the eyes of the newly-born, with discharge, can result from many conditions and, while it is recognised that the gonococcal type of the disease is now very uncommon, it is difficult to believe that all other cases have likewise been eliminated.

The Infant Feeding Centre at Portobello was again in operation during July and provided facilities for mothers and children spending the day on the beach. There were 343 attendances, 131 more than last year. The number of centres for the distribution of welfare foods remained at 37. The centre at Hopetoun Court, Fountainbridge, where the premises have never been satisfactory, was closed during the year, but a new centre was opened at Groathill School, distribution being undertaken by ladies of the Drylaw Community Association. With the single exception of Vitamin A and D tablets, the uptake of foods was considerably lower than in previous years. The reduction was particularly marked as regards orange juice concentrate and cod liver oil compound. Thus in 1958 only 225,415 bottles of orange juice and 32,664 of cod liver oil were given out as compared with 362,019 and 51,833 respectively in the previous year. The downward trend in the uptake of national dried milk which was noticed after the cost per tin was raised last year also continued.

Day and Residential Nurseries

The Health Committee continued to provide 14 day nurseries and 3 short-stay residential nurseries. The day nurseries, with 660 places, had an average of 693

children on the roll during 1958 and an average daily attendance of 77 per cent., figures similar to those of last year. Admission is strictly on a priority basis and of the children under care 97 per cent. came within the first two priority classes laid down by the Health Committee, the remaining 3 per cent. being children who attended for temporary care only. The 3 residential nurseries, with 60 places, had again a very active year, no less than 689 children being admitted during the temporary illness or incapacity of the mother or guardian. The hostel which provides residential accommodation for girls who come for training from areas outwith Edinburgh had again its full complement of 18 student nursery nurses. There are a number of private individuals who provide nursery care for young children for limited periods. All these must be registered either as "Child-Minders" when the accommodation is provided within the private individual's own home or as "Nurseries" when care is given in separate premises. Before registration is granted, careful investigation is made as to the suitability of premises and applicants, and frequent visits are paid thereafter by the Supervisor of Nurseries. At the end of the year there were in the city 10 registered Child-Minders and 3 registered Nurseries, the number of children cared for being 124 and 59 respectively. These received 27 visits of inspection during the year.

Health Visiting

There were at the end of the year, in addition to the Supervisor, Assistant Supervisor and Tutor for the Health Visitors' Training Course, 98 health visitors engaged in child welfare, school health service, tuberculosis prevention, medico-social work in connection with venereal disease prevention and many other duties including the care of the elderly, home accident prevention and special investigations. Apart from their work at the different centres, hospitals and clinics, health visitors undertook over 160,000 visits (excluding "waste" visits) to give advice and guidance in a variety of circumstances. Considering their heavy duties during the x-ray campaign, with poliomyelitis vaccination and in connection with special investigations, it is particularly praiseworthy that the health visitors should have been able to maintain their essential home visiting function at such a high level.

Further progress was made during the year with the integration of child welfare and school health duties in the same health visitor and there are now 18 health visitors engaged in combined work. It is hoped next year to extend this integration by including preventive work in connection with tuberculosis which has, up to the present, been carried out by a separate group of health visitors. Experience, so far, has shown that combined duties can be readily undertaken in the outer residential areas, but that in built-up parts of the city considerable administrative difficulties remain to be surmounted. An important venture during the year was the attendance of health visitors at the newly-opened psychiatric clinic at Niddrie Mains Farmhouse. This more direct association of the health visitor in the mental health field will be watched with keen interest because there seems little doubt that the health visitor has an important part to play in the care, after-care and prevention of mental disease. It is also pleasant

to record a further example of the increasing harmonious co-operation with general practice in the invitation for the attendance of health visitors at the ante-natal clinic run by a group of Leith doctors. The health visitors' training course which now covers a nine-month period of instruction, had its full complement of 30 students, and 29 were successful in obtaining the Health Visitor's Certificate of the Royal Sanitary Association of Scotland.

Miss G. S. H. Pike, who was Supervisor of Health Visitors for the past 11 years, retired on 6th September. She came to the post with a wide general nursing, midwifery and health visiting experience and was the first Supervisor to be appointed with general superintendence of health visitors in all sections of the department. Miss Pike, who was a member of a number of important committees during her term of office, always upheld the dignity and prestige of her chosen profession and gained the respect, confidence and affection of her staff. She has our best wishes for a long and happy period of retirement. She was succeeded by Miss I. T. Beattie, previously Assistant Supervisor, who with her wide experience and personal qualities takes up her new duties with the good wishes and confidence of all.

Domiciliary Midwifery

As in previous years domiciliary midwifery is undertaken by 15 full-time midwives directly employed by the Corporation and by agency arrangements with the Queen's Institute of District Nursing and the Simpson Memorial Maternity Hospital.

Home confinements amounted to 1,359, 24 less than in 1957, and represented 17.3 per cent. of total births to Edinburgh citizens. Corporation midwives attended 913 or 67 per cent. of all births at home; the Simpson Memorial Maternity Hospital midwives attended 244 and the Queen's Institute of District Nursing 138. Of the remaining 64 home confinements, 56 were undertaken by the staff of the Elsie Inglis Maternity Hospital, 3 by private maternity nurses, 4 by a medical practitioner only and the remaining birth was attended by neither doctor nor midwife.

The increased preference for trilene analgesia at home confinements is shown by the fact that of the 1,883 analgesics administered during births attended by Corporation midwives, trilene was used in no less than 1,039 instances, that is, more than half the total.

The extensions to the domiciliary midwifery centre at Southhouse Farmhouse were completed in 1958 giving additional accommodation for a midwife, pupil midwife and district nurse. The midwives of the domiciliary service took part in the National Survey on Perinatal Mortality organised by the National Birthday Trust Fund and a short summary of the results in Edinburgh of this survey are given in other pages of the report.

Home Nursing

The home nursing functions of the Corporation have continued to be satisfactorily undertaken on an agency basis by the Queen's Institute of District

Nursing, and it is right that tribute should again be paid to Miss Gilmour, the Superintendent, and her staff for the invaluable services they give in so many homes in the city. Nor is their service confined to nursing duties only for, with their regard for the general welfare of the patients and families they attend, they are able, either by themselves or with the assistance of other voluntary or statutory services, to bring much-needed help in a variety of situations and circumstances. The staff engaged in home nursing in 1958 included 59 trained nurses, (48 full-time and 11 part-time), and 21 nurses in training, with an administrative staff of 6. They paid 315,720 visits to 10,040 patients. The number of visits and patients helped was considerably more than last year. As has been the trend for some time, the proportion of elderly patients requiring nursing care continues to increase, no less than 196,557 visits being paid to 4,371 patients over 65 years of age. In contrast only 497 children under 15 required nursing attention during the year. The allocation of a second pool car for the use of the 5 male nurses at present employed has been a great advantage and, by cutting down travelling time, has allowed them to overtake the many and increased calls for their services.

Domestic Help

The Home Help Service had again a very active year, but was able to overtake the numerous calls for assistance. The authorised full-time establishment is 150 and at the end of the year 210 (44 full-time and 166 part-time) home helps were employed. This is 11 more than in 1957. The demands for assistance which increase year by year and the difficulties experienced in recruiting the right type of home help place a heavy load on the administrative staff and the fact that no needy case fails to receive assistance reflects great credit on the Supervisor and her assistants. The spontaneous tributes and letters of appreciation received throughout the year underline the value of this service given often in time of great need. By the end of 1958, 1,550 households had obtained the services of a home help, an increase of 154 on last year. The most numerous calls (1,113) were again in connection with general illness and to the elderly, but 125 maternity and 12 tuberculosis cases were given help. Evening and weekend service for older people living alone continued and the night-sitter service was requested for 4 seriously ill patients. The male home help appointed in 1957 has proved his worth in the care of a number of elderly men with chronic incapacitating disease. Towards the end of the year approval was given to the appointment within the existing establishment of 3 or 4 selected home helps to assist young mothers where difficulties were being experienced and where extra help was needed for a few months after confinement. The results of this new venture, which will be reviewed after six months' experience, will be awaited with interest.

Almoner

The increasing calls for advice and help which have been a feature of recent years emphasise the important part which the Almoner plays in the public health

team. This rapid and gratifying expansion of social work is a tribute to the Almoner's efficiency, resource and personality. Particulars of her valuable work are detailed in other pages of this report and should be studied in full. The description given of the changing conception of an Almoner's sphere of work in the field and the greater emphasis nowadays on social case work makes particularly interesting reading. The report also demonstrates clearly the growing awareness by family doctors of the invaluable part the Almoner can play in resolving the many medico-social problems which arise in medical practice. Thus, of the 464 referrals during the year, no less than 202 came from medical practitioners. Requests for help in the remaining instances came from numerous sources, but by far the greatest number were from the Almoner's colleagues in the health visiting service. It is worth noting, moreover, that 74 individuals made a direct approach for assistance, an interesting and significant trend.

School Health Service

The report of the Chief Executive School Medical Officer emphasises the care taken to safeguard the health and welfare of the 63,224 children attending the 146 local authority schools. Although heavily engaged in the city-wide mass x-ray campaign and with the protection of school children against poliomyelitis, the report brings out the many and varied duties undertaken by the staff during the year. Indeed, despite heavy routine commitments, new schemes were initiated and research was undertaken in a number of different fields. The whole report merits careful study, but a few of the more outstanding features deserve special mention.

Tuberculin testing of 13-year-old children, followed where necessary by B.C.G. vaccination, has been a routine measure since 1954 and the proportion who have given a positive reaction to the test, indicating previous exposure to tuberculous infection, is shown below :—

<i>Year</i>	<i>No. of children tested</i>					<i>Percentage with Positive Reaction</i>
1954	3,807	...	...	30.5
1955	3,732	...	...	24.3
1956	4,124	...	...	20.1
1957	4,701	...	...	18.8
1958	5,067	...	...	16.7

This steady downward trend over the five-year period is very encouraging because it points to a continued decline in the amount of tuberculous infection in the community.

Last year tuberculin testing was introduced to 870 five-year-old children in 15 schools and to 245 pupils aged 9 years, not only as a case-finding procedure but to give information on the age-groups at which evidence of previous infection is most commonly found. Of those tested, one 5-year-old child was found to have active disease and two in the 9-year-old group required observation. It is of interest that the percentage of positive reactors rose from 0.8 per cent. in the

5-year-old group to 6 per cent. among those aged 9 years, proportions which however, compare favourably with the 17 per cent. found in children approaching school leaving age. Extension of tuberculin testing to pupils in the intervening years, which it is hoped to commence next year, should give a more complete picture of the position.

Following the pilot scheme mentioned in last year's report, vision testing is now being undertaken as a routine procedure at the age of 5 years instead of being deferred, as was the previous practice, until 7 years. The value of this earlier examination is shown by the fact that 86 (2.3 per cent. of those examined) were found by the ophthalmologist to require spectacles.

Another interesting investigation mentioned in the report was the screening of 9-year-old pupils by health visitors, followed by complete medical examination of those found unsatisfactory. The findings of this inspection were compared with those obtained by the usual medical examination. The object was to find out whether a health visitor inspection could be introduced without detriment to the school children and dispense with the routine 9-year-old medical inspection.

Unfortunately, for a number of reasons, it was not possible to stage completely comparable conditions and the results were, therefore, inconclusive. It is of interest, however, that in only three instances, all ear conditions, can it be said with certainty that the health visitors failed to bring to light important defects, and it should be remembered that they did not have the benefit of the presence of the parent.

The Chief Executive School Medical Officer mentions the high incidence of infectious disease, in particular influenza, during the year and draws attention to outbreaks in two schools of infective hepatitis, an infectious disease previously only met with sporadically in the school population.

Finally, it is noteworthy that the incidence of scabies, which has been increasing during the past years, showed a further rise, no less than 218 children requiring treatment as compared with 170 in the previous year.

Dental Services

The number of dentists employed rose to 18, with the recruitment of an additional two dental officers during the year. This is a welcome improvement, but the staff is still insufficient to give adequate dental care to the school population, to pre-school children and to expectant and nursing mothers. Indeed, although the aim should be an annual inspection of school pupils, it is only possible with the present staff to undertake examination at approximately 2-yearly intervals. Nevertheless, the dental services had a successful year, and it is particularly pleasing to record a substantial increase in conservative work. Attendances of school children were 45,190, an increase of 4,132 on last year, and there were 1,569 more fillings. There were also more pre-school children under care, 1,124 being examined as compared with 1,020 in 1957. There was, however, a slight fall in the number of expectant and nursing mothers dealt with, a fact which demonstrates the need for continued education of mothers in the benefits of dental care during pregnancy and the nursing period. The Senior Dental Officer

again gives warning of the rising rate in dental decay in the community, and emphasises the necessity, if this problem is to be overcome, of greater attention to preventive measures, especially by all those responsible for the care and upbringing of children. Two newly-equipped surgeries were opened at Hyvots Bank Primary School and at the South Fort Street Centre and both have been well attended.

Health Education

This year the Senior Medical Officer for Research and Health Education gives a very complete and detailed report of the publicity arrangements which were undertaken in connection with the X-ray Campaign. It is right that this full account should be given, not only because the campaign was an outstanding event in the history of public health in the city, but because so many people and so many different interests co-operated so wholeheartedly in its success. A detailed permanent record should be available for those who follow in the years to come. The report also gives preliminary information on another health education venture—the Cigarette Cancer Campaign—which it is intended to launch next year with the object of bringing effectively to the notice of the public the dangers of smoking, particularly in relation to cancer of the lung. Despite these heavy programmes with the vast amount of thought, discussion and organisation entailed, no less than 191 meetings of clubs, guilds and other associations were arranged during the year.

Immunisation and Vaccination

One of the most significant public health events of recent years has been the introduction of an effective and safe vaccine for the prevention of poliomyelitis, and the possibility that by this means a dreaded disease may ultimately disappear stirs the imagination. The poliomyelitis vaccination scheme which was launched in 1956 has been a welcome new service and no effort has been spared to make it a success. The scheme now covers not only pre-school and school children, but expectant mothers, medical, nursing, public health and hospital staffs and, more recently, young persons up to the age of 25 years. Furthermore, a third reinforcing injection is now recommended 7 months after the primary vaccination. The protective procedure itself is simple, but because of the numbers involved, the choice of American or British vaccine, the unavoidable irregularity of supplies and the many requests for deferment of appointments, the organisation of the scheme has not been without difficulty. At the end of the year 51,178 children of school age and under had completed the first course and 7,449 had in addition received a reinforcing injection. Altogether it is estimated that two-thirds of this younger group of the population have come forward for protection. The response by expectant mothers was less satisfactory, only 875, a small proportion of the potential, had taken advantage of the protection offered. Vaccinations were carried out for the first few months of the year at the centre at 221 High Street only, but later facilities were made available at all

child welfare centres and most school children were protected in school. General practitioners have given invaluable co-operation and have been responsible for more than 30 per cent. of all completed primary vaccinations.

This year the Department of Health have requested information on the number of children under 15 in the city vaccinated against whooping cough. Details are given in the appropriate section of the report, but the summarised position is that 4,988 children under 15 years have been protected during the year either by pertussis vaccine alone or in combination with diphtheria and tetanus, and 117 had received an additional reinforcing injection.

It is now three years since a case of diphtheria was notified in Edinburgh, a dramatic change in the disease which was once a common occurrence and which caused many deaths. This is another triumph of preventive medicine. If diphtheria is to be kept in control, however, adequate protection by immunisation must be maintained in the population. Last year, according to information available in the department, 6,681 children received primary immunisation against diphtheria and 7,413 reinforcing inoculations were given, mostly to children at school. Primary vaccination against smallpox numbered 6,245, while 2,233 re-vaccinations were performed during the year.

Infectious Diseases

Although the infectious diseases are seldom a serious public health problem nowadays, nevertheless a constant state of alertness has to be maintained. The occasional occurrence of smallpox in this country serves as a sharp reminder that control measures must be ready to go into action at a moment's notice. Recent events in Liverpool and on the Continent of Europe could well have arisen in our own city in this age of jet travel where we in Britain are so closely linked with those endemic centres of smallpox which still exist in India and the Far East.

We were fortunate in 1958 to escape any visitation of infectious disease from overseas, particularly when confident forecasts had been made of a return of the Asian 'flu of 1957. Thus, with no major outbreaks, the most common infections were measles, 1,753 notifications, and dysentery, 1,041 notifications, out of a total of 4,899 cases of infectious disease notified. The measles notifications represent first cases under the age of 5 years occurring in families, while the majority of dysentery cases reported also occurred in children under the age of 5 years. This age group is the most vulnerable to both these infections and it is, therefore, all the more unfortunate that so little is known of their epidemiology other than that they pass from person to person each in their own way almost as readily as does the common cold.

The value of early notification in controlling the spread of food poisoning is well brought out by the outbreak caused by certified milk infected with *salmonella typhi-murium*. As a result of information received from the University Bacteriological Laboratory the first four cases were investigated early in the outbreak and the creamery responsible was pin-pointed so rapidly that control measures, instituted immediately, quickly prevented further danger to consumers. Again, in August, alacrity in recognising the association between seven apparently

sporadic cases of salmonella typhi-murium led to a bakery whose products, after preparation, were exposed to infection brought in in raw egg material. This contamination could not, of course, have occurred had adequate hand-washing during food preparation been insisted upon. Other food poisoning incidents which occurred again showed that, to prevent the dangers of infection, meat must not be cooked in large pieces, meat dishes should not be reheated and, after cooking, meat products should not be left to cool slowly.

Despite an increase from 7 in 1957 to 20 in the year under review, the incidence of poliomyelitis was low compared to the period 1948 to 1957 when 38 cases per year was the average. At the same time only 12 of the 1958 cases contracted their infection in the city, which inspires the belief that the prevalence of poliomyelitis virus amongst the community in Edinburgh has been particularly low during the past two years. It is too early as yet to attribute the decline in the incidence of infection to the vaccination campaign but there is no doubt that, as has been proved with diphtheria, the greater the number of protected persons in the community the lower is the risk of the infection occurring.

Bacteriological Services

Professor Robert Cruickshank of the University Department of Bacteriology has again given a most informative account of the work carried out by his staff for the Corporation and general practitioners in the city. His report brings out clearly the volume and variety of laboratory work undertaken during the year and, in gratefully acknowledging this valuable service, it is a pleasure also to express thanks for the help and guidance given by the staff of the Bacteriological Department in many different ways. The number of examinations in 1958 was 21,428, an increase of 2,214 on last year and due mainly to the greater number of specimens submitted for diarrhoeal conditions. The number of specimens which established a diagnosis of sonne dysentery was a record, but there were fewer specimens in which the salmonella group of food poisonings were found.

An interesting summary of the survey of influenza antibodies in a cross section of the population showed that protection against Asian influenza was highest amongst older school children and lowest amongst young adults.

Venereal Diseases

Dr Robert Lees, Physician-in-Charge of the Venereal Diseases Department at the Royal Infirmary, has given a most interesting and informative review of the venereal disease position in Edinburgh, and his valuable contribution to the annual report is gratefully acknowledged.

The number of cases of syphilis showed a further decrease in 1958 and most cases were diagnosed in the late stages of the disease. Thus, of the 65 patients treated, 44 were in this late stage. The decline in early syphilis is particularly gratifying. There were only 4 patients dealt with during the year, the lowest number so far recorded in Edinburgh and, with a single exception, all were infected outside the city. There were, however, 17 patients with the congenital

form of the disease. At first glance this would be a disquieting situation, but 15 were adults and only one was under 1 year of age.

The number of cases of gonorrhoea, especially in males, showed a considerable increase on previous years. This upward trend in incidence is not confined to Edinburgh but is a country-wide experience. Dr Lees points out that there is an undetected reservoir of infection in the population of undetected or uncured sources of gonorrhoea. He mentions the growing evidence that the disease is becoming partially resistant to the usual drug treatment and underlines the need "to convey to the public that a sense of security regarding gonorrhoea is ill-founded."

The report contains interesting sociological information regarding the patients who attended with venereal disease and it is particularly disquieting to find that so many girls in adolescent years were infected with gonorrhoea.

One of the health visitors of the Public Health Department continues to be seconded for work in connection with the prevention of venereal disease and gives valuable assistance in tracing sources of infection, securing examination of contacts, persuading patients to attend until cure has been completed and in relieving difficulties which might prevent continued attendance for treatment.

Mental Health Services

Reference was made in last year's annual report to the important developments in the Mental Health Services which had commenced or which were under consideration. This has been another active year and the progress made is detailed in the report by the Senior Medical Officer for the Mental Health Services. A few matters, however, may be selected for special mention.

The technical working party, with medical representatives from the hospital, general practice and public health fields, has held many meetings to consider co-ordinated development of the services for the mentally-ill and handicapped in the city. A report will be submitted next year, but it can be claimed that these meetings, by enabling frank discussions from different viewpoints on an important but complex problem, have already served a most useful purpose.

The short-stay residential unit for mentally-handicapped children at Willowbrae House continued its useful service and admitted 45 children, some on more than one occasion, for an average stay of 20 days. An out-patient psychiatric clinic, staffed from Rosslynlee Mental Hospital, has been established at Niddrie Farmhouse to provide diagnostic treatment and follow-up facilities. Health visitors attend the clinic and the close association of the hospital with general practitioners and public health staff provides the nucleus of a comprehensive community and after-care service for patients in the Niddrie area. Another important development was the establishment of a centre at the Pleasance Trust for children with severe mental handicap, often accompanied by physical disability, who have so far been house-bound or regarded as untrainable. The children are brought daily, and besides giving much-needed relief to parents, the centre provides simple training to enable the children to develop their full potential. There are now 12 children between 5 and 12 years of age who attend regularly.

There is still an acute shortage of institutional beds for the mentally-handicapped. An assessment panel was set up during the year by the Regional Hospital Board, composed of representatives of the Board, the Regional Advisor in Psychiatry, the Consultant-Physician for Mental Deficiency and two Medical Officers of Health, to review from time to time the list of patients awaiting in-patient care in the South-Eastern region and to assess the relative urgency of their admission. It is too early to judge the value of this new body, but the fact that at the end of the year 108 Edinburgh patients were awaiting admission, of whom 21 were regarded as urgent, underlines the importance of the situation.

Finally, consideration was given by the Health Committee to the provision of a hostel for high-grade mentally-handicapped males. Such a hostel it is believed would assist the discharge from hospital of patients capable of remunerative employment and in this way set free beds which are urgently required. It would also provide accommodation for patients in the community living under unsatisfactory home conditions. Accommodation for such a project is available at Eversley House and discussions have taken place with the Regional Hospital Board with a view to co-operative action. It is hoped that satisfactory arrangements will be completed, but at the present time the matter awaits the approval of the Secretary of State for Scotland.

Sanitary and Veterinary Services

The reports by the Chief Sanitary Inspector and the Veterinary Inspector set out in detail the many and varied duties undertaken by their departments in safeguarding the health of the community and should be read in full. A few of the more important features, however, deserve emphasis.

An outstanding event during the year was the confirmation by the Secretary of State of the Edinburgh (Sighthill No. 1) Smoke Control Area Order, 1958. Edinburgh can indeed take justifiable pride in the fact that this is the first Smoke Control Area to be confirmed in Scotland. It comes into operation on 1st January of next year and includes just over 1,000 houses. This is, however, only a first step and much effort will be needed before the aim of cleaner air over the city which all desire, reaches fulfilment. Already preliminary surveys are in progress for other Smoke Control Areas, but this is a time-consuming and exacting task. Many visits must be paid by the present sanitary staff to obtain information on the work necessary to adapt or replace existing fireplaces and to assess the costs involved and the amount of smokeless fuel which will be required when the areas come under control. If rapid progress is to be made, therefore, additional staff will be needed.

The year was also noteworthy for a further and significant attack on insanitary houses in the city. The Corporation resolved during the year to make Clearance Orders for the areas at Greenside and Carnegie Street, which include 675 very unsatisfactory houses. Confirmation by the Secretary of State is awaited. In addition, Closing or Demolition Orders were made on 114 individual properties.

The Chief Sanitary Inspector in his report mentions the satisfactory advances which have been made in food handling by the persuasive and advisory efforts of

the staff and despite the inadequate powers of enforcement at present available. It is anticipated that the long-awaited Food Hygiene Regulations which will give added impetus to the campaign for cleaner food handling, will be issued in the near future.

The report of the Veterinary Inspector brings into relief the part played by the department in the supervision of food supplies and in the control of diseases of animals. Some indication of the work entailed is shown by the fact that the staff, in addition to their many other duties, inspected no less than 277,329 carcasses and paid over 12,000 visits to food shops and other premises during the year. An interesting account is given of the change which has taken place since registration of dairies came into operation 33 years ago. Whereas in 1925 there were 15 byres for over 4,000 cows within the city boundaries, this year the number has fallen to 13, with approximately 450 animals. Economic circumstances, the needs of housing and the closure by the local authority of unsatisfactory premises have been the main factors in bringing about this change.

The Veterinary Inspector also includes in his report an interesting graph which demonstrates the striking reduction which has taken place over the past years in the amount of meat requiring condemnation for tuberculosis. The remarkable progress in freeing cattle from this disease is shown by the fact that more than 97 per cent. of all cattle in Scotland are now in attested herds.

Voluntary Associations

Acknowledgement is again made of the valuable services given to the Corporation by voluntary associations and workers in the city.

The Voluntary Health Workers' Association had another successful year. The number of toddlers playgrounds administered remained at 22, with a roll of 110 children and a high average attendance of 74 per cent. This year was the 25th anniversary of the founding of the Association which has since its earliest days retained strong and close links with the Public Health Department. A bazaar to mark the occasion was held in the City Chambers on the 22nd November and was presided over by the Lord Provost. The Voluntary Health Workers' Association has played a most important part in the care of young children in Edinburgh and the city owes a deep debt of gratitude to the many workers who have given so much thought and time to this work. Particular reference should be made to the services of Dr Margaret M. Brotherston who retired at the end of the year as Organising Secretary and Treasurer, an office she has held for the past 23 years. Dr Brotherston's fine personality and great organising abilities have been of inestimable value to the Association and to the community. It is good to know that as a member of the Executive Committee she will still be available to give advice and guidance from her long experience.

The Scottish Association for the Adoption of Children which has also worked in close and harmonious association with the child welfare service completed its 25th year during which it has arranged no less than 1,823 adoptions. The number of children placed for adoption last year was 33, the same figure as for the past two years, which shows that ample worthwhile work still remains for the Society.

The Edinburgh Mental Welfare Association continued its important work in the visitation and supervision of children who have left special schools and in the provision of clubs, occupation centres and holidays for mentally-handicapped persons. The Senior Occupation Centre at Lauriston Place with its sewing and laundering classes now accommodates 33 girls, 14 of whom attend full-time. The Senior Occupation Centre for males was transferred from Fountainbridge to larger and more suitable premises at Slateford. It has been possible to increase the number received and there are now 33 men who attend on a part-time basis. This is an important achievement and is due in no small measure to the inspiration and drive of Mrs I. C. Bruce, Chairman and Mrs C. D. Kerr, Secretary of the Association.

The Home Safety Committee of the Edinburgh Accident Prevention Council under the able leadership of its Chairman, Mrs M. W. Keddie, had another active year in the prevention of domestic accidents. The Committee continues to administer the fireguard loan scheme, details of which are given in the appropriate section of the annual report, and addressed many meetings to spread knowledge on the causes, effects and prevention of the all too many tragedies in the home. The Committee also co-operated in the very successful Home Accident Exhibition held during the year.

The Infantile Paralysis Fellowship continued its excellent work in the after-care and welfare of those handicapped by poliomyelitis. Warrender Baths were again made available by the Corporation and the additional cost of heating, which is so essential, was borne by the Health Committee. For the past six years the class has been held chiefly for child swimmers, but now many adult swimmers take part.

Finally, tribute is once again paid to the Women's Voluntary Service and to other workers who gave so much of their time in the distribution of welfare food throughout the year. Some measure of the debt which the city owes to these public-spirited ladies is shown by the fact that no less than 21 of the 37 centres were fully or partially staffed by voluntary helpers.

Research

Mention has already been made of the assistance given by the domiciliary midwives and the child welfare staff in the National Survey of Perinatal Mortality under the National Birthday Trust Fund and of the association of the health visitors in the survey of staphylococcal infections which is being undertaken by a committee of the Medical Research Council for Research in General Practice. The health visitors also took part in a number of other investigations, in particular that on accident prevention organised by the Department of Public Health and Social Medicine and which was completed during the year. It is pleasing to report that members of the staff were able to publish in 1958 the results of original work. Thus, Dr W. N. Boog Watson undertook two enquiries "X-ray Examination of School Teachers in Edinburgh" published in *Public Health*, November 1958 and "Scabies" published in *The Medical Officer*, November 1958. Dr J. Thomson, in collaboration with Dr E. A. Harris, published the results of

investigation into "The Pulmonary Ventilation and Heart Rate during Exercise in Healthy Old Age"—*Clinical Science*, May 1958, and with Dr F. M. Martin and Miss Ann Cartwright of the Usher Institute he carried out an important enquiry "Public Opinion Concerning Tuberculosis." Mr John Norval with Dr J. G. Houghlan of the University Bacteriology Department published "Leptospirosis in Pigs" in the *Veterinary Record*. Two articles, "A Century of Progress in Public Health and Social Medicine" and "Healthy Ventilation and Heat", were contributed by myself to *The Scotsman* Supplement during the year and I read a paper "How Health Authorities can promote Accident Prevention" at a W.H.O. Seminar on the prevention of accidents in childhood, held at Spa, Belgium, in July of the year.

It is particularly pleasing to report that Miss M. K. Chisholm, now Assistant Supervisor of Health Visitors, was this year's B.M.A. prize-winner with her paper "The Public Health Nurse's Contribution to Family Life."

Finally, it cannot be over-emphasised that the "Report on the Edinburgh X-ray Campaign, 1958" published in *Tubercle*, December 1958 and which is reprinted in this report, is the work of the great many members of the department who undertook such an essential part in the success of the Campaign. The part they played is duly acknowledged in the report, but, as it was impossible to include all their names on the title page, my name appears but as their representative only.

Acknowledgements

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 the public health. I would also offer sincere thanks to the Heads of all the Departments and to all members of the staff of the Health Department for their loyal service and support during the year.

To the Press of Edinburgh I would convey my appreciation for their great assistance and 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.

CITY AND ROYAL BURGH OF EDINBURGH.

Members of the Health Committee, 1958-59.

Councillor GEORGE HEDDERWICK, *Chairman*.

Bailie WILLIAM MONCUR.

Bailie MAGNUS J. WILLIAMSON.

Councillor JOHN CORMACK.

Councillor WILLIAM DRUMMOND.

Councillor Mrs CATHERINA T. NEALON.

Councillor JOHN KANE.

Councillor NORMAN SMITH.

Councillor MURDO R. M. MACKENZIE.

Councillor GEORGE GIBSON.*

Councillor JOSEPH MACKAILL.

Councillor J. G. MORE-NESBITT.

Councillor MELVILLE DINWIDDIE.

Councillor LADY MORTON.

Councillor ALEXANDER BRYCE.†

Councillor JAMES SLACK.

• Convener of Medical Health Services Sub-Committee.

† Convener of General Health Services Sub-Committee.

PUBLIC HEALTH DEPARTMENT.

Health Services Staff, 1958.

<i>Medical Officer of Health</i>	...	...	...	...	Dr H. E. SEILER.
<i>Depute Medical Officer of Health</i>	...	...	...	...	Dr J. L. GILLORAN.
<i>Principal Medical Officer of Health</i>	...	...	...	...	Dr H. P. TAIT.
<i>Senior Medical Officer for Research and Health Education.</i>					Dr J. G. THOMSON.
<i>Senior Medical Officer for Tuberculosis and Infectious Diseases.</i>					Dr J. M. MAIR.
<i>Assistant Medical Officer for Tuberculosis and Infectious Diseases.</i>					Dr I. F. CRAIK.
<i>Senior Medical Officer for Mental Health Services</i>	...				Dr K. W. MATHESON.
<i>Assistant Medical Officer for Welfare Services</i>	...				Dr G. I. FORBES.
<i>Senior Assistant Medical Officer for Child Welfare Service.</i>					Dr M. E. STURROCK.
<i>Assistant Medical Officers</i>	...	...	...	...	Dr R. E. GRAHAM-YOOLL. Dr W. N. HOOD. Dr M. S. B. LANGTON. Dr A. S. LINDSAY. Dr N. MARSHALL. Dr J. C. M. SHARP Dr G. W. SIMPSON.
<i>Administrative Officer</i>	...	...	...	...	Mr W. A. B. VALENTINE.
<i>Administrative Assistants</i>	...	...	...	...	Mr. J. J. FLETCHER. Mr. W. M. GRANT. Mr. T. F. RICHARDSON.
<i>Supervisor of Health Visitors</i>	...	...	...	...	Miss I. T. BEATTIE.
<i>Supervisor of Midwives</i>	...	...	...	...	Miss C. A. MATHESON.
<i>Supervisor of Nurseries</i>	...	...	...	...	Miss H. M. W. SWANSTON.
<i>Supervisor of Home Helps</i>	...	...	...	...	Miss M. A. McALPINE.
<i>Almoner</i>	...	...	...	...	Miss A. C. M. MACCALLUM.
<i>Psychiatric Social Worker</i>	...	...	...	...	Miss D. TREW.

Sanitary Service.

<i>Chief Sanitary Inspector</i>	...	...	...	...	Mr JAMES ROBERTSON.
<i>Depute Chief Sanitary Inspector</i>	...	...	...	...	Mr W. J. OSBORNE.
<i>Chief Assistant Sanitary Inspector</i>	...	...	...	...	Mr R. DUNBAR.

Veterinary Service.

<i>Veterinary Inspector</i>	...	...	...	...	Mr JOHN NORVAL.
<i>Assistant Veterinary Inspector</i>	...	...	...	...	Mr WALTER FORREST.

School Health Service.

<i>Chief Executive School Medical Officer</i>	...	...	...	...	...	Dr W. N. BOOG WATSON.
<i>Senior Assistant Medical Officers</i>	...	...	...	...	...	Dr ELIZABETH H. NIMMO. Dr JESSIE R. WILSON.
<i>Assistant Medical Officers</i>	...	...	...	...	...	Dr ANNE ANDERSON. Dr MARGARET E. CHAPMAN. Dr CONSTANCE F. DRYSDALE. Dr ROBERT P. JACK. Dr DOUGLAS MURRAY. Dr P. E. F. ROUTLEY. Dr JEAN C. WILLISON.
<i>Chief Dental Officer</i>	...	...	...	...	...	Mr GEOFFREY MOODY.
<i>Assistant Dental Officers</i>	...	...	...	...	...	Mr J. ALLEN. Miss JOAN L. GARDNER. Mrs WANDA Z. GOLABEK. Miss S. S. GRANDISON. Dr DAVID HARDY. Mr ALEXANDER HARVEY. Miss R. A. JACOB. Miss J. R. KILGOUR. Mr. J. D. MENZIES. Miss M. MILLER. Miss K. E. J. MUIR. Mr K. St. C. McPHAIL. Mr JOHN L. ROBERTSON. Mr B. C. TOMLINSON. Mrs M. T. WEBSTER. Mr W. A. WISHART. Miss E. E. W. VICKERS.
<i>Physiotherapist</i>	...	...	...	...	...	Mrs CHRISTINA M. RUTLEDGE
<i>Chiropodist</i>	...	...	...	...	...	Miss BRENDA GORDON.

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1954, 1955, 1956, 1957 and 1958.

	1954	1955	1956	1957	1958
Population at Mid-Year ...	469,297	467,889	466,889	465,671	467,410
Area of City—Acres ...	34,064	34,064	33,705	33,705	33,705
Density of Population— Persons per acre ...	13·8	13·7	13·9	13·8	13·9
Inhabited Houses ...	145,354	146,565	148,773	149,959	151,218
Marriages Registered ...	4,347	4,517	4,492	4,326	4,283
Birth-Rate ...	15·5	15·2	16·0	16·9	16·8
Death-Rate ...	12·9	12·9	13·0	12·9	12·9
Infant Mortality Rate (per 1,000 Live Births) ...	25	25	24	24	25
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	19	18	18	17	17
Still-Birth Rate (per 1,000 Total Births) ...	21	24	23	19	19
Maternal Mortality Rate (per 1,000 Total Births) ...	0·1	0·3	0·5	0·2	0·5
Cancer Death-Rate ...	2·4	2·5	2·6	2·6	2·5
Pulmonary Tuberculosis Death-Rate ...	0·19	0·10	0·09	0·07	0·06
Epidemic Diseases Death- Rate ...	0·06	0·04	0·08	0·14	0·03

* 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 1958 has been estimated by the Registrar General as 467,410. This figure, which represents an increase of 1,739 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 census years—1901, 1921, 1931 and 1951, and for the year 1958 :—

Age Distribution of Population

Age Groups	1901	1921	1931	1951	1958
	Per Cent.	Per Cent.	Per Cent.	Per Cent.	Per Cent.
Under 1 Year	2.1	1.9	1.5	1.5	1.6
1- 5 Years	7.8	5.8	5.9	6.9	6.1
5-15 „	20.8	17.7	15.2	13.3	14.8
15-25 „	21.4	18.8	18.4	13.5	12.4
25-45 „	28.6	29.3	29.1	28.9	26.8
45-65 „	14.9	20.3	22.2	24.5	25.9
65 and over	4.4	6.2	7.7	11.4	12.4
	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 1958 was 151,218, which is an increase of 1,259 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 10,083 live births registered in the city. From this total, 2,295, which took place in maternity hospitals and nursing homes to parents whose domicile was outwith the city, were deducted, and 1,000 births to Edinburgh citizens residing temporarily in other parts of Scotland were added. The corrected births thus numbered 7,864 (4,010 males and 3,854 females).

The birth-rate for the year was 16.8 per thousand of the population. The number of illegitimate births, 369, was 4.7 per cent. of the total births. There were 155 still-births registered, representing a still-birth rate of 19 per thousand total births (live and still).

Deaths.—The total number of deaths registered during the year was 6,000 (2,925 males and 3,098 females), equivalent to a death-rate of 12.9 per thousand.

of the population. Of the total deaths, 4,133 (or 69 per cent.) were persons over sixty-five years of age. The principal causes of death for 1956, 1957 and 1958 are set out in the following table :—

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

CAUSE OF DEATH	1956		1957		1958	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease	2,147	460	2,062	443	2,147	459
Other Diseases of Circulatory System	244	52	194	42	221	47
Malignant Diseases	1,195	256	1,211	260	1,159	248
Diseases of Nervous System	1,008	216	1,005	216	1,019	218
Pneumonia (all forms) ...	195	42	222	48	215	46
Bronchitis	192	41	227	49	191	41
Tuberculosis (Respiratory)...	42	9	34	7	29	6
„ (other forms)	8	2	3	1	6	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 16, of which 14 were due to influenza. Figures for the last five years are set out in the following table :—

Deaths from Principal Epidemic Diseases.

	1954	1955	1956	1957	1958
Measles	1	...	3	1	...
Whooping-Cough	3	...	2	1	...
Diphtheria ... ..	...	...	...	...	...
Cerebro-spinal Fever ...	5	4	2	4	2
Influenza	18	13	31	58	14
Diarrhoea and Enteritis ...	7	8	2	2	...
(under 2 years)					
Total ...	34	25	40	66	16

The causes of death of children under five years of age are dealt with in greater detail in the report on the Maternity and Child Welfare Service on page 40.

Marriages.—The number of marriages registered — 4,283 — was 43 less than in the previous year. The rate of 9·2 per thousand of the population was for the tenth successive year lower than the average rate (9·9) for the five years before the war.

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	...	...	...	2	1	4	4	5	2	19
2. „ —Other Forms ...	...	1	...	...	...	1	...	...	...	...	1	3
3. Syphilis and its Sequelæ ...	...	...	...	...	...	...	...	2	1	3	...	6
4. Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...
6. Meningococcal Infections ...	1	1	...	...	...	...	...	...	...	...	...	2
7. Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...
8. Other Infectious and Parasitic Diseases ...	...	1	...	...	...	...	1	1	3	...	1	7
9. Malignant Neoplasms ...	...	2	2	...	4	5	20	69	183	194	146	625
10. Benign and Unspecified Neoplasms ...	...	...	...	...	...	...	...	2	...	...	...	2
11. Diabetes Mellitus ...	...	...	...	...	...	...	...	6	1	6	6	19
12. Anaemias ...	...	...	...	...	...	...	...	...	...	1	2	3
13. Vascular Lesions affecting Central Nervous System.	...	...	...	1	...	1	6	18	55	110	186	377
14. Other Diseases of Nervous System ...	...	...	...	...	...	1	5	7	11	11	5	40
15. Rheumatic Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
16. Chronic Rheumatic Heart Disease ...	...	...	...	...	...	...	1	6	6	4	4	21
17. Arteriosclerotic and Degenerative Heart Disease.	...	...	...	...	...	6	22	86	201	263	312	890
18. Other Diseases of Heart ...	...	...	...	...	...	1	...	3	3	7	13	27
19. Other Circulatory Diseases ...	...	...	...	...	...	...	3	7	14	49	81	154
20. Influenza ...	...	...	...	...	...	...	...	4	1	3	1	9
21. Pneumonia ...	6	2	...	...	1	2	...	7	13	31	42	104
22. Bronchitis ...	1	1	...	...	...	...	1	13	45	40	32	133
23. Other Respiratory Diseases ...	2	...	...	...	...	3	2	2	5	12	4	30
24. Ulcer of Stomach and Duodenum ...	...	...	...	...	...	...	1	4	8	12	11	36
25. Appendicitis ...	...	...	...	...	...	...	1	...	3	1	...	5
26. Intestinal Obstruction and Hernia ...	1	...	...	...	...	1	...	...	2	6	7	17
27. Other Digestive Diseases ...	3	...	...	...	2	...	4	5	9	14	13	50
28. Nephritis and Nephrosis ...	...	...	...	...	2	...	1	5	1	4	5	18
29. Other Diseases of Genito-Urinary System	2	...	...	...	...	...	1	...	3	13	33	52
30. Puerperal Causes ...	...	...	...	...	...	...	...	...	...	...	...	...
31. Diseases of Skin and Organs of Locomotion.	...	...	...	...	...	...	...	...	2	1	1	4
32. Congenital Malformations ...	30	...	1	...	...	1	...	1	2	...	...	35
33. Diseases of Early Infancy ...	63	...	...	...	...	...	...	...	...	...	...	63
34. Senility ...	...	...	...	...	...	...	...	...	...	1	11	12
35. Violence ...	7	1	4	2	8	12	20	19	20	18	34	145
36. All other causes ...	1	...	...	...	1	1	...	3	4	5	2	17
TOTALS ...	117	10	7	3	18	37	90	274	600	814	955	2,920

EDINBURGH.

in Sex and Age Groups
of the Population.

CAUSE OF DEATH	FEMALES											Total Fe- males	Total both Sexes	Rate per 1000 Pop.
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+			
1. Tuberculosis of Respira- tory System.	...	...	...	...	...	4	2	1	...	1	2	10	29	0.06
2. " —Other Forms ...	...	...	...	...	...	...	...	...	1	2	...	3	6	0.01
3. Syphilis and its Sequelæ	...	...	...	...	...	...	...	...	...	2	...	2	8	0.02
4. Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6. Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	2	0.01
7. Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8. Other Infectious and Parasitic Diseases.	1	...	...	...	...	...	2	1	2	2	1	9	16	0.03
9. Malignant Neoplasms ...	...	...	...	...	3	2	29	71	101	149	179	534	1,159	2.48
10. Benign and Unspecified Neoplasms	...	...	...	...	...	...	5	1	2	...	2	10	12	0.03
11. Diabetes Mellitus ...	...	...	...	...	...	...	1	1	...	6	11	27	46	0.10
12. Anæmias ...	...	...	...	...	...	...	...	1	3	1	9	14	17	0.04
13. Vascular Lesions affect- ing Central Nervous System.	...	...	...	...	1	2	2	18	62	159	318	562	939	2.01
14. Other Diseases of Nerv- ous System.	...	1	...	...	...	...	4	6	8	11	10	40	80	0.17
15. Rheumatic Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16. Chronic Rheumatic Heart Disease.	...	...	...	...	...	...	8	10	14	15	5	52	73	0.16
17. Arteriosclerotic and De- generative Heart Disease.	...	...	...	...	...	2	3	26	81	250	585	947	1,837	3.93
18. Other Diseases of Heart	...	...	...	2	...	...	...	...	1	10	18	31	58	0.12
19. Other Circulatory Diseases.	...	...	...	...	1	2	2	7	10	59	165	246	400	0.86
20. Influenza ...	...	...	...	...	...	...	...	...	1	2	2	5	14	0.03
21. Pneumonia ...	6	...	1	...	...	1	2	1	8	23	69	111	215	0.46
22. Bronchitis ...	1	...	...	...	...	1	1	2	5	21	27	58	191	0.41
23. Other Respiratory Diseases.	1	...	...	...	...	1	...	1	2	4	3	12	42	0.09
24. Ulcer of Stomach and Duodenum.	...	...	...	...	...	...	...	2	...	10	7	19	55	0.12
25. Appendicitis ...	...	...	...	...	...	...	...	...	...	...	...	...	5	0.01
26. Intestinal Obstruction and Hernia.	...	...	...	...	...	...	...	...	1	5	8	14	31	0.07
27. Other Digestive Diseases	...	3	1	1	...	2	1	5	10	15	21	59	109	0.23
28. Nephritis and Nephrosis	...	...	...	...	...	1	...	...	2	2	4	9	27	0.06
29. Other Diseases of Genito- Urinary System.	...	...	...	...	...	1	1	1	3	8	5	19	71	0.15
30. Puerperal Causes ...	...	...	...	...	1	1	2	...	...	...	...	4	4	0.01
31. Diseases of Skin and Organs of Locomotion.	...	...	...	...	...	...	1	1	3	10	10	25	29	0.06
32. Congenital Malformations	20	4	...	1	1	...	...	...	...	2	...	28	63	0.13
33. Diseases of Early Infancy	35	...	...	...	...	...	...	...	...	...	...	35	98	0.21
34. Senility ...	...	...	...	...	...	...	...	...	...	1	11	12	24	0.05
35. Violence ...	10	6	...	1	4	4	9	15	14	28	78	169	314	0.67
36. All other causes ...	2	1	...	...	2	3	1	4	3	8	8	32	49	0.10
TOTALS ...	76	15	2	5	13	27	76	175	345	806	1558	3,098	6,023	12.9

BIRTHS, DEATHS and MARRIAGES in EDINBURGH—1939-1958

Year	Estimated Population	NUMBERS				RATES				
		Live Births		Still Births	Marrriages	Deaths		Per 1000 of Estimated Population		
		Total	Illegitimate			All Ages	Under 1 Year	Live Births	Marrriages	Deaths
1939	471,897	7,300	417	306	5,498	6,169	432	15.5	11.7	13.1
1940	427,439	6,930	411	288	5,909	6,802	468	15.5	13.2	15.9
1939-40	459,948	7,309	444	...	4,970	6,343	477	15.9	10.7	13.8
1941	429,179	6,934	504	267	4,882	6,545	461	15.0	10.6	15.3
1942	424,547	7,386	559	255	4,887	6,152	415	15.8	10.5	14.5
1943	415,318	7,005	637	290	3,987	6,338	407	16.2	8.5	15.3
1944	418,374	7,908	720	223	3,977	5,979	403	16.6	8.3	14.3
1945	426,280	7,362	723	214	5,523	6,147	365	15.4	11.6	14.4
1941-45	422,740	7,439	629	250	4,651	6,232	410	15.8	9.9	14.8
1946	459,430	9,350	658	305	4,878	6,485	490	19.5	10.2	14.1
*1947	485,664	9,865	560	268	4,877	6,503	480	20.3	10.0	13.4
1948	483,331	8,420	515	254	4,606	5,955	284	17.2	9.4	12.2
1949	489,028	8,154	455	203	4,276	6,099	263	16.7	8.7	12.5
1950	488,883	7,674	407	190	4,271	6,161	225	15.7	8.7	12.6
1946-50	482,267	8,693	519	244	4,582	6,241	348	17.9	9.4	12.9
1951	467,435	7,353	402	204	4,222	6,474	196	15.7	9.0	13.9
1952	475,074	7,129	391	195	4,240	5,964	206	15.0	8.9	12.6
1953	470,847	7,241	379	163	4,152	5,782	177	15.4	8.8	12.3
1954	469,297	7,256	386	158	4,347	6,061	185	15.5	9.3	12.9
1955	467,889	7,128	358	177	4,517	6,049	179	15.2	9.7	12.9
1951-55	470,108	7,221	383	179	4,296	6,066	189	15.4	9.1	12.9
1956	466,889	7,467	360	176	4,492	6,071	179	16.0	9.6	13.0
1957	465,071	7,854	399	153	4,326	6,005	191	16.9	9.3	12.9
1958	467,410	7,864	369	155	4,283	6,023	193	16.8	9.2	12.9

* 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.

Table showing the Population, etc., also the Births and Deaths in each Ward during 1958.

No.	WARD	Estimated Population at Mid-Year	Area in Acres	Density of Population per Acre	BIRTHS (Live)		INFANT MORTALITY		STILL BIRTHS		DEATHS					
					No.	Rate per 1,000	Deaths	Rate per 1,000 Live Births	No.	Rate per 1,000 Total Births	PULMONARY TUBERCULOSIS		●EPIDEMIC DISEASES		ALL CAUSES	
											No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000
1	St Giles	19,690	396	49.7	401	20.4	10	25	6	15	3	0.15	2	0.10	286	14.5
2	Holyrood	17,090	924	18.5	392	22.9	15	38	6	15	...	...	...	...	229	13.4
3	George Square	14,580	319	45.7	223	15.3	4	18	3	13	...	...	...	...	261	17.9
4	Newington	21,360	906	23.6	282	13.2	7	25	6	21	...	...	...	...	338	15.8
5	Liberton	28,450	4,919	5.8	509	17.9	7	14	14	27	5	0.18	1	0.05	254	8.9
6	Morningside	15,850	693	22.9	170	10.7	2	12	3	17	2	0.13	1	0.06	336	21.2
7	Merchiston	14,800	762	19.4	213	14.4	7	33	5	23	...	...	1	0.07	277	18.7
8	Colinton	19,830	6,242	3.2	382	19.3	11	29	5	13	1	0.05	...	...	211	10.6
9	Sighthill	25,400	1,645	15.4	349	13.7	13	37	8	22	1	0.04	1	0.04	203	8.0
10	Gorgie-Dalry	20,520	438	46.8	357	17.4	3	8	4	11	4	0.19	...	...	271	13.2
11	Corstorphine	18,500	3,518	5.3	293	15.8	4	14	5	17	...	...	...	...	221	11.9
12	Murrayfield-															
13	Cramond	17,170	3,395	5.1	308	17.9	5	16	6	19	1	0.06	1	0.06	218	12.7
14	Pilton	20,080	1,101	26.4	513	17.6	15	29	9	17	1	0.03	...	...	192	6.6
15	St Bernard's	21,810	1,424	15.3	398	18.2	12	30	6	15	1	0.05	2	0.09	281	12.9
16	St Andrew's	15,210	387	39.3	283	18.6	7	25	6	21	1	0.07	1	0.07	244	16.0
17	Broughton	17,780	520	34.2	289	16.3	6	21	1	3	...	...	...	...	251	14.1
18	Calton	17,110	318	53.8	309	18.1	6	19	5	16	1	0.06	...	...	238	13.9
19	West Leith	16,390	887	18.5	234	14.3	4	17	4	17	1	0.06	...	...	250	15.3
20	Central Leith	19,750	304	65.0	403	20.4	14	35	14	34	1	0.05	...	...	254	12.9
21	South Leith	19,910	699	28.5	326	16.4	11	34	9	27	1	0.05	1	0.05	291	14.6
22	Craigentinny	22,730	791	28.7	279	12.3	3	11	6	21	3	0.13	...	...	282	12.4
23	Portobello	23,540	1,636	14.4	456	19.4	10	22	11	24	1	0.04	2	0.08	271	11.5
24	Craigmillar	19,210	1,481	13.0	405	21.1	14	35	12	29	...	...	1	0.05	145	7.5
	Institutions and Military Quarters	11,650	...	...	90	...	3	...	1	...	1	...	1	...	219	...
	Totals	467,410	33,705	13.9	7,864	16.8	193	24.5	155	19.3	29	0.06	16	0.03	6,023	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.

NUMBER OF INHABITED HOUSES				
WARDS	1955-56	1956-57	1957-58	1958-59
1. St Giles	6,786	6,768	6,607	6,563
2. Holyrood	6,384	6,336	6,217	6,110
3. George Square	5,487	5,487	5,399	5,320
4. Newington	7,573	7,564	7,553	7,608
5. Liberton	7,656	7,961	8,042	8,301
6. Morningside	6,368	6,365	6,319	6,376
7. Merchiston	5,668	5,681	5,702	5,663
8. Colinton	5,930	6,768	6,996	7,208
9. Sighthill	6,683	6,710	6,773	6,747
10. Gorgie-Dalry	7,431	7,373	7,382	7,419
11. Corstorphine	6,067	6,243	6,533	6,737
12. Murrayfield-Cramond	5,352	5,954	6,207	6,430
13. Pilton	6,136	6,154	6,302	6,680
14. St Bernard's	8,050	8,298	8,308	8,273
15. St Andrew's	5,945	5,899	5,851	5,668
16. Broughton	6,182	6,173	6,186	6,184
17. Calton	6,163	6,198	6,212	6,070
18. West Leith	5,819	5,763	5,699	5,712
19. Central Leith	6,702	6,632	6,726	6,550
20. South Leith	6,830	6,884	6,925	6,847
21. Craigentinny	6,674	6,791	6,807	6,827
22. Portobello	6,554	6,575	6,814	7,549
23. Craigmillar	4,125	4,196	4,399	4,376
	146,565	148,773	149,959	151,218

Year	Increase	Year	Increase
1946-47	435	1953-54	1,076
1947-48	1,358	1954-55	2,135
1948-49	2,808	1955-56	1,211
1949-50	2,924	1956-57	2,208
1950-51	1,481	1957-58	1,186
1951-52	350	1958-59	1,259
1952-53	928		

Analysis of Deaths from Cancer, 1958.

Site	Sex and Age-groups														Totals			
	Under 15		15-25		25-35		35-45		45-55		55-65		65-75		75 and upwards		Both sexes	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Brain ...	—	—	—	1	—	1	2	2	3	3	4	2	1	1	—	10	10	20
Jaw, Face and Ear ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	2	—	2
Tongue and Mouth ...	—	—	—	—	—	—	—	—	—	—	1	1	—	1	3	8	5	13
Larynx, Pharynx and Neck ...	—	—	—	—	—	—	1	—	3	1	3	1	9	2	2	18	6	24
Bronchus and Lungs ...	—	—	—	—	1	—	8	3	34	5	90	13	85	15	27	245	51	296
Other Thoracic Site ...	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	3	—	3
Breast ...	—	—	—	—	—	1	—	7	—	22	—	13	1	23	—	1	84	85
Stomach and Oesophagus ...	—	—	—	—	—	—	1	1	10	5	32	14	27	25	22	92	87	179
Liver and Gall Bladder ...	—	—	—	—	—	—	1	2	3	1	4	2	4	4	3	15	16	31
Intestines and Rectum ...	—	—	—	—	—	—	2	3	7	6	15	15	21	22	32	77	91	168
Pancreas ...	—	—	—	—	—	—	—	—	2	—	10	4	6	17	6	24	30	54
Genital Organs ...	1	—	—	—	—	—	—	—	—	15	1	21	1	26	2	6	83	89
Abdomen and Pelvis ...	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	2
Kidney ...	1	—	—	—	—	—	—	1	2	3	7	2	1	1	1	12	8	20
Prostate ...	—	—	—	—	—	—	—	—	1	1	4	—	20	—	27	52	—	52
Bladder ...	—	—	—	—	—	—	2	—	1	1	3	—	7	1	12	25	12	37
Bones ...	—	—	—	2	—	—	—	—	1	—	—	1	1	—	1	4	3	7
Ductless Glands ...	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	3	2	5
Other Sites ...	2	—	3	—	—	—	3	2	—	9	8	10	3	11	6	27	45	72
Totals { Male ... Female ... }	4	—	4	3	5	2	20	29	69	71	183	101	194	149	146	625	534	1,159

CHILD HEALTH MATERNITY AND CHILD WELFARE.

REPORT BY THE PRINCIPAL MEDICAL OFFICER.

Retiral of Supervisor of Health Visitors.

Miss G. S. H. Pike, supervisor of health visitors in the Public Health Department, retired on 6th September, 1958, and at a large gathering of friends presided over by the Medical Officer of Health, she was presented with tokens of the esteem in which she was held in the department.

Miss Pike took her general nursing certificate at St. Bartholomew's Hospital, London, in 1928, and, coming north to Edinburgh, she took the midwife certificate of the Central Midwives Board of Scotland in 1929 after training at the Simpson Memorial Maternity Hospital. She was then appointed a probation health visitor in the Public Health Department here and gained the health visitor certificate in 1930. Appointed to the maternity and child welfare service in 1931, she served as a health visitor there until 1946, apart from a period of war service from 1939 to 1945. After a short period in the south, Miss Pike returned to Edinburgh in December, 1947, when she was appointed supervisor of all the health visitors in the Public Health Department, the first such appointment to be made by the Corporation. Two previous supervisors of health visitors, then called superintendents of nurses, were Miss E. G. Greenall (1917-1919) and Miss A. H. Turnbull, R.R.C., M.B.E. (1919-1927) but these ladies were in charge of only of the health visitors in the child welfare service of the department.

During her period as supervisor Miss Pike always had most at heart the maintenance of the position and prestige of the health visitor and she did much to this end. She served on the South-Eastern Regional Nurse Training Committee, was a representative of the Royal College of Nursing on the Edinburgh and Leith Old People's Welfare Council; was a member of the Executive of the Scottish Council for the Unmarried Mother and her Child; and took an active part in the affairs of the Scottish Health Visitors' Association.

The department will miss a keen worker and the staff an understanding colleague. We wish her a long and healthful retirement in her new home in Hampshire.

Retiral of Dr Margaret M. Brotherston, M.B.E.

On 31st December, Dr Brotherston retired from the office of Organising Secretary and Treasurer of the Voluntary Health Workers' Association, an honorary post to which she had been appointed in 1935 on the death of Mrs Somerville. It is impossible to speak adequately of the service rendered

the Association by Dr Brotherston who has been connected with it from its earlier days. Suffice it to say that her work was officially recognised in 1951 when she had conferred on her the M.B.E. The Executive of the Association unanimously recommended that she be elected President with a seat on the Executive, a recommendation subsequently warmly endorsed at a full meeting of the Association. We are indeed fortunate that Dr Brotherston will still be able to guide the deliberations of this important voluntary body and continue to give to it and to us in the Public Health Department the benefits of her wide knowledge and experience.

A Golden Jubilee.

The Lord Provost presided over a large and representative gathering of members and wellwishers in the City Chambers on Saturday, 22nd November, to celebrate the golden jubilee of the Voluntary Health Workers' Association, which was founded in November, 1908. A short appreciation of the Association and its work in connection with the Public Health Department appeared in this report in 1950.

The Lord Provost was accompanied on the platform by the Lady Provost, Lady Fenton the Chairman of the Association's Executive, Dr Brotherston the Organising Secretary and Treasurer, the Chairman of the Health Committee, the Convener of the Further Education Sub-Committee, the Medical Officer of Health, and Mrs Murchison and Miss Somerville, daughters of Mrs Hamilton Maxwell and Bailie Mrs Somerville, the founders of the Association.

Fitting tribute was paid by the Lord Provost to the sterling work carried out by the Association in first organising a band of voluntary health visitors, and later organising and administering toddlers' playgrounds throughout the city. The system of voluntary health visiting was continued until July, 1948, when this activity of the Association came to an end, but since 1915 the toddlers' playgrounds have flourished and met a much wanted need in the lives of mothers and toddlers. Indeed, extensions of this aspect of the Association's work are occurring almost yearly.

Developments During the Year.

The extensions to Southhouse Farmhouse to which reference was made in last year's report were completed towards the end of May, and the additional bedroom accommodation occupied by a midwife, pupil midwife and district nurse early in June. In the same month, the child welfare clinic was transferred to the new clinic premises at the farmhouse and the distribution of welfare foods undertaken from the clinic instead of, as formerly, from the farmhouse itself.

The Friday afternoon sessions at the child welfare clinic held at Livingstone House (Cowgate Dispensary) were discontinued in June on account of the greatly reduced numbers attending on that day of the week. Owing to reconstruction going on in Livingstone House the Tuesday afternoon sessions were transferred temporarily to the High Street centre in September. Otherwise no changes fall to be reported concerning child welfare clinics.

Distribution of welfare foods continued from 37 centres during the year

but two changes fall to be recorded. A new centre was opened at Groathill School in the Drylaw area, in November, and in the same month the centre at Hopetoun Court, Fountainbridge, was closed.

An infant feeding centre was provided by the Corporation at Portobello for the eighth successive year. The centre, open during the month of July, was better attended this year than last year.

A further extension of the experiment to integrate school health and child welfare work in the same health visitor was undertaken this year when Silverknowes school was taken over by the child welfare health visitor for the district. From the experience so far gained in these combined duties it is clear that such duties can only effectively be undertaken in peripheral parts of the city.

Association of health visitors and general practitioners was further augmented this year when a health visitor was invited to attend the ante-natal clinic run by a group of Leith practitioners.

The assistant medical officer in charge of old people's welfare, the supervisor of health visitors and home helps and the almoner have commenced holding weekly meetings for discussion of matters pertaining to elderly patients. In the connection it should be mentioned that most of the health visiting in respect of elderly persons is carried out by the health visitors of the child welfare service.

Twenty-nine of the thirty health visitor students attending the Corporation health visitor training school obtained the health visitor certificate of the Royal Sanitary Association of Scotland in June, and another thirty students began further course of training in September.

The midwives of the domiciliary midwifery service took part in the National survey on perinatal mortality organised by the National Birthday Trust Fund during March, April and May.

The child welfare clinic premises at Niddrie Mains Farmhouse were put at the disposal of a team of psychiatrists from Rosslynlee Hospital for a psychiatric clinic. This is held every Saturday morning, the child welfare health visitor being in attendance. This is a most useful venture in co-operation with the mental health service of the health department and the hospital consultants. We also welcomed Miss D. Trew, psychiatric social worker in the mental health service of the department. Already she has worked closely with the health visitors and this new liaison has distinct possibilities.

The health visitors in the child welfare service have been invited to take part in a survey on staphylococcal infections in families organised by a local sub-committee of the Medical Research Council for Research in General Practice. A start was made to this survey in October.

Following on the decision of a joint Sub-committee of the Education, Health, Children and Welfare Committees of 10th April, 1956, approving of a grant being made to the Edinburgh Council of Social Service for the employment by that organisation of an experienced social worker to deal with problem families, an appointment was made in June when Miss E. Grace took up duty. A report was submitted to the joint Sub-committee on Miss Grace's work in December. All cases referred to this social worker must come first through the hands of the Medical Officer of Health.

Miss Isabella T. Beattie, assistant supervisor of health visitors, was appointed on 16th September to succeed Miss Pike, and Miss M. K. Chisholm was appointed assistant on 1st November. To both these ladies we extend best wishes for success in their new work. Miss Chisholm earlier in the year was awarded a British Medical Association prize for an essay submitted on "The Public Health Nurse's Contribution to Family Life".

As in former years the Tables are grouped together at the end of the text for easier reference.

(I) MATERNAL HEALTH AND WELFARE.

(a) Domiciliary Midwifery Service (Table 1).

The domiciliary midwifery service provided by the Corporation under its obligations as prescribed in the National Health Service (Scotland) Act continued to operate without change throughout the year. As at 31st December, 15 full-time midwives, including the non-medical supervisor, were directly employed by the Corporation, agency arrangements with the Queen's Institute of District Nursing, the Simpson Maternity Memorial Hospital and Elsie Inglis Maternity Hospital continuing as before.

During the year, 1,359 domiciliary births took place in the city, and of these 1,351 were attended by midwives provided under the local health authority service. The distribution of these births was as follows:—

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

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

138 births were attended by midwives from the Queen's Institute.

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

Of the remaining 8 births taking place at home, 3 were attended by private maternity nurses, 4 by a medical practitioner only, and 1 was attended by neither doctor nor midwife.

Analgesics were administered in 1,239 of the 1,351 domiciliary confinements attended under local authority arrangements, and the number of analgesics given was 1,883. Of these analgesics, 1,701 were administered by midwives, and 182 by medical practitioners. The various form of analgesia used were: pethidine 4; gas and air 113; chloroform 124; trilene 1,039; others 3. In 15 cases any form of analgesia was refused by the women in labour, and in 97 cases an analgesic was not administered for other reasons, e.g. baby born before arrival of doctor or midwife.

Attention might here be drawn to the importance of neonatal cold injury in infants, a condition occurring especially after home confinements and particularly in severe cold weather when room temperatures may fall during the night if an electric radiator is switched off or a coal or coke fire goes out. This

chilling, which carries a high mortality and is frequently unrecognised, is more likely to occur in premature and thin infants and when clothing and cot coverings are inadequate. It may also occur when a baby is bathed in a cold room. Obviously this is a condition about which the domiciliary midwife must be aware and take the necessary precautionary measures. An excellent description of the condition appeared in *The Lancet* (1957, I, 229).

(b) Ante-Natal Clinics (Table 2)

Only one ante-natal clinic is provided under local health authority auspices, viz. at Niddrie. Most of the women attending this clinic are booked for their confinements in the Elsie Inglis Maternity Hospital. Some 209 women attended this clinic during the year.

(c) Post-Natal Clinics (Table 2)

No special post-natal clinics are provided by the Corporation but post-natal care is given at the Niddrie clinic. During the year only 46 women received such care.

(d) Puerperal Fever and Puerperal Pyrexia (Tables 3-5)

Puerperal pyrexia notifications numbered 5, and of these 4 were subsequently proved to be cases of puerperal fever. Two cases of puerperal fever were notified and both were confirmed. There were thus 6 cases of puerperal fever and 1 case of puerperal pyrexia. There were no deaths among any of the cases.

(e) Maternal Deaths (Tables 6-8).

Four maternal deaths occurred during the year, giving a maternal mortality rate of 0.5 per 1,000 total births. An unusual feature of these deaths was that all were due to embolism. Two were associated with confinements *per via naturales*, one followed an operation for termination of pregnancy undertaken because of the mother's health, and one occurred from air embolism following an attempt at a self-induced abortion.

A World Health Organisation Epidemiological and Vital Statistics Report (Vol. 10, No. 9, 1957) dealing with maternal mortality covering 49 countries is of great interest. This report shows a 30 to 90 per cent. decrease in maternal mortality over the past 20 years, the decrease being most spectacular in countries undergoing rapid development. It further shows that maternal mortality is lowest among women aged 20 to 29 years, and that most dangerous to all pregnant women are toxæmia and hæmorrhage. Further matters dealt with in the report concern the extent of ante-natal examination and the place of birth, i.e. institutional and domiciliary.

(II) CHILD HEALTH AND WELFARE.

(a) Registered Live Births (Tables 9, 10)

There were 7,864 registered live births during the year after the usual corrections had been made. Of these births 4,010 were males and 3,854 were females. The birth rate for the city was 16.8 compared with 16.9 last year and 16.0 in 1956. The rate for Scotland this year was 19.2.

(b) Illegitimate Births (Table 9).

Illegitimate births registered were 369, giving an illegitimate birth rate of 4.7 per cent., compared with 5.1 per cent. last year and 4.8 per cent. in 1956. Notified illegitimate births numbered 475. The following table shows the monthly notified illegitimate births during the year.

Month	Males	Females	Over 5½ lb. at birth	5½ lb. or under	Live- born	Still- born	Domicile of Mother		Total
							Local	Out of Town	
January ...	25	18	38	5	40	3	29	14	43
February ...	8	10	17	1	18	—	13	5	18
March ...	25	26	43	8	51	—	32	19	51
April ...	16	14	28	2	30	—	25	5	30
May ...	20	22	33	9	41	1	25	17	42
June ...	24	21	40	5	44	1	33	12	45
July ...	19	13	28	4	29	3	23	9	32
August ...	23	18	39	2	39	2	30	11	41
September ...	24	22	37	9	44	2	31	15	46
October ...	17	21	35	3	37	1	30	8	38
November ...	26	7	27	6	33	—	23	10	33
December ...	33	23	48	8	54	2	37	19	56
Totals ...	260	215	413	62	460	15	331	144	475

Of these infants 93 were born to mothers living in mother and baby homes in the city, most of these mothers having their domicile out of Edinburgh. There were 461 single births and 7 twinbirths.

(c) Registered Stillbirths (Tables 11, 12).

Stillbirths registered during the year, after corrections, numbered 155, giving a rate of 19 per 1,000 total births. This rate compares with that of 19 last year which created a new low record for the stillbirth rate for the city. Of these stillbirths, 88 were male infants and 67 female. Table 12 shows the causes of the stillbirths.

(d) Notified Live and Stillbirths (Table 1).

The number of notified births, both live and stillborn, was 10,363, of whom 1,123 were liveborn and 240 stillborn. Of this total 9,004 births occurred in institutions (87 per cent.) and 1,359 were domiciliary births (13 per cent.).

(e) **Infant and Pre-School Child Deaths.**

(1) **Infant Deaths.**—The infant mortality rate for the city for the year was 25 per 1,000 registered live births, compared with a rate of 24 last year. There were 193 deaths in infants under one year, and of these 117 were males and 76 females. Of these deaths under one year, 131 occurred during the first four weeks (28 days) of life, giving a neonatal mortality rate of 17, the same as last year. There were 51 deaths under one day of life accounting for 26 per cent. of the total under one year; 113 or 59 per cent. under one week; the entire neonatal deaths accounting for 68 per cent. of the deaths during the first year. Deaths during the post-natal period numbered 62, giving a post-natal mortality rate of 8 per 1,000 live births. Table 18 shows the causes of death during the first year as well as those of children aged 1–5 years.

Of the deaths under one year, congenital malformations occupy the first place, accounting for 50 deaths, 32 of these occurring during the first month of life. Postnatal asphyxia and atelectasis came second causing 45 deaths, all but one during the first month and 43 of them during the first week, most being on the first day. Immaturity (prematurity) took third place with 26 deaths, 24 of them during the first week.

Accidental suffocation, to which attention has constantly been drawn in these reports, accounted for 16 deaths under one year, 8 being certified as due to "inhalation of vomited matter", and 8 being ascribed to "asphyxia by bedclothes". These sudden deaths in infants have been the subject of much discussion and inquiry and were discussed fully at a British Medical Association Clinical Meeting in Southampton in December. An important report by Professor A. Leslie Banks (Monthly Bulletin, Ministry of Health and Public Health Laboratory Service, 1958, 17, 182) comes to the conclusion that, though much remains to be cleared up in this important subject, the evidence that acute respiratory infection is in some way related to sudden death in infancy is strong.

(2) **Deaths in Age Group 1–5 Years.**—There were 25 deaths among children in this age group, one more than last year. Accidental deaths accounted for 6 of these deaths. The causes of these accidents are as follows :—

Home Accidents (3)

- | | |
|------------------------|-------------------------------|
| 1. Female, æt. 1 year | Inhalation of vomited matter. |
| 2. Female, æt. 4 years | Coal gas poisoning. |
| 3. Male, æt. 4 years | Burning (conflagration). |

Accidents out of Doors (3)

- | | |
|------------------------|---------------------------|
| 1. Female, æt. 1 year | Run-over street accident. |
| 2. Female, æt. 2 years | Run-over street accident. |
| 3. Female, at. 4 years | Run-over street accident. |

There were three deaths from respiratory infections and four from congenital anomalies. The two deaths from malignant disease were certified as due to carcinoma of the testes and leukaemia. There was one death from homicidal strangulation, and one unusual death ascribed to cystinosis.

(f) **Ophthalmia Neonatorum** (Table 20).

No cases of this notifiable disease came to the notice of the department during the year. This is the first year since notification became compulsory that no such cases were notified. While this may be in keeping with the almost complete disappearance of the gonococcal form of the disease, it is difficult to understand why notification of other forms is not made. The definition of ophthalmia neonatorum as given in the Regulations is clear enough and it is obvious that due attention is not being paid to this definition, though it is readily admitted there is a strong case put up in some quarters for the abolition of ophthalmia neonatorum as a notifiable infectious disease.

(g) **Health Supervision** (Table 21).

Twenty-nine child welfare clinics were in operation at the end of the year. In all, 2,840 sessions were held at these clinics and 7,661 infants under one year and 4,562 children aged 1-5 years attended, making altogether a total of 12,223 children under 5 years. Attendances made by infants under one year numbered 64,194, and by pre-school children 24,659, a grand total of 78,853, an increase of 10,154 over last year's total. Much, if not all, of this increase is attributable to the extension of the poliomyelitis vaccination scheme to the clinics which have been well attended for this particular purpose, in addition to the special clinic operating at 221 High Street for poliomyelitis vaccinations only. While increased attendances at the child welfare clinics may be expected with the continuation of this vaccination scheme, it is not anticipated that such a large increase in attendances will continue in future years. It may also be said that the opportunity is taken at the clinics for a general health check-up of those infants and children attending for poliomyelitis vaccination and who do not ordinarily attend the clinics.

The new child welfare clinic record cards with the height and weight graphs based on Dr John Thomson's researches, and to which reference was made in last year's report, are now in general use.

(h) **Ultra-Violet Ray Clinics** (Table 22).

During the year 551 sessions were held at these clinics at which 307 children made 4,414 attendances. These figures are somewhat lower than in previous years and doubtless reflect the dubiety felt by some as to the efficacy of artificial sunlight. All infants and children normally undergo a tuberculin test before undergoing a course of therapy.

(i) Orthopaedic Clinic

We are again grateful to the Chief Executive School Medical Officer for extending the facilities offered by this clinic to the child welfare service. In particular, appreciation must be expressed to Mr G. P. Mitchell, the orthopaedic surgeon in charge, for his ever ready help and advice and his regular reports on the progress of the children referred to him by the child welfare medical officers. These reports enable them to keep watching briefs on the children referred.

(j) Vaccinations and Immunisations.

The number of infants successfully vaccinated against smallpox by the assistant medical officers of the child welfare service was 2,765. In addition, 2,487 infants and young children were protected against diphtheria by formol toxoid injections, while 361 completed diphtheria-pertussis inoculations commenced elsewhere, and 17 completed triple antigen inoculations also commenced in other areas. Thus 2,865 children were protected against diphtheria at child welfare clinics. Some 2,247 infants received suspended whooping cough vaccine courses, and these together with those given combined and triple antigen totalled 2,625 infants who were protected against whooping cough at the clinics. Many of the inoculations are, however, now carried out by the general practitioners.

A real and practical difficulty, experienced by all workers in this field, however, is the large number of injections which require to be given to an infant. Much debate takes place on this issue and an early solution to this problem is to be hoped for.

(k) Day Nurseries (Table 23).

The year was a comparatively uneventful one so far as the fourteen day nurseries were concerned. The health of both the children and of the staff was good. A recent review of the cases attending the day nurseries showed a similar position to that obtaining in June 1957 and summarised in last year's report. This year's review revealed that of 702 children on the rolls of attendance, 610 or 87 per cent. were first priority cases, 69 or 10 per cent. were second priority and there were no cases of third priority. Some 23 or 3 per cent. were attending the nurseries for temporary care only, a figure the same as last year.

(l) Residential Nurseries (Table 24).

Admissions to the three residential nurseries remained at the high level commented upon in previous reports. This year there were 689 admissions compared with 784 last year which can be regarded as exceptionally high. In fact, the figure for admissions this year, apart from last year's exceptional total, was the highest for the past seven years.

(m) Nursery Nurses Hostel.

The hostel at 19 Chester Street had its full complement of 18 student nurses throughout the year. It provides accommodation for those students whose normal residences are a considerable distance from Edinburgh.

(n) **Registration of Nurseries and Child-Minders** (Table 25).

In 1949 the Health Committee, aware of the growing demand for day nursery care, laid down a system by which the children to be admitted to the Corporation day nurseries were to be selected for certain specified reasons, e.g. that the mother was in ill-health, the housing conditions poor, or that the mother had to go out to work because she was the sole support of the child. At that time the waiting lists at the various nurseries were very long and indeed they have shown little diminution over the years since then. At the end of December, 1957, the number of children on the waiting lists was 668, and this year the number was 662. Priority cases are admitted to the nurseries as soon as possible, though this may sometimes be quite a long time. There still remains, however, a large group of children whose parents wish nursery care during the whole working day for their children. The most usual solution here is some private arrangement with a relative or neighbour, although this is seldom entirely satisfactory since the neighbours' own family difficulties tend to make the care irregular.

There is, however, a large and increasing group of children whose parents feel that the youngsters are retarded in development by reasons of the lack of companionship of children of their own age, or lack of suitable play space safe from traffic dangers, or children whose mothers admit to overstrain from the care of the family and seek relief for a few hours each day. Nursery schools and classes and toddlers' playgrounds care for many such children but still the demand exceeds the places available.

In recent years, especially since 1950, many private citizens have shown an interest in forming "play groups", meeting, with one exception, during the forenoons only. This does not give much help to the mother at work but is very useful to the mother at home who wishes part-time day care and supervised play for her child. Should the group meet within the private individual's own home, this person requires to register as a "Child-Minder" under the Nurseries and Child-Minders Regulation Act, 1948. Where a building which is not the residence of the promotor is used, e.g. a rented hall or a pre-fabricated building, the group is registered as a "Nursery".

At 31st December 1958 there were 10 persons registered as child-minders in the city and three buildings registered as nurseries, and these catered for, in all, 183 children. Enquiries continue to be made at the Public Health Department by other persons interested in the formation of new groups and it is expected that several new registrations will be made in 1959.

Before the application for registration as a child-minder or as a nursery is sponsored by the Medical Officer of Health at the Health Committee, careful investigation is made as to the suitability of the persons and premises concerned. Health and safety measures are suggested and agreement sought on a satisfactory routine for the children. Once the group is established, fairly frequent visits are paid by the supervisor of nurseries. It is satisfactory to record that the relationship between these private individuals and the department are cordial and that those caring for the children show a genuine interest in the welfare of the children and are satisfied with only a modest income for their work.

(o) **Toddlers' Playgrounds** (Table 26).

The Voluntary Health Workers' Association continues to administer the toddlers' playgrounds, of which 21 were in operation as at 31st December. A new playground was opened in January at Clermiston Parish Church Hall, while the one at Greenside was closed in October.

As already mentioned earlier in this report, the Association's major activity is the provision and administration of these playgrounds. With Dr Brotherston's retiral at the end of this year Miss E. A. Cuthbertson was appointed to the post of Organising Secretary and Treasurer of the Association and we wish her all success in this work. She has already had experience of the administrative work involved, having acted as assistant to Dr Brotherston since January this year.

Those interested in the work of the Voluntary Workers' Association or in the playgrounds under its control should apply to Miss Cuthbertson, 31 Eglinton Crescent, Edinburgh, 12 (Tel. Edinburgh 64185), or to the Principal Medical Officer, Child Welfare Service, Public Health Department, Johnston Terrace, Edinburgh 1 (Tel. CAledonian 4471).

(p) **Welfare Foods Distribution** (Table 27).

Distribution of welfare foods continued throughout the year at 37 centres, though two changes fall to be recorded. The Drylaw Community Association made representations that a centre be opened to serve the Telford Road and Groathill areas. Suitable premises were ultimately found at Groathill School and distribution commenced there on 15th November, distribution duties being undertaken by ladies of the Drylaw Community Association.

The centre at Hopetoun Court, Fountainbridge, was closed on 16th November, owing to the unsuitability of the premises. Uptake at this centre had been very low for some time and the few beneficiaries using the centre were diverted to the centres at Grassmarket and Torphichen Street. The locations and staffing arrangements at all the centres remained as in 1957.

There was a further reduction in the uptake of National Dried Milk during the year, only some 117,689 tins being issued from the various centres, a reduction of 32,000 over last year's uptake. As was anticipated, the figures for uptake of orange juice concentrate have fallen considerably since the entitled were restricted to children up to two years of age, in November 1957.

A very marked reduction in the uptake figures for cod liver oil compound suggests that parents are not taking advantage of their entitlement after their children cease to receive the orange juice.

The issue of vitamin A and D tablets is the only thing which has remained fairly steady over the past years.

(q) Infant Feeding Centre.

This centre, which has been adequately described in previous reports, operated at the British Legion Hall, Tower Street, Portobello, from 1st to 31st July inclusive. This year that centre was used by 343 mothers, 131 more than the previous year, there being 183 attendances during the Glasgow holidays compared with 96 during the corresponding period in 1957.

(III) DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

(Table 28).

During the year there was a slight decline in the number of expectant and nursing mothers attending for dental care. It is still very obvious that in spite of propaganda and health education, mothers are reluctant to submit for examination of their teeth. A very real fear in the minds of many pregnant women is that dental treatment, with its inevitably associated mental tension, may predispose to miscarriage or premature labour, and much remains to be done to try and allay such fears. With the nursing mother, preventive dental treatment tends to be put off because of the demands made on the mother's time by her baby.

Over the year, 94 expectant mothers were referred to the dental clinics for examination. Of these 93 required treatment, 87 accepted it and had arrangements made for its being carried out, but only 74 actually received treatment, these women making 267 attendances, an average of approximately four visits to the dentist per mother. Extractions numbered 301; fillings 118; dressings 18; dentures fitted 21. Eight general anaesthetics were required for these expectant women; and 27 days covered their treatment.

Of nursing mothers, 166 were examined, all required dental care, all agreed to have it, but only 141 actually received it. Again extractions predominated, these numbered 614; fillings 191; dressings 58; dentures fitted 81. Twenty-five general anaesthetics were required; and 61 days covered the treatment.

Pre-school children referred for dental examination showed an increase over previous years, 1,124 children being sent to dental clinics. Of these 1,082 were found to be in need of dental treatment and this need was accepted by the parents in 1,075 instances, but only 997 children actually were presented for treatment. Extractions again predominated, amounting to 1,054; fillings 471; dressing 408. General anaesthetics administered numbered 348, and 178½ days of treatment were required to cover all the cases.

(IV) HOMES FOR MOTHERS AND BABIES PROVIDED BY VOLUNTARY ORGANISATIONS.

(Table 29)

It is always a pleasure as well as a duty to record the great work carried out in the important field of the care and rehabilitation of the unmarried mother and her child by voluntary organisations, and the three such bodies in Edinburgh are second to none in the devoted and inspired work which they perform year by year.

(a) **Edinburgh Home for Mothers and Babies, 17 Claremont Park, Leith, Edinburgh, 6.**

This home has a complement of 12 beds which may be used for ante-natal and post-natal purposes. There are also 12 cots. All confinements are conducted in hospital, the mothers and their infants returning to the home for varying periods thereafter. During the year 24 mothers were admitted.

(b) **Haig Ferguson Memorial Home, 4 Lauriston Park, Edinburgh, 3.**

There are 9 beds in this home, 4 for ante-natal purposes and 5 for post-natal. There are also 5 cots. The confinements are conducted in the adjacent Simpson Memorial Maternity Pavilion, and thereafter the mothers may return to the home with their infants for limited periods. Some 35 mothers were admitted during the year.

(c) **Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road, Edinburgh, 12.**

A local medical practitioner is in charge of this home and the young mothers come under her care on their admission. The confinements are usually conducted in the home. Afterwards the mothers and their babies remain for a few months. There are 7 ante-natal beds, 17 post-natal and 24 cots. During the year 54 mothers were admitted.

Over the year in the three homes there were 113 admissions, ignoring readmissions of mothers after confinements in hospital.

(V) HEALTH VISITING.

(a) In the earlier part of the year much of the health visitors' time was taken up with duties concerning the mass x-ray campaign in the city and this was followed by a special survey related to the campaign in a selected part of the city. Consequently it was to be expected that there would be some reduction in the number of visits paid in connection with their other, more mundane, but none the less important duties.

For the year, 7,439 visits were paid to infants under one year of age in their own homes for purposes of health supervision by the health visitors and health visitor students in training. This shows a decrease of 237 in the number of visits over last year's figure. Subsequent visits to infants under one year numbered 37,867, making 45,306 visits in all to infants of this age period—a reduction of 3,867 visits compared with last year. Further, 66,077 visits, first and subsequent, were paid to children aged 1–5 years, a total of 111,383 visits to children from birth to 5 years, a decrease of 9,769 visits compared with last year's figure.

Visits to expectant mothers numbered 2,838. Those to cases of elderly persons, accidents, special investigations, etc., numbered 19,808, an increase of 8,285 visits for such cases over last year's figures. The entire total of visits for all purposes paid by the health visitors and student health visitors was 134,029, an over-all decrease of 1,920 visits.

As at 31st December, the health visitor staff comprised a supervisor, assistant supervisor and 60 health visitors, in addition to a health visitor tutor solely concerned with the course of training for the health visitor's certificate and 4 probationer health visitors undergoing the course of instruction given by the Public Health Department in its health visitor training course.

(b) Health Visitors' Training Course.

In October, 1957, thirty students enrolled for the Corporation's training course, and 29 were successful in passing the examination for the Health Visitor's Certificate of the Royal Sanitary Association of Scotland, in June this year. This was the first occasion on which the new nine months' course was in operation. The course is divided into three academic terms and owing to this extension of the training period, it has been possible to space out the lectures, classes and practical work which previously were so crowded owing to the concentrated nature of the syllabus.

It has been possible to allocate sessions for private study and to devote more time to discussions and individual tuition. There has been an encouraging number of suitable candidates coming forward for training. It is good to see that nurses are becoming interested in health visitor training at a younger age than formerly. This is an important factor because it means that more nurses obtain the health visitor's certificate before undertaking combined duties.

More importance is now attached to the study of mental health and social problems and to the advice which the health visitor may be required to give to help such cases. Each student attending the course makes a particular study of a small group of families which she follows up throughout her period of training.

Liaison is aimed at between the practical training given by the health visitors and others on the district and the lectures and classroom teaching. The interest shown by all concerned in the training of the student is much appreciated by the students and by the health visitor tutor.

In September this year a further group of thirty students commenced their course of training.

(VI) ASCERTAINMENT OF DEAFNESS IN INFANTS AND YOUNG CHILDREN.

Reference was made in last year's report to the screening tests carried out by the health visitors in the day and residential nurseries and in the homes of infants and young children. It was also pointed out that it had proved impracticable to attempt to put every infant through a screening test during his first year

of life owing to the demands made on the health visitors' time by other duties. This year was, of course, an exceptional one in so far as the ordinary duties of the health visitors were concerned owing to the mass x-ray campaign and the special work which it entailed. This accounts for the small number of infants and young children tested during the year—only 330 being tested, and these were all taken from families where the history was suspicious or where the child's own history was suspect as far as possible deafness was concerned. Seven cases were referred for further more detailed investigation but only one was found to be deaf and in need of special treatment and care.

An important contribution to the screening tests of hearing in pre-school children was made by Dr Irene E. Howorth (Medical Officer, 1958, Vol. c, 307-308). Showing that it would be of great help if it could be discovered which children in the general population were "at risk" of deafness so that health visitors might concentrate on testing such children. Dr Howorth, in consultation with Dr Ian Taylor of the Department of Education of the Deaf, Manchester University, drew up a list of vulnerable groups, and as this is of such practical importance to those of us interested in this work, it is worthy of reproduction here. The groups were:—

- (1) Children with cerebral palsy.
- (2) Children with a family history of deafness.
- (3) Children who were premature.
- (4) Children with a history of abnormality in the ante-natal period, e.g. virus infection during mother's pregnancy.
- (5) Children with a history of perinatal abnormality, e.g. asphyxia, Rh. incompatibility (especially kernicterus) etc.
- (6) Children who have had a severe illness e.g. meningitis, or who have been treated with streptomycin for any illness.
- (7) Children who are not speaking well by age of 2, and children aged 2-5 with speech defects.
- (8) Children with a history of otitis media or chronic upper respiratory tract infection.
- (9) Children with congenital abnormalities other than those mentioned above.

(VII) STAPHYLOCOCCAL INFECTIONS IN FAMILIES.

With attention currently focussed on the problem of staphylococcal infection, a sub-committee of the Committee of the Medical Research Council for Research in General Practice was set up in the city and held its first meeting in June under the chairmanship of Dr Richard Scott. The purpose of this local sub-committee was to conduct a pilot scheme in which the help of the health visitor staff of the child welfare service was enlisted. A start was made in October to this project and already 14 families have been included and the proposal is that this number be steadily increased so that information may be gained on the nature and frequency of staphylococcal infection in families.

(VIII) NATIONAL SURVEY OF PERINATAL MORTALITY.

Since perinatal mortality is the greatest remaining problem in the campaign for saving infant life it was but natural that the maternal and child welfare service should participate in the national survey carried out under the auspices of the National Birthday Trust Fund during March, April and May. Thanks to the courtesy of the Director of the survey, Dr Neville Butler, we are enabled to give a short synopsis of the results of the survey in Edinburgh, the tables having been compiled by Dr Marian E. Sturrock who was responsible for conducting the survey in the city. There were 309 questionnaires completed in the city during the three months of the survey and this represents a 100 per cent. response on the part of the mothers of the infants concerned. This gratifying response to request for information from the mothers was largely due to the excellent co-operation on the part of the sisters in charge of the maternity hospital units and to the midwives of the domiciliary midwifery service.

Table 1 shows the live surviving births occurring in Edinburgh during the week from 3rd to 9th March inclusive.

TABLE 1.—DATE AND PLACE OF LIVE BIRTH.

Place of Birth	Date of Birth. March							Total
	3rd	4th	5th	6th	7th	8th	9th	
Maternity Hospital A. ...	10	7	14	8	7	11	9	66
" " B. ...	6	4	3	7	2	6	1	29
" " C. ...	4	3	4	6	1	5	6	29
" " D. ...	2	7	4	7	5	6	1	32
Domiciliary ...	4	4	7	4	5	2	8	34
Registered Mat. Home ...	—	—	1	1	—	—	—	2
Total ...	26	25	33	33	20	30	25	192

Table II shows the place and month of occurrence of the neonatal deaths and stillbirths.

TABLE II.—PLACE AND MONTH OF OCCURRENCE OF NEONATAL DEATHS AND STILLBIRTHS.

Place of Occurrence	Neonatal Deaths				Stillbirths			
	March	April	May	Total	March	April	May	Total
Maternity Hospital A. ...	5	7	12	24	11	7	10	28
" " B. ...	4	6	1	11	2	5	5	12
" " C. ...	2	1	4	7	2	1	2	5
" " D. ...	—	3	2	5	3	2	5	10
Domiciliary ...	1	—	1	2	1	2	—	3
Registered Mat. Home ...	—	—	—	—	—	1	—	1
Royal Hosp. for Sick Children ...	5	2	1	8	—	—	—	—
City Hospital ...	1	—	—	1	—	—	—	—
Total ...	18	19	21	58	19	18	22	59

Eleven of the neonatal deaths taking place in Edinburgh hospitals occurred in infants born outwith the city but subsequently transferred in on account of the condition of the infants. These infants had been born in such places as Sheshire, the Borders and districts adjacent to the city boundaries.

Table III shows the registered causes of death of the 58 neonatal deaths.

TABLE III.—REGISTERED CAUSES OF NEONATAL DEATHS.

Registered Cause of Death	Number
Prematurity. Uncomplicated ...	16
Prematurity. Complicated ...	10
Congenital Anomalies ...	9
Asphyxia/Atelectasis ...	13
Pneumonia ...	5
Bilateral Adrenal Haemorrhage	2
Staphylococcal Pneumonia ...	1
Haemolytic Disease ...	2
Total ...	58

Table IV shows the registered causes of the 59 stillbirths investigated during the survey.

TABLE IV.—REGISTERED CAUSES OF STILLBIRTHS.

Registered Cause of Stillbirth	Number
Acute or chronic maternal disease ...	1
Toxaemia ...	2
Ante-partum haemorrhage ...	8
Other Placental and Cord Conditions	25
Foetal defects ...	12
Other defined causes ...	6
Unknown ...	5
Total ...	59

(IX) MISCELLANEOUS.

Dr M.S.B. Langton completed the final report on the triple antigen scheme which was originally begun in November, 1954.

The medical supervision of the children attending the Corporation day nurseries and the toddlers' playgrounds is undertaken by the assistant medical officers of the child welfare service, and, on behalf of the Principal Medical Officer, give a general medical service to the children living in the residential nurseries, tuberculosis preventorium at Willowbrae House and the four children's homes administered by the Children Committee. Advisory medical duties to the Scottish Association for the Adoption of Children continue to be undertaken by the Principal Medical Officer.

ACKNOWLEDGMENTS.

My grateful thanks are extended to all members of the maternal and child welfare service for their unremitting work, tolerance and good humour. It is to them that the successful accomplishment of the work of the service is due. I am also deeply grateful to my colleagues in other sections of the health department for their helpful co-operation in our many mutual problems. Finally, my thanks are extended to the many voluntary workers who give so generously of their time and energy to assist us in our work among mothers and young children.

TABLE 1.—MIDWIFERY SERVICE.

I. Total number of births notified—							
(i) Live :	Institutional	...	...	...	...	8,773	
	Domiciliary	...	...	...	...	1,350	
							10,123
(ii) Still :	Institutional	...	...	...	...	231	
	Domiciliary	...	...	...	...	9	
							240
							10,363
II. Total number of births in (I.) occurring in institutions—							
	Simpson Memorial Maternity Pavilion	...	...	...	...	3,868	
	Elsie Inglis Maternity Hospital	...	...	...	...	1,812	
	Eastern General Hospital	...	...	...	...	1,502	
	Western General Hospital	...	...	...	...	1,502	
	Nursing Homes	...	...	...	...	316	
	Others	...	...	...	...	4	
							9,004
III. Total number of domiciliary births in (I.) classified to show nature of attendance at birth—							
(a)	Doctor engaged and present at confinement...	...	...	...	...	992	
(b)	Doctor engaged but not present at confinement	...	...	...	...	341	
(c)	Midwife alone (no doctor engaged)	...	...	...	...	21	
(d)	Doctor alone (no midwife engaged)	...	...	...	...	4	
(e)	Without doctor or midwife	...	...	...	...	1	
							1,359
							10,363
							10,363

TABLE 2.—ANTE-NATAL AND POST-NATAL SUPERVISION.

	Ante-natal	Post-natal
Number of clinics at end of year provided by local authority	1	—
Number of clinics at end of year provided by voluntary bodies	—	—
Total number of women who attended at the clinics during the year	209	46

TABLE 3.—PUERPERAL FEVER AND PUERPERAL PYREXIA.

Number of cases of puerperal pyrexia notified	...	5	
Number of cases of puerperal pyrexia confirmed	...	1	
Number subsequently developing into puerperal fever	...		4
Number of cases of puerperal fever notified	...	2	
Number of cases diagnosed as puerperal pyrexia	...	—	
Number of cases of puerperal fever confirmed	...	...	2
Total number of cases of confirmed puerperal pyrexia	...	1	
Total number of cases of confirmed puerperal fever	...	...	6

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	...	...	...	...	...	—
20 years and under 25 years	...	...	...	...	...	1
25 years and under 30 years	...	...	...	...	...	2
30 years and under 35 years	...	...	...	...	...	—
35 years and under 40 years	...	...	...	...	...	2
40 years and over	...	...	...	...	...	1
						—
						6
						—

TOTAL ... 6

TABLE 6.—MATERNAL DEATHS.

CAUSES OF DEATH	Age at Death							Total
	15-20	20-25	25-30	30-35	35-40	40-45	45+	
Puerperal sepsis ...	—	—	—	—	—	—	—	—
Toxæmia ...	—	—	—	—	—	—	—	—
Hæmorrhage ...	—	—	—	—	—	—	—	—
Embolism ...	—	—	1	—	1	—	—	2
Other Conditions ...	—	1	—	—	1	—	—	2
	—	1	1	—	2	—	—	4

TABLE 7.—MATERNAL DEATHS, 1955-1958.

NUMBERS AND RATES PER 1000 TOTAL BIRTHS (LIVE AND STILL).

	1955		1956		1957		1958	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Septicæmia ...	—	—	—	—	—	—	—	—
Toxæmia ...	—	—	—	—	1	0·1	—	—
Hæmorrhage ...	—	—	1	0·1	1	0·1	—	—
Embolism ...	—	—	—	—	—	—	2	0·2
Other Conditions ...	2	0·3	3	0·4	—	—	2	0·2
	2	0·3	4	0·5	2	0·2	4	0·5

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
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
1955	7,305	—	—	—	—	—	—	—	—	2	0·3	2	0·2
1956	7,643	—	—	2	0·3	2	0·3	—	—	4	0·5	4	0·5
1957	8,007	—	—	2	0·2	2	0·2	—	—	2	0·2	2	0·2
1958	8,019	2	0·2	2	0·2	4	0·5	2	0·2	2	0·2	4	0·5

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 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
1st Quarter 1955	1,842	1,753	89	4.8
2nd " " " " " "	1,883	1,788	95	5.0
3rd " " " " " "	1,639	1,550	89	5.4
4th " " " " " "	1,764	1,679	85	4.8
Year 1955	7,128	6,770	358	5.0
1st Quarter 1956	1,953	1,869	84	4.3
2nd " " " " " "	1,898	1,800	98	5.2
3rd " " " " " "	1,853	1,758	95	5.1
4th " " " " " "	1,763	1,680	83	4.7
Year 1956	7,467	7,107	360	4.8
1st Quarter 1957	1,922	1,841	81	4.2
2nd " " " " " "	2,049	1,938	111	5.4
3rd " " " " " "	1,989	1,871	118	5.9
4th " " " " " "	1,894	1,805	89	4.7
Year 1957	7,854	7,455	399	5.1
1st Quarter 1958	1,888	1,802	86	4.6
2nd " " " " " "	2,042	1,948	94	4.6
3rd " " " " " "	1,927	1,844	83	4.3
4th " " " " " "	2,007	1,901	106	5.3
Year 1958	7,864	7,495	369	4.7

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

Year	Scotland	Glasgow	Edin- burgh	Dundee	Aberdeen	Paisley	Greenock	Mother- well and Wishaw	Clyde- bank
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
1955	18.0	19.4	15.2	17.5	17.2	18.7	20.5	19.6	21.5
1956	18.5	20.2	16.0	19.2	17.5	19.5	20.9	20.4	21.4
1957	19.0	20.8	16.9	19.3	18.1	19.7	21.3	20.9	23.0
1958	19.2	21.1	16.8	19.8	17.4	21.1	20.5	21.2	22.7

TABLE 11.—EDINBURGH AND SCOTLAND—STILL-BIRTH RATES
(per 1000 Total Births Live and Still), 1949–1958.

Year	Edinburgh		Scotland	
	No.	Rate	No.	Rate
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
1955	177	24	2,331	25
1956	176	23	2,329	24
1957	153	19	2,381	24
1958	155	19	2,324	23

TABLE 12.—STILL-BIRTHS, 1958.

Causes	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	Rate per 1,000 Total Births
Acute and Chronic Disease in mother	3	—	—	—	3	0·4
Toxæmias	1	3	—	2	6	0·7
Ante-partum Hæmorrhage	7	4	6	5	22	2·7
Other Placental and Cord Conditions	3	7	2	2	14	1·7
Fœtal Defects	6	8	11	9	34	4·2
Difficult Labour	2	2	3	—	7	0·9
Other defined causes	1	—	1	2	4	0·5
Ill-defined or unknown causes ...	15	15	16	19	65	8·1
All Causes	38	39	39	39	155	19·3

TABLE 13.—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
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
1936-40	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
1955	15·0	1·8	0·4	0·4	18	25
1951-55	14·6	1·7	0·7	0·4	18	26
1956	14·7	1·9	0·5	0·4	18	24
1957	14·3	1·7	1·0	0·5	17	24
1958	14·4	1·0	0·6	0·6	17	25

TABLE 14.—NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

Year	Premature Birth	Injury at Birth	Congenital Malformation	Diarrhoea and Enteritis
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
1955	5.8	2.2	3.9	—
1951-55	4.4	2.6	3.2	—
1956	5.1	2.7	3.1	—
1957	5.1	1.5	3.2	—
1958	3.3	1.1	4.1	—

TABLE 15.—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	1900	132	1920	89	1940	68
1881	128	1901	143	1921	96	1941	66
1882	121	1902	119	1922	91	1942	56
1883	128	1903	117	1923	82	1943	54
1884	135	1904	125	1924	89	1944	51
1885	120	1905	124	1925	96	1945	50
1886	136	1906	112	1926	80	1946	52
1887	137	1907	121	1927	80	1947	49
1888	128	1908	114	1928	75	1948	34
1889	133	1909	113	1929	80	1949	32
1890	144	1910	103	1930	82	1950	29
1891	138	1911	115	1931	69	1951	27
1892	135	1912	110	1932	73	1952	29
1893	148	1913	101	1933	66	1953	24
1894	125	1914	110	1934	62	1954	25
1895	152	1915	132	1935	70	1955	25
1896	122	1916	100	1936	68	1956	24
1897	164	1917	123	1937	70	1957	24
1898	*141	1918	94	1938	61	1958	25
1899	147	1919	117	1939	59		

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

TABLE 16.—INFANT AND NEO-NATAL MORTALITY.

RATES PER 1000 LIVE BIRTHS.

(QUINQUENNIAL AVERAGES.)

Year	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
1951-55	7,221	15.4	126	17	62	9	189	26
1956	7,467	16.0	131	18	48	6	179	24
1957	7,854	16.9	137	17	54	7	191	24
1958	7,864	16.8	131	17	62	8	193	25

TABLE 17.—INFANT AND NEO-NATAL MORTALITY RATES.

Year	INFANT MORTALITY RATES					NEO-NATAL MORTALITY RATES				
	Scotland	Glasgow	Edinburgh	Dundee	Aberdeen	Scotland	Glasgow	Edinburgh	Dundee	Aberdeen
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
1955	30	36	25	36	21	20	23	18	21	11
1956	29	33	24	31	22	19	21	18	20	14
1957	29	34	24	24	24	26	21	17	18	17
1958	28	35	25	20	18	19	26	17	15	14

TABLE 18.—CAUSES of DEATH among CHILDREN under FIVE YEARS during 1958.

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 years and under 3 years	3 and under 4 years	4 and under 5 years	Total 1-5 years	Total under 5 years
Tuberculosis, Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Tuberculosis, Other Forms	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Meningococcal Infections	—	—	—	—	—	—	—	1	—	1	1	—	—	—	1	2
Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infectious and Parasitic Diseases ...	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1
Malignant Disease ...	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
Meningitis (other forms)	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	4	—	1	1	6	9	1	2	—	18	1	1	—	—	2	20
Bronchitis ...	—	—	—	—	—	—	1	—	1	2	—	—	1	—	1	3
Other Respiratory Diseases	—	—	—	—	—	—	1	—	2	3	—	—	—	—	—	3
Intestinal Obstruction and Hernia	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1
Gastro-Enteritis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Digestive Diseases	—	—	—	—	—	1	2	—	—	3	3	—	—	—	3	6
Hydrocephalus ...	2	1	1	—	4	1	1	—	—	6	—	—	—	—	—	6
Congenital Heart ...	5	2	—	1	8	6	—	1	—	15	1	1	—	—	2	17
Other Congenital Malformations	14	2	1	3	20	4	3	2	—	29	1	—	1	—	2	31
Injury at Birth ...	8	1	—	—	9	—	—	—	—	9	—	—	—	—	—	9
Post-natal Asphyxia and Atelectasis	43	1	—	—	44	1	—	—	—	45	—	—	—	—	—	45
Other Infections of New-born	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Early Infancy	12	—	—	—	12	—	—	—	—	12	—	—	—	—	—	12
Immaturity ...	24	1	1	—	26	—	—	—	—	26	—	—	—	—	—	26
Accidents:—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suffocation ...	—	—	1	—	1	5	8	2	—	16	1	—	—	—	1	17
Overlying ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Out-of-Doors ...	—	—	—	—	—	—	—	—	—	—	1	1	—	1	3	3
Other ...	—	—	—	—	—	—	—	1	—	1	—	—	—	2	2	3
Other Violence ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
All-Other-Causes ...	—	—	—	—	—	2	—	3	—	5	2	—	—	—	2	7
Totals ...	113	8	5	5	131	30	17	12	3	193	13	5	4	3	25	218

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

Ward	Infant Mortality Rates (per 1000 Live Births)				
	1954	1955	1956	1957	1958
1. St Giles	45	34	30	18	25
2. Holyrood	25	22	30	27	38
3. George Square	35	—	31	24	18
4. Newington	27	18	20	31	25
5. Liberton	20	31	29	20	14
6. Morningside	30	31	6	6	12
7. Merchiston	28	42	5	35	33
8. Colinton	13	31	19	12	29
9. Sighthill	24	32	13	24	37
10. Gorgie-Dalry	29	14	28	25	8
11. Corstorphine	14	9	24	25	14
12. Murrayfield and Cramond	11	22	20	47	16
13. Pilton	25	24	33	22	29
14. St Bernard's	19	23	16	26	30
15. St Andrew's	27	3	18	19	25
16. Broughton	11	47	26	20	21
17. Calton	32	10	31	36	19
18. West Leith	29	24	24	19	17
19. Central Leith	20	26	35	24	35
20. South Leith	19	44	30	24	34
21. Craighentiny	38	41	36	14	11
22. Portobello	15	16	7	26	22
23. Craigmillar	38	24	21	31	35
City Rate ...	25	25	24	24	25

TABLE 20.—OPHTHALMIA NEONATORUM

NIL.

TABLE 21.—CHILD WELFARE CLINICS.

(i) Number of clinics at end of year provided by local health authority	...	29
(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	... ..	7,661
(b) over 1 year of age	... ..	4,562
		<u>12,223</u>
(iv) Total number of attendances made by children during the year—		
(a) under 1 year of age	... ..	54,194
(b) over 1 year of age	... ..	24,659
		<u>78,853</u>

TABLE 22.—ULTRA-VIOLET RAY CLINICS.

Number of sessions held—551.

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	19	159	178
(b) over 1 year of age	288	3,948	4,236
	<u>307</u>	<u>4,107</u>	<u>4,414</u>

TABLE 23.—DAY NURSERIES.

	Approved Places	Average No. on Roll	Possible Attendances	Actual Attendances	Percentage of Attendances
Craigmillar ...	50	53	13,515	10,536	78
Dean ...	30	35	8,925	7,222	81
Dumbiedykes ...	30	36	9,180	6,475	71
Gilmore Place ...	40	41	10,455	8,342	80
Granton ...	60	60	15,300	11,606	76
Lochend ...	30	34	8,670	6,132	71
Niddrie ...	45	48	12,240	9,631	79
Pilrig ...	40	40	10,200	7,689	75
St Kentigern's ...	80	81	20,655	15,657	76
South Fort Street...	60	61	15,555	12,430	80
Stenhouse ...	50	52	13,260	9,303	70
Tollcross ...	30	33	8,415	6,417	76
Victoria Park ...	65	68	17,340	13,434	77
West Pilton ...	50	51	13,005	10,853	83
	660	693	176,715	135,727	77

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 1958		
		Aged 0-2	Aged 2-5	Others
PUBLIC HEALTH DEPARTMENT				
Willowbrae House	Short-stay	16	—	—
MATERNITY AND CHILD WELFARE SERVICE ...				
St Helen's, 7 West Coates	„	15	15	—
Viewforth Nursery, 22 Viewforth Terrace ...	„	15	—	—
Henderson Row Nursery, 73 Henderson Row	„	15	—	—
CHILDREN'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

(v) 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 1958		
		Aged 0-2	Aged 2-5	Others
Challenger Lodge (Edinburgh Cripple Aid Society), Boswall Road	Long-stay	—	3	22
Edinburgh Home for Babies, "Avenel," 30 Colinton Road	Either	25	—	—

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 ...	—	—	—	—	3	59	5	—
2. Child-minders ...	2	2	—	—	10	124	27	—

TABLE 26.—TODDLERS' PLAYGROUNDS.

Centre	Number on Roll	Daily Attendances	Centre	Number on Roll	Daily Attendances
Fountainbridge ...	26	18	Yardheads, Leith ...	36	27
Pleasance	26	22	Boswall Parkway ...	40	32
Stockbridge	26	21	Granton	40	29
Tron Square	22	15	Lochend	25	21
Abbeyhill	38	26	Marshall Street ...	25	18
Barony Place	40	26	Portobello	40	31
Carrick Knowe	21	15	Canongate	22	17
Elm Row	40	28	West Pilton	23	16
St Ninian's, Leith ...	32	25	Greenside	16	14
Craigentinny	20	17	Sighthill	21	16
Mamaica Street	22	18	Clermiston	28	16

TABLE 27.—WELFARE FOODS DISTRIBUTION—UPTAKE.

	National Dried Milk	Cod Liver Oil	A and D Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
General	117,689	31,146	23,582	222,585
to day nurseries, hospitals, etc.	836	1,578	—	2,830
Total	118,525	32,664	23,582	225,415
Average Monthly Uptake ...	9,877	2,722	1,965	18,785

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

	Expectant Mothers	Nursing Mothers	Pre-School Children
Number inspected by dental officers	94	166	1,124
Number found to require treatment	93	166	1,082
Number accepting treatment	87	166	1,075
Number actually treated by dental officers ...	74	141	997

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	12		12
Haig-Ferguson Memorial Home, 4 Lauriston Park	4	5	5
Salvation Army Home for Mothers and Babies, "Tor," Corstorphine Road	7	17	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	1,901	1,901	937	2,838
(b) Infants (under 1 year)	11,704	7,439	37,867	45,306
(c) Children (1-5 years)	16,131	557	65,520	66,077
(d) Other cases	13,136	13,136	6,672	19,808
		23,033	110,996	134,029
(e) Waste Visits				20,526
			Total ...	154,555

SCHOOL HEALTH SERVICE

JOINT COMMITTEE ON SCHOOL MEDICAL SERVICE.

From HEALTH COMMITTEE :

Councillor G. HEDDERWICK.

Councillor G. GIBSON.

Councillor A. BRYCE.

Councillor LADY MORTON.

Councillor J. MACKAILL.

From EDUCATION COMMITTEE :

Councillor Mrs C. T. NEALON.

Councillor W. J. MACPHERSON.

Councillor J. F. STEWART.

Councillor R. McLAUGHLIN.

DR. JOHN WISHART.

REPORT BY THE CHIEF EXECUTIVE SCHOOL MEDICAL OFFICER.

The following report for the year ended 31st July, 1958, is the fifty-first since the institution of school medical inspection in Edinburgh and the twenty-eighth since the transfer of the service to the municipality.

During the year the work of the service was increased and its customary employments interrupted by participation in the city-wide tuberculosis campaign and in the scheme for the inoculation of pre-school and school children against poliomyelitis. For this reason many activities and projects had to be curtailed or even abandoned.

The incidence of infectious disease was higher than in the previous year, the principal contributor to the increase being the epidemic of influenza which afflicted the school population in the autumn of 1957. Dysentery, though not so prevalent as in the preceding school session, again gave concern and special preventive measures had to be adopted in schools. Infective hepatitis, which up till now has appeared only sporadically in the school population, assumed epidemic form in two primary schools. No connection could be determined between the two outbreaks, which in all involved 59 pupils. In both schools special preventive measures were put into force and the outbreaks ceased before the end of the summer term but it was, unfortunately, impossible to assess the effect which those preventive measures had had in bringing the epidemics to a close.

Tuberculin testing was applied to several hundred school entrants, of whom one was found to suffer from active pulmonary tuberculosis and was admitted to hospital. The percentage of positive reactors ascertained for the first time by this procedure was 0.8 per cent. and no source of infection was traced among family or other contacts. Because, apart from its value as a means of case finding, tuberculin testing is useful in assessing the tuberculosis position in the community, this activity will be continued with the entrant group and will also, it is intended, be extended to the nine-year-olds, among whom, as this year's experiment has shown, the incidence of sensitivity resulting from previous contact with tuberculosis is much higher.

In 1953-54, when the local authority introduced its scheme for periodic x-ray examination of its teaching staff, four cases of active pulmonary tuberculosis were ascertained. No new cases were discovered by means of this examination until the year under review, when one teacher was found to have tuberculosis. During the city-wide anti-tuberculosis campaign in March, 1958, a second adult in contact with school children was found to have active tuberculosis—a janitor in a primary school. Investigation by tuberculin testing and radiography of the class contacts of the teacher and, in the case of the janitor, of the whole school population, showed that fortunately no spread of the disease had occurred from either of the two sources of infection.

In recent years evaluation of school health activities by critics within, as well as outwith, the school health service has concerned itself, among other aspects of the work, with the ascertainment of handicap, and especially of defects of vision and of hearing. A recent circular from the Department of Health deals with the routine testing of vision of pupils and recommends that this should not be deferred

ill the age of seven, as has been the practice, but should be done at entrance at the age of five years, and school medical officers are asked to describe in their annual reports the results of any testing of entrants which has been carried out in their schools. Accordingly, later in this report and in the appendix, findings are given, covering not only the testing of 3,800 entrants but also the testing of all age groups concerned with routine inspection and the results of examination of children referred to the ophthalmologists' clinics. These show that testing on entry to school reveals a not inconsiderable number of children whose visual defects, if left uncorrected, might be a handicap both to education and to other activities in and out of school. They also show in the older age groups the progressive rise in the incidence of visual defects and the gradual replacement of hypermetropia by myopia as the commonest visual defect.

The detailed description of the work of the audiometric service and the statistics obtained from the clinics of the ear, nose and throat surgeons, taken along with the results of periodic medical inspection, give a picture of the ascertainment of hearing defects. It is now universally agreed that as a screen for detection of those defects audiometric testing is more accurate than the clinical methods of testing which can be employed by the medical officer and school nurse and it is gratifying to be able to report that all pupils now receive audiometric testing at least three times in their school careers and that the first test is administered at the age of five years. Statistically, there is no evidence of an increase of referrals to the aural surgeon as a result of the examination of hearing at seven years by school nurses and this supports the opinion held by many school medical officers that that examination could be omitted without detriment to the child in any area having an efficient audiometric service.

The statistics obtained from the clinics of the ear, nose and throat surgeons show how erroneous is the belief still held in some quarters that those clinics concern themselves mainly with the wholesale removal of tonsils and adenoids. It is clear that, far from this being the case, the surgeon is nowadays mainly concerned with the ascertainment of hearing defects and with their alleviation.

Although Edinburgh is more successful than many areas in its recruitment of dental officers, there are still not enough dentists on the staff of the school health service. In consequence, routine inspection of the mouths of pupils takes place, not yearly, but at intervals of two years or more and a dental officer may find himself responsible for the dental care of nearly 5,000 children. As long as this shortage of staff persists, so long will the prevalence of dental decay, shown in the report of the Chief Dental Officer, continue to present a major health problem.

In submitting this report it is an obligation and a pleasure to express thanks to the workers in many fields who have contributed to the activities of the school health service; in particular to the medical, dental and clerical staff of the service itself, to colleagues in other branches of the Public Health Department and to the Director of Education and his staff.

GENERAL STATISTICS.

Population of the area	...	...	...	...	...	465,671
Number of schools (under the Education Committee) :—						
(a) Nursery	...	...	...	...	...	11
Nursery classes	...	...	...	...	...	10
(b) Primary	...	...	...	...	...	83
(c) Secondary	...	...	...	...	...	22
* (d) (i) Special schools	...	...	...	...	...	16
† (ii) Special classes in ordinary schools	...	...	...	...	...	2
(e) In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School and Cowgate Nursery School)	...	...	...	...	...	2
Total	...	...	...	...	...	146

* 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.

† 1 Class for mentally handicapped pupils attached to St Ninian's (R.C.) School.

1 Experimental class for pupils with multiple handicaps attached to Craigmillar School.

Number of children on the registers :—

Nursery schools	...	...	...	...	...	664
Nursery classes	...	...	...	...	...	324
Primary	...	...	...	...	...	43,987
Secondary	...	...	...	...	...	17,513
Special	...	...	...	...	...	736
Total	...	...	...	...	...	63,224

Average number of children in attendance ... 58,000

Average number of children in hospital classes ... 202

Average number of children taught at home by visiting teachers 44

SANITARY CONDITION OF SCHOOLS.

Section 20(3) of the Education (Scotland) Act 1946 lays on medical officers the duty of inspecting and reporting on school premises.

Because of the additional work undertaken by the school health service in connection with the tuberculosis campaign throughout the city, inspection of premises had to be reduced to a minimum, but medical officers investigated any specific complaints made by headmasters and others and appropriate action was taken to remedy defects.

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 visitor.

- (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 classes going to camp schools; of applicants for training colleges; 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 and examinations for vocational guidance.

Treatment :

Clinics and medical services administered by the school health service are shown in the following table :

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

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

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.

SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

Report by the Senior Dental Officer.

Staff :

The position during the year was improved by the addition of two dental officers, bringing the total to eighteen dentists for a school population of some 63,000 children and a number of pre-school children, expectant and nursing mothers eligible for treatment under local authority provisions.

It is advisable to make efforts to further increase the number of dental officers in order to aim at an annual inspection for each child. At present the gap between inspections is about two years.

Clinics :

In October, 1957, treatment commenced at a newly equipped surgery at Hyvots Bank Primary School, and in June, 1958, at the Child Welfare Centre, South Fort Street, Leith. In each centre attendances have been very good and there is excellent co-operation by both school and welfare centre staffs.

Dental treatment was again carried out for handicapped children at Challenge Lodge, the Royal Blind School and Balfour Place.

Visitors to various clinics included representatives from New Zealand, Ceylon, Finland and Singapore. It was noted that the scheme to treat children, where possible, in their own school premises meets with general enthusiasm, and the visitors showed approval of the clinic at Hyvots Bank School, St David's, Glasgow and the (unfinished) surgery at Clermiston Primary School.

Treatment :

Following the increase in staff the amount of conservation work (fillings) has risen, but as yet no corresponding decrease in extractions has been noted. The number of "casuals" or emergency cases shows a slight but welcome decline and in this respect a factor may be that a few more children are being treated by general practitioners.

Returns of 1957 and 1958 show the following comparison—the rise in number of fillings and the fall of 10 per cent. in the number of casuals.

	1957	1958	
No. of fillings	26,370	27,939	(+ 1,569)
No. of extractions	16,850	17,813	(+ 963)
No. of casual patients ...	6,067	5,416	(— 651)

The figures of total attendances at the dental clinics show an increase from 40,058, in the previous year, to 45,190 for the year under review, but there is cause for anxiety in the fact that the latter figure represents more attendances, at more patients, since many patients require more treatment than was the case some years ago. Frequently children of eight or nine years of age require fillings in four permanent teeth and in some cases it is not uncommon to see signs of decay in teeth which erupted only twelve or eighteen months previously.

A significant and sombre fact is that dental decay of primary teeth among children of between one and two years of age, seen at the clinics, is also increasing.

"Other Operations" include 10,000 injections of a local anæsthetic, 10,909 dressings of sedative or protective materials, gum treatment, scaling and cleaning operations, root treatment, and a total representing 10,913 impressions, polishing fillings, etc. A total of 1,073 x-ray photographs were taken, 33 crowns and bridges were fitted, and 154 orthodontic appliances were made and fitted.

The figure of 9,281 broken appointments was high, but included the period September and October, 1957, when influenza caused some absenteeism.

Propaganda consisted of twelve group talks with demonstrations, film-strips and slides, given by the hygienist to school children. Other lectures on the care of teeth were given to medical students taking Public Health Diploma courses, Youth Employment Officers, Guide Cadets, Mothers' Clubs, to students at Regent Road Further Education Institute and to dental chairside attendants. An illustrated talk was also given to the women's section of a local political party.

Consultant Services :

The consultant in orthodontics, a branch of dentistry dealing with irregularities of teeth, diagnosed and supervised the treatment of 156 new cases. Several cases which were continued from the previous year have now been completed, the total number of finished cases being 158.

The oral surgeon continued periodic visits as usual, and 20 cases involving special surgical treatment were referred by the dental officers to his clinic at the Whithill Health Centre.

Conclusion :

As shown by the figures of Table V given elsewhere in the report and from those of other authorities, it is clear that the rate of dental decay is rising in proportion to the increasing consumption of sugars, sweets and biscuits. Insufficient care of teeth and lack of oral hygiene is evident and much decay could be avoided by regular tooth brushing, together with simple methods of rinsing out the mouth after meals or the finishing of meals with raw fruits and vegetables instead of leaving the teeth coated by a film of sticky sweets, soft pudding or biscuits.

Especially to blame are the mid-morning snacks, and the excellent habit of drinking milk becomes a dental hazard, when, by the addition of biscuit or soft

carbohydrate food, sticky particles are left within the crevices of teeth. Food debris of this kind quickly forms an undesirable culture medium for the acid-forming germs present in the mouth. "Rinse and swallow" methods are easily taught to the youngest of school children and require no special technique, toothbrush or toothpick.

A third method of diminishing the attack of decay may lie in the adjustment of the fluoride content of local water supplies.

There is at present a concentration of 0.15 parts per million in our supply with slight variations according to source, and from experience over the past fifteen years, improvements have been noted when fluoride salts have been increased to one part per million in drinking water. Up to six or eight parts of this salt are already present in certain districts, where no trace of ill-effects have been discovered, and there is no doubt that if by this means children's teeth could be protected against decay for even three or four years, which is what is claimed, a great deal of discomfort could be avoided and part of the great national cost of dentistry considerably reduced. School dentistry might even fall within the limits of the dentists available.

SCHOOL NURSING.

Of the 43 health visitors engaged in school health work, three are wholly occupied with treatment and specialists' clinics in the two main treatment centres and four with instruction in mothercraft in secondary schools. Of the remaining 36, 18 are engaged in school health work only and 18 in both school health and child welfare duties.

The number of children visited during the year by school nurses was 2,951 and the number of home visits paid in connection with these children was 2,694.

INFECTIOUS DISEASES.

During the year 15,091 children were absent from school by reason of infectious disease. The figures for individual diseases show that the intensive epidemic of rubella in 1956-57, in which 6,934 cases occurred, must have attacked almost all those susceptible, for the impact in the subsequent years has been negligible. On the other hand, comparison with the previous year shows that there was a substantial rise in the incidence of chickenpox and of measles, and that mumps appeared as a major epidemic. The highest epidemic level was reached by influenza, which attacked the school population in the autumn of 1957.

Diseases	Cases	Diseases	Cases
Chickenpox	2,783	Influenza	5,571
Cerebro-spinal Meningitis ...	9	Measles	2,086
Diphtheria	—	Mumps	3,776
Dysentery	217	Poliomyelitis ...	1
German Measles (Rubella) ...	78	Scarlet Fever ...	146
Glandular Fever	4	Skin Infections ...	284
Hepatitis	88	Whooping Cough ...	48

Dysentery.—The number of school children infected fell from 342 in 1956-57 to 217 in 1957-58. Sporadic cases occurred in many schools, infection in all probability taking place in the home, but in four schools the incidence and distribution showed that infection was being spread within the school building also. Experience in 1956-57, described in that year's report, having shown the efficacy of a routine of "hand rinsing" in controlling a school epidemic, this procedure was introduced into each of those schools. For hand rinsing, a plastic basin containing dilute Roccal and a supply of paper towels are provided in each classroom. Under the eye of the teacher every child, returning from the toilet or entering the room after a break, rinses his hands in the solution, retains them in it for a short time and dries them on a paper towel, which is then discarded.

Hepatitis.—Of the infectivity of this disease there is no doubt, but a search for the source of infection is in most cases unsuccessful, principally because of the long incubation period. In the city's school population hepatitis in the main shows itself sporadically, no one area of the town being particularly affected. During the year 88 cases were reported in 21 schools. In 19 of those schools the number lay between 1 and 4 and it was surmised that the disease was contracted outside and not within the school building. In the spring of 1958, however, hepatitis reached epidemic proportions in two primary schools. In the Preparatory Department of the Royal High School the first case was reported on November 1957 and before the end of the school session 29 children had been infected. As numbers increased it became obvious that spread of infection was taking place in the school itself. The virus of hepatitis being excreted from the bowel, transmission of the disease in school most commonly, if not always, results from contamination of the hands of those using the school lavatories. In this, hepatitis resembles dysentery and methods of prevention appropriate to the latter are also applicable to hepatitis. Accordingly, under the supervision of Dr F. Craik, Assistant Medical Officer of Health, and officials of the Sanitary Department, a routine of "hand rinsing" was instituted at the peak of the outbreak, an extra woman cleaner was appointed to undertake throughout the school day the frequent cleansing with dilute disinfectant of lavatory seats, wash handles, door handles etc., and the purpose of these precautions was explained in detail to the teaching staff and the janitor so that their co-operation might be secured. The incidence of infection rose to its peak in February and then declined, the last case occurring in June.

In Parsons Green School the first case was reported in April. As the outbreak approached its peak in May, preventive measures similar to those in the Royal High School were introduced and the last case occurred in June, 30 pupils in all being affected. No connection was established between those two outbreaks.

Diphtheria.—The procedure for immunisation against this disease was maintained throughout the year, Formol Toxoid (F.T.) being substituted for Alum Precipitated Toxoid (A.P.T.) as the antigen for use among younger children.

5,176 children received injections of F.T.

(of these 4,123 were reinforcing doses).

5,316 children received injections of T.A.F.

(of these 5,060 were reinforcing doses).

Poliomyelitis.—During the earlier months of the school session pre-school and school children continued to receive preventive vaccination at a central clinic of the public health department, and medical officers and health visitors of the school health service participated fully in staffing that clinic. In May, 1958, after receipt of a circular from the Department of Health, it was decided that as many children as possible should be vaccinated before the period towards the end of summer when the disease is most likely to occur. Accordingly, an intensive programme was arranged for the vaccination of pupils attending schools of the local authority in the school medical rooms or in adjacent school clinics. As the work of the school health service had already been seriously retarded by its participation in the tuberculosis campaign this programme could be overtaken by school medical officers only to a limited extent. Two additional, temporary medical officers were, therefore, engaged by the public health department and seconded to the school service. Nor were the independent schools in the city omitted from the scheme. In May a letter was sent by the Medical Officer of Health to all headmasters and headmistresses of those schools and in reply a number asked that the public health department should provide vaccination for pupils under their charge. Dr Gerald Forbes, Assistant Medical Officer of Health, undertook this part of the programme.

The number of children vaccinated under arrangements made by the School Health Service between May and the end of July were :—

	One injection of vaccine given	Two injections of vaccine given
In schools of the Local Authority...	8,403	5,158
In independent schools	791	722
Total	9,194	5,880

TUBERCULOSIS.

B.C.G. Vaccination. Immunisation of thirteen-year-old pupils against tuberculosis is undertaken annually by the school health service in schools of the local authority and in 18 of the 19 independent day and boarding schools making provision for pupils aged thirteen years. In 1957-58 the work was undertaken by school medical officers aided by school health visitors and clerical assistants. Table A, Appendix I shows the results.

Post-vaccinal inspection was carried out in all schools and no severe reaction was found.

Tuberculin Testing of Younger School Children.—Testing by the multiple puncture method was offered in 15 schools to pupils aged 5 years and in 4 schools to pupils aged 9 years. One five-year-old child was found to have active pulmonary tuberculosis, for whom hospital treatment was provided. Two of the 9-year-old children were found to require supervision at the tuberculosis dispensary because of abnormal radiographic appearances. Investigation by school health visitors of family and other contacts of all positive reactors in both age groups brought to light no case of disease. Details of the results of testing are shown in Table B, Appendix I.

Mass X-ray Examination of Pupils.—During the winter the mobile x-ray van was made available for use at individual secondary schools and pupils of schools for the handicapped were brought by special transport to the static unit in Warriston Close. Pupils attending centres of further education also visited the static unit.

No. examined	...	...	...	...	15,468
No. found normal	...	...	...	...	15,298
No. recalled for large films	...	...	...	...	170 (1.1%)
No. of notified cases of tuberculosis	...	...	...	...	3 (0.02%)

The three notified cases received treatment through their family doctors.

Periodic X-ray Examination of Teaching Staff.—Of the 2,429 teachers permanently employed by the Education Authority, 2,225 (91.6 per cent.) accepted the scheme for annual investigation and one case of active pulmonary tuberculosis was found. In offering themselves for examination the very great majority availed themselves of the mobile x-ray van when it visited a secondary school in their neighbourhood under the arrangements referred to in the preceding paragraph.

Investigation of Pupils Exposed to Infection in School.—Throughout the year 4 pupils and 1 teacher were notified as cases of infectious tuberculosis.

As these were considered likely to have been a source of danger to others, the parents of all class contacts were advised to consent to tuberculin testing and/or x-ray examination. 167 class contacts were investigated in this way, but no active cases of tuberculosis were found.

During the tuberculosis campaign in March, in which 280,663 citizens offered themselves for x-ray examination, infectious tuberculosis was diagnosed in the janitor of a primary school, whose last examination had taken place some years previously when he was accepted for superannuation. A school janitor's duties being such that no one group of pupils is at special risk when he becomes a source of infection, tuberculin testing had to be offered to the whole school and the parents of 912 pupils out of a roll of 930 pupils accepted. 107 children gave a positive reaction, of whom 37 were already known to the tuberculosis service. All positive reactors were examined radiographically and none was found to have the disease.

Tuberculosis Campaign, March 1958.—All branches of the Public Health Department were concerned in this campaign, a description of which is given in the appropriate section of the Medical Officer of Health's report. Many members of the staff of the school health service, medical, dental, health visitor, clerical and clinic, were so deeply involved in the preliminary organisation and in the campaign itself that the activities of the school health service had to be curtailed, sometimes drastically, and even some of its basic duties failed fully to be overtaken.

VISUAL DEFECTS.

According to the yearly instructions of the Department of Health for Scotland, routine testing of every school child is carried out for the first time at the age of 7 years, this being a responsibility of the school nurse. In addition, D.H.S. circular 43/1957, while it did not make testing at an earlier age a duty of the school health service, recommended that, if circumstances permitted, the vision of school entrants also should be tested. In 1956-57 an experiment in this field had already been completed in Edinburgh and was discussed in the annual report of that year and also in an article in the Bulletin of the Chief Medical Officer. During the year under review it was found possible for the school nurses to test the vision of 3,800 entrants by means of the Chavasse "E" card and also to carry out their routine testing with the Snellen card of the 7-year age group. The findings are shown in Table A, Appendix II, defects being divided according to the classification of the Department of Health and subdivided into defects already known and defects recognised for the first time at testing. In Table B, Appendix II, the results of routine testing of the 9, 13 and 16-year group, extracted from Table II, have, for the sake of comparison, been recorded beside those of the two younger age groups and additional information about visual defects is given in the detailed analysis of the work of the ophthalmologists' clinics in Tables C and D, Appendix II.

Some indication of the value of testing school entrants is given by the fact that of the 304 entrants found to have only fair or bad vision, 220 (5.7 per cent. of the 3,800 tested) were ascertained for the first time. Of those 220, 72 were kept under supervision in school and 148 were referred to the ophthalmologist, of whom 86 (2.3 per cent. of those tested) were found to need spectacles. Table B, Appendix II, shows the rise in the incidence of visual defect in the first nine years of school life, the percentage with bad vision being 0.5 per cent. at 5 years and 4.3 per cent. at 13 years. The replacement of hypermetropia by myopia as the major visual defect can be appreciated by comparing the numbers of each of those defects, diagnosed for the first time by the ophthalmologists in the age groups concerned with routine inspection. Those numbers have been extracted from Tables C and D, Appendix II, and are shown below.

Age	New Referrals	Hypermetropia	Myopia
5 years	122	44 (36%)	14 (11%)
7 years	149	83 (55%)	27 (18%)
9 years	232	87 (37%)	70 (30%)
13 years	122	20 (16%)	61 (50%)

The numbers of spectacles prescribed, given in Tables C and D, Appendix II, shows that while ascertainment takes place at all ages through action initiated by teachers, school nurses and parents, it is most effective in the age groups subject to routine inspection and it is therefore to be hoped that if at some future time routine medical inspection of the 9-year group is omitted, a step recommended a number of quarters, provision for testing the vision of that age group will be retained. The difference in the ratio of new to supervision cases between Lauriston and Leith treatment centres, reflects the different opinions held by individual ophthalmologists on the need for, and the optimum interval between, tests of visual defect.

The dispensing optician of the Hospital Service is in attendance on two half days a week at Leith treatment centre, where 91 per cent. of the spectacles prescribed were provided by him. The percentage was only 54 per cent. at Lauriston treatment centre. Parents of children attending the latter who wish to avail themselves of the Hospital Service's optician cannot consult him on the premises but must call to see him at one of his sessions at the orthoptic centre, Cambridge Street. It is regrettable that the Hospital Service cannot see its way to satisfy the convenience of parents by enabling the dispensing optician to visit Lauriston as well as Leith.

SCREENING OF NINE-YEAR-OLD PUPILS BY HEALTH VISITORS.

Critics of the school health service have in recent years suggested that, without detriment to the child, medical officers' routine inspection of nine-year-old pupils might be replaced by a screening by school health visitors followed by medical examination of all those whose condition at screening was in any way unsatisfactory.

In an attempt to assess the efficiency of screening by the health visitor and in particular to ascertain whether serious defects requiring treatment would escape detection by such screening, a limited investigation was carried out by nine experienced health visitors on 202 children (177 girls and 25 boys).

These children were first inspected by health visitors. The inspection was as complete as possible in accordance with the classification of defects on the school medical record card and the health visitor's findings for each child were entered on a record card which was then sent to the office of the school health service. Parents were not present at the health visitor's inspections.

A short time after the health visitor's inspection—the interval being anything from two or three days to a fortnight—each child received the ordinary systematic inspection by the medical officer, the parents being invited to attend. The medical officer's findings were entered on the child's record card which was then brought to the office and compared with the health visitor's card. It was impossible for medical officers and health visitors themselves to compare cards.

In 110 cases a defect of one kind or another was ascertained by both doctor and health visitor, in 101 a defect was ascertained by the health visitor but not by the doctor and in 97 by the doctor and not the health visitor. The defects reported by the health visitors and not by the doctors either were of a temporary kind or depended on individual standards which differed between doctor and health visitor.

Failure by the health visitors to record 97 defects ascertained by the medical officers gives, at first sight, argument against the efficiency of a health visitor's inspection as a substitute for a medical officer's inspection, but it must be noted that—

- (1) An interval elapsed between the two inspections and it may well be that a defect of a temporary kind found by the medical officer was not present at the time of the inspection by the health visitor. In the same way, defects found by the health visitor might no longer be present when the medical officer inspected. This may account for discrepancies under the headings "clothing," "footgear," "cleanliness," "skin," "blepharitis," "infectious disease" and "other diseases." Also, minor defects of vision vary from time to time and discrepancies under "visual acuity" may be explained by the interval between inspections.
- (2) Certain defects depend mainly or entirely on the taking of an accurate history. In the absence of a parent, the history of a nine-year-old may be unobtainable. In this matter, the health visitor was at a

disadvantage and this disadvantage may well have caused discrepancies, for example, under the heading "mental and nervous condition" and also under "speech."

- (3) With many defects, ascertainment depends on the standard of normality employed by the individual examiner. It is, for instance, well known that there is a wide difference of opinion as to the healthiness or otherwise of tonsils between one school medical officer and another and between one hospital consultant and another. Such difference in standards may account for discrepancies under the headings "nutrition," "tonsils," "adenoids," "glands" and "mouth and teeth unhealthy." Discrepancies under "deformities" may also be thus explained.

The experiment had one intrinsic defect which could not be overcome—the health visitors had not the benefit of the presence of the parent. The medical officers had that benefit and the health visitors were, therefore, at a disadvantage. Also the series of cases—202—was far too small to allow definite conclusions to be drawn. In only three cases can it be said with certainty that screening by health visitors failed to bring to light important defects which were later detected at a medical officer's routine inspection. These were three cases of perforation of the ear drum, diagnosis in those cases depending on the use of an otoscope.

AUDIOMETRIC TESTING. (TABLES A & B, APPENDIX IV).

Mr Leslie Heath, headmaster of St. Giles School for the Hard-of-Hearing, reports as follows :—

"The session's work has failed to reach the full programme by a small margin, in that five schools (three secondary and two primary) were not tested. The detailed planning of the session was still hampered by schools where painting was in progress, schools where particular functions necessitated delays and postponement of programme and movement of population to new housing areas which necessitated considerable clerical investigation to locate defective cases.

The work however did progress considerably compared with the previous session, 2,223 more children being dealt with in the schools. The newly instituted system of a month's overlap between resigning staff and newly appointed staff, which was proposed in the last annual report, and has now been passed by the Education Committee, was largely responsible for this increased effort. The full effect of this concession was not felt in this session because the Committee passed the concession after the commencement of the work. In a full session it should enable us to meet our full commitments and an effort will be made in the coming session to meet the full programme.

The testing personnel have felt during the present session that the pace of the programme leaves them insufficient time for a full investigation of the more serious cases which they meet with while they are still in the schools. Each school programme is arranged to deal with the maximum number of children possible within the school day and it only takes two or three difficult cases, requiring a detailed discussion with class teachers, to make the work an impossibility for a single day.

Conditions within the schools, in particular long recesses or separate breaks for infants and primary pupils, can materially reduce the time available for covering the number of children involved.

A detailed study of these varying factors is necessary and we hope to make such a study in the near future.

Whatever can be done to relieve the testing staff from any feeling of stress or of frustration in the completion of their day's work will certainly be in the interest of the scheme as a whole.

Transfer Cases.

Where defective cases have transferred from one school to another and we have been unable to test such children in their new school, we have kept a record of these cases and have included them in the known defective cases for the area. It does happen, however, that some of the cases are not found in the schools to which they are reputed to have transferred, when we visit these schools in the following session. In such cases we can only treat the children as having left without trace, and deal with them as new cases if they appear elsewhere at a later date.

Statistics.

The statistics of the age groups do not vary by any significant amount from those of last session.

The slight decrease in the more defective cases (Grade 2) from the infant section to the secondary section is understandable if the system, combined with notification to the medical authorities and their subsequent dealing with the cases, is to be effective.

The overall picture of the problem does not vary and we can expect future developments to increase the variation of serious defects between infant and senior cases.

Two additional tables in this year's report are of interest in respect of cases found defective. First we see that a general tendency exists for approximately 40 per cent. of those found defective, to return to normal hearing in subsequent tests. This has been found to be a consistent result over many years of testing.

This represents a combined effect, first of temporary defect which rights itself before subsequent testing takes place, but also of an improved condition of certain cases due to medical treatment.

As the testing proceeds in subsequent sessions, more cases of stable defect will be discovered and so the proportion of those returning to normal will decrease until this optimum level of 40 per cent. is reached.

The second additional table included this session shows the distribution of cases found defective, into the three categories of Grades 1, 2A and 2B.

When first tested in the age groups, the number of incidental small defects of hearing increases the percentage of cases occurring in Grade 1.

The majority of those returning to normal hearing in the previous table, are of Grade 1 cases, where temporary defect has arisen.

The cases retested annually tend to show a greater percentage of 2A and 2B cases which are residual defects rather than temporary defects."

INSTRUCTION IN MOTHERCRAFT.

Mothercraft instruction in secondary schools is organised in collaboration with the Supervisor of Domestic Science and the teachers of that subject. Provision is also made in day schools for hard-of-hearing, physically handicapped and mentally handicapped pupils.

The number of children receiving mothercraft instruction was 1,161.

For Guthrie's Senior Approved School for Girls :

Miss Dick again undertook mothercraft instruction during the winter. In all, 40 girls aged 16, 17 and 18 years attended the class.

MEALS.

The number of meals supplied to schools and nurseries during the year ending 15th May, 1958, was 3,729,027. The total cost involved was £331,348. The average cost per meal was 21·325d. (10·464d. for food and 10·861d. for administration). The income from payments received for meals was £131,825. Applications for provision of free meals were received from 1,192 parents or guardians ; 1,013 of these applications were granted.

Nursery Meals.

	Nursery Schools		Day Nurseries	Total
	Corporation	Voluntary		
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
1954-55	198,193	34,491	12,288	244,972
1955-56	185,116	33,977	11,951	231,044
1956-57	195,034	32,802	11,595	239,431
1957-58	194,644	28,068	11,994	234,706

MILK.

The Government Free Milk Scheme is in operation in all schools. Under this scheme, no milk is supplied during holidays. On the average 58,932 bottles of milk were consumed daily by pupils.

MEDICAL INSPECTION.

Systematic Inspections :

In Table I details of the numbers inspected 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.

MEDICAL TREATMENT.

(1) Provided directly by School Health Service :—

A. Minor Ailments :—					New Cases	Attendances	
(1) Cuts, bruises, sprains, minor injuries, etc.					5,487	10,864	
(2) Diseases of the ear					359	1,243	
(3) Diseases of the eye, excluding defective vision					576	1,262	
(4) Diseases of the skin :—							
Ringworm (scalp)					3	7	
Ringworm (body)					12	52	
Scabies					52	211	
Impetigo					302	808	
Other diseases					739	1,645	
Total					7,530	16,092	
B. Doctors' Clinics					1,031	1,807	
C. Sunray Treatments :—							
Pleasance Clinic—							
School children					30	303	
Pre-school children					—	—	
Leith Clinic—							
School children					90	893	
Pre-school children					—	—	
Sighthill Health Centre—							
School children					15	171	
Pre-school children					—	—	
D. Orthopædic Clinics (Physiotherapist) :—							
Pleasance Clinic—							
School children					264	1,608	
Pre-school children					23	216	
Leith Clinic—							
School children					28	264	
Pre-school children					—	—	
Sighthill—							
School children					50	431	
Pre-school children					—	—	
E. Chiropodist :—							
					Leith Clinic	Sighthill	Senior Occupation Centres
Children examined					2,763	1,679	38
Children requiring treatment					173	143	31
Children who received treatment					145	129	31

	Primary Schools	Secondary Schools	Special Schools	Total
Leith Clinic :				
No. of schools inspected	5	2	—	7
Children inspected	2,442	321	—	2,763
Children requiring treatment or advice	142 (5·8%)	28 (8·7%)	—	146 (6·2%)
Sighthill Health Centre :				
No. of schools inspected	1	1	—	2
Children inspected	617	1,062	—	1,679
Children requiring treatment or advice	33 (5·3%)	110 (10·4%)	—	143 (8·5%)
Senior Occupation Centres :				
Male and Female				
No. of schools inspected	—	—	2	2
Children inspected	—	—	38	38
Children requiring treatment or advice	—	—	31 (81·6%)	31 (81·6%)

Of the 344 requiring treatment or advice, 115 (33·4 per cent.) were boys and 29 (66·6 per cent.) were girls.

A summary of treatment is detailed below :—

Condition	Attendances	
	Leith	Sighthill & Senior Occupation Centres
Skin conditions	1,844	788
Nail conditions	147	86
Bone conditions	4	1
Muscle and tendon conditions	146	77
Joint conditions	35	24
Arch conditions	86	57
Gland (e.g. hyperidrosis)	3	1
Gait and posture	1	2
Shoes etc.	50	26
Total ...	2,316	1,062

F. Scabies :—

Cases and Attendances at Scabies Clinic.

Year	Age 0-5 Years	Age 5-15 Years	Age 15 Years+	All Ages	Total Attendances
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
1955	20	65	24	109	429
1956	17	94	43	154	568
1957	15	113	42	170	726
1958	29	126	63	218	798

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

						New Cases	Attendance
G. Dermatologist	...	...	...	...	...	189	281
H. Ear, Nose and Throat	...	...	...	...	...	398	633
Recommended for operative treatment	...	...	...	...	...	309	
I. Ophthalmologists	...	...	...	...	...	1,204	2,940
Squint	...	...	...	...	...	114	271
Glasses prescribed	...	...	...	...	...	2,158	
Glasses supplied by dispensing optician	...	...	...	...	...	1,485	
J. Orthopædic Surgeon	...	...	...	...	...	301	1,003
Number of plasters supplied	...	...	...	...	...	47	
Number of children admitted to Princess Margaret Rose Hospital for operative treatment and manipulation	...	...	...	...	...	44	

(3) Carried out in Hospital :—

IN-PATIENT TREATMENT—						Boys	Girls	Total
K. In-patients discharged from children's departments of general hospitals—								
Medical	...	...	...	...	...	218	161	379
Surgical	...	...	...	...	...	591	366	957
T. & A. operation	...	...	...	...	...	566	543	1,109
Skin conditions	...	...	...	...	...	3	4	7
Orthopædic conditions (excl. Princess Margaret Rose Hospital)	...	...	...	...	...	28	9	37
No diagnosis	...	...	...	...	...	25	13	38
L. In-patients discharged from Princess Margaret Rose Hospital—								
Orthopædic conditions	...	...	...	...	...	35	28	63
M. In-patients discharged from the City Hospital—								
Infectious diseases	...	...	...	...	...	71	79	150
N. In-patients discharged from Southfield Sanatorium—								
Tuberculosis	...	...	...	...	...	11	14	25
Total number discharged from hospitals	...	...	...	...	...	1,548	1,217	2,765

OUT-PATIENT TREATMENT—

O. Child Psychiatric Unit, Royal Hospital for Sick Children—referred by School Health Service ...	16
P. Edinburgh Foot Clinic	73
Q. Hearing Aid Clinic, Cambridge Street—new cases issued with aids	9
R. Orthoptic Clinic, Cambridge Street	309
S. Rheumatism Clinic, Royal Hospital for Sick Children	11
T. Royal Victoria Dispensary—Contacts	278
U. Royal Victoria Dispensary—contacts vaccinated with B.C.G.	278
V. Notified cases of Tuberculosis	37

SPECIAL EDUCATIONAL TREATMENT.

Number of Children in Residential Schools and Institutions :

Blind—

Royal Blind School	24
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Deaf—

Donaldson's School	15
Mary Hare Grammar School, Newbury, Berks	1
St Vincent's R.C. School, Glasgow	1

Epileptic—

Colony for Epileptics, Bridge of Weir	4
David Lewis Manchester Colony	1

Physically Handicapped—

Castlecraig, Peeblesshire	6
Challenger Lodge	15
Coltness House, Wishaw	7
East Park Home, Glasgow	3
Harpenden Diabetic Hostel, Herts.	1
Trefoil School	9
Westerlea School for Spastics	8

Mentally Handicapped—

East Fortune Hospital	5
Gogarburn Institution	40
Larbert Institution	4
St Charles' Institution	2
St Joseph's Institution	11
Strathore Institution	10

Maladjusted—

Craigerne School, Peebles	5
Naemoor School, Perthshire	19
Rudolf Steiner (Aberdeen)	2
Rudolf Steiner (Garvald)	1
Tyneholme Boys' Home (Pencaitland)	1

In June, 1958, the Save the Children Fund opened Harmeny House, Balerno, some eight miles from Edinburgh, as a residential school for maladjusted children of primary school age. Three Edinburgh pupils have already been recommended for admission.

Day Schools :—

(a) **Physically Handicapped** : There are three day schools for physical handicapped children to which children are admitted on the recommendation of the school medical officer. The children on the rolls of these schools numbered 130 at the end of the school year. Details of the disabilities from which they suffered are given in Table A, Appendix VII.

For those children with handicaps so severe that they cannot attend special day schools, a service of 12 visiting teachers is provided, 7 of whom are employed whole time and 5 part time, representing a total of 10 whole time teachers.

Dr Jessie Wilson periodically reviews the children on the visiting teacher roll, and, during the year, 85 pupils received education from visiting teachers. Details of the disabilities from which they suffered are given in Table A, Appendix VII.

Eight children with cerebral palsy were educated at Westerlea School for Spastics as day pupils.

(b) **Epileptics** : Eighteen of these children receive special education treatment in day schools for the physically handicapped.

(c) **Partially-Sighted Children** to the number of 24 are educated at Lauriston Special School—9 refractive errors and 15 other conditions. This includes 3 children from neighbouring counties.

(d) **Deaf Children** to the number of 37 are educated in Donaldson's School for the Deaf as day pupils.

(e) **Partially-Deaf Children** to the number of 82 are educated in St Giles' Special School for hard-of-hearing children. This includes 30 children from neighbouring counties.

(f) **Speech Therapy** is given in small, special classes by individual and group methods. Four therapists were employed whole-time by the Education Authority, of whom one, Mrs Waters, retired in March, 1958, and was not replaced until after the end of the school session. In consequence there was a decrease in the number of children receiving treatment during the year to 76, of whom 141 were stammerers, 6 had cleft palate and 622 had defective articulation. 210 cases were discharged, 94 discontinued treatment or left school before treatment was completed and 465 remain on the roll to continue treatment. Included in the number receiving therapy were 12 pupils in schools for the physically handicapped and 12 in schools for the mentally handicapped.

(g) **Mentally Handicapped 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 Douglas Murray, the two school medical officers specially engaged in work with the mentally handicapped.

There are six day schools (one of which is an Occupation Centre with a roll 99) and one special class—the total roll being 489.

(h) **Maladjusted Children :** Attached to Craigentinny Primary School are 3 classes providing special educational treatment for 40 maladjusted pupils, most of whom are children under the care of the Children's Officer. The Educational Psychologist and her staff are closely concerned with the supervision of those children.

(i) **Children with two or more handicaps :** In a class attached to Craigentinny Primary School a group of 5 children with multiple handicaps receives training, being brought to and from school by special transport. These children are all blind, mentally handicapped and two are maladjusted in addition.

Handicapped pupils, who on leaving school require after-care, are referred to the appropriate voluntary organisations.

MENTAL DEFICIENCY.

Dr Constance Drysdale and Dr Douglas Murray, as Certifying Medical Officers, carry out the ascertainment and certification of defectives of school age.

Admission to Institutions : 9 children were certified as defective during the year and of these, 8 were admitted to Gogarburn and 1 to East Fortune.

REMAND HOME, GILMERTON.

The Remand Home administered by the Children's Department of the local authority serves the needs both of Edinburgh and of the South-Eastern counties, providing medical examination and treatment, dental treatment and any necessary specialist services being provided by the school health service. Children and young people are remanded to the Home from the Justice of the Peace, the Burgh and the Sheriff Juvenile Courts, before which they have appeared either as offenders or by petition. Offenders are those charged by the police with breach of the

Petition cases come to court either at the instance of the local authority on need of care or protection; or at the instance of the parent as "beyond control"; or at the instance of the education authority as truants.

Other examinations :—

Transfer Examinations	...	...	...	...	551
Vision Testing (5 years)	...	...	...	...	3,800
Vision Testing (7 years)	...	...	...	...	4,873
Vision Testing of other Special Groups	...	...	...	...	619
Employment of children	...	...	...	...	1,662
National Camps	...	...	...	...	2,210
Other Camps	...	...	...	...	121
School Journeys Abroad	...	...	...	...	350
Outward Bound (Moray Sea) School	...	...	...	...	36
Special Schools (routines)	...	...	...	...	206
Nursery schools and classes (routines)	...	...	...	...	252
Re-examination of Taught at Home children	...	...	...	...	44
Vocational Guidance	...	...	...	...	575
Remand Home Admits	...	...	...	...	283
Approved School Reports	...	...	...	...	154
Pre-apprentices (building)	...	...	...	...	84
Pre-apprentices (engineering)	...	...	...	...	77
Pre-nursing	...	...	...	...	35
Referred by School Welfare Officer (Annsmill)	...	...	...	...	30
*Special Cases	...	...	...	...	10,805
Re-inspections	...	...	...	...	3,199
Candidates for admission to Training Colleges	...	...	...	...	10

* Defects found at the examination of special cases were as follows :—

Insufficient boots	...	...	...	23	Mental defect or dullness	...	...	106
Insufficient food	...	...	...	1	Heart disease—Congenital	...	...	38
Insufficient clothing	...	...	...	8	Acquired	...	...	29
Neglect of medical treatment	...	...	...	23	Functional	...	...	35
Body or clothing dirty	...	...	...	111	Rheumatism	...	...	20
Vermin on clothes or body	...	...	...	16	Anæmia	...	...	12
Bits or vermin in hair	...	...	...	714	Lungs—Asthma	...	...	54
Broken-out head	...	...	...	28	Bronchitis	...	...	38
Skin diseases :					Suspect tuberculosis	...	...	16
Impetigo	...	...	...	113	Other disease	...	...	21
Ringworm of body	...	...	...	10	Chorea	...	...	—
Ringworm of head	...	...	...	1	Epilepsy—Mild	...	...	—
Scabies	...	...	...	45	Severe	...	...	7
Others	...	...	...	410	“ Nervousness,” etc.	...	...	119
General debility	...	...	...	457	Tuberculosis—Bones and joints	...	...	2
Defective teeth	...	...	...	754	Abdomen	...	...	—
Tonsils and Adenoids	...	...	...	484	Glands	...	...	3
Glandular enlargement	...	...	...	98	Rickets	...	...	1
Eyes—Defective vision	...	...	...	1,270	Orthopædic—Birth injury	...	...	13
Squint	...	...	...	188	Infantile paralysis	...	...	30
Other diseases	...	...	...	170	Other—Congenital	...	...	81
Ears—Deafness	...	...	...	444	Other—Acquired	...	...	317
Otorrhœa	...	...	...	152	Injuries, septic sores, etc.	...	...	1,153
Wax	...	...	...	112	Infectious diseases, contacts, etc.	...	...	182
Speech defect	...	...	...	289	Other causes	...	...	2,606
Total	...	...	...	10,805				

Treatment Advised.

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

Nursery	...	...	...	61
5-year-olds	...	...	...	481
9 „	...	...	...	495
13 „	...	...	...	475
16 „	...	...	...	81
Total	...	...	...	1,593

TABLE II.
Systematic Examinations.
Numbers and Percentages of Children found to be suffering from Defects at Routine Inspection.

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Total number examined in each Age Group	236	281	2,620	2,540	2,844	2,445	2,151	2,209	147	390	15,863
<i>Nature of Defect :</i>											
1. Clothing unsatisfactory	—	—	2 (0.1)	2 (0.1)	6 (0.2)	1 —	—	1 (0.1)	—	—	12 (0.1)
2. Footgear unsatisfactory	—	—	2 (0.1)	—	1 —	1 —	3 (0.1)	1 (0.1)	—	—	8 (0.1)
3. Uncleanliness :											
(a) Head—											
(i) Nits	1 (0.4)	1 (0.4)	4 (0.2)	27 (1.1)	14 (0.5)	48 (2.0)	7 (0.3)	44 (2.0)	—	3 (0.1)	149 (0.9)
(ii) Verminous	—	—	3 (0.1)	1 —	5 (0.2)	2 (0.1)	3 (0.1)	4 (0.2)	—	—	18 (0.1)
(iii) Dirty	—	—	2 (0.1)	7 (0.3)	1 —	3 (0.1)	—	—	—	—	13 (0.1)
(b) Body—											
(i) Dirty	—	—	1 —	1 —	2 (0.1)	—	5 (0.2)	—	—	—	9 (0.1)
(ii) Verminous	—	—	5 (0.2)	4 (0.2)	—	—	—	3 (0.1)	1 (0.7)	—	13 (0.1)
4. Skin :											
(a) Head—											
(i) Ringworm	—	—	1 —	5 (0.2)	1 —	—	1 (0.1)	—	—	—	8 (0.1)
(ii) Impetigo	—	1	—	12 (0.5)	1 —	13 (0.5)	2 (0.1)	11 (0.5)	—	—	40 (0.3)
(iii) Other Diseases	—	(0.4)	3 —	4 —	1 —	16 —	4 —	11 —	—	—	40 —

(b) Body—											
(i) Ringworm ...	...	...	...	...	1	3	1	—	2	1	10
(ii) Impetigo ...	...	...	...	...	—	3	—	—	—	—	(0.1)
(iii) Scabies ...	...	...	...	...	—	(0.1)	1	—	—	—	11
(iv) Other Diseases	...	...	...	...	—	—	—	—	—	—	(0.1)
	...	...	...	...	—	—	—	—	—	—	5
	—	—	—	—	—	—	—
	...	...	...	...	2	24	34	43	8	8	260
	(0.7)	(0.9)	(1.2)	(1.8)	(2.4)	(2.4)	(1.4)	(5.4)	(2.1)	(1.6)	(1.6)
5. Defective Nutrition :											
(a) Slightly Defective ...	...	...	...	...	60	61	100	82	71	5	443
(b) Bad ...	...	...	...	...	3	2	4	2	1	—	(2.8)
	...	...	...	...	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	—	15
	...	...	...	...	—	—	—	—	—	—	(0.1)
6. Mouth and teeth unhealthy	...	...	...	...	5	108	45	37	80	3	439
	(0.9)	(4.3)	(1.6)	(1.5)	(4.5)	(4.3)	(1.6)	(1.5)	(3.7)	(2.0)	(2.8)
7. Nose, Throat and Glands :											
(a) Nose—	...	...	...	...	41	39	6	6	4	1	115
(i) Obstruction requiring observation	...	...	...	...	(1.6)	(1.5)	(0.2)	(0.3)	(0.2)	(0.3)	(0.7)
(ii) Obstruction, adenoids	...	...	...	...	77	77	23	24	3	1	221
(iii) Other conditions	...	...	...	...	(2.9)	(3.0)	(0.8)	(1.0)	(0.1)	(0.3)	(1.4)
	...	...	...	...	35	43	47	17	25	1	191
	...	...	...	...	(1.3)	(1.7)	(1.7)	(0.7)	(1.2)	(0.3)	(1.2)
(b) Throat—	...	...	...	...	120	88	29	25	15	1	333
(i) Tonsils requiring observation	...	...	...	...	(4.6)	(3.5)	(1.0)	(1.0)	(0.7)	(0.3)	(2.1)
(ii) Tonsils requiring operation	...	...	...	...	80	73	24	22	3	1	231
	...	...	...	...	(3.1)	(2.9)	(0.8)	(0.9)	(0.1)	(0.3)	(1.5)
(c) Glands—	...	...	...	...	46	31	9	6	2	—	106
(i) Requiring observation	...	...	...	...	(1.8)	(1.2)	(0.3)	(0.3)	(0.1)	—	(0.7)
(ii) Requiring operation	...	...	...	...	2	4	1	—	2	—	10
	...	...	...	...	(0.1)	(0.2)	—	—	(0.1)	—	(0.1)

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	
8. Eye Conditions :												
(a) External Conditions—												
(i) Blepharitis ...	—	3 (1.1)	7 (0.3)	8 (0.3)	16 (0.6)	12 (0.5)	2 (0.1)	9 (0.4)	1 (0.7)	2 (0.5)	60 (0.4)	
(ii) Conjunctivitis ...	1 (0.4)	2 (0.7)	5 (0.2)	—	4 (0.1)	1 (0.1)	6 (0.3)	7 (0.3)	—	2 (0.5)	29 (0.2)	
(iii) Corneal opacities ...	—	—	1 (0.2)	5 (0.2)	1 (0.1)	1 (0.1)	—	—	—	—	8 (0.1)	
(iv) Strabismus ...	8 (3.4)	6 (2.1)	73 (2.8)	52 (2.1)	48 (1.7)	50 (2.0)	31 (1.4)	24 (1.1)	1 (0.7)	2 (0.5)	295 (1.9)	
(v) Other diseases ...	—	1 (0.4)	2 (0.1)	5 (0.2)	4 (0.1)	4 (0.2)	7 (0.3)	2 (0.1)	1 (0.7)	—	26 (0.2)	
(b) *Visual Acuity—												
(i) Good vision (6/6 in better eye) ...	—	—	—	—	2,444 (85.9)	2,030 (83.0)	1,795 (85.5)	1,603 (68.0)	113 (76.9)	332 (85.1)	8,317 (81.5)	
(ii) Fair vision (6/9 or 6/12 in better eye) ...	—	—	—	—	320 (11.3)	356 (14.6)	267 (12.4)	511 (23.1)	25 (17.0)	48 (12.3)	1,527 (15.1)	
(iii) Bad vision (6/18 or worse in better eye)	—	—	—	—	80 (2.8)	59 (2.4)	89 (4.1)	95 (4.3)	9 (6.1)	10 (2.6)	342 (3.4)	
(c) Recommended for refraction ...	2 (0.9)	3 (1.1)	30 (1.1)	24 (0.9)	102 (3.6)	61 (2.5)	86 (4.0)	83 (3.8)	12 (8.2)	12 (3.1)	415 (3.9)	
9. Ear Conditions :												
(a) Diseases—												
(i) Otorrhœa ...	1 (0.4)	1 (0.4)	18 (0.7)	8 (0.3)	13 (0.5)	11 (0.5)	18 (0.8)	6 (0.3)	—	—	76 (0.5)	
(ii) Other diseases ...	—	4 (1.4)	23 (0.9)	31 (1.2)	13 (0.5)	22 (0.9)	15 (0.7)	11 (0.5)	—	3 (0.8)	122 (0.8)	
(b) Defective Hearing—												
(i) Grade I ...	—	—	14 (0.5)	5 (0.2)	11 (0.4)	11 (0.5)	10 (0.5)	2 (0.1)	—	—	53 (0.3)	

(ii) Grade IIA ...	...	...	...	...	5 (0.2)	—	8 (0.3)	11 (0.5)	10 (0.5) 2 (0.1)	4 (0.9)	1 (0.7)	1 (0.3)	41 (0.3) 3
(iii) Grade IIB ...	...	...	...	...	—	1	—	—	—	—	—	—	—
(iv) Grade IIC ...	...	...	...	...	—	—	—	—	—	—	—	—	—
10. Defective Speech :													
(i) Defective articulation	...	...	...	...	22 (0.8) 5 (0.2)	12 (0.5) 2 (0.1)	6 (0.2) 7 (0.3)	—	3 (0.1) 5 (0.2)	—	—	—	44 (0.3) 19 (0.1)
(ii) Stammering	...	...	...	...	—	—	—	—	—	—	—	—	—
11. Mental and Nervous Conditions :													
(a) Epilepsy—	...	...	...	...	—	—	—	—	—	—	—	—	—
(i) Mild	...	...	...	...	1 (0.4)	1 (0.2)	1 (0.2)	—	1 (0.1) 1 (0.1)	1 (0.1)	—	—	11 (0.1) 2
(ii) Severe	...	...	...	...	—	—	—	—	—	—	—	—	—
(b) Backward ...	...	...	...	...	—	—	—	—	—	—	—	—	—
(c) Dull ...	...	...	...	...	—	—	—	—	—	—	—	—	—
(d) M.H. (Educable) ...	...	...	...	...	—	—	—	—	—	—	—	—	—
(e) M.H. (Ineducable)	...	...	...	...	—	—	—	—	—	—	—	—	—
(f) Nervous or unstable	...	...	...	...	—	—	—	—	—	—	—	—	—
(g) Difficult in behaviour	...	...	...	...	—	—	—	—	—	—	—	—	—
12. Circulatory System :													
(a) Organic Heart Disease—	...	...	...	...	—	—	—	—	—	—	—	—	—
(i) Congenital ...	...	...	...	...	1 (0.4)	5 (0.2) 5 (0.2) 11 (0.4)	6 (0.2) 4 (0.2) 3 (0.1)	4 (0.1) 1 (0.2) 6 (0.2)	3 (0.1) 2 (0.1) 5 (0.2)	2 (0.1) 1 (0.1) 2 (0.1)	—	—	22 (0.1) 14 (0.1) 40 (0.3)
(ii) Acquired ...	...	...	...	...	—	—	—	—	—	—	—	—	—
(b) Functional conditions	...	...	...	...	—	—	—	—	—	—	—	—	—

* 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	
13. Lung Conditions :											
(a) Asthma ...	—	—	12 (0.5)	10 (0.4)	12 (0.4)	3 (0.1)	11 (0.5)	1 (0.1)	—	—	49 (0.3)
(b) Chronic Bronchitis ...	—	—	8 (0.3)	1 (0.1)	2 (0.1)	—	6 (0.3)	—	—	—	17 (0.1)
(c) Suspected Tuberculosis ...	—	—	—	1 (0.1)	5 (0.2)	4 (0.2)	1 (0.1)	1 (0.1)	—	—	12 (0.1)
(d) Other Diseases ...	—	2 (0.7)	13 (0.5)	11 (0.4)	17 (0.6)	5 (0.2)	10 (0.5)	2 (0.1)	—	2 (0.5)	62 (0.4)
14. Deformities :											
(a) Birth Injury ...	—	2 (0.7)	8 (0.3)	9 (0.4)	7 (0.3)	4 (0.2)	9 (0.4)	3 (0.1)	1 (0.7)	2 (0.5)	45 (0.3)
(b) Congenital ...	—	2 (0.7)	29 (1.1)	20 (0.8)	30 (1.1)	18 (0.7)	36 (1.7)	20 (0.9)	1 (0.7)	—	156 (1.0)
(c) Acquired (Infantile paralysis) ...	1 (0.4)	—	2 (0.1)	5 (0.2)	3 (0.1)	1 (0.1)	—	—	—	—	12 (0.1)
(d) Acquired (Probable rickets) ...	4 (1.7)	3 (1.1)	16 (0.6)	2 (0.1)	5 (0.2)	13 (0.5)	8 (0.4)	1 (0.1)	—	2 (0.5)	54 (0.3)
(e) Acquired (Other causes) ...	11 (4.7)	16 (5.7)	86 (3.3)	59 (2.3)	58 (2.0)	51 (2.1)	45 (2.1)	49 (2.2)	2 (1.4)	29 (7.4)	406 (2.6)
15. Tuberculosis :											
(a) Bone and Joint ...	—	—	—	—	—	—	—	—	—	—	—
(b) Abdomen ...	—	—	1 (0.1)	—	1 (0.1)	—	—	—	—	—	2 (0.1)
(c) Glands ...	—	—	—	—	—	—	—	—	—	—	—
16. Infectious Diseases ...	1 (0.4)	—	12 (0.5)	4 (0.2)	7 (0.3)	3 (0.1)	2 (0.1)	4 (0.2)	—	—	33 (0.2)
17. Other Diseases or Defects :											
(a) Other Diseases or Defects ...	14 (5.9)	10 (3.6)	114 (4.4)	86 (3.4)	94 (3.3)	77 (3.1)	90 (4.2)	33 (1.5)	4 (2.7)	18 (4.6)	540 (3.4)
(b) Individual Children Notified ...	37 (15.9)	24 (10.0)	234 (96.0)	247 (99.0)	249 (99.0)	246 (98.0)	241 (96.0)	234 (93.0)	19 (7.6)	62 (2.5)	1,593 (62.0)

Heights and Weights.

	Number Examined	Average Height (Inches)	Average Weight (lbs.)	Average Age	
				Years	Months
<i>Nursery—</i>					
Boys	346	38.85	36.88	3	10
Girls	360	38.5	35.72	3	10
<i>Infants—</i>					
Boys	2,823	42.95	43.03	5	4
Girls	2,777	42.52	41.62	5	4
<i>9-year-olds—</i>					
Boys	3,075	52.16	65.35	9	6
Girls	3,105	51.79	64.29	9	6
<i>13-year-olds—</i>					
Boys	2,403	60.29	97.28	13	7
Girls	2,414	60.6	103.4	13	7
<i>16-year-olds—</i>					
Boys	235	68.09	136.6	16	9
Girls	392	63.5	124.18	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	324	62.54	3,692	71.54	3,980	75.24	3,274	75.10	396	74.93	11,666	73.35
II. (a) 6/12+ (better eye) with or without glasses ...	1	0.18	46	0.90	165	3.16	167	3.82	34	5.84	413	2.61
(b) Mouth or teeth likely to cause ill-health ...	—	—	56	1.08	32	0.62	44	1.00	2	0.47	134	0.84
(c) Both (a) and (b)	2	0.43	42	0.83	8	0.17	59	1.36	—	—	111	0.70
Total	3	0.61	144	2.81	205	3.95	270	6.18	36	6.31	658	4.15
III. Temporary illness only	128	24.60	850	16.47	746	14.09	496	11.39	75	13.65	2,295	14.46
IV. (a) Cure expected by treatment	57	11.26	434	8.40	297	5.57	270	6.18	25	4.05	1,083	6.83
(b) Improvement only by treatment	5	0.99	40	0.78	61	1.15	50	1.15	5	1.06	161	1.01
Total	62	12.25	474	9.18	358	6.72	320	7.33	30	5.11	1,244	7.84
Total number of children examined	517	100.00	5,160	100.00	5,289	100.00	4,360	100.00	537	100.00	15,863	100.00

Average Heights and Weights.
(Height in inches; Weight in lbs.)

	1951-52		1952-53		1953-54		1954-55		1955-56		1956-57		1957-58	
	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 ...	38-18	36-18	38-60	36-79	38-37	36-15	38-86	37-23	38-61	36-63	38-61	36-66	38-85	36-88
Nursery Girls ...	37-81	35-29	38-34	35-45	37-55	34-24	38-08	35-33	37-86	35-43	37-86	35-20	38-50	35-72
Infant Boys ...	42-21	42-48	41-83	42-58	42-65	42-44	42-85	42-88	43-00	42-72	43-00	43-16	42-95	43-03
Infant Girls ...	42-17	41-00	42-02	41-04	42-20	41-10	42-39	41-43	42-42	41-38	42-42	41-48	42-52	41-62
9-year-old Boys ...	51-73	63-06	50-53	64-61	51-89	64-49	51-95	65-09	52-14	65-09	52-14	65-53	52-16	65-35
9-year-old Girls ...	51-27	62-38	51-29	62-42	51-47	63-38	51-55	63-69	51-76	63-80	51-76	64-38	51-79	64-29
13-year-old Boys	59-71	92-15	59-08	92-97	59-76	94-05	59-90	95-23	60-01	96-44	60-01	96-25	60-29	97-28
13-year-old Girls	60-18	99-16	60-38	101-75	60-16	98-78	60-20	99-22	60-33	100-48	60-33	101-30	60-60	103-40
16-year-old Boys	67-11	131-72	67-51	133-94	66-68	135-70	67-61	135-87	67-46	137-22	67-46	136-75	68-09	136-60
16-year-old Girls	63-34	123-75	63-31	123-26	63-58	124-50	63-71	125-71	63-46	124-43	63-46	125-10	63-50	124-18

TABLE IV.

Return of all Exceptional Children of School Age in the Area

Disability	At Ordinary Schools	At Special Schools	At Hospitals or other Institu- tions	Not at School or Institu- tion	Total
1. <i>Blind</i>	—	27	—	—	27
2. <i>Partially-sighted</i> —					
(a) Refractive errors ...	—	9	—	—	9
(b) Other conditions ...	—	15	—	—	15
3. <i>Deaf</i> —					
Grade I	1,856	—	—	—	1,856
Grade IIa	1,432	5	—	—	1,437
Grade IIb	220	84	—	—	304
Grade III	—	—	—	—	—
4. <i>Defective Speech</i> —					
(a) Articulation ...	622	23	—	—	645
(b) Stammering ...	141	1	—	—	142
5. <i>Mentally Handicapped</i> —					
(a) I.Q. approx. 70-50—					
(i) Education Act ...	—	390	—	—	390
(ii) M.D. Acts ...	—	18	—	—	18
(b) I.Q. under 50—					
(i) Education Act ...	—	99	—	26	125
(ii) M.D. Acts ...	—	21	31	13	65
6. <i>Epilepsy</i> —					
(a) Mild	—	19	—	—	19
(b) Severe	—	10	—	—	10
7. <i>Physically Handicapped</i> —					
(a) Non-pulm. T.B. ...	—	16	—	—	16
(b) General Orthopaedic	1,114	92	—	—	1,206
(c) Organic Heart	—	7	—	—	7
Disease					
(d) Other causes ...	—	44	—	2	46
8. <i>Maladjusted</i>	—	—	3	—	3
9. <i>Multiple Defects</i> ...		Not recorded			

TABLE V.
Dental Inspection and Treatment.

	Systematic Examinations	Special and Emergency Cases	Total
Inspected—Age 5 years	1,214	423	1,637
" 6 "	2,010	575	2,585
" 7 "	2,951	538	3,489
" 8 "	2,403	590	2,993
" 9 "	2,553	648	3,201
" 10 "	3,596	666	4,262
" 11 "	2,795	552	3,347
" 12 "	1,380	406	1,786
" 13 "	1,274	361	1,635
" 14 "	907	399	1,306
" 15 "	308	188	496
" 16 "	65	31	96
" 17 "	22	29	51
Total	21,478	5,406	26,884
Found to require treatment	17,891	5,406	23,297
Number who accepted treatment	7,932	5,406	13,338
Number actually treated	7,427	5,406	12,833
Number of attendances for treatment	39,774	5,406	45,180
Fillings—(a) Permanent teeth	24,011	453	24,464
(b) Temporary teeth	3,327	148	3,475
Extractions—(a) Permanent teeth	4,135	1,401	5,536
(b) Temporary teeth	9,336	2,881	12,217
Number of administrations of a general anæsthetic	2,247	760	3,007
Other operations :			
Dressings—(a) Permanent teeth	3,543	624	4,167
(b) Temporary teeth	2,324	454	2,778
Scaling, gum treatment	3,999	163	4,162
Dentures	166	—	166
Orthodontic appliances	154	—	154
X-rays taken	1,045	28	1,073
Sundries	10,913	31	10,944
Half-days of—(a) Inspection	208	—	208
(b) Treatment	6,700	36	6,736
Number of children treated under private arrangements	1,519	—	1,519

Return of Oral Hygienist.

No. of School Children :			
(a) Referred for oral hygiene	...	...	1,360
(b) Actually treated	...	...	1,341
(c) Patients completed	...	...	1,321
(d) Attendances	...	...	2,624
(e) Group talks	...	...	12

APPENDIX I.

TABLE A.

Tuberculin Testing and B.C.G. Vaccination of Children born in 1944.

	Boys			Girls			TOTAL		
	Local Authority	Private	Total	Local Authority	Private	Total	Boys and Girls	Boys and Girls	Boys and Girls
No. Offered Tuberculin Testing	2,553	641	3,194	2,607	376	2,983	5,160	1,017	6,177
No. Accepted	2,290	554	2,844	2,339	321	2,660	4,029	875	5,504
Of whom the following had contact history positive and therefore excluded	178	17	195	178	18	196	356	35	391
	2,112 (83%)	537 (84%)	2,649 (83%)	2,161 (83%)	303 (81%)	2,464 (83%)	4,273 (83%)	840 (83%)	5,113 (83%)
No. Tuberculin Tested	2,089	534	2,623	2,142	302	2,444	4,231	836	5,067
	344 (17%)	101 (19%)	445 (17%)	356 (17%)	46 (15%)	402 (17%)	700 (17%)	147 (18%)	847 (17%)
No. of Positive Reactors	1,731 (83%)	433 (81%)	2,164 (83%)	1,774 (83%)	255 (85%)	2,029 (83%)	3,505 (83%)	688 (82%)	4,193 (83%)
No. Vaccinated	1,717	425	2,142	1,760	253	2,013	3,477	678	4,155
Post-Vaccinal Inspections	1,662 (97%)	413 (97%)	2,075 (97%)	1,719 (98%)	199 (79%)	1,918 (95%)	3,381 (97%)	612 (90%)	3,993 (96%)

APPENDIX I.

TABLE B.

Tuberculin Testing of Five- and Nine-Year-Old Pupils.

Age Group	Number of Schools	Number to whom testing was offered	Acceptances		Absent at time of testing	NUMBER TESTED	Positive reactors already known to the tuberculosis service, viz., those who had received B.C.G. or were natural converters following contact with a known case				POSITIVE REACTORS ASCERTAINED FOR THE FIRST TIME			
			No.	%			No.	%	Number showing abnormal X-rays	No.	%	Number showing abnormal X-ray	No. of new cases ascertained among parents, sibilines, etc.	
5 yrs.	15	870	717	82	70	647	14	2	Nil	5	0.8	I (Admitted to East Fortune Hospital)	Nil	
9 yrs.	4	245	208	85	14	194	3	1.5	Nil	12	6	II (i) "Opacity left lower lobe. For observation." (ii) "For observation left hilum."	Nil	

TABLE C.

Oculists' Examination at Lauriston Clinic.

Year of Birth	New Cases	Super-vision	Glasses not Pre-scribed	No Change in Glasses	GLASSES			No Appreciable Error	Myopic Cases		Hyper-metropia		Mixed Astigmatism		Amblyopia		External Conditions	
					Glasses Prescribed	No. Supplied by Dispensing Optician of Hospital Service	No. Supplied by Independent Optician		New	Sup.	New	Sup.	New	Sup.	New	Sup.	New	Sup.
1955	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1954	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1953	8	2	4	2	4	2	2	—	1	—	3	—	—	—	—	—	—	—
1952	70	16	33	17	38	13	25	—	7	—	16	3	2	—	—	—	—	—
1951	33	43	15	20	42	18	24	—	4	2	24	11	3	—	—	—	—	—
1950	70	69	26	30	84	38	46	1	15	8	28	20	2	4	1	—	—	—
1949	61	91	27	38	86	40	46	—	14	13	23	31	8	2	1	—	—	—
1948	117	117	48	30	158	63	95	—	34	38	35	39	7	6	1	—	1	1
1947	62	169	36	70	125	70	55	1	25	38	17	39	6	6	1	1	1	1
1946	51	159	34	36	137	66	71	1	16	41	14	64	—	13	1	1	—	—
1945	34	111	22	29	94	49	45	—	12	39	6	28	3	3	1	2	—	—
1944	43	117	23	33	107	49	58	—	22	48	6	25	3	7	—	1	—	—
1943	24	115	21	31	83	38	45	—	14	38	4	22	3	2	—	1	—	—
1942	9	39	8	9	30	13	17	—	1	15	4	5	—	2	1	1	—	—
1941	6	14	—	4	16	1	15	—	6	4	—	3	1	2	—	—	—	—
1940	3	6	2	1	6	3	3	—	2	3	—	1	—	—	—	—	—	—
Total	591	1,068	299	350	1,010	463	547	3	173	287	180	291	38	47	7	10	4	2

APPENDIX II.

TABLE D.

Oculists' Examinations at Leith Clinic.

Year of Birth	New Cases	Super-vision	Glasses not Pre-scribed	No Change in Glasses	GLASSES			No Appreciable Error		Myopic Cases		Hyper-metropia		Mixed Astigmatism		Amblyopia		External Conditions	
					Glasses Prescribed	No. Supplied by Dispensing Optician of Hospital Service	No. Supplied by Independent Optician												
1955	1	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—
1954	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
1953	11	—	6	—	5	3	2	6	—	1	—	4	—	4	—	—	—	—	—
1952	52	2	17	3	34	30	4	15	—	7	—	28	1	17	—	—	—	—	—
1951	44	9	16	1	36	28	8	8	—	4	1	31	7	9	1	2	—	1	—
1950	79	24	33	5	65	61	4	9	—	12	5	55	12	26	4	2	—	—	—
1949	43	32	22	2	51	48	3	12	—	16	14	21	13	11	4	—	2	1	—
1948	115	57	58	6	108	103	5	28	—	36	15	52	36	27	17	1	1	—	—
1947	52	76	36	17	76	71	5	20	—	14	42	17	27	9	15	2	3	2	—
1946	33	79	23	9	79	72	7	11	—	14	39	6	36	5	25	2	—	—	—
1945	22	57	10	11	58	53	5	17	—	8	40	8	14	2	11	—	2	1	—
1944	79	88	46	14	107	95	12	14	—	39	47	14	40	16	18	—	1	—	—
1943	33	88	24	23	74	66	8	6	—	7	57	15	24	8	19	3	1	—	—
1942	10	29	5	8	26	24	2	—	—	3	16	6	13	2	8	1	—	—	—
1941	5	11	3	7	6	5	1	2	—	1	10	—	1	1	3	1	—	—	—
1940	7	3	5	3	2	1	1	1	—	1	4	1	—	3	1	—	—	—	—
Total	587	555	305	109	728	661	67	149	—	163	260	259	224	141	126	14	10	8	—

Aurists' Examinations at Lauriston Clinic.

Year of Birth	Cases		No Treatment Advised	Super-vision of T & A's	OPERATION CASES				HARD-OF-HEARING CASES						Cases X-rayed		Allergic Con-ditions		Sun-light		Breath-ing Exer-cises		Treat-ment at Clinic		
					(* indi-cates adenoids only) T & A's	Mastoids	Tym-pano-plasty	Eus-tachian Inflation under G.A.	Nerve Deaf-ness		Con-ductive Deaf-ness		Inflation at Clinic												Audio. Charts		Hearing Aids
	New	Sup.							New	Sup.	New	Sup.	New	Sup.	New	Sup.	New	Sup.	New	Sup.	New	Sup.	New	Sup.	New	Sup.
1954	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1953	31	1	8	4	*2 16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
1952	83	3	15	—	*4 51	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
1951	40	3	9	2	*2 24	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
1950	23	9	17	—	*3 7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1949	18	5	10	1	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
1948	46	7	19	1	*2 16	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
1947	19	3	7	1	*2 7	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1946	15	12	10	—	*3 7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1945	3	6	5	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
1944	16	15	14	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1943	4	7	7	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1942	—	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1941	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1940	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	300	77	127	9	*18 147	10	—	2	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	9	4

TABLE B.
Aurists' Examinations at Leith Clinic.

[illegible]

APPENDIX IV.

Results of Audiometric Testing.

TABLE A.

	Number Tested	Normal	I	IIA	IIB	Total Defective
Age groups this session :						
Infant admits of 1957	4,956	4,554	203	174	25	402
Percentage of number tested		91.9	4.1	3.5	.5	8.1
Born 1949	5,452	4,954	293	184	21	498
Percentage of number tested		90.9	5.4	3.3	0.4	9.1
Secondary admits of 1957	3,823	3,509	208	94	12	314
Percentage of number tested		91.7	5.5	2.5	0.3	8.3
Absentees from previous session :						
Children absent from last session's tests (all groups)	677	615	26	33	3	62
Percentage of number tested		90.8				9.2
Additional Groups :						
Cases submitted by schools	588	486	57	31	14	102
Percentage of number tested		82.7				17.3
Children previously known to be defective and retested this session	2,391	934	625	706	126	1,457
Percentage of number tested		39.0				61.0
Children previously defective but normal on one previous test, and retested this session	741	587	99	51	4	154
Percentage of number tested		79.2				20.8

TABLE B.

	I	IIA	II	Total
Total number of children with known defect in the City ...	1,856	1,432	220	3,508
(These figures are not the summation of the above groups since individual cases may be represented in more than one of the above groups, and additional cases exist which are not represented in the groups stated.)				

APPENDIX VI.

Analysis of New Cases seen by Visiting Orthopaedic Surgeon.

Condition	No.
Congenital Deformities :	
Talipes Equino Varus	3
Tibial Torsion	11
Scoliosis	5
Talipes Calcaneo Valgus	1
Dislocation of Hip	1
Klippel-Feil Syndrome	1
Malformation of Thorax	1
Torticollis	1
Diseases of Nervous System :	
Anterior Poliomyelitis	4
Spastic Paralysis	1
Spasmodic Torticollis	1
Chronic Bone Disease :	
Koehler's	3
Koehler-Friberg	4
Osteochondritis of os calcis	1
Onychogryphosis	1
Osgood Schlatter's	1
Traumatism :	
Scoliosis	3
Fractured Femur	1
Internal Derangement of Knee	1
Sprained Ankle	1
Contracture of Finger	1
Static Structural Deformities :	
Talipes Varus	7
Habitual Scoliosis	4
Mal-posture	38
Pes planus	104
Genu Valgum	21
Metatarsalgia	4
Claw feet and claw toes	26
Hallux valgus	37
Overlapping toes	7
Painful heels	3
Disease of Muscle or Tendon :	
Tendo vaginitis	2
Ganglion	1

APPENDIX VII.

TABLE A.

Physically Handicapped Children.

Disability	No.	Disability	No.
Alopecia	1	Nephritis	1
Cæliac Disease	1	Nervous System—Disorders of :	
Congenital Defects :		Cerebral Palsy	28
(a) Skeletal—		Cerebellar Tumour	1
Club Foot	1	Epilepsy	8
Fragilitas Ossium	1	Poliomyelitis	1
Hydrocephalus	1	Perthes' Disease	2
Spina Bifida	2	Rheumatism :	
(b) Other—		Stills' Disease (Rheumatoid arthritis of	
Cretinism	2	childhood)	1
Muscular Dystrophy	2	Sub-acute Rheumatism	2
Myasthenia Gravis	1	Speech Defects	3
Debility	12	Tuberculosis :	
Enuresis and Encopresis	2	Pulmonary	3
Heart Conditions :		Hip Joints	5
Congenital	7	Knee Joints	1
Acquired	1	Spine	3
Lung Conditions :		Abdomen	1
Asthma	7	Other conditions	9
Bronchitis	3		
Bronchiectasis	1		
Total number of cases : 130			

TABLE B.

Pupils on the Visiting Teachers Roll.

Disability	No.
Cerebral Palsy	11
Orthopædic Conditions, various	8
Hæmophilia	7
Poliomyelitis	5
Accidents, Fractures, etc.	11
Asthma	3
Dystrophy	5
Rheumatism, Chorea, etc.	4
Acquired Heart Disease	3
Pulmonary Tuberculosis	3
Epilepsy	2
Congenital Deformities, various	6
Congenital Heart Defect	1
Nephritis	2
Other Lung Conditions	1
Other Conditions	13
Total	85

APPENDIX VIII.

Remand Home, Gilmerton.

	Examined on Admission	Examined for Approved School Report	Examined for Borstal Report	Referred to Psychiatrist	Referred to Venereal Diseases Department	Admitted to Venereal Diseases Department	Referred to other Specialist
ON CHARGE							
Boys Edinburgh ...	151	67	3	9	—	—	5
Outwith ...	64	41	—	2	1	—	2
Girls Edinburgh ...	15	3	2	—	9	3	—
Outwith ...	7	6	1	1	4	—	—
ON PETITION							
Boys Edinburgh ...	15	11	—	2	—	—	1
Outwith ...	—	—	—	—	—	—	—
Girls Edinburgh ...	26	22	—	—	16	2	1
Outwith ...	5	4	—	1	4	—	1
Total ...	283	154	6	15	34	5	10
Edinburgh Boys ...	166			Edinburgh Girls ...	41		
Outwith Boys ...	64			Outwith Girls ...	12		
Total ...	230			Total ...	53		
Grand Total ...	283						

PREVENTION OF ILLNESS.

HEALTH EDUCATION.

REPORT BY
THE SENIOR MEDICAL OFFICER FOR
RESEARCH AND HEALTH EDUCATION.

The conception of health education as a community activity has been sedulously propagated by Edinburgh's Health Committee since plans were first made early in 1953 for the Pilton Health Campaign the following year. Six years later, the seed has flowered and borne fruit beyond the most optimistic dreams of those Pilton enthusiasts who formed what is believed to be the first community health campaign committee in British public health history.

This year about 300,000 Edinburgh citizens, more than 84 per cent. of the population, have responded to a great community health campaign by presenting themselves for mass x-ray examination in the brief space of four weeks. Over 8,000 voluntary workers collaborated with the Health Committee, the Regional Hospital Board and the Scottish Information Office in making this remarkable achievement possible.

For six years now, the recurring theme of this report has been that "Health programmes can only be truly effective with the understanding, the support and the participation of the citizens". This year, the Health Committee, the Public Health Department and the citizens of Edinburgh have shown how astonishingly effective this understanding, support and participation can be.

The story of the campaign has been told elsewhere and this report will deal only with the health educational and publicity work involved in the campaign.

Another feature of 1958 dealt with is the preparation for the Cigarette Cancer Campaign planned for February 1959.

THE EDINBURGH MASS X-RAY CAMPAIGN—1958.

The success of three previous x-ray campaigns of limited extent, between 1954 and 1956, had enabled the Health Committee to feel confident of co-operation from all members of the Corporation and from all departmental officials.

The Health Committee had also shown that it was possible, using a fully developed household visiting scheme, to persuade over 70 per cent. of a given population to attend for x-ray in a very few days.

Using the same methods, but with greatly improved press and other publicity, including a prize scheme of vastly greater appeal than the first Edinburgh prize scheme of 1955, the Glasgow X-ray Campaign of 1957 had

achieved a remarkable success in which over 76 per cent. of the Glasgow population had been x-rayed. A large element in this success had been the remarkable press, radio, television and cinema publicity which was directed from a powerful publicity committee.

Confident of Edinburgh's ability to produce a strong community organisation, the Health Committee brought together, at the invitation of the Lord Provost, the following Central Publicity Committee :—

The Central Publicity Committee.

Chairman—Councillor Graeme H. Menzies.

Vice-Chairman—Mr A. C. Trotter, Editor, *The Scottish Daily Express*.

Secretary—Miss A. McKerchar, Town Clerk's Department.

Members.

Mr W. D. Barnetson, Editor, *Edinburgh Evening News*.

Mr A. Bowman, Editor, *Evening Dispatch*.

Mr A. M. Dunnett, Editor, *The Scotsman*.

Mr A. Little, Editor, *Daily Record*.

Mr E. V. Matthewman, Editor, *The Scottish Daily Mail*.

Mr Comyn Webster, Editor, *The Bulletin*.

Councillor R. McLaughlin—The Cinematograph Exhibitors Association.

Mr Aidan H. Thomson—The British Broadcasting Corporation.

Mr Michael C. Trotter—Scottish Independent Television.

Councillor Mrs C. T. Nealon.

Councillor Mrs Mary Tennant.

Councillor G. Hedderwick.

Councillor (Sgn. Cdr.) J. G. More-Nisbett.

Mr W. M. Ballantine, M.V.O.

Mr A. W. Tait

Mr P. G. Hunt

} Scottish Information Office.

Dr H. A. Raeburn, S.A.M.O., South-Eastern Regional Hospital Board.

Dr J. Williamson, Director, Tuberculosis Dispensary.

Dr H. E. Seiler, Medical Officer of Health

Dr J. G. Thomson, S.M.O. for Research

and Health Education

} Edinburgh City Public Health
Department.

Numerous Corporation officials were co-opted to the Committee from time to time, and particular thanks are due to Assistant Chief Constable R. M. M. Campbell, Mr A. Thain, Entertainments Officer, Parks Department, Mr J. A. Donaldson and Mr J. W. Sheean of the Architect's Department, and Mr T. Mass of the Transport Department.

The enthusiasm and energy with which these well-known editors and the other members of the Committee set about their task of persuading 80 per cent. of Edinburgh's adult population to come for x-ray was most heartening, and the scale of publicity throughout the campaign has probably never been equalled in any previous health project of this kind.

The Publicity Committee met in the City Chambers at fortnightly intervals from October till the end of January and weekly thereafter. In addition, small *ad hoc* sub-committees met much more frequently.

To carry through the ambitious plans of the Central Publicity Committee the Health Education section became the campaign publicity section, with some reinforcement from other sections of the Public Health Department and from the Scottish Information Office. The main tasks to which the Central Publicity Committee and the publicity section devoted their energies were :—

1. Developing a publicity campaign for the recruitment of voluntary workers.
2. Organising a spectacular opening ceremony and other major functions also a daily round of events during the campaign.
3. Building up an impressive prize-list, working out a prizes policy, and organising prize draws and presentations, with full publicity.
4. The development of a spectacular x-ray centre in Princes Street, and development of other central x-ray sites.
5. Designing and producing publicity material.
6. Planning a display-advertising programme in the press.
7. Building up press enthusiasm, and, through this, community enthusiasm for the campaign.
8. Developing a strong supporting programme on radio and television and in the cinemas of the city.
9. Developing a publicity display throughout the city.
10. The preparation of health education briefs for public health staff, for ward committees, and for voluntary workers.
11. The preparation of administrative briefs and instructions for the same groups.
12. Organising health education meetings for ward committees and voluntary workers.
13. Arranging the appearance of theatrical, television and sporting celebrities during the campaign.
14. Development of auditory methods of publicity, including loud-speaker vans and "talking aeroplane".
15. Organisation of a press league table to stimulate inter-ward competition.
16. *Ad hoc* publicity for ward functions, special schemes, etc.

The Publicity Campaign for the Recruitment of Voluntary Workers

There were no doubts in the minds of members of the Publicity Committee that the most effective recruitment would be that organised by the ward committees themselves. The direct personal approach by enthusiastic voluntary workers to their relatives, friends and acquaintances will always be the most successful means of enlisting recruits for a health campaign.

To assist this ward effort, a press campaign was opened, and thousands of column inches were devoted to persuading citizens to volunteer. The Lord Provost Ian A. Johnson-Gilbert's opening appeal was accorded about 150 column inches of valuable press space.

A thirty-second recruiting film was prepared and shown in all cinemas in the city and repeatedly on both BBC television and Scottish Independent Television.

Recruiting stands were set up in department stores, cinemas, libraries, newspaper offices, etc., the most successful of these being a stand in the Ideal Homes Exhibition, presented to the campaign through the efforts of the Editor of *The Scottish Daily Mail*. A special recruiting poster was also widely displayed.

Undoubtedly this central campaign was a great stimulus to recruiting by ward committees but, in addition, over 2,000 voluntary workers were recruited centrally. This number could have been much greater if a central recruiting section with adequate staff had been able to man the recruiting stands. In too many cases the recruiting stands were not manned and attracted no recruits. The importance of appointing a responsible individual to be in charge of such projects became clear, and this appointment might well have been a combined one with that of publicity display officer whose duties in preparing for the campaign would have taken him to many of the places where such recruiting stands were located.

The Prize Scheme.

A prize draw scheme had been used for the first time in any British mass x-ray project during the Edinburgh campaign of 1955. It was in Glasgow, however, during the 1957 campaign that the idea was first exploited on a really large scale, with an Austin motor car as the major prize.

Determined to obtain prizes at least as impressive as the Glasgow list, the Publicity Committee finally collected prizes worth about £7,000 headed by a magnificent gift of a five-apartment house at No. 139 Caroline Terrace, Cornton, Glasgow. This "X-Ray House", which made such a wonderful press story, was presented by the Antibiotics Division of the Distillers Company Limited through the good offices of Sir Henry Ross, the Chairman.

The Vice-Chairman of the Committee, Mr Trotter, was able to persuade an anonymous philanthropist to present, as a special prize for persons over retiring age, a pension of £2 per week for life. This important development followed the opinion survey (see annual report, 1957, and *Medical Officer*, 1958, 99, 100-78) which had shown that many people over 55 years of age and their relatives did not believe older people should come for x-ray. There is little doubt that this prize was the main reason for the high percentage achieved in this age group.

The third major prize was a Ford Anglia motor car presented by Alexander's Limited.

Bedroom and drawing-room suites, a television set, a refrigerator, several radio sets, a holiday for two in Belgium, a fur coat, a tailored suit and a £25 shopping voucher were other important items in a list of 112 prizes which ranged right down to chickens, parcels of chops, cakes and boxes of chocolates.

In addition, many of the ward committees were able to build up their own prize-lists, sometimes extending to 40 or more items which made stimulating displays at the x-ray centres.

The generosity of commercial firms in the city and their enthusiasm for the campaign must be recorded with real gratitude.

"Miss X-Ray" and the "X-Ray Man"

Throughout the four weeks of the campaign, a masked woman and a masked man—"Miss X-Ray" and the "X-Ray Man"—toured the streets, ward by ward, visited the x-ray units, attended football matches and other functions distributing small prizes to wearers of the x-ray badge. Organising a daily schedule and maintaining prize distribution lists was a considerable task.

The Publicity Value of the Prize Scheme.

Apart altogether from the obvious incentive value of a prize scheme, one of the major difficulties facing the Publicity Committee was to find press-worthy material to keep the campaign constantly before the public with mounting intensity over a period of several months. This the prize scheme enabled them to do with remarkable success.

The "Big Top".

From their first meeting, members of the Publicity Committee were agreed that two x-ray units would be needed in Princes Street, and that this was the only acceptable place for the opening ceremony. They planned too, that this ceremony should be on a spectacular scale which would attract thousands of spectators and be worthy of the enormous amount of newspaper, television and newsreel publicity which they proposed to devote to it.

What was needed was a building capable of housing two x-ray units, with covered accommodation for crowds of a thousand or more and, if possible, space for some form of entertainment for the waiting queues.

Unfortunately, no such accommodation existed as the Waverley Market was not available and was not, in any case, entirely suitable.

The "backcloth" of Princes Street Gardens and the Castle Rock made the Ross Bandstand the obvious choice but it could not possibly accommodate two x-ray units. It was against this dilemma that the "Big Top" scheme was born. Emissaries were dispatched to Olympia where Mr Bernard Mills and his co-directors, in the throes of Royal Visits to their famous Circus, still found time to consider, and agree to, the Committee's plan to erect the Big Top circus tent in Princes Street Gardens as an X-Ray Centre.

"Provided the administrative and mechanical problems can be solved," they said, "You can have our 'Big Top' on loan, but only for the first three weeks of the campaign and only if you can satisfy us about its safety while you have it." With that, they returned happily to the V.I.P.'s at the matinee performance as though such an extravagantly generous gesture was part of the everyday of circus life.

Perhaps they realised how nearly impossible the project was going to be. To say that the administrative and mechanical problems were formidable would be a singular understatement. Many times the Big Top project was within an ace of breaking down; many times it seemed that the project must be abandoned but the Committee were quite inflexible, knowing full well that no alternative could be found.

Moreover, they ardently believed in the great drawing-power of Bertram Mills' Big Top in the Princes Street setting, gaily bedecked with coloured lights and cheerful with the sound of music and entertainment for the waiting crowds.

It is difficult in retrospect to recount all the detailed work done by so many people but it must be said that success was achieved only through the determination and the remarkable ingenuity of Mr Vaslavik and Mr Bogalski of Bertram Mills' Co., and of many officials of the Corporation, particularly Mr Donaldson, Mr Egan, Mr Ross, Mr Thain and Mr Liberton.

To all these people, and to the heads of the various Corporation departments who advised throughout and encouraged members of their staffs to devote so much time to the Big Top scheme, the most sincere thanks will always seem to be inadequate. Their reward lay in seeing the Publicity Committee's imaginative plan become a triumphant reality, standing there in Princes Street Gardens for all to see, with its "king poles", its x-ray banners and its fairy lights rising well above the level of Princes Street itself.

In the three weeks that it remained in the Gardens, almost 58,000 people were x-rayed in the Big Top.

An X-Ray Sign on the Castle Ramparts.

Realising that Princes Street Gardens and the Big Top would be the focal point of the campaign, the Committee felt that a really striking x-ray sign was essential in this area. They proposed that an illuminated x-ray sign, eight feet high and fifteen feet long, should be erected on the Castle rampart facing Princes Street, as an earnest of the Corporation's convictions of the enormous importance of this x-ray campaign.

The proposal evoked considerable opposition, both in committee and in the Council, but, after a special meeting of the Planning Committee, permission was granted to erect the sign on condition that it was clearly understood that such a sign was only allowed for this very special campaign and could not be permitted to remain.

This illuminated sign, eight feet high, shining out high above the Big Top in Princes Street, was convincing evidence of the Corporation's belief in the importance of the campaign.

Household Visiting.

At the beginning of February, over 7,000 voluntary visitors began a door-to-door visitation of the 150,000 houses in the city. Several days before, a letter from the Medical Officer of Health explaining the visiting, outlining the importance of the campaign and appealing for co-operation, was delivered into the hands of almost every householder in the city by specially organised groups of schoolchildren.

These Voluntary Visitors had attended two training meetings at which they

were instructed by the ward doctor or sector leader about the tuberculosis problem. They saw the films "Inside Story" and "X-Ray Inspector", were given an information guide or brief on tuberculosis and on their duties in the campaign including what they should say and what they should not say to the householders, and were all given a brief directive on the card record system. Thereafter, they were all x-rayed at special x-ray sessions in the ward so that they would be able to speak from personal experience about the simplicity of the x-ray process.

Much press publicity was, of course, devoted to these meetings in each ward and to the preliminary x-ray sessions for voluntary workers. The delivery of the MOH's letter and the start of the household visiting also provided opportunities for press pictures and notices. Personal paragraphs about key workers in the ward organisations added to the interest of the news columns, and a most amusing account of a home visitor's experiences, with clever cartoon illustrations, was prepared by members of the *Daily Express* staff and used in several of the national and local newspapers by courtesy of the *Express* editor.

It cannot be too strongly stated that this community effort and household visiting was the foundation of the Edinburgh campaign. The work involved for the sector leaders and their public health ward teams was very great as were the labours of the ward committees who gathered the visitors together, built up the card record system, and organised the visiting and the revisiting during the time the x-ray units were in the ward.

The publicity section was deeply involved in the arrangements for the meetings, the provision of films and the preparation of detailed briefs for medical staffs, for ward committees and for voluntary visitors, covering recruitment of volunteers, the tuberculosis problem, household visiting, the card record system and the lay-out of an improvised mass x-ray centre.

The Voluntary Worker's Badge.

From the experience of previous campaigns, it was known that voluntary workers set some store by a distinguishing badge. A striking badge was designed and was widely worn in January and February by Committee members, voluntary workers and Health Department staffs. Photographs of the badge and of Lord Provost presenting it to a voluntary worker appeared in all newspapers with much publicity.

Preliminary Events.

The Arrival of the X-Ray Units.

The Publicity Committee had planned that the concentration of 27 mobile x-ray units on Edinburgh should be controlled throughout the British Isles by the Automobile Association scouts and that their progress from all directions should get full press and broadcast publicity. Unfortunately, just as the first of

its moved, the worst snow blizzards that Britain had seen for many years, disrupted communications throughout the country and for a couple of days nothing was heard of certain of the units; others were known to be snowed up and doubts were freely expressed in the press about the campaign getting started at all.

All this, of course, made an excellent talking point, and throughout clubs, restaurants, shops and factories, one could hear people discussing whether the x-ray units would get through.

Fortunately a slight relaxation in the severity of the weather enabled all to get through and the concentration of the first 14 units to arrive in the Queen's Park became a front page story.

The Opening Ceremony.

With the knowledge that the Big Top could, in the event of bad weather, postpone the whole Opening Ceremony, the Secretary of State for Scotland was invited to open the campaign in the Ross Bandstand, attended by the Bailies and Town Councillors in their robes.

Almost four thousand voluntary workers crowded into and around the Ross Bandstand enclosure on a lovely evening, which gave little warning of the arctic weather which was to prevail for the next four weeks. Thousands of spectators lined the railings on Princes Street. The pipe and regimental bands of the Black Watch, with the Regimental dancers, in a picturesque setting of coloured lights and flares, entertained the crowd until the arrival of the Secretary of State, the Lord Provost, Sir Humphrey Broun-Lindsay, Chairman of the Regional Hospital Board and the colourful official party.

As the official speeches ended, the flaming torches of the runners were seen entering the Gardens and bringing the x-ray torch from Aberdeen. Receiving the torch the Lord Provost passed it to the leader of the Edinburgh runners who led a procession to the Big Top where two children cut the satin ribbon to open the campaign. At that moment the illuminated x-ray sign, 8 feet by 15 feet, on the Castle ramparts high above the Big Top, flashed out. Thereafter, twenty-three torchbearers, one for each ward in the city, received from the Lord Provost a lighted torch and an illuminated card showing the number of x-rays that had been set as the ward target. Their departure was signalled by a fireworks display from Calton Hill.

In the wards, special receptions were organised to welcome the torchbearers, including, in one ward, a ceremonial burning of an effigy of the tuberculosis germ.

Special Service in St. Giles Cathedral.

The following morning, the Town Council in their robes joined a crowded congregation in St. Giles Cathedral to hear a stirring dedicatory sermon from the Reverend Dr Whitley, who preached on the text "A Citizen of No Mean City" and called on all good citizens to join in the great campaign to control tuberculosis in Edinburgh.

This was an inspiring occasion and, as similarly appropriate sermons were being preached in Churches throughout the city, the impact on the community was considerable and was probably particularly effective in the two groups which the attitude survey had shown to be least likely to come for x-ray—the older people and the more well-to-do section of the community in social classes I and II.

Parade of the X-Ray Units.

That same afternoon, thousands of citizens lined Princes Street to watch the three-quarter-mile long parade of x-ray units as it passed the Royal Scottish Academy before the Lord Provost, bailies and councillors arranged on the steps of the Academy. The parade provided Edinburgh citizens with their first real impression of the massive technical operation involved in the campaign, and newspaper photographers on the roofs and balconies of adjoining buildings took full advantage of the spectacle.

Final Preparations.

All that week-end x-ray units were being installed in their various halls and buildings, while the sun shone on those of the unit staffs who were free to go sightseeing in the city. That was the last good weather we were to see throughout the campaign. Blizzards of snow and bitterly cold weather lasted through March and there is little doubt that a conventional x-ray campaign without door-to-door visiting and all-pervasive publicity would have failed completely. The success achieved was all the more remarkable in view of the extreme rigour of the weather during the month.

Publicity Materials.

The planning of all the mass of publicity material, letters, leaflets, booklets, badges, posters, banners, record cards, display advertisements and so on, took much time and thought, particularly as, in many cases, production had to be put in hand several months before the materials were required. Grateful acknowledgement must be made of the work of the Scottish Information Office staff in preparing much of this material.

Some idea of the extent of this task may be gained from the following catalogue of campaign productions :—

	<i>Number used</i>
Recruiting Booklets	10,000
Briefs for Voluntary Workers	10,000
Badges for Voluntary Workers	10,000
Badges for those x-rayed during the campaign ...	450,000
Leaflets—Various	450,000
Posters—Various	38,600
Stickers—6" × 4" and 6" × 3"	40,000

Restaurant Table Cards	...	...	...	...	9,000
Wooden Display Stands for Shop Windows	...	...	...	...	30
Window Displays for Buses	...	...	...	...	600
Bulkhead Cards for Buses	...	...	...	...	600
"Big Top" Direction Boards for Buses	...	...	...	...	400
Coloured Arrows—"To X-Ray"	...	...	...	...	600
X-Ray Banners 70 feet long	...	...	...	...	3
X-Ray Banners 20 feet long	...	...	...	...	50
X-Ray Banners 8 feet long	...	...	...	...	500
Illuminated x-ray sign, 8 feet by 15 feet, for Castle Ramparts	...	...	...	...	1
Display Boards—X-ray 3rd-28th March	...	...	...	...	24
Giant Arrows for Princes Street Units, etc.	...	...	...	...	8
X-Ray Target Thermometer—15 feet high (Prepared by Smalls of Princes Street)	...	...	...	...	1
Hoarding Posters—16-sheet	...	...	...	...	50
Illuminated Decorated Buses	...	...	...	...	3
Double-sided framed relief picture of X-Ray House (Prepared by Gunn, Builders Ltd.)	...	...	...	...	1
Transparent Display Case for X-Ray Car (Prepared by Alexanders Ltd.)	...	...	...	...	1

In addition, arrangements were made with many shops to show special window displays for the campaign.

Publicity Methods During the Campaign.

It is not possible to do more than sketch in the outline of the massive publicity effort developed by the Central Publicity Committee and the publicity section. The efforts of the ward committees and the household visitors had laid the foundations of success, and the function of the press, radio, television and cinema programme and of all the visual and other publicity was to spark off the chain reaction so diligently prepared by the voluntary workers.

The Press.

The Press Office.

Immediately before the units opened, a Press Office was set up in the Public Health Chambers. The Scottish Information Office kindly seconded Mr Peter Hunt as Press Officer.

Working closely with the Press Office, the statistical section, the headquarters record sorting office, ward records offices and ward publicity committees were vital links in the publicity organisation.

The Statistical Section compiled each day :—

- (a) A teatime report of numbers x-rayed for the B.B.C. and Scottish Independent Television News Services.
- (b) A closing statement at 9-30 p.m. showing the details, unit-by-unit of the numbers x-rayed each day.
- (c) The ward league table showing at 10-30 a.m. the ward placing which depended on the percentage of the ward target x-rayed at that time. This last created much interest, was greatly appreciated by the press, and undoubtedly stimulated the wards to greater efforts.

The Headquarters Record Sorting Office was the nerve-centre of the card record system which made it possible for the statistical section to provide accurate daily figures of ward totals. The detailed work in the central sorting office, often under considerable pressure, was patiently undertaken by many voluntary workers, principally from Corporation departments, and much of the smooth running of the campaign was due to the diligence of these workers under the supervision of former chief clerk, Mr. Wm. Anthony, who interrupted his retirement to play this important part in the campaign.

Press Conferences and Reports.

Two press conferences, a morning conference at 10-45 a.m. and a late night conference at 9-45 p.m., provided up-to-the-minute information each day concerning numbers x-rayed, ward progress and the ward league table, new items, celebrity visits, special events, prize draws and presentations and x-ray unit sitting programmes, with notes of any opportunities for press photographs. A programme of two press conferences daily may appear redundant and tedious but, in fact, this was the most satisfactory and efficient way of ensuring that every newspaper had been given all the help and information possible.

In addition, each day at 4-30 p.m. a teatime report of numbers x-rayed and other information was telephoned to the B.B.C. and Scottish Independent Television news services.

Press Cover.

In the week before, and during the first few days of the campaign the response of the press was staggering. Over 9,000 column-inches of press space were devoted to the whole campaign and 822 column-inches appeared on the opening day. Fresh stories were released each day, sometimes two or more, profusely illustrated by the indefatigable press photographers.

Keeping up the pressure after the first few days was not easy, but an unbroken supply of news stories, photographs, gossip column items, editorial material, cartoons, etc. was maintained, so that over the four weeks of the campaign a daily average of over 300 column inches of press space was devoted to the campaign.

No words can express the debt owed to the press, editors and staff alike for the public-spirited way in which they worked for the campaign.

Press Advertising.

A detailed daily programme of display advertising was arranged through the Scottish Information Office at a cost to them of £2,700.

Cinemas.

Councillor Robert McLaughlin, as Chairman of the Edinburgh Cinematograph Exhibitors Association, was able to obtain for the campaign the fullest support in all the thirty cinemas of Edinburgh.

Very full coverage on the newsreels was obtained and, in addition, four short propaganda films were shown for a week or more, in every cinema in Edinburgh.

These were the recruiting film already mentioned, a 15-second colour cartoon announcing the start of the campaign, a one-minute appeal by the Medical Officer of Health, generously produced by the National Association for the Prevention of Tuberculosis, and the very successful N.A.P.T. film "In the Clear" starring the Scottish comedians Jimmy Logan and Stanley Baxter.

Broadcasting and Television.

Mr Aidan Thomson and Mr Michael Trotter as members of the Publicity Committee were able to arrange quite remarkable sound and television coverage for the campaign. In addition to daily news reporting, special functions and items too numerous to mention were also given full publicity.

A special interview with the Chairman, Councillor Menzies, was arranged on sound broadcasting and both television channels, and both the B.B.C. and Scottish Independent Television showed the cartoon introductory film, the M.O.H. appeal film, and the Logan-Baxter film, "In the Clear", at intervals most days throughout the campaign.

Display Publicity, Etc.

The Publicity Committee had set itself the task of ensuring that there should be visible evidence of the campaign in every street in Edinburgh. This was a difficult assignment and the results achieved varied from ward to ward. However, on the whole, the display of publicity materials was very successful and some idea of its extent can be obtained from the following headings.

The "X-Ray" Sign on the Castle Ramparts, eight feet high and fifteen feet wide, illuminated at night, was a visible symbol of the great importance of the campaign.

Banners. Three seventy-foot banners, fifty twenty-foot banners and five hundred eight-foot banners were erected throughout the city. The eight-foot banners were mostly erected by ward committees, but arrangements for the erection of larger banners and posters were made centrally. Selecting sites, obtaining the permission of the proprietors, applying for Planning Committee permission for every one of these sites, and arranging for erection by contractor was a major task in which much assistance was given by the Scottish Information Office.

Coloured "X-Ray" Arrows. Almost six hundred and fifty direction arrows were fixed to lamp-posts, railings and buildings throughout the city in accordance with the siting of the units. Two hundred of these were supplied and erected through the kindness of Mr Russell, Secretary of the Automobile Association. Over four hundred were erected by the Corporation Lighting and Cleansing Department. These arrows ranged in size from two feet up to six feet. This was not found to be too large an allocation. Indeed many complaints were heard of lack of sign posting.

The planning of these arrow sites, and the arrangements for changing them around as the units moved was an enormous and complicated task which required much more supervision than it received.

Trunk-Road X-Ray Signs. At each of the main roads into the city a double set of boards, 50 yards apart, were erected by the City Engineer's Department. One board read "X-Ray" and the other "3rd-28th March", and they caught the eye of the traveller coming into the city very effectively.

Open Space Signs and Notice Boards. About fifty large brightly-coloured display boards and a large number of notice boards were erected in open spaces and on railings in the city.

Posters. Fifty 16-sheet hoarding posters were supplied by the Scottish Information Office and erected free of charge by the General Poster and Publicity Co. Ltd. and by David Allen and Sons Ltd.

An extensive display of double-crown, crown size and miniature posters in shops in the centre of the city, and in works and offices, was arranged from the central office but the mass of poster publicity in the districts was arranged by ward committees.

Shop Window Displays. Thirty special display stands, showing details of the prizes, were on show in shop windows in Princes Street and other shopping centres. A number of shops made up their own window displays, a notable and elaborate example being that in Small's of Princes Street. At the opposite end of the scale, with all the strength of extreme simplicity, was a display in a fruiterer's window in which the word "X-RAY" was laid out in red apples against a contrasting background of yellow apples.

Those shops which were providing major prizes placed them on display in their windows.

Illuminated Buses. Two specially decorated white-painted x-ray buses, externally illuminated, toured the city every evening, one provided by Scottish Omnibuses Ltd. and the other by the Corporation Transport Department. An early horse-drawn bus was also decorated and used as publicity for the campaign.

Bus Publicity. Mr Little and Mr Glass also co-operated most effectively by arranging for publicity posters, showing both inside and outside and extending along the whole length of the windows, upstairs and downstairs, and on both sides of every bus in the city. This made a most impressive display, especially when a string of buses was seen together.

A special bulkhead poster was also used in every bus. Printed in a childish and in childish spelling, it read "FOR MY ZAK PLEEZ HAV AN X-RAY", and it undoubtedly evoked a lot of interest.

The X-Ray Car on Show. In a glass case brilliantly illuminated and displayed by Alexanders Ltd., the donors, in a prominent site at the West End, this car collected crowds of covetous viewers.

Special Display of the X-Ray House built by D. B. Gunn (Builders) Ltd. and brilliantly illuminated, was driven through the streets every night.

Many other minor aspects of display publicity, devised by enthusiastic groups and individuals, must go unmentioned, but all added to a most impressive and powerful visual campaign.

Ward Publicity Committees.

Each ward was asked to form a publicity committee and nominate a ward publicity organiser, and one member of the Public Health Department team in the ward was appointed to work with them. The publicity tasks set for the wards were :—

1. To arrange for the distribution and display of the following publicity material :

(a) Medical Officer of Health letters, to be distributed by schoolchildren to every house in the ward	Approx. 6-9,000
(b) Double-Crown "X-Ray" posters	85
(c) Crown size "X-Ray" posters	400
(d) 6 inch by 4 inch "X-Ray" stickers (for lamp-posts, vehicles, etc.)	1,000
(e) Double Crown posters "Your Nearest X-Ray is . . ."	8
(f) Crown size posters "Your Nearest X-Ray is . . ."	1,000
(g) "X-Ray" Banners—8 foot	20
(h) Leaflets—various	7,000
(i) Motor car windscreen stickers	500

2. To collect amusing or interesting stories of personalities or events in the ward for transmission through the Press Office to the newspapers.

3. To arrange through the Press Office, for press photographs of local events.

The visible evidence of the publicity effort in the wards varied. A number of wards were decked with banners or posters wherever one looked, but in a few the results were distinctly disappointing and many hundreds of unused posters were returned from such wards when the campaign was over. The lesson was clear. In a campaign of this size one vigorous individual with a small staff should always be appointed centrally to stimulate and even supervise poster and display schemes, banner erection, leaflet distribution, news reporting and other forms of ward publicity. This is a whole-time job if the ward work is to be well done.

Loud-Speaker Vans and the "Talking Aeroplane".

A dozen loud-speaker vans, manned by volunteer announcers from war committees, toured the districts around the x-ray vans every afternoon and evening except Sundays.

The "Talking Aeroplane" is an expensive but extremely effective form of loud-speaker publicity and is in a class by itself as an attention catcher. B.B.C. broadcasts from the "talking aeroplane" in the feature programme "Scope" specially publicized "X-Ray Balloon" prize schemes, and press articles and photographs of and from the "talking aeroplane" all carried additional public value.

The way in which "the voice from the sky" penetrates into buildings is remarkable and people can be seen looking around department stores, club lounges, and offices, or leaning out of windows to see where the voice is coming from. Moreover, one man can do the work of twelve in loud-speaker vans, and his message can be varied over different areas of the city.

Unfortunately, weather conditions may prevent its use, as happened in the final week of the campaign when snow and low cloud-ceilings were the daily rule.

X-Ray Campaign Badges.

In addition to the red voluntary workers badge already mentioned, a special campaign badge was designed for issue to all those who were x-rayed, a white badge with the Edinburgh Castle motif in black, attractively designed by the Edinburgh artist, A. B. Imrie.

Freely-expressed doubts about the willingness of Edinburgh people to wear such badges proved to be unfounded. The vast majority wore them proudly so that the press slogan for the last week became "Don't be the odd-man-out. Get your badge now." and the newspapers used reproduction of the badge freely throughout their pages every day.

Celebrity Attendances.

A large number of well-known celebrities from public life, and from the worlds of entertainment and sport attended the units, the prize draws or the prize presentations, and full use of their influence and drawing power was made in the press, radio and television.

The Card Record System.

In an x-ray campaign which depends for its success on community effort and household visiting, some form of record system is essential if return visiting is to be carried out systematically and efficiently. In this campaign a duplicate card system was used. The original cards, one for each individual in the household, were handed in by the household visitors who returned the completed duplicates to the ward record office. When the originals were handed in at the x-ray units, they were paired up with the duplicates and sent to the headquarters sorting office where they formed the basis of the "league table" figures published each day. They also provided a record of those x-rayed on which the weekly prize draws and the final draws for the three major prizes were based.

The system was necessarily much more complicated than is indicated here and a daily card transport service was organised by the Edinburgh Junior Chamber of Commerce between 9-30 and 10-30 a.m. each day. Keeping these records in order and up to the minute was only achieved by the enthusiastic labours of a large number of voluntary workers and public health staff.

There is no doubt that a duplicate card record system associated with the daily ward league table in the press, if efficiently organised, provides the incentive for inter-ward rivalry and a focus for the activities of the voluntary workers. Moreover, it is really indispensable if repeat visiting of those who have not come for x-ray is planned.

Guidance From an Attitude Survey

The Follow-up.

The first stage of a survey of the nature and distribution of public beliefs about pulmonary tuberculosis was carried out before the publicity campaign started and some of the general findings were published (*Medical Officer* 1958, 99, 73-78). The second stage of this survey was carried out in a comparable sample of the adult population between 5th May and 6th June 1958, just over a month after the x-ray campaign ended. Whether or not the people interviewed in both the pre-campaign and the post-campaign survey were in fact x-rayed was

checked from the records of the Public Health Department. A comparison of those in both samples who were x-rayed with those who were not, and a comparison of the beliefs and attitudes in the two samples is to be published under the title "Community Aspects of a Mass Radiography Campaign". The field work in these two investigations was carried out partly by a group of health visitors and partly by interviewers specially recruited and trained for the job.

Response to the Campaign.

The claim that 84.4 per cent of Edinburgh's adult population over 14 years of age, had responded to the campaign is confirmed by the survey finding that of 1,052 adults, 21 years of age and over, 82 per cent had in fact been x-rayed. As the age group 14-21 years included a very large group of schoolchildren, almost 100 per cent. of whom were x-rayed, and as the percentage amongst the remainder was almost certainly higher than amongst old people, the claims of the campaign organisers have been justified by this independent survey.

The first stage of the survey had revealed two main threats to the success of the campaign. First, the belief amongst many of those over 55 years, amongst their families and indeed in the whole community that it was unnecessary for this age-group to be x-rayed. Secondly, the declared indifference of the professional and intermediate social classes to the campaign.

The campaign publicity was specially directed to these two groups and a survey check produced the following findings :—

Variation with Age in Proportion X-Rayed.

Age in Years	Declared intention to be x-rayed	Proportion actually x-rayed
21-34	93%	83%
35-44	83%	85%
45-54	76%	85%
55-64	69%	83%
65 and over ...	51%	73%

Proportion X-Rayed by Social Class.

Social class of Occupation	Declared intention to be x-rayed	Proportion x-rayed
I & II Professional, Managerial ...	68%	84%
III Clerical ...	87%	77%
IV Other skilled ...	76%	84%
V Semi-skilled ...	87%	86%
VI Unskilled ...	84%	78%

The proportion who expressed an intention to be x-rayed, but who failed to attend, varied from 6 per cent. of those in professional or managerial occupations, etc. right up, through the skilled workers (8 per cent.), clerical workers (13 per cent.), semi-skilled workers (15 per cent.), to the unskilled workers of whom 21 per cent. failed to fulfil their declared intention.

Two thirds of those in the professional and managerial groups who did not tend to be x-rayed changed their minds and were done, whereas only half of those in the skilled worker group, forty per cent. of the semi-skilled workers and less than 29 per cent. of the unskilled worker class changed their minds and had an x-ray.

Beliefs and Opinions.

The survey failed to reveal any significant differences on knowledge or opinion concerning tuberculosis between the x-rayed group and those not x-rayed except in two instances. Those who were not x-rayed included a larger proportion of those who stated that, if they had contracted pulmonary tuberculosis, they would prefer to know nothing about it. They were also more likely to believe that it was not necessary for their own age group to be x-rayed.

There was no increase following the campaign in the number who thought infection to be the cause of pulmonary tuberculosis, and any slight change for the better in understanding of the tuberculous process, of methods of treatment and prognosis was of no outstanding significance.

Changes in Beliefs and Opinions re Pulmonary Tuberculosis.

Beliefs and Opinion	November	May
Caused by infection	81%	78%
Caused by infected milk	84%	76%
Treatment by drugs possible	77%	82%
Death the probable outcome	13%	11%
Bed rest generally necessary	51%	42%
Hospitalisation generally necessary	62%	59%
Absence from work essential	53%	40%
X-rays important for over 65's	64%	78%

There is no doubt that, except for the 7,000 odd voluntary workers, the campaign concentrated much more on propaganda for x-ray, through prize schemes, general publicity and inter-ward rivalry than on a sustained attack on the educational front. It may be claimed, therefore, that a campaign, in which the strictly educational aspects were necessarily of secondary importance, achieved a modest but probably important improvement in the level of public information. This must be encouraging to all health educators, many of whom find it difficult to discern just how much is achieved by their most strenuous efforts.

What is puzzling, however, is the failure to influence the number of people who know that pulmonary tuberculosis is an infection, in spite of the fact that one of the major lines of propaganda was "Don't pass on infection to your family, your friends or your workmates. Have an X-Ray." It may be that lay-people avoid thinking of the risks of infection just as they tend to close their minds to the mention of cancer.

Publicity Media.

It could not be claimed that any one medium of publicity was outstandingly responsible for the success of the campaign, as is seen in the following table

Publicity Medium recollected	X-rayed	Not X-rayed
Posters	40%	47%
Newspapers	40%	31%
Loudspeaker vans	29%	32%
People with badges	21%	21%
Household visitors	21%	19%
Talking Aeroplane	15%	14%
Television	15%	9%
Radio	8%	8%
Others	13%	12%
None recalled	2%	10%
Av. no. media recalled ...	2.9%	2.5%

THE FUTURE OF COMMUNITY HEALTH PROJECTS.

In a previous annual report on Health Education, it was stated that "will not consider the 1958 x-ray campaign fully successful unless there grew from it a group or committee of voluntary health workers in every ward of the city".

It is disappointing to have to report that only one such committee has been formed as a result of the 1958 x-ray campaign. Thus a Sighthill Ward Health and Welfare Committee is now added to the other four in Pilton, Central Leith, Portobello and The Inch Wards. Only in Pilton and Central Leith are active health projects in hand and regular meetings being held. Contact is still retained with the secretaries and office-bearers of the x-ray campaign committees but it may be that the strain imposed on all concerned by the x-ray campaign was so great that no very energetic developments could be expected in the months immediately thereafter.

A "HOME ACCIDENTS" CAMPAIGN AND EXHIBITION.

In association with the national "Guard That Fire" campaign, the Health Education Committee decided to collaborate with the Home Safety Committee of the Edinburgh Accident Prevention Council in promoting a campaign for the prevention of home accidents, which would have as its central feature a Home Accidents Exhibition. Dr I. Craik was temporarily attached to the Health Education Section at this time and was largely responsible for the day-to-day arrangements for the Exhibition. His report on the exhibition and campaign is included in the Home Accidents Section.

A CIGARETTE CANCER CAMPAIGN.

In 1957, the Government asked all local authorities to bring effectively to public notice the dangers of smoking. Realising the difficulties involved in an attack on this firmly-established social custom, the Health Committee voted £350 for a campaign in two phases—an initial intensive phase lasting three weeks, followed by a continuing campaign to consolidate the achievements of the intensive opening phase. The Committee planned to use every means of publicity in a Cigarette Cancer Campaign commencing in January 1959, and the story of the campaign will be told in the report for that year.

As a preliminary to the campaign, a large-scale survey of public opinion about smoking and its dangers, and of smoking habits, was organised with the assistance of Dr F. Martin and Miss Ann Cartwright of the University Department of Public Health and Social Medicine. The results of this survey were made available to the Health Committee just before the campaign opened.

In addition, a survey of smoking habits and opinions amongst the pupils of our large and representative secondary schools was arranged. It was planned that these two surveys should be repeated in May 1959 to show what results had been achieved by the campaign.

We are indebted to Professor Brotherston for his advice and for the help given by his staff in carrying out these two surveys; to Professor Robert Macfarther for his help in obtaining a grant of £830 from the British Empire Cancer Campaign; and to Professor John Crofton who helped by obtaining a grant of £100 from the National Association for the Prevention of Tuberculosis.

MEETINGS IN CLUBS, GUILDS, ASSOCIATIONS.

An early decision of the X-Ray Campaign Committee was that no health talks should be undertaken after Christmas 1957 until the end of the x-ray campaign. As a result, the total number of ordinary health education meetings is lower than in previous years:—

<i>Year</i> (July to June)	<i>No. of Meetings</i>	<i>Attendances</i>	<i>Average Attendances</i>
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
1955-56	284	11,404	40
1956-57	299	12,579	42
1957-58	140	5,600	40
1958 (Jan. to Dec.)	191*	11,460	60

* This figure includes 43 meetings previously credited to the half-year January to June 1958, which must be counted in the full years' figures for 1958.

Any interruption of a regular annual programme of this sort inevitably means that it is difficult to build up the programme again. Associations must be approached afresh and the opportunity will be taken next year of concentrating much more on youth organisations, young mothers' organisations and parent groups.

It must be realised too that the development of ward health and welfare committees means that a great deal of health education is achieved by discussion in these committees, which take up the time of members of the public health staff but the meetings are not included in these totals.

Sunday Cinema Meetings were also discontinued and have not been resumed.

HEALTH EDUCATION IN SCHOOLS.

The experiment in curriculum health education in Ainslie Park Secondary School, described in the last two reports, has not been extended to other schools but, towards the end of 1958, arrangements were made for Dr J. C. M. Sharp to be attached to the Health Education section on a part-time basis for this work.

Experience in this field has convinced the writer that four things are lacking without which health education will make little progress in schools:—

Firstly, educational policymakers and administrators have not made the place of health education in the school course sufficiently clear or precise.

Secondly, teaching staff with qualifications in human biology are not available to do the teaching and to organise the administrative aspects of a health education course.

Thirdly, the lack of curriculum status must make it difficult for teachers to devote time to health education.

Fourthly, the staff of the School Health Service could not possibly find time to carry out adequate health education in every class in all Edinburgh schools.

While the difficulties are obvious, a good case can be made for the development of "Human Biology" as a curriculum subject with Higher Leaving Certificate status. Indeed, "Human Biology" has recently been added to the certificate subjects in the English G. C. E. Experience confirms that at least a proportion of children would be interested in this subject who cannot be interested in the traditional science course, nor even in the existing biology course. Moreover, it seems that many children would find a "higher" certificate in this subject extremely useful, and the course would certainly provide an academic discipline at least as valuable as general biology.

Lack of trained staff does, at present, constitute an insuperable obstacle to such developments, but it might be possible to develop an Article 39 specialisation course in Human Biology at teacher-training colleges, which would quickly build up a cadre of trained human biology teachers. A Diploma course in Health Education is already provided in London University, and it may be that a comparable course could be developed in Scotland.

Educational policymakers in both England and Scotland have issued general directives for the development of health education in schools, with limited effect.

they have it in their power to provide many children with an interesting and stimulating academic course and a valuable addition to their school leaving qualifications. From this central course the philosophy and practice of health education could permeate the whole of school life.

It is interesting that there has been set up a joint sub-committee of the Educational and the Medical Advisory Committee of the Scottish Council for Health Education to consider "whether the Council should make efforts to secure that 'human biology' be made a curriculum subject in schools".

It seems unlikely to the writer that health education will make any real or permanent progress in schools until this step is taken.

COURSES FOR THE NATURAL EDUCATORS.

The health education courses for student teachers at Moray House, for lecturers attending the course for the Diploma in Public Health, and for student health visitors, were continued as in previous years.

Scottish Council for Health Education—St. Andrews, 1958.

This year there has been a considerable expansion of the practical work carried out by the students. This made necessary a considerable increase in the teaching staff which was augmented by Dr Watson of Stirling County Public Health Department, Miss Lamb of the Royal College of Nursing and Dr Thomson of Edinburgh Public Health Department. Dr Mearns was as stimulating as ever, and the students were introduced to discussion methods of health education and carried out project work. This short course is now a very useful introduction to health education methods and materials for staff of public health departments, teachers and for any others interested in health education. Members of the public health staff who attended this year were Dr I. F. Craik, Dr D. Murray and Mr I. Wintour.

EDINBURGH FILM FESTIVAL.

Public Health Film Show.

This feature of the Edinburgh Film Festival has now become a regular annual feature and, once again, this year—in collaboration with the Scottish Educational Film Conference Committee of the Scottish Film Council—two very successful and well-attended meetings took place in the new Film House at Randolph Crescent.

The films shown, some of them only in part, were :—
Morning Show.

"STROKES"—A cartoon film on the causes of strokes and their rehabilitation.

"MR FINLEY'S FEELINGS"—A cartoon film on "stress" symptoms in executives.

"TIME AND TWO WOMEN"—An effective propaganda film for the early diagnosis of uterine cancer by the cervical smear method.

"YOU AND YOUR EARS"—A cartoon film on the physiology of hearing.

These were all American films and were introduced by Mr Ralph P. Cree, Director of the Motion Pictures and Medical Television Division of the American Medical Association, Chicago.

Afternoon Show.

"HERE WAS A DOOR"—A British film on the care of mentally defective adolescents and adults.

"RESPIRATORY RESUSCITATION TECHNIQUES"—An American film dealing with modern methods of mouth-to-mouth and positive pressure artificial respiration.

"ONE HUNDRED MILLION VOLTS AGAINST CANCER"—Swiss film dealing with linear accelerators, etc.

"PROLONGING THE LIFE SPAN"—A Russian film dealing with animal and human experiments.

VISUAL AID AND EQUIPMENT.

Visual aids are now used at almost all meetings, and the department now has four 16 mm. sound film projectors and two film strip projectors. The equipment is in constant use and its maintenance and distribution, as well as the care of films and preparation of other visual material, is now a very responsible task.

1958—A YEAR OF FULFILMENT.

A year in which over 8,000 Edinburgh citizens, all the members of the Town Council including the Lord Provost, many officials from other departments of the Corporation, and virtually the whole of the staff of the Public Health Department were involved for so many months in a great health project must be considered a year of fulfilment—the fulfilment of an idea which was first expressed in the report five years ago.

While our thanks are due to everyone who took part in the year's work, it is particularly appropriate in this health education report to say how much is owed to the inspired work of all members of the Central Publicity Committee of the X-Ray Campaign.

PREVENTION OF HOME ACCIDENTS.

THE EDINBURGH "GUARD THAT FIRE" CAMPAIGN.

In 1957 the Secretary of State for Scotland asked for the co-operation of local health authorities in a forthcoming campaign for the prevention of burning accidents in the home. Accordingly, the Health Committee of Edinburgh Corporation in conjunction with the Home Safety Committee of the Edinburgh Accident Prevention Council and the Royal Society for the Prevention of Accidents staged a publicity week and large-scale exhibition lasting from the 3rd-7th of November. The exhibition premises were kindly loaned to the department by Messrs C. & A. Modes, and consisted of three floors in a store in Frederick Street. The actual lay-out of exhibits was as follows :—

Ground Floor.—Display stands by the Scottish Gas Board, the South East of Scotland Electricity Board, Gray's the Ironmongers of George Street, the Fire Brigade Headquarters, the G.P.O. telephone service, stands of flame-proof material by Proban Ltd. and a display of photographs kindly loaned by Mr A. B. Wallace, the plastic surgeon.

First Floor.—The main item of attraction here was a fully-equipped children's nursery, the children being transported in turn from various Corporation Nurseries. All furniture, fires, utensils, etc., were constructed on safety lines and labelled to draw the public's attention to the salient features.

Also on this floor were displays by the Edinburgh and Leith Old People's Welfare Council and one illustrating safety furniture and furnishings. A competition corner was arranged in a separate stand with a life-size illustration of an historical scene, the object being for the public to submit two lines of poetry with a bearing on home accidents.

Second Floor.—A full-scale winter fashion display was held thrice daily by a team of mannequins. In addition to normal material, they modelled some flame-proof garments. At the conclusion of each session a demonstration of the burning properties of material, both ordinary and flame-proof, was given to the audience.

Arcade Windows.—It was decided to incorporate eye-catching features in these windows in order to attract attention to the exhibition. The Royal Blind Asylum kindly sent along three workmen to manufacture and repair fire-guards in the south window, the main attraction being the welder's apparatus in action. In the other window the G.P.O. linked up a series of enlarged illuminated photographs illustrating the 999 procedure for all emergencies.

The exhibition was graciously opened by Mrs Jean Mann, M.P., who delivered a most interesting and pointed address.

The publicity methods used were varied and incorporated nearly all possible

media. Illustrated pamphlets and booklets were distributed via school children, large stores, general practitioners' surgeries and various interested voluntary bodies. Large posters and circular stickers were given to shopkeepers, city transport services, British Railways, offices, surgeries and clubs. Advertisements and articles were inserted at intervals throughout the week in the two local newspapers and one national publication.

In addition to the competition held daily within the exhibition a second one was inserted in an evening paper on the opening day of the campaign and the prizes were awarded on the final day. The presentations of all prizes were by prominent city personalities.

Short films on Home Safety themes were shown between performances at the leading city cinemas. Scottish Television made mention of the exhibition at its aims. All voluntary bodies were circulated by letter and the Director of Education made arrangements for headmasters to be informed.

Results.—Approximately 5,000 people visited the exhibition during the 3rd to the 7th November.

Acting on the assumption that the sales of fireguards at this period would serve as a useful index as to the success or otherwise of the exhibition, a letter was circulated to 22 retailers in the city requesting their comments on the question. To date eleven have replied and the information available is as follows :—

<i>Retailer</i>	<i>Sales Increase</i>
2	Do not stock fireguards.
2	No greater increase in sales.
1	75 per cent. increase in sales.
1	Noticeable increase in sales of nursery type guards.
2	Marked increase in sales.
1	Twofold increase in sales.
2	Threefold increase in sales.

The periods referred to above are the week of the exhibition and the week up to the 1st December. From these figures it is reasonable to state that the public were made more conscious of the need for adequately guarding fires of all types.

FIREGUARD LOAN SCHEME.

This scheme, organised by the Home Safety Committee of the Edinburgh Accident Prevention Council, with the financial support of the Health Committee has now been functioning smoothly for over seven years and by the end of 1951 2,500 fireguards were out on loan in the city as against 2,350 in December, 1950. During the year, 561 guards were issued or re-issued. Out of that number eighty were loaned to aged or handicapped persons. These fireguards were delivered by means of the department motor vans.

The waiting list at the close of the year was 129 compared with 407 at the corresponding period last year.

HOME ACCIDENTS.

The following tables show the number and classification of accidents reported by the hospital authorities and the City Police during the year and details of fatal cases. As notification is incomplete the totals shown on Table I do not represent the incidence of home accidents in the city.

TABLE I

Home Accidents reported and investigated during 1958.

Age Groups	Sex	Fractures		Burns		Scalds		Poisoning				Cuts or Lacerations		Other		Totals	
		M	F	M	F	M	F	Gas		Other		M	F	M	F	M	F
								M	F	M	F						
Under 7	18	11	19	23	30	25	—	—	12	9	91	42	44	46	214	156
7-65	18	31	11	22	4	11	—	—	5	—	54	58	21	38	113	160
Over 65	10	42	—	2	1	3	—	—	—	1	2	3	4	11	17	62
Totals	46	84	30	47	35	39	—	—	17	10	147	103	69	95	344	378
		130		77		74		—		27		250		164		722*	

* This total includes 201 patients treated at Sighthill Health Centre.

TABLE II

Deaths from Accidents in the Home during 1958.

Age Groups	Sex	Fractures		Burns		Scalds		Poisoning				Accidental Mechanical Suffocation		Other		Totals	
		M	F	M	F	M	F	Gas		Other		M	F	M	F	M	F
								M	F	M	F						
Under 1	—	—	—	—	—	—	—	1	—	—	7	9	—	—	7	10
1-5	—	—	—	—	—	—	—	1	—	—	—	1	1	—	1	2
5-45	1	—	—	1	—	—	1	—	—	—	—	—	—	—	2	1
45-55	—	—	—	—	—	—	1	4	—	—	—	—	—	—	1	4
55-65	—	—	—	—	—	—	2	5	—	—	—	—	—	—	2	5
65-75	1	8	—	1	—	—	3	7	—	—	—	—	—	—	4	16
75-85	6	38	—	—	1	—	3	13	—	—	—	—	—	—	10	51
Over 85	5	18	—	—	—	—	1	3	—	—	—	—	—	—	6	21
Totals	13	64	—	2	1	—	11	34	—	—	7	10	1	—	33	110
		77		2		1		45		—		17		1		143	

PREVENTION OF TUBERCULOSIS.

The outstanding event in the field of tuberculosis prevention in Edinburgh in 1958 was, of course, the mass x-ray campaign in March. A full report on the most successful effort will be found elsewhere. From this it will be seen that in four weeks 423 new active cases of pulmonary tuberculosis were discovered—five more than the number of new notifications for the whole of 1957. Thus it serves little purpose to compare notification rates with previous years or with other centres of population in Scotland.

Following the main x-ray campaign there was a supplementary x-ray survey carried out in the ward of West Leith, the objects of which were twofold:—

(1) to try to examine those who had failed to attend during the main campaign, to determine the prevalence of pulmonary tuberculosis and other chest diseases in these persons and to make comparisons with the results obtained in the main campaign;

(2) to study the reasons why people failed to be x-rayed in the main campaign. This supplementary survey was reported in *Tubercle* 1959 40 85.

In 1958 the notification rate for respiratory tuberculosis rose from 90 per 100,000 to 148 per 100,000. The death rate from all forms of tuberculosis fell from 8 per 100,000 to 7 per 100,000, being a reduction of one for respiratory while the non-respiratory rate remained the same as last year.

A better index of the prevalence of tuberculosis is the tuberculin test, and the percentage of positive reactors in school-leavers tested with a view to B.C.G. vaccination has again fallen. The following table shows the position each year since 1954 (see also School Health Service report, pages 73 and 74):

Year of testing ...	1954	1955	1956	1957	1958
Year of birth ...	1940	1941	1942	1943	1944
No. offered Tuberculin testing	5,019	4,816	5,189	5,888	6,177
No. accepting ...	4,144	3,892	4,446	5,101	5,113
No. tested ...	3,807	3,732	4,124	4,701	5,067
No. positive reactors ...	1,163	908	829	884	847
Percentage positive reactors	30.5	24.3	20.1	18.8	16.7

Results of the tuberculin-testing of five- and nine-year-old school children will be found in the School Health Service report on page 99.

Respiratory Tuberculosis.

The number of new notifications of confirmed respiratory tuberculosis was 694, an increase of 276 over 1957. This gives a notification rate of 148 per 100,000 as compared with 90 per 100,000 in 1957. The rate for 1958, therefore, is practically the same as the average for the "bad years" of 1950-55. Of the 694 new cases 427 were males and 267 females—an increase of 188 males and 89 females. The highest incidence was in males aged 45-54 years, the highest incidence in females being in those aged 15-24 years. The incidence in male

ain showed the pattern of the older age group falling only slightly from the peak, in contrast to that in females where the fall is fairly rapid from the peak incidence.

Information about the methods of discovery is known in 661 of the new cases and, not unexpectedly, mass miniature radiography of the general public discovered the most (432 or 65 per cent.); next symptom group (179 or 27 per cent.); then contacts (45 or 7 per cent.); and others (5 or 1 per cent.).

Deaths (29) were 5 fewer than last year bringing the rate down from 7 to 6 per 100,000. There was one death under 15 years of age otherwise all the deaths occurred in the age groups over 25 years, 10 being in persons aged over 65 years. There were 19 males and 10 females compared to 27 males and 7 females last year. Three of the patients who died were notified only at or after death; last year there were seven.

The number on the respiratory tuberculosis register at the end of the year was 5,354 (2,901 males, 2,453 females), being an increase of 21 males and a decrease of 58 females. Thus the total fell from 5,391 to 5,354.

Non-respiratory Tuberculosis.

The number of new notifications was 52 (19 males, 33 females) compared to 50 in 1957, being an increase of 6 males and a decrease of 4 females. The increase was not large enough to influence the notification rate, which remained 11 per 100,000. Deaths increased by 3 and totalled 6 (3 males, 3 females), the rate remaining at 1 per 100,000. Four of the deaths were in persons aged over 55 years.

The number on the non-respiratory tuberculosis register at the end of the year had decreased by 9 males and 22 females to a total of 591 (237 males, 354 females).

Tuberculosis Register.

It will be seen from the foregoing that there has been a decrease—the first for many years—in the number on the register. At the end of the year there were 6,045 (3,138 males, 2,807 females) compared to 6,013 (3,126 males, 2,887 females). It should be noted, however, that the decrease has been wholly in the females, with, actually, an increase in the males.

Health Visiting.

The number of health visitors remained theoretically at 14 but there were many staff changes due in large measure to the unsettling effect of a salary award whereby tuberculosis health visitors received a 5 per cent. increase, compared to that of 10 per cent. to their colleagues in child welfare. The average number, therefore, throughout the year must have been a good deal less than 14. They paid 18,333 visits to 5,597 notified cases of tuberculosis and 10,088 visits to others. In addition there were 4,818 “no access” visits. These figures, however, are no real indication of the excellent work carried out by the visitors before, during and after the x-ray campaign.

Laundry.

Twenty-three households received help from the laundry service. Disinfection of the laundry was first carried out at the Disinfecting Station and thereafter laundered under contract by a local firm, transport being supplied by the Public Health Department. The average weekly number of households assisted in this way was 11 and the total number of articles laundered was 60.

Other aspects of Tuberculosis.

B.C.G. vaccination	...	...	...	Page	139
Disinfection	...	...	...	"	145
Tuberculin-testing of pupils	...	...	...	"	73
X-ray of pupils	...	...	...	"	73
X-ray of teachers	...	...	...	"	73
X-ray campaign	...	...	...	"	146

Attendances at Chest Clinics.

During 1958 there was an increase of 2,355 in the number of attendances at the Royal Victoria Dispensary. Figures of attendances for the past ten years are given :—

Year	Attendances	Year	Attendances
1949	34,574	1954	28,564*
1950	36,896	1955	31,361*
1951	38,261	1956	31,689*
1952	36,761	1957	29,598*
1953	37,588	1958	31,953*

* Does not include patients and contacts who returned for tuberculin test reading.

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

Royal Victoria Hospital	...	...	...	955
City Hospital	...	...	...	1,938
Northern General Hospital	...	...	...	3,154
Southfield Hospital	...	...	...	143
M.O.P.D., Royal Infirmary	...	...	...	700
S.M.M.P.	...	...	...	85
				<hr/> 6,975
Royal Victoria Dispensary	...	...	...	31,953
				<hr/>
Total Attendances at Clinics	...	...	...	<u>38,928</u>

Hospital Admissions.

Of the 694 patients notified during the year 417 were admitted to hospital, a higher percentage than last year.

Hospital Bed Accommodation.

Hospital	Male	Female	Children	Total
City Hospital	100	82	..	182
Royal Victoria Hospital	52	38	..	90
Southfield Hospital	30	36	22	88
East Fortune *	19	4	1	24
Totals	201	160	23	384

* No specific allocation of beds for Edinburgh patients—figures given represent beds occupied by Edinburgh patients at 31st December, 1958.

Housing.

During the year 112 families were rehoused under the Corporation's priority scheme for tuberculosis patients, as against 128 in 1957. At 31st December, 1958, 10 families in categories I and II were awaiting rehousing, six less than at the same date in 1957.

The following table shows the type of house occupied by the 694 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
46	158	235	222	26	7	694

B.C.G. Vaccination

B.C.G. vaccination is still limited to three classes of persons, namely contacts, school-leavers and others at special risk such as nurses and medical students. There has been an increase in the number of B.C.G. vaccinations in all classes. During the year 8,862 were tuberculin tested (9,832 in 1957) and of this number 5,597 were found to be negative (6,242 in 1957). The number vaccinated was 3,033, a decrease of 578 from the 1957 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 1958 *	
	M.	F.	M.	F.	M.	F.
Nurses	15	1,033	1	235	1	284
Medical Students	1,214	605	222	157	188	141
Contacts	611	655	507	534	552†	569†
School leavers	2,484	2,228	2,072	1,852	2,046	1,805
New-born babies ... ..	...	...	...	...	...	...
Others	6	11	6	11	6	11
Totals	4,330	4,532	2,808	2,789	2,793	2,810
	8,862		5,597		5,603	

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

† Includes 13 males and 14 females (new born babies) vaccinated at Willowbrae House.

The death rates quoted below, which are taken from the Registrar-General preliminary statement for 1958, enable a comparison to be made with Edinburgh and other large centres of population in Scotland.

SCOTLAND :—Respiratory T.B., 0·12 ; All forms 0·13.

The number of confirmed new cases notified during the year was 694, an increase of 276 over the previous year. In the table below the cases are allocated to municipal wards.

			Notifi- cations	Rate per 1000			Notifi- cations	Rate per 1000
1. St Giles	...	...	29	1.5	15. St Andrew's	...	34	2.0
2. Holyrood	...	...	29	1.7	16. Broughton	...	25	1.4
3. George Square	...	...	20	1.4	17. Calton	...	31	1.6
4. Newington	...	...	32	1.5	18. West Leith	...	36	2.0
5. Liberton	...	...	26	0.9	19. Central Leith	...	40	2.2
6. Morningside	...	...	16	1.0	20. South Leith	...	40	2.2
7. Merchiston	...	...	18	1.2	21. Craigentenny	...	35	1.9
8. Colinton	...	...	26	1.3	22. Portobello	...	39	1.9
9. Sighthill	...	...	45	1.8	23. Craigmillar	...	22	1.2
10. Gorgie-Dalry	...	...	19	0.9	Institutions and Military			
11. Corstorphine	...	...	15	0.8	Quarters	...	27	...
12. Murrayfield-Cramond	...	...	20	1.2				
13. Pilton	...	...	34	1.2	Total			
14. St Bernard's	...	...	36	1.7	694			

The deaths and death-rates in municipal wards are shown in the following table. The total deaths numbered 29 as against 34 in 1957.

Deaths and Death Rates in Municipal Wards of the City.

No.	WARDS	No. of Deaths	Rate per 1000	Sex		Age-periods															
				M	F	Under 15 years		15 and under 20 years		20 and under 25 years		25 and under 35 years		35 and under 45 years		45 and under 55 years		55 and under 65 years		65 yrs. and up- wards	
						M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	St Giles ...	3	0·15	2	1	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	1
2	Holyrood ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3	George Square ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4	Newington ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5	Liberton ...	5	0·18	2	3	1	...	...	...	...	...	...	1	2	...	1	...	...	...	...	...
6	Morningside ...	2	0·13	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
7	Merchiston ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
8	Colinton ...	1	0·05	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
9	Sighthill ...	1	0·04	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
10	Gorgie-Dalry ...	4	0·19	2	2	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...
11	Corstorphine ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...
12	Murrayfield and Cramond ...	1	0·06	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13	Pilton ...	1	0·03	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
14	St Bernard's ...	1	0·05	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
15	St Andrew's ...	1	0·07	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
16	Broughton ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17	Calton ...	1	0·06	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18	West Leith ...	1	0·06	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
19	Central Leith ...	1	0·05	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
20	South Leith ...	1	0·05	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
21	Craigminty ...	2	0·13	2	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
22	Portobello ...	1	0·04	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
23	Craigmillar ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
	Institutions and Military Quarters ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
	Totals ...	29	0·06	19	10	1	...	...	...	...	...	2	4	1	2	4	1	4	...	7	3

Patients Treated in Tuberculosis Hospitals during 1958.

Patients		Remained at 1st Jan. 1958	Admitted During Year	Discharged During Year	Died in Hospital	Remaining at 31st Dec. 1958
Adults	Male ...	107	497	478	26	100
	Female ...	20	348	306	10	52
Children	Male ...	36	17	43	—	10
	Female ...	3	29	20	—	12
Totals ...		166	891	847	36	174

NON-RESPIRATORY TUBERCULOSIS.

Notifications of non-respiratory tuberculosis numbered 52 as compared with 50 in the previous year. The number of deaths (6) was three more than in 1957. The following is a record of notifications and deaths since 1944:

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuberculosis, etc.		Total (All Non-Pulmonary Forms)		Rate per 100,000 Pop.
	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	
1944	41	3	13	5	27	21	1	1	4	4	21	3	25	1	3	9	151	47	36
1945	38	3	16	10	32	35	5	1	3	8	19	11	18	4	2	2	143	76	34
1946	28	3	18	4	28	31	4	...	6	4	19	5	16	5	1	7	133	59	29
1947	23	...	22	6	24	24	2	...	6	1	14	6	21	3	19	8	131	48	27
1948	30	...	20	4	23	21	3	1	6	1	19	2	24	4	6	4	131	37	27
1949	34	2	15	4	21	6	1	...	9	1	25	4	22	2	4	2	131	21	27
1950	30	1	15	3	20	11	3	...	9	4	15	...	14	2	8	1	114	22	23
1951	8	...	9	2	13	7	...	...	10	...	20	3	17	2	4	2	81	16	17
1952	15	2	9	2	14	6	...	...	12	3	16	3	27	2	7	...	100	18	21
1953	25	...	4	1	13	3	3	...	16	2	17	2	30	2	2	1	110	11	23
1954	20	1	7	...	11	2	3	...	17	2	9	2	14	...	3	...	84	7	18
1955	27	1	8	...	4	2	1	...	8	1	6	2	11	...	15	2	80	8	17
1956	18	1	4	...	1	1	...	...	20	1	2	2	14	1	4	2	63	8	13
1957	19	1	4	1	...	1	...	...	10	...	4	...	6	...	7	...	50	3	11
1958	23	...	3	...	2	1	1	...	11	2	3	2	5	...	4	1	52	6	11

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	2	1	...	1
Notified less than 1 month before death	...	...	1	1
„ from 1 to 3 months before death	...	1	...	...
„ from 3 to 6 months before death	2	...	1	...
„ from 6 to 12 months before death	...	...	...	...
„ from 1 to 2 years before death	...	...	...	...
„ over 2 years before death	15	8	1	1
Totals	19	10	3	3

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	
1946 ...	21	14	71	110	84	65	57	36	57	10	33	6	18	10	341	251	592	129
1947 ...	28	20	0	131	68	74	67	32	42	10	44	7	15	8	324	282	606	125
1948 ...	40	42	0	121	72	75	46	32	60	12	33	5	26	9	357	296	653	134
1949 ...	44	26	8	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
1955 ...	33	53	63	103	55	68	50	49	63	22	56	9	23	9	343	295	638	13
Average 1951-55	51	56	78	124	63	81	57	39	61	18	46	9	23	10	380	337	717	152
1956 ...	35	27	53	77	59	51	53	45	80	20	51	11	34	7	365	238	603	129
1957 ...	24	25	49	39	38	39	27	46	45	16	38	8	18	6	239	179	418	90
1958 ...	23	22	39	66	68	48	69	62	89	36	75	13	64	20	427	267	694	148

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	
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
1955 ...	...	1	...	3	3	5	4	2	4	3	5	4	13	2	29	20	49	10
Average 1951-55	1	1	4	7	6	9	9	5	16	5	15	6	17	6	67	38	105	22
1956 ...	...	...	...	...	2	3	...	4	7	...	11	2	9	4	29	31	42	9
1957 ...	...	...	...	...	...	1	4	2	7	1	9	1	7	2	27	7	34	7
1958 ...	1	...	...	...	2	4	1	2	4	1	4	...	7	3	19	10	29	6

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	
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
1955 ...	9	5	2	17	7	11	4	6	2	5	7	5	31	49	80	17
Average 1951-55	11	13	8	14	6	10	5	4	3	5	4	7	38	53	91	19
1956 ...	3	3	5	13	3	7	6	5	3	5	5	5	25	38	63	13
1957 ...	1	1	5	15	3	10	...	4	...	1	4	6	13	37	50	11
1958 ...	3	3	3	6	5	7	3	3	3	5	2	9	19	33	52	11

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	
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
1955 ...	...	1	1	...	...	1	...	1	...	...	1	3	2	6	8	2
Average 1951-55	1	2	1	1	1	1	1	1	1	1	2	2	5	7	12	2
1956 ...	...	...	1	...	...	...	1	1	...	...	1	4	3	5	8	2
1957 ...	1	...	...	...	...	...	...	...	1	...	...	1	2	1	3	1
1958 ...	1	...	...	...	1	...	...	...	...	...	1	3	3	3	6	1

**Number of Persons in the City at 31st December, 1958,
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	197	361	580	541	576	424	222	2,901
Females	212	464	796	522	266	115	78	2,453
Total	409	825	1,376	1,063	842	539	300	5,354
NON- RESPIRATORY								
Males	41	59	53	39	18	13	14	237
Females	45	71	92	53	37	34	22	354
Total	86	130	145	92	55	47	36	591

DISINFECTION

The following table shows the number of disinfections carried out by the Department during 1958 :—

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)	458
Number of rooms and wards disinfected by means of the formaldehyde process	523
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 ...	500*

* 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 is made to discourage this practice.

Disinfection of Goods following Infectious Diseases other than Tuberculosis.

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	570
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Report on Edinburgh X-ray Campaign, 1958

INTRODUCTION AND COMMUNITY ARRANGEMENTS

By H. E. SEILER

Medical Officer of Health for the City of Edinburgh

TECHNICAL AND ADMINISTRATIVE ARRANGEMENTS

By A. G. WELSTEAD

Secretary and Treasurer Edinburgh Royal Victoria and Associated Hospitals Board of Management

RESULTS OF CAMPAIGN

By J. WILLIAMSON

Consultant Chest Physician, Royal Victoria Dispensary, Edinburgh

INTRODUCTION AND COMMUNITY ARRANGEMENTS

HISTORICAL

It is widely recognized nowadays that progress in many fields of public health will only be achieved with the active co-operation and support of the people themselves. An opportunity to put this concept of community participation into practice arose in Edinburgh in 1954, when leading residents in a new housing estate, anxious to foster a better public spirit in their area, approached the Health Department for advice and guidance. From this approach stemmed the Pilton Mass Radiography Campaign, the first of its kind in which the public health service, in association with voluntary effort, was able to persuade nearly 60 per cent. of an adult population of 19,000 to come forward for x-ray examination. The following year, a similar campaign, with the same basic organisation and community help, but with the added incentive of prizes, was carried out in another municipal ward.

At this time there was a strong body of opinion which believed that the efforts necessary to enlist community support were largely wasted, and that the success of any campaign could be assured by well-planned general publicity methods alone. So, in September 1956, when more units were made available it was decided to test the value of these different methods. Six wards in the city, a population of 100,000 adults, were chosen for survey and it was arranged that, in four, publicity methods only would be used while, in the remaining two wards, community effort as in previous campaigns would be fostered. The results left little doubt of the importance of community support, although it was recognised that other factors also in the selected wards may have affected the numbers. There was a 57 per cent. response in the wards where community participation had been obtained as compared with 18 per cent. in those depending on publicity measures only.

NATIONAL CAMPAIGN

By the end of 1956, the tuberculosis situation in Scotland had undergone a transformation. Waiting lists had dwindled or disappeared entirely and many hospital beds stood empty. The Department of Health for Scotland, with the object of administering a *coup de grace* to tuberculosis, planned and launched a two-year country-wide campaign, with Glasgow to start the first year and Edinburgh the second. Glasgow organised its memorable campaign on lines based largely on previous Edinburgh experience but, of course, on an unprecedented scale: and the tremendous achievement of that city is now history. The success of the Glasgow campaign, in fact, set a high example for all those who followed, and it is not too much to say that it has played the major role in changing the public attitude to mass x-ray. The first year was rounded off by an equally successful effort by Aberdeen.

This then was the stage set for Edinburgh at the beginning of the second year of the National Campaign.

A JOINT ENTERPRISE

The Edinburgh campaign was essentially a joint enterprise in the widest sense of the term. In the first place, Mass Radiography Services from England, Wales and Ireland, along with those of the National Coal Board and the Royal Navy, joined with the Scottish units to provide the necessary facilities to x-ray a target of 80 per cent. of the adult population, some 300,000 persons. Secondly, it required the close co-operation of the Department of Health for Scotland, the Regional Hospital Board and the Edinburgh Corporation; and, lastly, it involved the aid and working together of a vast body of voluntary assistance from churches, commerce, industry and sport and from numerous official and voluntary organisations in the city. In general, the Edinburgh Health Department had the responsibility of selecting and adapting unit sites, of organising voluntary help and, in conjunction with the Scottish Office of Information and an influential publicity committee, of persuading the people to be x-rayed. The Regional Hospital Board deployed and staffed the units, undertook the technical arrangements generally, and the follow-up of patients requiring investigation or treatment. The Department of Health for Scotland had the over-all responsibility for the planning and co-ordination of the survey.

Because of the many interests involved, and following the experience in Glasgow, a Technical Committee, with representatives of these various bodies and with, in addition, representation from the Local Medical Committee, was constituted in the early planning stages of the campaign.

COMMUNITY PARTICIPATION

An outstanding feature of the Edinburgh campaign, as in all similar projects in the city, was the important part played by the people themselves. It was, in

fact, essentially a "community campaign". In each ward, representative voluntary committees were established, charged with the recruitment and training of the voluntary helpers to visit each home in the city, to give clerical help at the x-ray unit sites, to organise transport for the aged and disabled, to assist with publicity and to undertake, locally, the work in connection with the card record system which had been evolved. Each Ward Committee had a team from the Edinburgh Health Department to give advice and act as liaison officers. Every section of the department, doctors, health visitors, sanitary inspectors, clerical and administrative staff, took part in this important duty.

HOUSEHOLD VISITING

Seven thousand, five hundred voluntary household visitors were needed to visit approximately 150,000 houses in the city, and all wards were given a quota on a scale of one visitor for every 20 houses in the ward. In addition, voluntary workers for reception, clerical, publicity and transport duties were required and a target of 10,000 voluntary workers was set.

Several wards started recruiting very early, but, while one ward had easily gathered its target figure of 313 visitors by the middle of October, others were still recruiting in February, and some never reached their target. In such cases of course, more than 20 houses had to be visited by each visitor. There were instances of a single visitor dealing with over 200 houses, but such devoted work could hardly be as effective as the unhurried and patient visiting by an adequate number of volunteers.

The various voluntary and church organisations were the main sources from which volunteers were obtained and as visitors came forward, briefing meetings were held, with films on tuberculosis and mass radiography. Before visiting commenced, the voluntary workers themselves were x-rayed so that they could speak with knowledge of the procedure.

As in previous Edinburgh campaigns, the commencement of home visiting was announced to every household, and their co-operation requested, in a letter from the Medical Officer of Health, delivered by senior school children. Where instances of refusal to be x-rayed were reported to ward offices, health visitors paid special visits in an attempt to persuade such people to attend. Again, during the actual campaign period, follow-up visits were paid to those who had said that they would be x-rayed but had not done so when the units were in their areas. This re-visiting, directed from the ward offices, was undertaken both by voluntary visitors and by health visitors, knowledge of the defaulters being obtained through the duplicate card system.

X-RAY OF SPECIAL GROUPS

Because the number of miniature units to be made available was not known until late in 1957, the need for the maximum number of public sessions during the campaign became paramount, and it was decided to do as much preliminary x-raying as practicable of such groups as mental and chronic sick hospitals, old

persons' homes, convents, voluntary workers, etc. In addition, on account of the radiation hazard, it was considered advisable not to ask persons who had had a chest x-ray three months prior to March to attend the units, and lists of these people were obtained. Furthermore, partly because of radiation hazard and partly to obviate unnecessary work at the Chest Clinic, 4,225 cases of respiratory tuberculosis, already under regular supervision, were advised by letter not to attend the miniature units, and an "x-rayed" badge was enclosed.

ALLOCATION OF UNITS

When it was known that twenty-seven units would be available from March to 28, it was possible to decide the amount of unit time which could be allocated to each ward. Among the many variable factors which had to be considered were ward population with age structure, ward size with geographical obstacles and transport routes, the value of units near the city centre, and the need for units devoted to large-film work. The final plan divided the city into five sectors, each with three or four miniature units and one large-film unit. Thus seventeen units were shared between twenty-three wards; the remaining five units were placed in central sites.

The general pattern of the campaign had also to be decided. The alternatives were to spread the units throughout the city with x-raying going on in each ward during the whole period of the campaign, or to concentrate the units and cover the city in a series of "blitzes". The decision to adopt the "blitz" method detracted somewhat from the publicity value of each ward taking part in a league table competition, and the earlier areas had the possibility of the worst weather, though this was offset by the opportunity to revisit the non-attenders.

SELECTION OF X-RAY SITES

Possible sites known from previous experience, ward committee advice, and other sources, were plotted on a map showing ward and sector boundaries. Each was visited and assessed after consultation with various people regarding parking facilities, weight of vans on bridges and drains, power supplies and feasibility of adaptation. Many sites were discarded as being technically unsuitable and therefore a tentative siting plan, showing first-choice sites, with alternatives, was made. To cover the wards adequately, several units had to be placed on border sites—hence the changing of one site affected several others in order to achieve balance. Gradually a pattern was evolved in which units operated for a whole month in the centre of the city, and around this centre, for the first two weeks, was a ring of units, which moved to the peripheral areas for the last two weeks.

CENTRAL PUBLICITY COMMITTEE

Early in October 1957, at the invitation of the Lord Provost, an influential and enthusiastic Central Publicity Committee started work. In addition to a nucleus of Corporation representatives and members of the Scottish Information

Office, the committee consisted of editors of seven newspapers, representatives of the cinema exhibitors, the B.B.C. and Scottish Independent Television.

THE OPENING PHASE

At their first meeting the Committee decided upon three main objectives :

- (1) Publicity to support the ward committees in recruiting voluntary workers.
- (2) Arranging an Opening Ceremony in keeping with the importance of the campaign.
- (3) Building up a list of major prizes for a special x-ray prize draw.

In addition, the Scottish Information Office and the Edinburgh Health Department were to press on with the general campaign publicity, including the planning of press display advertising, the design and production of publicity material, the planning of a programme of events, and the organisation of the card record system.

Publicity Aimed at Recruiting Voluntary Workers.

By the middle of October, approximately 1,000 voluntary workers had been recruited in the wards, but, as 338 of these were in one ward, a great example, there was little room for complacency. Thanks to the efforts of the Publicity Committee, an appeal by the Lord Provost for volunteers was accorded quite remarkable press, radio and television support. The committee then arranged for a recruiting stall in an "Ideal Homes" exhibition, to be manned by ward committee members who recruited 848 voluntary workers in two weeks.

By November 9, 3,300 recruits had volunteered but, although a few wards had reached their targets, some had made little progress.

A short, thirty-second recruiting film was therefore made and ward committees arranged for recruiting stands in each cinema, to be manned when the film was shown. It was difficult to discover just how many recruits were obtained at these stands, but it seems unlikely that the number greatly exceeded 200.

Recruitment posters distributed to business firms, government offices and ward organisations called on would-be volunteers to complete recruitment forms at the nearest public library or at the Public Health Department. It is estimated that some 400-500 volunteers were enlisted in this way.

At recruiting stands, continuously staffed in four large stores, 246 volunteers were obtained in two weeks during the Christmas rush period.

Attitude and Opinion Survey.

It seemed wise, when embarking on a campaign of this size and nature, to try to discover what factors in the community were likely to influence its success. With the help of the University Department of Public Health and Social Medicine, an Attitude Survey was carried out during October (*Medical Officer*, 1958, 94, 70). As a result of the information obtained, the press propaganda was given a bias towards older people and the more well-to-do groups of the population.

X-RAY CAMPAIGN



(Edinburgh Evening News Photo)

"DRIVE PAST" OF MOBILE X-RAY UNITS

X-RAY CAMPAIGN



(The Bulletin and Scots Pictorial Photo)

THE "BIG TOP" IN PRINCES STREET GARDENS

Prize Scheme.

At their earliest meetings, the Publicity Committee decided to aim at getting four major prizes of real value, as well as the numerous smaller prizes which would also be donated. Later, when the results of the Attitude Survey were reported, it was decided to seek out some generous philanthropist who would donate a pension of £2 per week for life to be won by someone over 60 years of age. In the event, with a £3,000 house as a first prize, a motor car, the pension, a bedroom suite, a three-piece lounge suite, and numerous smaller items, the full value of the prize list must have been in the region of £7,000.

From the beginning, a great deal of publicity was devoted to the prizes. Even protests against the "immorality" of a prize scheme were turned to good account by explanations of the importance of bringing out the lazy, the selfish and the disinterested who would not come from motives of civic or family responsibility.

The "Big Top".

An imaginative and spectacular feature in Princes Street Gardens was the circus "Big Top" tent obtained on loan from Bertram Mill's Circus Ltd. In it was provided entertainment as well as accommodation for those awaiting x-ray by two miniature units. These units, each with its own insulated 20 ft. by 40 ft. wooden floor and its own 60-kilowatt supply, were housed in 20 ft. by 40 ft. marquees, complete with fluorescent lighting and six 5-kilowatt fan-blown heaters. During the three weeks when the "Big Top" was available, a total of 55,000 people were x-rayed in it.

General Publicity.

Two special badges were designed, one for voluntary workers and the other for everyone who had been x-rayed. Prizes were given away in the streets and at x-ray units to the wearers of these "x-rayed" badges.

In addition to numerous banners, posters and other signs and slogans, an illuminated sign, ten feet high, on the ramparts of Edinburgh Castle, strikingly demonstrated the importance of the campaign. Another feature was the "talking aeroplane" which made several trips over the city, although its use was unfortunately limited by bad weather.

Throughout the four weeks of March, the press responded magnificently with an unbroken supply of stories, photographs, gossip-column items, leaders, special articles, etc., as well as by general press advertising. The cinema, sound radio and television cover was also remarkable.

THE CARD RECORDS

In an x-ray campaign which depends for its success on community effort and household visiting, some form of record system is essential if return visiting is to be effective. It can also form the basis of an inter-ward competition with the daily publication of a league table. To this end, a headquarters sorting office

was set up, and each ward office provided a records section with a records officer in charge.

The system was organised so that a card made out for each person x-rayed was paired with a duplicate card from a file in the appropriate ward office. Follow-up visiting was based on the cards remaining in the ward file. The care of anyone attending twice for x-ray was easily noticed and such persons were disqualified from the prize draw, for which the cards were finally used.

Each evening during the campaign, the ward offices reported the number of people x-rayed at the units in their area, while in the morning, it was possible to obtain the total number of ward residents x-rayed the previous day.

PRESS REPORTS

From the ward office reports, the press were given the number of persons x-rayed each day throughout the city and a running total of the numbers x-rayed in each ward. For this purpose, morning and evening press conferences were held, at which information was also given regarding site changes and the programme for the next day, along with special announcements and a commentary on progress.

The inter-ward competition, with its appeal to local rivalry by the daily publication of a league table, acted as a spur to the voluntary workers in their efforts to help their ward to the top of the league by persuading the greatest number of residents to be x-rayed.

PUBLIC RESPONSE TO THE CAMPAIGN

Despite the "arctic" weather throughout the month, a total of 295,038 people were x-rayed between March 3 and March 28. Of this number, 280,668 were residents in the city whilst, in addition, 28,084 Edinburgh citizens were x-rayed in the special groups of the population during the preceding three months.

Thus a grand total of 308,747 Edinburgh people came forward for x-raying and, as the estimated mid-1957 population over the age of 14 years was 365,878, the percentage x-rayed was 84.4 per cent.

SUPPLEMENTARY SURVEY

The opportunity was taken in one city ward to continue x-raying after the main campaign was completed and in association with intensive visiting to discover how many more could be x-rayed and the reasons why people had failed to attend. In the course of the investigation it was hoped to obtain some indication of the proportion of the population who, although regarded as resident in an area, are not available for x-ray. At the same time, it would be possible to ascertain whether those x-rayed after the main campaign showed a significantly higher prevalence of tuberculosis. The results will be available for publication soon.

TECHNICAL AND ADMINISTRATIVE ARRANGEMENTS

The Technical Committee set up by the Regional Hospital Board in June 1957 was responsible for the operational control, deployment and staffing of x-ray units, the follow-up of patients found to need investigation or treatment, and the conditions of service for staff, staff welfare, servicing of equipment and other technical matters. It also prepared and published an Operational Guide and advised the Regional Hospital Board on the appropriate steps for the management of cases discovered during the Survey.

The Committee, which was under the chairmanship of the Medical Superintendent of the Edinburgh Chest Clinic, was fortunate in being able to draw on the experience of the Department of Health representatives who had been closely concerned in the planning of the Scottish two-year X-ray Survey scheme and in the design of the Glasgow and other earlier Surveys.

OPERATIONAL GUIDE

The purpose of the Operational Guide was to provide a vade-mecum for all those taking part in the Survey, so that uniformity of procedure could be achieved in all matters. It dealt with the objects of the Survey in an introduction and with the setting up and function of the Operation and Sector Headquarters in the opening chapters. Details of the procedure to be followed at Sector Headquarters and of the operation and deployment of x-ray units, processing and handling of films, issue of equipment and stores and organisation of transport were covered in subsequent chapters. Further chapters laid down the procedure for the statistical requirements, the general establishment for the staff of units and the applicable conditions of service. Finally, comprehensive appendices described the administrative arrangements and movement of records diagrammatically, and gave information of Operation and Sector Headquarters, a guide to coding of mass radiography records and to diagnosis and copies of the mass radiography card and all the preprinted letter forms. An insert gave a complete list of all x-ray unit sites and dates.

OPERATION HEADQUARTERS

These were set up in a convenient building in the centre of the city under the control of an Administrator appointed by the Technical Committee, with responsibilities for co-operation with other Authorities, the co-ordination of Sector and Unit operations, the deployment of units and control of staff, and the maintenance of x-ray equipment, transport and supplies. It was also responsible for the appointments to the Chest Clinic and the collection and analysis of the statistical returns. It contained a sorting department for the reception of 15,000 mass radiography cards *per diem*, an x-ray Engineer in constant attendance, a Chest Clinic appointments section and a central store for the issue of all stationery

and x-ray films and chemicals. Almost all the staff were temporary employees recruited for the Survey but the value of the experienced personnel in charge of each section cannot be over-emphasised.

SECTOR HEADQUARTERS

Five Sector H.Q. were set up, each comprising clerical and typists rooms and four or five film reading stations for the Medical Directors. Two M.M.R. Unit Organising Secretaries were appointed to each Sector, one as Administrative Officer and the other as Statistical Officer. The remaining staff were drawn from each unit in the field or locally supplemented.

Each Sector H.Q. was responsible to the Operation H.Q. for the control of the units in its Sector and the carrying out of the detailed procedure laid down in the Operational Guide. The interpretation of miniature and large films and the subsequent documentation, recall appointments, follow-up of defaulters, the collection and forwarding of statistical information and the day to day staffing and supply of units were major items.

It was found convenient to house Sector H.Q.s together. The saving in transport was considerable and the proximity of these Headquarters to each other proved to their mutual advantage.

X-RAY UNITS

It was unfortunate, though unavoidable, that the number of x-ray units to be available could not be confirmed until the end of September 1957. This made for planning difficulties which need not otherwise have arisen, particularly in the selection and booking of x-ray sites, the responsibility of Edinburgh Corporation.

In the event twenty-seven units took part and of these fourteen came from England, one from Wales, one from Northern Ireland, one from the National Coal Board and ten from Scotland. Five units were devoted to large film recalls and were on static sites, the remaining twenty-two were used for miniature film work on static or mobile sites.

Due to the fact that few of the sites could provide sufficient electrical power, twenty generators were required.

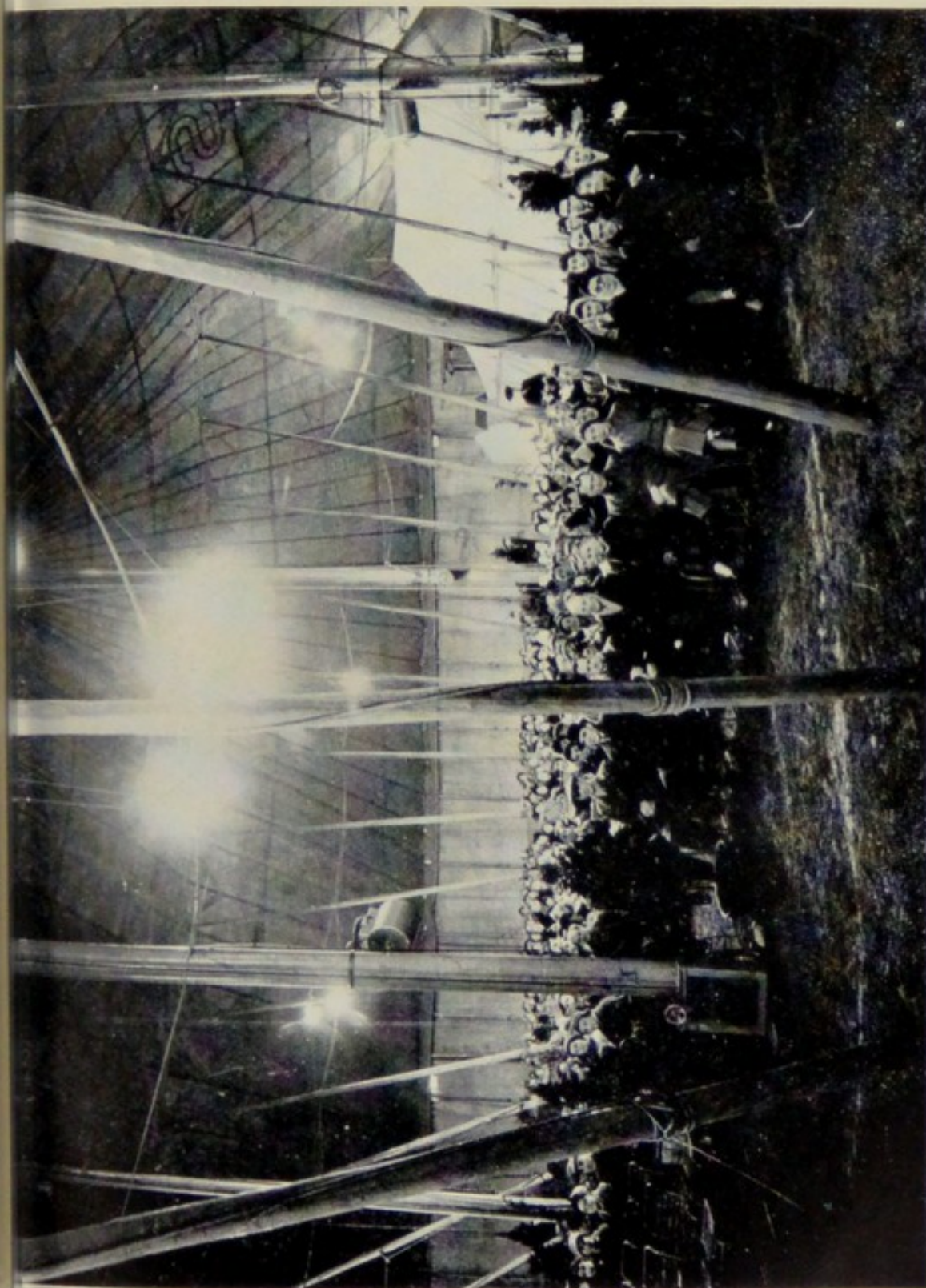
It was greatly to the credit of the staff of these units that, despite the snow-bound roads and the very considerable distances some had to cover, they all arrived in time.

STAFFING

Most of the units came to Edinburgh reasonably well staffed and were able to preserve their identity and *esprit de corps*. There is no doubt that this was very valuable, the two units which had to be staffed completely by secondment and local recruitment requiring much greater administrative care.

Altogether approximately 100 additional staff were taken on, no difficulty

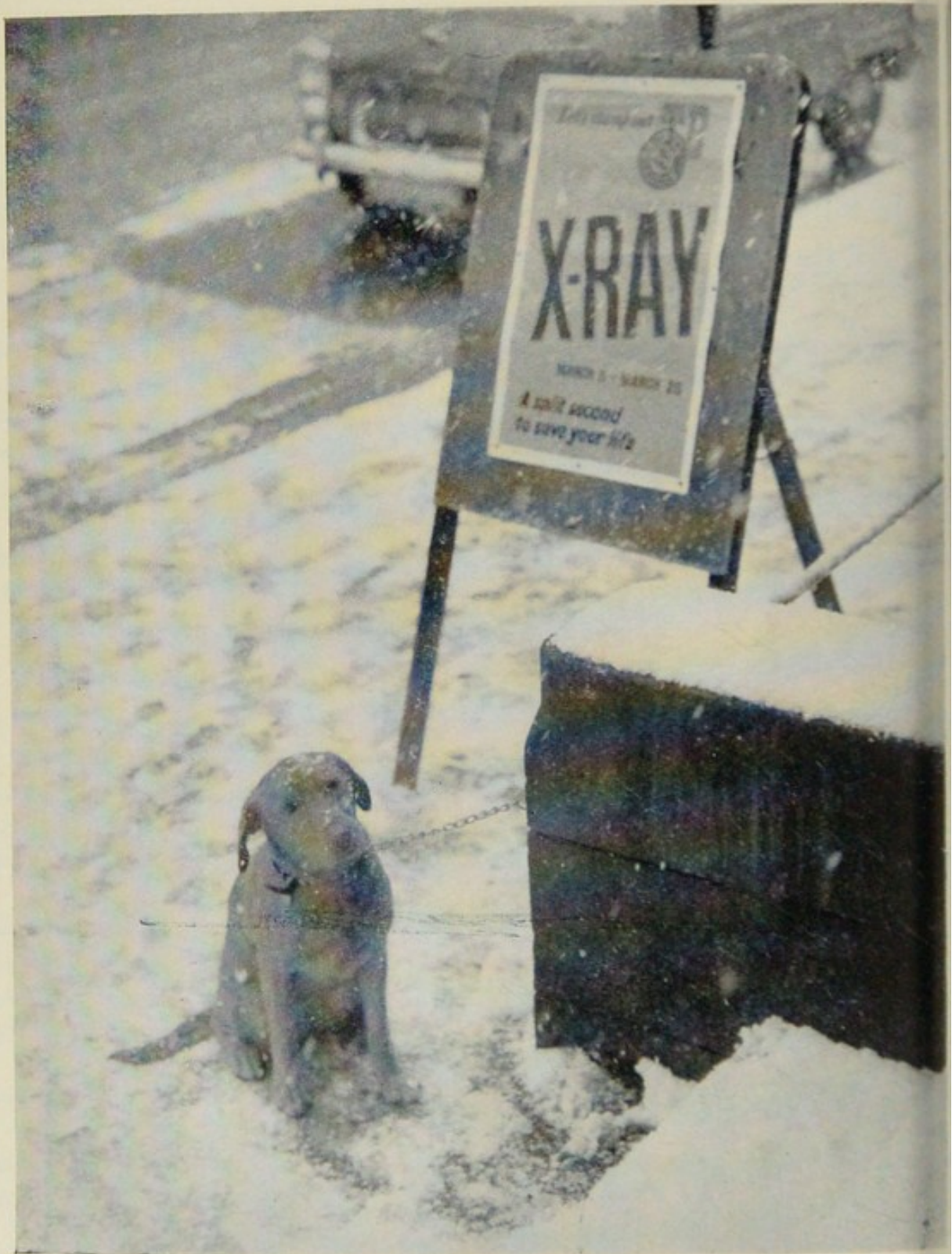
X-RAY CAMPAIGN



WAITING FOR X-RAY INSIDE THE "BIG TOP"

(Scottish Daily Express Photo)

X-RAY CAMPAIGN



(Scottish Daily Mail Photo)

"WONDER WHAT'S GOING ON IN THERE?"

ing experienced in recruiting suitable clerical staff. It was very fortunate that Edinburgh Royal Infirmary was able to release 12 Student Radiographers for the whole period of the campaign; without these and a very few full-time and part-time locums, the problem of radiography staffing would have been very considerable.

RADIATION HAZARD

A radiation monitoring system was set up under the direction of Edinburgh University Medical Physics Unit. When the film badges for 113 staff were returned to the unit, it was found that 75 per cent. had received less than one-tenth of the maximum permissible dose (MPD); 88 per cent. received less than one-fifth MPD; and the maximum dose recorded was only two-thirds MPD.

TRANSPORT

It was found necessary to use eight vehicles to carry out the daily transport requirements of Operation and Sector Headquarters and the x-ray units. Three were provided by the units themselves and the remainder by the Scottish Ambulance Service. An Organising Secretary was appointed to control transport.

WELFARE

While the welfare of staff was primarily a matter for the Regional Hospital Board, the Edinburgh Corporation, as "host" to the visitors, was jointly concerned on the entertainment side.

Accommodation was arranged by the Regional Hospital Board at a very good central hotel at attractive terms for those who wished to avail themselves of this arrangement. Approximately 120 did so and this proved a success for the staff and helpful to the organisers. Alternative accommodation was offered when required.

Bus tours, theatre, cinema and football match tickets, etc., were made available through the Welfare Officer, appointed by the Regional Hospital Board, who had organised much of the accommodation arrangements and was available to staff throughout the campaign.

The Corporation held a reception for all staff at the commencement of the campaign and a farewell reception and dance at the end of the final week. At the latter function, commemorative plaques were presented to each x-ray unit taking part in the Campaign.

RESULTS OF CAMPAIGN

The campaign started on Monday, March 3, and continued through Friday March 28. X-raying took place each weekday, i.e. there were twenty weekdays of miniature x-raying, and in addition the central units also functioned on

Saturdays (three Saturdays). Some of the large film recalls were spread over into the week following 28.3.58, and were completed by the end of that week. The last person had been seen at the Chest Clinic by the end of the next week again, i.e. the whole campaign was over by about six weeks after the start of miniature x-raying.

Throughout the whole period the weather was uniformly bad, even for March, with severe cold, snow, sleet and rain.

Interpretation of X-rays.

All films, both miniature and full size, were interpreted by the Medical Directors of the various units, who were thus reading films produced by their own technical staff according to their usual methods. These films were of uniformly good quality. No double or independent reading of x-rays was practised.

Normal Films.

As soon as a film was interpreted as normal, an "all clear" letter was sent to the person concerned. Thus persons received their all-clear letters within forty-eight hours of their attendance at the Unit.

Abnormalities.

Films thought to show abnormalities were classified as significantly abnormal or insignificantly abnormal. A significant abnormality was defined as one which constituted a potential health hazard and/or which required further investigation, observation or treatment. All others were regarded as insignificant and received the same "all clear" letter as the "normals".

Persons whose x-rays showed significant abnormalities were disposed of as follows:

- (a) By referral to the General Practitioner. This was done mainly in the case of cardiovascular abnormalities. The practitioner was left to decide if further investigation was required.
- (b) By referral to the Chest Clinic. This was done for all significant thoracic abnormalities other than those of the heart.

RESULTS OF THE CAMPAIGN

As mentioned earlier, a total of 28,084 Edinburgh residents were x-rayed in the three months prior to March but this part of the report deals only with the results of the four-week campaign and Table I shows the response by age and sex compared to the population of Edinburgh as estimated for mid-1957. The comparison is confined to those aged 15 years and over. It will be seen that the overall response was 76.6 per cent. of this population, the highest in young males and the lowest in females over 60 years.

II.—EDINBURGH RESIDENTS X-RAYED BY AGE AND SEX, COMPARED TO THE POPULATION OF EDINBURGH AS ESTIMATED FOR MID-1957. COMPARISON FOR 15 YEARS AND OLDER ONLY

Age group	Males			Females			Both Sexes		
	Total resident population	No. examined	% population examined	Total resident population	No. examined	% population examined	Total resident population	No. examined	% population examined
15-24	—	108	—	—	115	—	—	223	—
25-34	—	2,188	—	—	1,726	—	—	3,917	—
35-44	27,809	22,963	82.6	32,646	26,221	80.3	60,455	49,184	81.4
45-54	29,341	22,985	78.3	31,787	24,397	76.8	61,128	47,382	77.5
55-64	29,107	23,264	79.9	32,822	27,076	82.5	61,929	50,340	81.3
65-74	42,405	34,052	80.3	53,971	42,740	79.2	96,376	76,792	79.7
75+	30,794	20,922	67.9	50,242	31,906	63.5	81,036	52,828	65.2
Total 15+	159,456	124,186	77.9	201,468	152,340	75.6	360,924	276,526	76.6

Fig. 1 shows this result in the form of a graph.

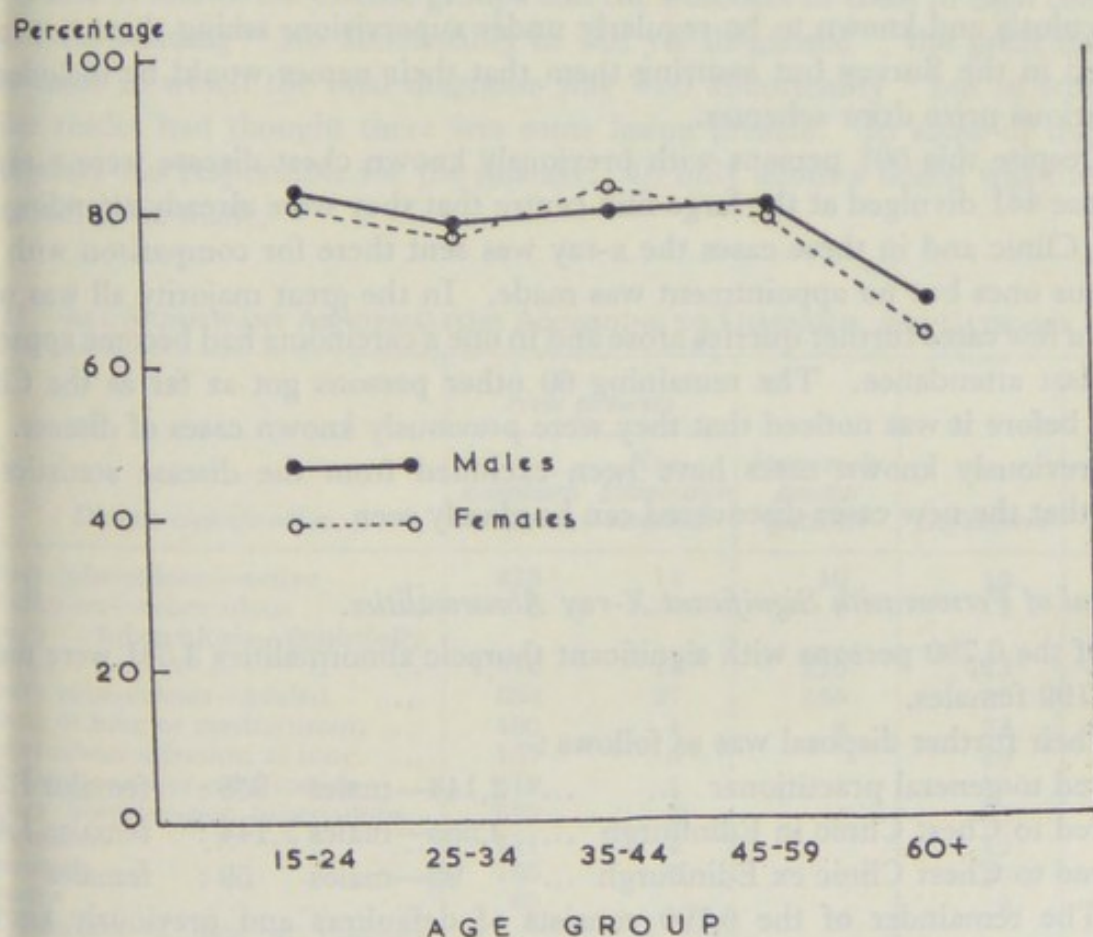


FIG. 1.—Resident population x-rayed (15 years and over). Edinburgh 1958.

Large Film Recalls.

10,455 persons had large films of the chest taken.

This is 3.5 per cent. of all who attended for miniature x-ray.

faulters.

Default in attendance occurred either at the stage of recall for large film or the stage of chest clinic attendance.

Four hundred and fifty-one persons (212 males, 239 females) defaulted at the stage of large film. This was 4.1 per cent. of those recalled for large film.

One hundred and five persons (59 males and 46 females) defaulted at the stage of chest clinic attendance. This was 2.9 per cent. of those asked to attend (males 2.7 per cent.; females 3.2 per cent.).

In all cases of default considerable efforts were made to try to secure attendance and further appointments were sent. Finally, the general practitioner was sent a report on the x-ray and asked to use his influence to try to secure attendance.

Throughout this report the diagnosis made in the case of defaulters is specially indicated separately from those in whom diagnosis followed the usual investigation. In defaulters diagnosis rests on x-ray interpretation only and cannot, therefore, receive the same degree of credence.

Previously Known Cases of Chest Disease.

At the outset it was realised that some persons already known to have chest disease would be x-rayed and that this would lead to unnecessary work and confusion. Accordingly 4,225 letters were sent to persons known to have pulmonary tuberculosis and known to be regularly under supervision, asking them not to be x-rayed in the Survey but assuring them that their names would be included in the various prize draw schemes.

Despite this 501 persons with previously known chest disease were x-rayed. Of these 441 divulged at the large film centre that they were already attending the Chest Clinic and in these cases the x-ray was sent there for comparison with the previous ones but no appointment was made. In the great majority all was well but in a few cases further queries arose and in one a carcinoma had become apparent since last attendance. The remaining 60 other persons got as far as the Chest Clinic before it was noticed that they were previously known cases of disease.

Previously known cases have been excluded from the disease statistics in order that the new cases discovered can be clearly seen.

Disposal of Persons with Significant X-ray Abnormalities.

Of the 6,790 persons with significant thoracic abnormalities 3,591 were male and 3,199 females.

Their further disposal was as follows :

Referred to general practitioner	2,144—males	859 :	females	1,285
Referred to Chest Clinic in Edinburgh	3,555—males	2,144 :	females	1,411
Referred to Chest Clinic ex Edinburgh	99—males	59 :	females	40

(The remainder of the 6,790 consists of defaulters and previously known cases.)

The persons who were referred to the Chest Clinic were disposed of further as follows :

Admitted to Hospital	452—males	286 :	females	166
Domiciliary treatment	26—males	20 :	females	6
Treatment, still at work	266—males	166 :	females	100
Continued observation at Chest Clinic	1,660—males	1,025 :	females	635
Discharged after one visit	1,245—males	698 :	females	547
Not stated	5			

In summary of the above it can be said that of all persons x-rayed in the campaign the following was the disposal :

				<i>Rates per 1,000 X-rayed</i>		
				<i>Both sexes</i>	<i>Males</i>	<i>Females</i>
Referred to General Practitioner	...			7.3	6.5	7.9
Referred to Chest Clinic	...	...		12.4	16.6	8.9
Admitted to Hospital	...	...		1.5	2.2	1.0
Other treatment	...	...	...	1.0	1.4	0.7
Placed under observation	...	...		5.6	7.7	3.9
Discharged after one visit	...	...		4.2	5.3	3.4

DISEASE STATISTICS

As mentioned earlier, it is desirable to distinguish between the new cases, the defaulters, the previously known cases and the non-Edinburgh residents when considering disease groups.

Table II shows the disease groups and the numbers of cases in each category. Under the heading "No abnormality or not yet diagnosed", the great majority were cases in which the final diagnosis was "no abnormality" but in whom an earlier reader had thought there was some lesion present. In some of the cases a artefact was responsible for the mistake. In only about a dozen was the diagnosis still to be made.

TABLE II.—ALL SIGNIFICANT ABNORMALITIES ACCORDING TO DIAGNOSIS AND CATEGORY OF PERSON

<i>Disease classification</i>	<i>New patients</i>		<i>Previously known patients</i>	<i>Defaulters</i>	<i>Total</i>
	<i>Edinburgh residents</i>	<i>Non-Edinburgh residents</i>			
Pulmonary tuberculosis—active	423	14	10	15	462
Pleural effusion—tuberculous	8	—	1	2	11
Pulmonary tuberculosis—doubtfully active	1,072	17	226	113	1,428
Pulmonary tuberculosis—healed	839	27	256	82	1,204
Carcinoma of lung or mediastinum	100	1	8	22	131
Nontuberculous infection of lung	157	5		30	192
Pleural fibrosis and/or calcification	219	1		19	239
Pulmonary fibrosis—non-tuberculous	523	6		52	581
Pneumoconiosis	111	4		12	127
Emphysema	185	2		20	207
Benign tumours of lung or mediastinum	69			9	78
Malignant tumours of lung or mediastinum	87	1		7	95
Enlarged hilar or mediastinal nodes—nontuberculous	21			1	22
Abnormalities of diaphragm and oesophagus	32	1		2	35
Abnormalities of heart and vessels	218	1		23	242
Abnormalities of thoracic cage	1,254	2		58	1,314
Accidental conditions	101	1		12	114
No abnormality or not yet diagnosed	66	1		3	70
	140	15		83	238
Total	5,625	99	501	565	6,790

TABLE III.—ALL SIGNIFICANT ABNORMALITIES (EDINBURGH AND NON-EDINBURGH RESIDENTS).
New cases only. Defaulters shown separately in brackets and not included in main figures.

Disease classification	AGE GROUPS																TOTAL	
	—10		10-24		25-49		50-74		50-59		60-69		70+		M	F		
Pulmonary tuberculosis—active ...	—	—	17 (1)	39 —	43 (2)	36 (1)	58 (1)	42 (1)	92 (2)	27 (1)	70 (3)	13 (3)	—	—	280 (9)	157 (6)	437 (15)	
Pleural effusion ...	—	—	1 —	— (1)	—	—	—	2 —	2 —	1 —	1 —	1 (1)	—	—	4 —	4 (2)	8 (2)	
Pulmonary tuberculosis—doubtful activity ...	—	—	25 (6)	15 (7)	58 (6)	59 (5)	104 (5)	88 (10)	263 (21)	145 (10)	225 (29)	107 (14)	—	—	675 (67)	414 (46)	1,089 (113)	
Pulmonary tuberculosis—healed ...	3 (1)	1 —	21 (3)	16 (1)	43 (6)	71 (7)	62 (3)	59 (6)	163 (10)	135 (10)	151 (13)	140 (21)	—	1 (1)	443 (36)	423 (46)	866 (81)	
Carcinoma or other malignant disease of lung or mediastinum	—	—	—	—	1 —	—	4 (2)	2 —	27 (3)	3 —	50 (8)	14 (9)	—	—	82 (13)	19 (9)	101 (22)	
Non-tuberculous infection of lung ...	1 (1)	—	12 (2)	7 (2)	5 (1)	12 (2)	7 —	13 (1)	27 (2)	19 (3)	39 (9)	20 (7)	—	—	91 (15)	71 (15)	162 (30)	
Pleural fibrosis and/or calcification ...	—	—	2 —	4 —	12 (2)	10 —	15 (3)	13 (1)	52 (4)	34 (2)	54 (4)	23 (3)	—	1 —	135 (13)	85 (6)	220 (19)	
Pulmonary fibrosis—non-tuberculous ...	—	1 —	7 —	7 (1)	10 (2)	9 —	33 (3)	16 (2)	122 (9)	65 (4)	163 (13)	96 (18)	—	—	335 (27)	194 (25)	529 (52)	
Pneumoconiosis ...	—	—	—	—	1 —	—	1 (1)	—	31 (3)	—	82 (8)	—	—	—	115 (12)	—	115 (12)	
Bronchiectasis ...	—	—	6 (3)	9 (1)	9 (1)	4 (1)	19 (2)	14 —	40 (5)	26 —	36 (4)	24 (3)	—	—	110 (15)	77 (5)	187 (20)	
Emphysema ...	—	— (1)	1 —	—	3 —	1 (1)	7 (2)	3 (2)	20 (3)	6 (1)	25 —	3 —	—	—	56 (5)	13 (5)	69 (10)	
Benign tumours of lung or mediastinum ...	—	—	—	—	2 —	3 —	2 (1)	2 —	7 —	19 —	11 (1)	41 (5)	—	1 —	22 (2)	66 (5)	88 (7)	
Metastases in lung and mediastinum ...	—	—	—	—	—	—	—	2 —	1 —	1 —	9 —	8 (1)	—	—	10 —	11 (1)	21 (1)	
Enlarged hilar or mediastinal nodes—non-tuberculous	—	—	3 —	2 —	3 (1)	6 —	—	2 —	5 —	7 (1)	—	5 —	—	—	11 (1)	22 (1)	33 (2)	
Abnormalities of diaphragm and oesophagus ...	—	—	2 —	4 (1)	2 —	6 —	6 (1)	7 —	24 (1)	48 (2)	21 (1)	99 (17)	—	—	55 (3)	164 (20)	219 (23)	
Abnormalities of heart and vessels ...	—	1 (1)	31 (3)	35 (2)	28 (3)	50 (2)	38 —	90 (4)	115 (6)	202 (9)	204 (6)	402 (22)	—	—	416 (18)	840 (40)	1,256 (58)	
Abnormalities of thoracic cage ...	—	1 —	4 (1)	10 (2)	3 —	4 —	6 —	3 —	24 (2)	10 (2)	16 (2)	21 (3)	—	—	53 (5)	49 (7)	102 (12)	
Miscellaneous conditions ...	—	—	1 —	2 —	4 —	3 —	7 —	6 —	12 —	5 (2)	18 —	9 (1)	—	—	42 —	25 (3)	67 (3)	
Final diagnosis normal or not yet made ...	5 —	2 —	12 —	15 —	11 —	10 —	13 —	0 —	96 —	99 —	11 —	11 —	—	—	77 —	78 —	155 —	

It is noteworthy that in the defaulter group, there are 22 cases diagnosed as carcinoma. This, of course, caused much anxiety but in most instances the person was very aged and the diagnosis if substantiated would not have been likely to lead to special treatment. Indeed in some of them we finally agreed with the general practitioner that further pursuit of the person could lead only to unnecessary unhappiness.

Table III shows the disease groups analysed according to age and sex with the defaulters shown in brackets. The figures in this table refer to new cases only, but include both Edinburgh residents and others.

Table IV shows the same picture but for Edinburgh residents only (new cases) and excluding defaulters.

Pulmonary Tuberculosis

This was divided into three groups :

(a) *Active Pulmonary Tuberculosis*.—The definition used was that of the Department of Health for Scotland—"A patient suffering from active pulmonary tuberculosis should be considered as one in whom the diagnosis is based on evidence not solely derived from the response to the tuberculin test and who, because of tuberculous infection, may infect others: or in whom the tuberculous lesion requires treatment or some modification of the patient's normal course of living".

(b) *Pulmonary Tuberculosis of Doubtful Activity*.—This was considered to be present where the clinician did not think the evidence justified a diagnosis of active pulmonary tuberculosis but considered, nevertheless, that continued attendance at the Chest Clinic was necessary.

(c) *Healed Pulmonary Tuberculosis*.—This was considered to be present where all the x-ray and clinical evidence suggested that the disease was healed and inactive and where the clinician was so satisfied about this that no further observation was necessary.

Practically all patients had three specimens of sputum cultured for *Mycobacterium tuberculosis* or had two laryngeal swabs so cultured.

The final classification was carried out between three and five months after the person's first attendance and was based on the whole weight of evidence available at that time. In all cases bacteriological culture results were available.

While fairly wide variations in the interpretation of the above classification is inevitable between doctors, all the clinicians involved in the campaign were from the Edinburgh area, where an unusual degree of unanimity exists, and all were thoroughly experienced in the vagaries of tuberculosis.

In Table IV the number of new patients with pulmonary tuberculosis is shown by age and sex, and in Table V this is shown with the figures expressed as rates per 1,000 x-rayed (in this table the figures for active pulmonary tuberculosis have been combined with those for tuberculous pleural effusion to give a "total active" rate). These prevalence rates are graphically shown in Fig. 2.

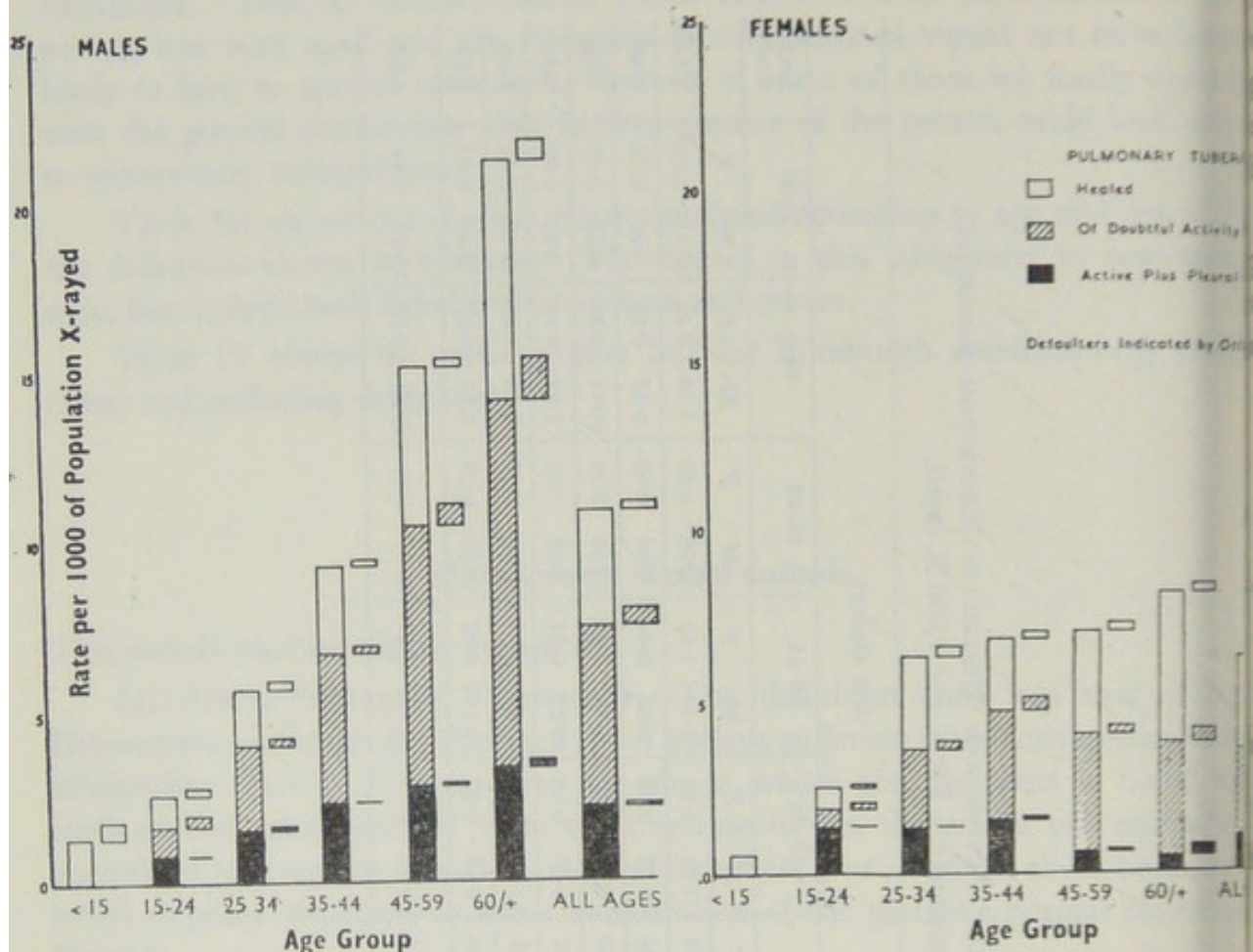


FIG. 2.—All forms of pulmonary tuberculosis in Edinburgh (new cases only) by age and sex. Expressed as rate per 1,000 x-rayed.

TABLE VI.—EXTENT OF DISEASE

Comparison with New Patients (Aged 15 Years or More) with Pulmonary Tuberculosis in Edinburgh Notified in 1957.

	Minimal		Moderate		Far advanced		Total	
	No.	%	No.	%	No.	%	No.	%
MALES:								
1958 Survey ...	119	43.9	142	52.4	10	3.7	271	100
1957 Notifications ...	83	40.3	93	45.1	30	14.6	206	100
FEMALES:								
1958 Survey ...	82	53.9	62	40.8	8	5.3	152	100
1957 Notifications ...	64	47.0	56	41.2	16	11.8	136	100
BOTH SEXES:								
1958 Survey ...	201	47.5	204	48.2	18	4.3	423	100
1957 Notifications ...	147	43.0	149	43.6	46	13.4	342	100

The difference apparent between 1957 male notifications and the males in the survey cases is highly significant. (By the χ^2 test, P is less than 0.001.) For both sexes the difference is also statistically significant (P is less than 0.005). For females the difference is not statistically significant (P is greater than 0.1).

It will be seen that the overall rate for active pulmonary tuberculosis was 64 per 1,000; for males it was 2.17 and for females 1.01 per 1,000. The rate varied from 3.30 per 1,000 in males over 60 to 0.44 in females of the same age group. The highest female rate was 1.63 in the 35-44 age group which is interesting in that it shows that the peak prevalence in females is at an older age than was a few years ago in this area.

Further detailed consideration has been given to the 423 patients with active pulmonary tuberculosis and a comparison has been made with all the new patients with active pulmonary tuberculosis found in Edinburgh in 1957, aged 15 years and over—the most recent group available for comparison.

TABLE VII.—CAVITATION

Comparison with New Patients with Pulmonary Tuberculosis in Edinburgh Aged 15 Years and Over, Notified in 1957.

	<i>Cavitation present</i>		<i>Cavitation absent</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
FEMALES :						
1958 Survey ...	43	15.9	228	84.1	271	100
1957 Notifications ...	67	32.5	139	67.5	206	100
MALES :						
1958 Survey ...	24	15.8	128	84.2	152	100
1957 Notifications ...	35	25.7	101	74.3	136	100
BOTH SEXES :						
1958 Survey ...	67	15.8	356	84.2	423	100
1957 Notifications ...	102	29.8	240	70.2	342	100

The difference in the proportion of patients with cavities in the 1958 survey and in the 1957 notifications is highly significant for males (P is less than 0.001) and also for both sexes (P is less than 0.001), but for females the difference is not statistically significant (P is greater than 0.50).

Extent of Disease.

Table VI shows the patients with active pulmonary tuberculosis classified as minimal, moderately advanced and far advanced according to sex. (Definition of National Tuberculosis Assoc. of U.S.A.) The same thing has been done with 1957 notifications. It is to be noted that the survey patients showed that for males and for both sexes there was a much smaller proportion of advanced disease compared to 1957 patients. This difference for females could be due to chance alone.

Presence of Cavitation.

Table VII shows the proportion of survey patients with active pulmonary tuberculosis showing cavitation in sex groups. Comparison with the 1957 patients again shows that for males and for both sexes there is a significantly lower proportion with cavities in the Survey cases. In females the difference which exists could well be due to chance alone.

TABLE VIII.—BACTERIOLOGICAL STATUS
Comparison with New Patients with Pulmonary Tuberculosis, Aged 15 Years or More
Notified in Edinburgh in 1957.

Bacteriological status	Males				Females				Both sexes			
	Survey 1958		Notifica- tions 1957		Survey 1958		Notifica- tions 1957		Survey 1958		Notifica- tion 1957	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
(a) Positive microscopy of concentrated deposit ...	41	15.1	74	33.9	26	17.1	38	26.8	67	15.8	112	33.9
(b) Positive on sputum culture ...	58	21.4	36	16.5	14	9.2	12	8.5	72	17.0	48	14.8
(c) Positive laryngeal swab or gastric lavage ...	22	8.1	14	6.4	28	18.4	20	14.1	50	11.8	34	10.5
(d) Positive, other specimens	3	1.1	5	2.3	2	1.3	3	2.1	5	1.2	8	2.5
Positive any method (a + b + c + d) ...	124	45.8	129	59.2	70	46.1	73	51.4	194	45.9	202	62.7
Total negative ...	145	53.5	89	40.8	82	53.9	68	47.9	227	53.7	157	48.2
Not tested ...	2	0.7	—	—	—	—	1	0.7	2	0.5	1	0.3
Total cases ...	271	100	218	100	152	100	142	100	423	100	360	100

Comparing 1957 notifications and survey patients the greatest difference is for males in group positive on sputum microscopy in whom the difference is highly significant (P is less than 0.001). Other differences between survey patients and 1957 notifications could be due to chance.

TABLE IX.—AGE AND SEX DISTRIBUTION
To Compare the Age and Sex Distribution in the Survey Patients and in 1957 Notifications Aged 15 Years and More.

		15-24	25-34	35-44	45-59	60+	All ages
		No. %	No. %	No. %	No. %	No. %	No. %
Males	1958 Survey ...	17 6.3	37 13.7	55 20.3	92 34.0	70 25.8	271
	1957 Notifications	52 23.9	41 18.8	28 12.8	67 30.7	30 13.8	218
Females	1958 Survey ...	36 23.7	34 22.4	42 27.6	27 17.8	13 8.6	152
	1957 Notifications	40 28.2	38 26.8	37 26.1	18 12.7	9 6.3	142
Both sexes	1958 Survey ...	53 12.5	71 16.8	97 22.9	119 28.1	83 19.6	423
	1957 Notifications	92 25.6	79 21.9	65 18.1	85 23.6	39 10.8	360

Bacteriological Status.

In Table VIII patients found in the survey and in 1957 are shown according to the result of bacteriological testing.

It will be seen that 194 patients in the Survey were bacteriologically proven or 45.9 per cent. of all (males 124 or 45.8 per cent., females 70 or 46.1 per cent.). This is a rate of bacteriologically proven cases of 0.70 per 1,000 examined (males 0.98 and females 0.45 per 1,000).

Comparison of the Survey group with the 1957 notifications shows that in the highly infectious group (i.e. those positive on sputum microscopy) the 1957 patients show a much higher proportion positive than the Survey patients in both sexes and in males, but not in females.

In summary of above it can be said that the Survey patients with active pulmonary tuberculosis show a much lower proportion with serious disease than the 1957 cases as judged by extent, cavitation and bacteriology but that this difference existed only for males and both sexes combined. Any difference in the groups of females could be ascribed to chance.

It might be thought that this difference in the two groups would be explained when comparison of the age and sex distribution of the two were made. Table IX shows this comparison. It will be seen that a higher proportion of males in the Survey group were in the older age groups compared to the 1957 notifications. This, one would expect, might give rise to more advanced cases in the Survey group since it is in older males that we often nowadays see the more advanced disease. That this is not so indicated the need for further investigation and analysis on this point.

TABLE X.—SHOWING ALL BACTERIOLOGICALLY PROVEN PATIENTS WITH ACTIVE PULMONARY TUBERCULOSIS BY AGE AND SEX. NUMBERS AND CORRESPONDING RATES PER 1,000 X-RAYED

	15-24		25-34		35-44		45-59		60 +		Total	
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000
... ..	8	0.35	21	0.91	19	0.82	46	1.35	30	1.43	124	0.98
males	21	0.80	16	0.66	18	0.66	11	0.26	4	0.13	70	0.45
in sexes	29	0.59	37	0.78	37	0.74	57	0.74	34	0.64	194	0.70

TABLE XI.—DISPOSAL OF PATIENTS

Compared with New Patients with Pulmonary Tuberculosis in Edinburgh Aged 15 Years and Over, Notified in 1957.

				<i>Admitted to hospital</i>		<i>Off work treated at home</i>		<i>Treated while still at work</i>		<i>Observation only</i>		<i>Total</i>	
				<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
MALES :													
1958 Survey				146	53.9	6	2.2	116	42.8	3	1.1	271	100
1957 Notifications				148	68.2	6	2.8	60	27.6	3	1.4	217	100
FEMALES :													
1958 Survey				90	59.2	2	1.3	60	39.5	—	—	152	100
1957 Notifications				86	61.0	6	4.3	48	34.0	1	0.7	141	100
BOTH SEXES :													
1958 Survey				236	55.8	8	1.9	176	41.6	3	0.7	423	100
1957 Notifications				234	65.4	12	3.4	103	30.2	4	1.1	358	100

Prevalence of Bacteriologically Proven Cases.

When the bacteriologically proven cases of active pulmonary tuberculosis detected in the campaign are analysed by age and sex as in Table X, it will be seen that with age there is a steady increase in the prevalence of "positive" cases in males while the exact opposite applies in females. It is interesting that although the peak active tuberculosis prevalence in females is in the 35-44 age group, the peak for "positive" cases was much earlier (15-24 age groups).

Disposal of Active Cases of Pulmonary Tuberculosis.

In Table XI the numbers of males and females admitted to hospital, treated at work, etc., is shown. Again a comparison with 1957 is shown. It will be seen that a higher proportion of females was admitted to hospital than males, despite the fact that males in general had more serious disease. This, of course, reflects the difficulties of treating tuberculous patients where they are breadwinners, sometimes for large families.

Analysis of Patients with Active Pulmonary Tuberculosis, According to Whether or Not There Has Been a Previous Chest X-ray.

The 423 patients with active disease were divided into 272 who had had a previous chest x-ray and 146 who had not; there were 5 in whom there was doubt.

Comparison of the two groups as regards extent of disease showed that in the group not previously x-rayed, there was a higher proportion with advanced disease. Comparison for the proportion of bacteriologically positive cases in the two groups showed no difference.

Further analysis by age and sex of the two groups suggested that it was probable that the above difference was due to the fact that the group not previously x-rayed showed a higher proportion of older males.

Bacterial Sensitivity.

Of the 194 bacteriologically positive patients 3 showed drug resistance to standard chemotherapeutic agents. Two were genuine instances of primary drug resistance to PAS and one turned out to have disease due to a chromogenic mycobacterium (this patient had a cavity with histological evidence of tuberculosis in the operation specimen). Another patient with cavitated disease due to a chromogenic organism is still under study.

Carcinoma of Lung

As will be seen from Table IV, there were 100 new patients with carcinoma, 81 males and 19 females in Edinburgh residents—a rate per 1,000 examined of 0.36 (males 0.64, females 0.12). The highest number (49) occurred in the males over 60 in whom the prevalence was 2.34 per 1,000 examinees.

Of the 100 patients with carcinoma, 63 were histologically proven at the time of assessment and 58 have had thoracotomy with a view to excision.

Other Conditions

NON-TUBERCULOUS INFECTION OF LUNG

One hundred and fifty-seven patients (males 89, females 68) presented with some form of pneumonia which was not unexpected at that time of year and just after the 1957-58 winter influenza epidemic. Most of these were of aspiration type and responded readily to antibiotics.

PULMONARY FIBROSIS—NON-TUBERCULOUS

This varied greatly in character from a small fibrotic scar following a single infective episode to diffuse interstitial types with severe dyspnoea and disability. The commonest cause was chronic bronchitis which is a common condition in Edinburgh. This is reflected in the sex distribution with a marked preponderance of males. In 19 females the fibrosis was of post-irradiation type consequent upon radiotherapy for breast carcinoma.

PNEUMOCONIOSIS

It is unlikely that the earliest stages of pneumoconiosis will be seen on miniature film, but in spite of this 111 men were found to have this condition. In the majority it was of coalworker's type but there were 10 cases in stonemasons and twenty other varieties of industrial lung disease.

BRONCHIECTASIS

One hundred and eighty-five persons were diagnosed as having bronchiectasis. In most of these symptoms were mild or moderately severe, but in a few, gross disease existed with severe symptoms. It is likely that most of the old patients with bronchiectasis in the community have been weeded out owing to the widespread use of chest radiography in the last five to ten years. The employment of antibiotics to control chest infection, together with the decline in incidence of primary tuberculosis makes new severe cases unusual in the community.

BENIGN TUMOURS OF LUNG AND MEDIASTINUM

The 87 patients in this category had mainly substernal thyroids, dermoids and pleuropericardial cysts. Many were resected. The commonest type was substernal thyroid which accounts for the preponderance of females in this group.

ENLARGEMENT OF HILAR OR MEDIASTINAL LYMPH NODES

This group of 32 patients comprised 6 with reticulosis, mostly Hodgkin's in type; 21 had sarcoidosis, 6 histologically proven.

ABNORMALITIES OF DIAPHRAGM AND OESOPHAGUS

The great majority had diaphragmatic hernia or eventration, most asymptomatic. There was a marked preponderance of females.

ABNORMALITIES OF HEART AND VESSELS

These were very varied but the commonest was simple cardiac enlargement associated with hypertension, again showing a marked preponderance of females.

CONCLUSIONS AND SUMMARY

A co-operative effort by local authority, local hospital authority and the central Department of Health, using the goodwill and help of local community workers, achieved an 84.4 per cent. response of the public to the request to have chest x-ray.

Much of the credit must go to the voluntary workers whose enthusiastic assistance made the result possible and to the influential publicity committee whose efforts inspired and sustained public interest.

The technical and administrative arrangements proved adequate, but only as a result of very detailed previous planning.

Four hundred and twenty-three new patients with active pulmonary tuberculosis were found. The highest prevalence of active tuberculosis was in males over 60 years (3.30 per 1,000). The overall prevalence in males was 2.17 and in females 1.01 per 1,000 persons x-rayed. The importance of the elderly male in the epidemiology of tuberculosis has once again been emphasised. It is noteworthy also that in the elderly males the prevalence of carcinoma was as high as 2.34 per 1,000.

It is concluded that a campaign of this sort is a useful and justifiable method of case finding for tuberculosis and other serious chest diseases. It is particularly suitable in communities where the disease appears to be coming satisfactorily under control and it may advance the day of final conquest of tuberculosis in the community by several years.

Whilst this report has been prepared by us we wish to emphasise that we have done so as representatives of many medical, technical and lay people in the Edinburgh Health Department, the hospital authorities and the Department of Health for Scotland whose untiring work made the campaign a success.

REHOUSING ON HEALTH GROUNDS.

There has been no change this year in the method governing rehousing on health grounds. As formerly, one in nine of all Corporation houses available for letting in the city could be allocated to tuberculosis cases, but recommendations did not reach this ratio. The degree of urgency in priority was indicated by either a T.B.I or a T.B.II recommendation and cases were then dealt with according to the date of the priority certificate or on the date of discharge from hospital. A certain number of cases of tuberculosis, including the non-pulmonary groups, were awarded priority points and were dealt with in the same way as other medical conditions.

The following table shows the number of tuberculous 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	Total
Rehoused	... ..	55	57	112
Waiting list at end of year	... ..	62	48	110

TUBERCULOSIS HOUSING.

Category 3 (with points).

POINTS	1.	2.	3.	4.	TOTAL
No. APPLICANTS AWARDED POINTS.	4	30	23	15	72

The above figures reflect a slight reduction on those of the previous year.

For other medical conditions, the system of awarding points up to a maximum of four is still in operation, one point representing a three-month period on the waiting list. The number of points awarded depends on many factors and not solely on the nature of the disease or disability. Once more it is regrettable to report that only the homeless and overcrowded categories of applicant can benefit from the scheme. The host of so-called "householders" who submit medical certificates, and very often are thoroughly deserving cases, can only use their points award as grounds for an exchange of house.

A severely restricted number of cases can be dealt with by the award of a Medical I Priority which must of necessity be limited in application. Such an award is made in respect of persons who may, because of their condition, endanger the health of the community, or whose disability in their present living conditions is seriously handicapping their own life and that of others.

Transfers and exchanges were recommended throughout the year if supported by an adequate medical certificate.

The total number of applications submitted during the year was 1,054. Of these, 5 were referred to the Tuberculosis section and 317 were transfers or exchanges. The following is an analysis of the remaining 732 applications :

Number of applications	No priority	Points recommended				
		Med. I	1	2	3	4
732	214	6	253	155	68	36
(100%)	(29.2%)	(0.8%)	(34.6%)	(21.2%)	(9.3%)	(4.9%)

PORT HEALTH SUPERVISION.

Medical inspection of passengers in accordance with the provisions of the Aliens Order was carried out as a routine approximately weekly in the summer and at rather longer intervals in the winter months. The vessels boarded as a routine were the M.V. "*Gullfoss*" and the S.S. "*Dryburgh*". Occasional visits to other vessels were required throughout the year.

Permission to land was refused on three occasions consequent upon the findings of the Chief Immigration Officer and the Port Medical Officer.

Once again, shipping from infected ports caused little trouble as they had a "clean" Maritime Declaration of Health signed by the Master and were usually well outwith the incubation period of the suspected diseases.

The curtailed service in operation at present is working perfectly satisfactorily and no delays have occurred in the past nine months. Previous delays were solely due to the Shipping Agent's failure to notify the Department of the expected arrival of a vessel.

IMMUNISATION AND VACCINATION.

DIPHTHERIA IMMUNISATION.

During the year 1958 the Public Health Department received 6,681 notifications of complete primary immunisations compared with 5,791 notified in the previous year. The immunisations were carried out as follows :—

Child Welfare Clinics	...	...	...	2,487 (2,355)	(1957 figures in brackets.)
General Practitioners	...	...	...	3,361 (2,480)	
School Health Service	...	...	...	833 (956)	
				<u>6,681 (5,791)</u>	

In addition to the primary immunisations, there were carried out 7,413 (9,330 in 1957) reinforcing injections of which 6,816 were done by the School Health Service.

It is estimated that at least 51 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 51 per cent.

DIPHTHERIA IMMUNISATION SINCE 1929.

Year	Number Protected	Non-Immunised Persons Notified	Immunised Persons Notified	Fatal Cases amongst the non-Immunised	Fatal Cases amongst the Immunised
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	...	...	...	...
1955	6,507	1	...	...	...
1956	6,303	1	...	...	...
1957	5,791	...	...	...	...
1958	6,681	...	...	...	...
205,006		9,534	733	552	9

DIPHTHERIA IMMUNISATION—PROGRESS TABLE 1949-1958.

AGE	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	Number of notified immunisations of children under 5 years of age:—
Under 1 year ...	509	386	420	376	411	243	692	850	622	643	18,835,
1 year ...	4,010	3,597	3,948	3,566	3,494	2,872	3,418	3,043	3,146	3,947	<i>i.e.</i> , 51 per cent. of the pre-school population.
2 years ...	939	769	887	690	700	1,394	580	577	495	694	
3 "	319	275	252	272	286	283	198	186	154	206	
4 "	195	148	154	139	200	206	137	131	93	105	
5 "	635	360	507	564	552	467	409	485	334	149	
6 "	483	447	574	503	602	649	613	528	437	441	The comparative percentages from 1949 onwards are:—
7 "	65	68	91	58	79	62	112	90	52	98	1949-51 per cent.
8 "	61	16	24	19	19	22	30	20	18	11	1950-56 "
9 "	105	69	18	18	8	23	15	8	17	10	1951-57 "
10 "	1,344	741	475	290	170	136	155	182	190	144	1952-58 "
11 "	48	54	52	33	30	27	41	23	57	25	1953-54 "
12 "	5	12	8	12	3	5	6	8	8	9	1954-54 "
13 "	56	4	6	7	1	3	6	5	5	2	1955-53 "
14 "	298	152	20	13	5	8	7	7	7	4	1956-52 "
15 "	21	32	27	3	4	32	88	160	156	193	1957-48 "
and over											1958-51 "
Totals	9,093	7,130	7,463	6,563	6,564	6,432	6,507	6,303	5,791	6,681	

WHOOPIING COUGH VACCINATION

The Department of Health for Scotland called for detailed information regarding vaccination against Whooping Cough of all children under 15 years of age. The statistics are compiled from records received from general practitioners and child welfare clinics.

I. Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine during 1958 :

Age at date of final injection				
	Under 5 years	5-10 years	10-15 years	Total under 15 years
(a) pertussis alone	2,687	6	—	2,693
(b) pertussis and diphtheria	1,358	18	1	1,377
(c) pertussis and diphtheria and tetanus	905	13	—	918
Totals	4,950	37	1	4,988

II. Number of children who have had a booster dose during 1958 :

Age at date of final injection				
	Under 5 years	5-10 years	10-15 years	Total under 15 years
(a) pertussis alone	1	1	1	3
(b) pertussis and diphtheria	6	41	11	58
(c) pertussis and diphtheria and tetanus	10	38	8	56
Totals	17	80	20	117

VACCINATION AGAINST POLIOMYELITIS

During the year substantial supplies of American and Canadian Salk type vaccine were received and, as a result, good progress was made with primary vaccination of children up to the age of fifteen years. The number of expectant mothers protected, however, was less satisfactory. Vaccinations were carried out daily during the first five months of the year at the Child Welfare Centre, 22 High Street, but from May onwards sufficient vaccine was available to enable vaccination sessions to be held weekly at all child welfare centres (29) in the city and at which children under five years and expectant mothers were protected and new registrations received.

Valuable co-operation was given by the general practitioners, who carried out 16,504 or 31 per cent of all completed primary vaccinations done during the year.

It was also feasible, for the first time since the scheme was introduced, to plan and carry out a large scale vaccination campaign in the schools and the staff of the School Health Service completed the heavy task of vaccinating over twenty thousand schoolchildren with the primary protective course between May and June and between September and December.

On 2nd September, the Department of Health intimated a further extension of the scheme to include young persons born between 1933 and 1942, and also the offer of a booster or reinforcing injection to those persons who had received primary vaccinations not less than seven months previously. This increased the potential number of persons in priority groups by about 72,000, to a total in the region of 190,000. Vaccination sessions at 221 High Street were resumed on 11th November, and by the end of the year steady progress was made with booster injections. Arrangements were also made for the vaccination of nursing staff, students and public health personnel.

By 31st December, it was estimated that 66 per cent of children born between 1943 and June 1958, had received primary vaccination.

The following table gives the number of vaccinations performed during 1958

	Primary Vaccination		Booster Vaccination
	1st Injection	2nd Injection	
Children born 1943-58 ...	54,535	51,178	7,449
Young Persons born 1933-42	175	154	—
Expectant mothers ...	875	852	—
Medical, Nursing, Public Health staff and other priority groups	571	561	—
Totals ...	56,156	52,745	7,449

VACCINATION AGAINST SMALLPOX,

The following tables give the number of vaccinations and re-vaccinations reported to the Public Health Department during 1958. These vaccinations were carried out by general practitioners and at child welfare clinics.

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
1958 ...	3,460	28	9	181	3,678
1957 ...	2,047	5	2	100	2,154
1956 ...	118	...	1	8	127
1955 ...	36	...	1	1	38
1954 ...	22	...	...	1	23
1953 or earlier	151	32	23	19	225
Totals ...	5,834 (5,579)	65 (117)	36 (57)	310 (283)	6,245 (6,036)

1957 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
500	624	829	280	2,233

PERSONS PROCEEDING OVERSEAS

In addition to the immunisations and vaccinations aforementioned, facilities were provided at the Vaccination Centre, 221 High Street, each Saturday forenoon for the protection of persons proceeding abroad by sea or air. These include courses of inoculation against typhoid and paratyphoid fever, typhus, cholera, as well as vaccination against smallpox and poliomyelitis. A total of 692 persons received this service and were given international certificates where necessary. A number of travellers preferred inoculation or vaccination by their own doctors, and vaccines were supplied to general practitioners on request.

The undernoted table gives a summary of the number of inoculations or vaccinations given at the Public Health Chambers or at 221 High Street, during the year :

	No. of inoculations or vaccinations			
Smallpox	532
Typhus Fever	10
Cholera	222
Typhoid and Paratyphoid	239
Tetanus	17
*Poliomyelitis	90
				1,110

* Under Colonial Office scheme.

CONTROL OF INFECTION.

INFECTIOUS DISEASES.

In 1958 a total of 4,899 notifications of infectious diseases occurring in the city was received by this department—a decrease of 596 compared to 1957. By sheer weight of numbers measles and dysentery dominate the scene, while diphtheria and Weil's disease were conspicuous by their absence. Measles, dysentery, tuberculosis and primary pneumonia were the first four in order of magnitude and made up 80 per cent. of all notifications. Whooping cough fell from second place to seventh. The incidence of dysentery once more points to our lamentable lack of real knowledge of vital factors in the epidemiology of this disease. For example, although it is well-established that *Sh. sonnei* is spread by the faecal-oral route and as such is a grave reflection on the personal hygiene of the community, too little is known about the carrier state and its relative importance. Outbreaks of dysentery, particularly in children's homes and nurseries, cause a marked mislocation of the organisations concerned and place a heavy burden on the laboratory service and on hospital accommodation.

The notes on food poisoning, in particular the *Salmonella* group, include two interesting outbreaks, in both instances the source being speedily traced and serious spread being avoided. In neither instance would this department have achieved the success it did if it were not for the assistance and personal interest shown by Dr Helen Wright of the University laboratory staff and her colleagues.

Although many authorities forecast the probable return of the Asian 'Flu epidemic, this fortunately did not come to pass and at the end of the year there was still no indication from any source of its return.

Infectious hepatitis was reported for the second time from a school, and a short note is appended on the measures used for dealing with it.

Deaths from notifiable disease in 1958 totalled 16. Of these, two were due to cerebro-spinal meningitis, both males, one aged 21 months and the other 8 months. The remaining 14 deaths were from influenza and were attributable to the latter part of the Asian 'Flu epidemic, carried over from the end of 1957.

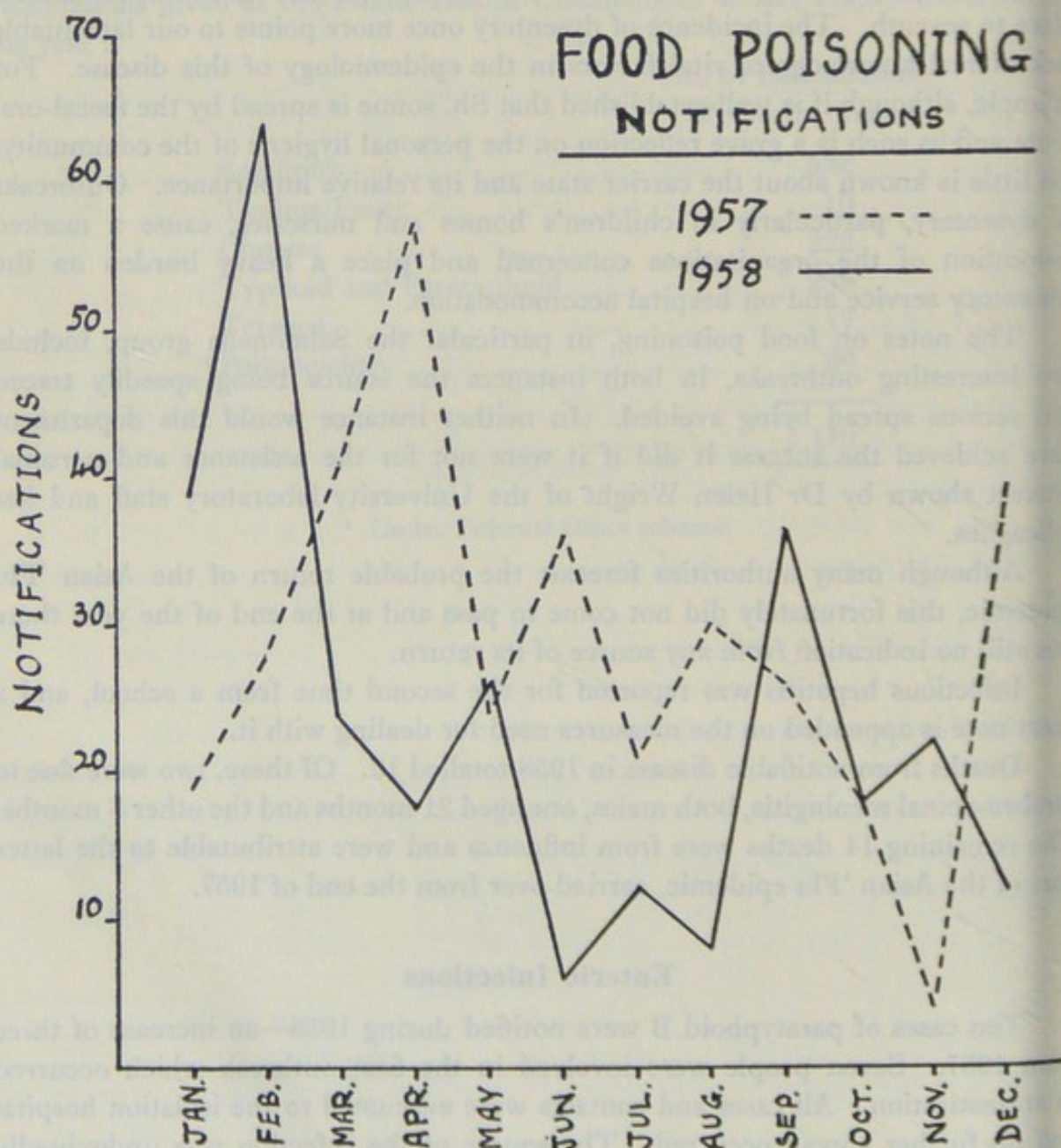
Enteric Infections

Ten cases of paratyphoid B were notified during 1958—an increase of three from 1957. Seven people were involved in the first outbreak which occurred in an institution. All cases and contacts were evacuated to the isolation hospital and no further spread occurred. The source of the infection was undoubtedly a patient in the carrier state, and the origin was suspected to be either in the Southians or the Borders. However, investigations in these areas proved fruitless and the true source must remain a matter of conjecture.

The second outbreak was accidentally discovered during routine investigation of a hospital admission, the index case being an elderly lady of 63 years of age. She lived with a married daughter and grand-daughter, her son-in-law only returning home at weekends. Both daughter and grand-daughter were also found to be positive excretors of paratyphoid B and it was a matter of some difficulty to try to elicit the order in which the cases occurred. The final decision could not be more definite than to state that either the grandmother or the grand daughter was the original case. Despite all investigations, the source of infection was never traced, thus illustrating once more the obstacles inherent in the investigation of sporadic infections.

Food Poisoning

Food poisoning became notifiable in August 1956; thus 1958 is the second complete year available for comparison.



A total of 155 incidents were investigated by the department, involving 28 cases (58 less than in 1957), and again the *Salmonellae* group of organisms were the most important causal agents.

(b) *Salmonellae*.

In 1958 two outbreaks occurred, involving a total of 62 cases, and were noteworthy in that they were quickly and successfully traced to their source.

In January the department was advised by the University Bacteriology Laboratory that *S. typhi-murium* had been isolated from specimens taken from four children. Enquiries were immediately made and, although the cases were widely dispersed geographically, it was noted that all the householders were supplied with certified milk from one creamery. It was decided that, in spite of the apparent paucity of cases, this information should be passed on to the local authorities in whose areas were situated the farms supplying certified milk from the creamery in question. Enquiries made by Midlothian County Council, whose Medical Officer of Health had also received notification of cases of *Salmonella* infection, revealed an outbreak of *S. typhi-murium* in cattle and humans at a farm supplying certified milk (unpasteurised) to Edinburgh and also a part of Midlothian. In all, 55 Edinburgh cases and 47 Midlothian cases were attributed to milk supplied by this farm. These figures would undoubtedly have been greater but for two factors:—

- (i) Early intelligence of *Salmonella* cases supplied by Dr Helen Wright of the University Bacteriological Department;
- (ii) The early decision by Midlothian County Council to pasteurise the milk from this farm pending full investigation.

The second outbreak, which was minor in nature, occurred in August. A comparison of inquiries made into seven apparently sporadic cases of *S. typhi-murium* infection showed that they were supplied with bakery products from one firm. Investigation of the bakery included the bacteriological examination of products known to be potential sources of *Salmonella* infection. The University Bacteriology Department isolated *Salmonella* from a sample of South African frozen egg which, however, was used for glazing purposes and subjected to a high baking temperature. A sample of water was also taken from a large tank in the bakery, used for defrosting containers of frozen egg, and *Salmonella dublin* was isolated. This episode is of interest in that *S. typhi-murium* was found in a product which was subsequently subjected to a high temperature process. It would appear to be another instance of *Salmonella* introduced into a bakehouse by one product and gaining access to products with unrelated ingredients. The incident is also a reminder that raw egg products are still a potent source of infection, and care must be taken in large bakeries to ensure that workers who handle raw egg should not handle finished articles of food. In addition, the vital importance of hand-washing during food preparation should be stressed, particularly in small bakeries where workers have to carry out all stages of manufacture.

The remaining 28 sporadic cases investigated produced a variety of *Salmonellae* which included *S. typhi-murium*, *S. enteritidis*, *S. newport*, *S. heidelberg*, *S. dublin* and *S. potsdam*.

(c) *Staphylococci*.

The number of notified cases caused by staphylococcal infection was eight but it is unlikely that this figure bears any resemblance to the true incidence.

Recovery in such cases being usually quick, it is probably seldom that bacteriological confirmation is sought for those who receive medical attention.

(c) **Cl. welchii.**

Here again, it is most unlikely that the figure of four incidents reflects the true picture. An outbreak involving five persons who were in the habit of buying luncheon at a delicatessen was most probably due to the method of manufacture of beef olives. A second case was due to reheated mince and a third to a bakery made steak pie. Together they emphasise once more the importance of the basic principles in the cooking of meat of any kind.

- (i) Avoidance where, possible, of cooking large quantities of meat at one time.
- (ii) Avoidance of reheating.
- (iii) Avoidance of slow cooling, especially in bulk.

(d) **Others.**

Of the total figure of 285 cases notified to the department, 178 were not established as cases of food poisoning of chemical, bacterial or toxic origin.

Dysentery

In 1958 a total of 1,041 cases of dysentery was brought to the notice of the department, representing an increase of 129 over 1957 figures. The incidence of the disease rose to a peak in March, thereafter falling, to rise again in December. Thus, in Edinburgh, dysentery is an endemic disease with epidemic peaks in winter. Both sexes were equally affected, with the exceptions of those aged between 15 and 35 and those over 65 years of age, where the female incidence was double that of the male. A total of 369 cases was removed to hospital, not because of the gravity of the illness by itself, but in order that nursing and domestic difficulties might be overcome. The great majority of cases reported occurred in the 1-5 years age group with a progressive decline to the over 65 years group.

No section of the community could claim immunity from Sonne dysentery with institutions, nurseries, schools and the public at large more or less equally affected.

In all instances where a closed community was implicated, strict hygienic measures plus the institution of the "Roccal" drill were enforced. Outbreaks were successfully controlled and there is no doubt that the liberal use of antiseptics on furniture, fomites and hands does abort the epidemic spread of the disease.

Weil's Disease (Acute Infective Jaundice)

Although the incidence of Weil's disease in Edinburgh has been low for many years, it is nevertheless pleasing to have no case to record. There were three notified cases in 1957. As this is a disease transmitted by rats, it would be reasonable to assume that the present state is a reflection of the very successful

anti-rat measures which are ridding the city of vermin and in which the use of 'Warfarin' poison has played so large a part. There must, however, be no relaxation of these measures.

Infectious Hepatitis

Once again, this year a number of cases of infectious hepatitis, a virus disease with a long incubation period, came to light in one of the city schools. Although not notifiable, the co-operation of the Education Department staff was readily obtained and the appropriate measures to control the infection were taken. As in most outbreaks, it was seen to be case-to-case infection and only affecting certain classes. The toilet accommodation in the particular school fell short of modern standards and undoubtedly aided the spread of the virus.

A hand-washing, hand-dipping-in-antiseptic routine was enforced with the use of individual towels, and this appeared to have the desired effect in a very short space of time.

Scarlet Fever

Notifications of cases of scarlet fever numbered 277, an increase of 151 over 1957. The cases occurred evenly throughout the year except during July and August, when no more than three notifications were received in any one week.

Diphtheria

For a second year there has been no case of diphtheria in Edinburgh. This position, of course, can only be maintained if a high level of artificial active immunity is produced and continued in the population.

Whooping Cough

Whooping cough notifications fell by 1,057 cases and reached the record low level of 96, the lowest since recording began in 1933. (Whooping cough has been fully notifiable since 1950. From 1933 until 1950 only the first case under five years of age in a household was notifiable.) Notifications were highest during October, November and December. It would be rash, on the figures for one year, to try and explain such a remarkable decrease.

Influenzal Pneumonia

The first two months of the year represented the tail-end of the Asian 'Flu epidemic of 1957. For the remainder of the year only sporadic cases were reported.

Primary Pneumonia

Notifications of primary pneumonia (414) were 203 less than last year's and showed the usual rise in the winter months with a fall in summer.

Cerebro-spinal Meningitis

A total of 24 notifications (30 in 1957) composed of sporadic single cases was reported throughout the year, the bulk of these occurring in the first six months of 1958. As reported above, two deaths from this disease occurred in children aged under two years.

Erysipelas

Notifications of erysipelas could again be described as sporadic cases showing a definite tendency to group in the winter months with little or none in the summer. There were 67 as compared to 41 in 1957.

Measles

The total number of notifications of measles (1,753), representing first cases under five years of age occurring in families, was 469 less than in 1957. In the first six months of the year, notifications rose from 60 per week to a peak of 100 per week in mid-summer, followed by an abrupt drop to sporadic level for the remainder of the period.

Poliomyelitis

A total of 20 cases was notified during the year under review (7 in 1957). Of these only 12 were Edinburgh infections. Although this is an increase of nine over the previous year, the incidence is once again very much below the average of 38 cases per year for the years 1948-57. All cases occurred in the second six months of the year.

Ten of the 12 Edinburgh cases were paralytic in form although extremely mild in nature. Three of the patients were under five years of age, four were schoolchildren and five were adults.

Three children had a history of vaccination against poliomyelitis. A 10-year-old boy, who had been vaccinated in January and February, developed a mild paralytic form of the illness in September. A 10-year-old girl, who was infected while on holiday on Arran, became ill in August; she had been vaccinated in July 1957. In this case there was no paralysis. The third child was a girl of six years who had received her first injection on the 25th September and developed a mild form of the illness on the 2nd October. In the first two cases reported above there is no doubt that the respective illnesses would have been more severe had the children been unvaccinated. In the third case, the child was obviously incubating the disease at the time of inoculation.

From 1st January, 1959, paralytic and non-paralytic poliomyelitis becomes separately notifiable.

Smallpox

During the month of March 1958 the liner "Circassia" docked at Liverpool with a case of smallpox amongst the lascar crew. Nine passengers travelled to Edinburgh after disembarkation and were immediately placed under surveillance. Evidence of recent vaccination was found in all cases and daily visitation by the assistant medical officer was carried out for 14 days. No case arose from this episode.

INFECTIOUS DISEASES

The following Table shows the number of Notifications for each Month of the Year 1958 :—

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
*Measles	232	226	266	271	270	305	108	26	15	6	3	25	1,753
Dysentery	28	77	155	120	151	99	62	42	50	82	65	110	1,041
Tuberculosis, Pulmonary	38	30	181	184	51	52	39	30	22	21	23	23	694
Pneumonia, Primary	86	67	59	39	31	28	19	5	15	14	20	31	414
Food Poisoning	39	64	24	18	26	6	12	8	36	18	22	12	285
Scarlet Fever	30	24	37	23	15	21	7	6	18	23	36	37	277
Whooping Cough	7	6	5	6	5	2	6	4	5	14	26	10	96
Pneumonia, Influenzal	50	9	9	2	1	1	...	1	1	2	2	7	85
Erysipelas	3	13	10	3	6	4	2	2	2	7	6	9	67
Tuberculosis, Non Pulmonary	3	4	3	1	8	8	1	4	4	6	6	4	52
Cerebro-spinal Fever	2	3	2	4	4	1	1	1	2	...	1	3	24
Poliomyelitis, Acute ... ..	...	...	...	...	...	...	2	4	8	5	1	...	20
Paratyphoid, B ... ..	...	...	...	2	8	...	...	...	...	...	...	...	10
Puerperal Fever ... ..	...	1	1	...	...	1	1	...	...	...	1	1	6
Puerperal Pyrexia ... ..	...	...	1	...	...	...	...	...	...	...	...	...	1
Malaria ... ..	...	...	...	...	...	...	...	...	...	...	...	1	1
†Chickenpox	14	2	11	18	8	7	2	4	...	1	1	5	73
Totals	532	526	764	691	584	535	262	137	178	199	213	278	4,899

† Not notifiable.

* Only first case in household notifiable.

INFECTIOUS DISEASES.

Return of Cases of Infectious Disease notified during the Year
ended 31st December 1958.

DISEASE			NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH										
			At all Ages	Age Groups								Cases removed to hospital	Cases not removed
				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		
*MEASLES	...	M	872	52	798	18	3	1	...	...	...	175	69
		F	881	56	797	23	3	1	...	1	...	156	72
DYSENTERY	...	M	492	47	253	107	15	20	20	21	9	187	30
		F	549	33	262	99	43	51	17	24	20	182	36
TUBERCULOSIS—		M	427	1	7	15	39	68	69	164	64	256	17
PULMONARY		F	267	1	7	14	66	48	62	49	20	161	10
PNEUMONIA, PRIMARY		M	214	16	35	27	15	10	15	45	51	71	14
		F	200	5	26	33	12	8	18	47	51	68	13
FOOD POISONING	...	M	130	4	34	36	9	18	16	12	1	20	11
		F	155	1	44	23	24	28	10	22	3	11	14
SCARLET FEVER	...	M	145	...	55	85	5	...	...	...	...	58	8
		F	132	...	44	85	1	1	...	...	1	46	8
WHOOPING COUGH	...	M	48	5	27	14	1	1	...	...	...	15	3
		F	48	8	30	8	...	1	1	...	...	17	3
PNEUMONIA		M	32	2	3	2	...	2	...	13	10	4	2
INFLUENZAL		F	53	...	4	6	3	4	6	13	17	18	3
ERYSIPELAS	...	M	38	...	...	...	...	3	9	18	8	11	10
		F	29	...	...	...	1	2	7	9	10	8	10
TUBERCULOSIS—NON-		M	19	...	1	2	3	5	3	3	2	9	1
PULMONARY		F	33	...	2	1	6	7	3	11	3	21	1
CEREBRO-SPINAL FEVER		M	15	5	7	2	1	...	...	...	...	11	...
		F	9	2	4	1	...	...	...	1	1	6	...
POLIOMYELITIS, ACUTE		M	11	...	2	3	3	2	1	...	...	11	...
		F	9	...	2	4	2	1	...	...	...	9	...
PARATYPHOID B	...	M	7	...	...	...	1	...	...	...	6	7	...
		F	3	...	...	1	...	...	1	...	1	3	...
PUERPERAL FEVER	...	M	...	...	...	...	...	...	...	...	...	...	...
		F	6	...	...	...	2	1	2	1	...	3	...
PUERPERAL PYREXIA	...	M	...	...	...	...	...	...	...	...	...	...	...
		F	1	...	...	...	1	...	...	...	...	...	...
MALARIA	...	M	1	...	...	...	...	1	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...	...	...
†CHICKENPOX	...	M	43	3	18	13	6	3	...	...	...	43	...
		F	30	2	8	9	7	3	...	1	...	30	...
		M	2,494	135	1,240	324	101	134	133	276	151	878	1,61
		F	2,405	108	1,230	307	171	156	127	179	127	739	1,66
TOTAL	..		4,899	243	2,470	631	272	290	260	455	278	1,617	3,28

† Not notifiable.

* Only first case in household notifiable.

No.	WARD	Scarlet Fever		*Measles		Whooping Cough		Dysentery		Acute Polio-myelitis		Pneumonia Primary	
		Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
1	St Giles	4	...	99	...	5	...	65	...	1	...	16	...
2	Holyrood	10	...	132	...	3	...	95	...	...	...	16	...
3	George Square	5	...	24	...	3	...	19	...	...	...	4	...
4	Newington	12	...	42	...	5	...	27	...	...	...	7	...
5	Liberton	24	...	194	...	11	...	80	...	1	...	47	...
6	Morningside	12	...	6	...	...	...	11	...	1	...	7	...
7	Merchiston	11	...	35	...	...	...	9	...	...	...	13	...
8	Colinton	22	...	51	...	6	...	32	...	3	...	15	...
9	Sighthill	7	...	68	...	6	...	43	...	...	...	10	...
10	Gorgie-Dalry	10	...	57	...	5	...	22	...	2	...	15	...
11	Corstorphine	13	...	56	...	4	...	8	...	1	...	6	...
12	Murrayfield-Cramond	8	...	78	...	3	...	15	...	1	...	7	...
13	Pilton	25	...	240	...	5	...	92	...	...	...	88	...
14	St Bernard's	15	...	46	...	3	...	45	...	...	...	23	...
15	St Andrew's	7	...	42	...	1	...	7	...	1	...	14	...
16	Broughton	15	...	34	...	...	...	24	...	...	...	15	...
17	Calton	1	...	66	...	4	...	15	...	...	...	7	...
18	West Leith	13	...	30	...	8	...	52	...	1	...	16	...
19	Central Leith	14	...	58	...	1	...	65	...	1	...	16	...
20	South Leith	6	...	38	...	7	...	26	...	...	...	20	...
21	Craigentinny	13	...	60	...	4	...	21	...	...	...	12	...
22	Portobello	16	...	119	...	6	...	55	...	1	...	15	...
23	Craigmillar	10	...	76	...	2	...	80	...	1	...	15	...
	Institutions	4	...	102	...	4	...	133	...	5	...	10	...
	Totals	277	...	1,753	...	96	...	1,041	...	20	...	414	...

* Only first case in household notifiable.

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
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
1955	195	1,053	624	1,034	40	278
1956	204	2,631	1,731	1,024	39	576
1957	126	1,284	1,153	912	7	617
1958	277	1,753	96	1,041	20	414

* 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.

BACTERIOLOGICAL SERVICES

The following statement is submitted by Professor Robert Cruickshank, Consultant-Bacteriologist to the South-Eastern Regional Hospital Board, Scotland. It 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, 1958. The work recorded was under the charge of Dr Helen A. Wright, Senior Lecturer in Bacteriology, University of Edinburgh.

The increase in the total number of examinations carried out in 1958 (21,428 as against 19,214 in 1957) is largely due to the increase in examinations for diarrhoeal conditions. This may be associated with a greater awareness among medical practitioners that enteritis is frequently infective in nature, which may in turn have contributed to the record number of cases (671) in which a diagnosis of Sonne dysentery was established. On the other hand, there must be many cases of gastro-enteritis due to serologically identifiable *Esch. coli* and family outbreaks or sporadic cases of "food poisoning" caused by specific bacterial pathogens or their toxins which are not brought to the notice of the laboratory. Partly for this reason an intensive clinical and laboratory study of the diarrhoeal diseases in the practice of three doctors in the city has been started.

Frequent small outbreaks of food poisoning occur which are never definitely explained, probably because early specimens from the victims are seldom made available and the offending article of diet is often destroyed. A diagnosis can usually be established in *Salmonella* food poisoning; but, in fact, except for one large outbreak of *Salm. typhi-murium* infection early in the year, the incidence of *Salmonella* infections was much lower than in 1957. This low incidence may be associated with the very close check which is kept on imported egg, for organisms of the *Salmonella* group were isolated from 21 out of 274 samples of imported egg during the year.

The 10 cases of *Salm. heidelberg* infection, the source of which was not traced, all occurred in one children's home; and the five-fold increase in *Salm. typhi-murium* (103) cases was almost entirely due to one outbreak, which was quickly traced to a widely distributed milk supply from an infected dairy herd outwith the city—not, however, before a large number of primary cases had occurred, a reminder of the close connection between animal and human disease.

Fewer routine samples of milk and ice-cream were examined and only one milk was examined for tubercle bacilli. Perhaps the time has come for more attention to be given to the hygiene of other foods. Fewer agglutination tests for leptospirosis were carried out in 1958 than in 1957.

There was again no diphtheria diagnosed, but it seems wise to continue to be on the alert, particularly in view of two recent small outbreaks reported from England. Of the 1,678 throat swabs examined for haemolytic streptococci, some 25 per cent. were positive; and the fact that a positive or negative report of haemolytic streptococci could be given quickly was often of value in arriving at the true cause of the condition. A considerable proportion of "sore throats" are due to virus infections including infectious mononucleosis: the Paul-Bunnell

test for glandular fever is becoming better known, and 23 of the 53 tests carried out were diagnostically positive.

Because of the major epidemic of Asian influenza in 1957 and the possibility of a fresh epidemic wave in the winter 1958-59, the time seemed opportune for a survey of influenza antibodies in the blood of a cross-section of the population. This was organised by Dr Joan McWilliam of this department, who with help from various colleagues collected over 1,100 specimens of serum over a wide age range as well as smaller samples from nursing staff and patients with chronic bronchitis. It was shown that the antibody titre to Asian influenza was highest in the 11-15 years age group and almost at its lowest in the economically important 25-40 years age group. By contrast, the antibodies to influenza virus B were very low in children and rose to a high plateau in adults. In view of these findings it was felt that vaccination against Asian influenza of adults in key positions might be advisable. Since in the age range 20-40 years many already have evidence of a low basal immunity, a single boosting dose of vaccine might be adequate. (See *Brit. Med. Journal*, 1959, i, 473).

	Positive	Total
Swabs from throat, nose and ear examined for <i>C. diphtheriae</i> ...	—	57
Swabs from throat and nose examined for hæmolytic Streptococci and other pathogenic organisms ...		1,670
Hæmolytic Streptococci ...	488	
Cough plates and per-nasal swabs for <i>H. pertussis</i> ...	—	10
Sputum examined for <i>Myco. tuberculosis</i> by the microscopic method* ...	9	18
Pus and pleural fluids examined for <i>Myco. tuberculosis</i> by the microscopic method* ...	—	1
Fæces and urine examined for <i>Myco. tuberculosis</i> by the microscopic method* ...	—	2
Cultivation tests for <i>Myco. tuberculosis</i> (sputum and other specimens) ...	7	22
Pathological specimens examined for <i>Myco. tuberculosis</i> by animal inoculation ...	1	2
Specimens for general bacteriological examination :		
Urine ...		64
Sputa ...		38
Blood cultures ...		
Pus and pleural fluids ...		28
Ear swabs ...		4
Swabs from newborn ...		1
Urethral and vaginal swabs ...		11
Miscellaneous ...		
Tests for sensitivity of bacterial strains to :		
Aureomycin ...		1,34
Chloromycetin ...		1,35
Penicillin ...		1,34
Streptomycin ...		1,34
Sulphonamide ...		1,32
Erythromycin ...		9
Terramycin ...		
Polymyxin ...		1
Furacin ...		2
Bacitracin ...		
Staphylococcal coagulase tests ...	326	48

	Positive	Total
Faeces and urines examined for organisms of the Salmonella and dysentery groups and other pathogens :	1,251	6,931
<i>Shig. sonnei</i> ...	986 (671)†	
<i>Salm. typhi-murium</i> ...	169 (103)	
<i>Salm. paratyphi A</i> ...	1 (Known carrier)	
<i>Salm. paratyphi B</i> ...	7 (3)	
<i>Salm. newport</i> ...	9 (2)	
<i>Salm. heidelberg</i> ...	26 (10)	
<i>Salm. enteritidis</i> ...	3 (2)	
<i>Salm. thompson</i> ...	2 (1)	
<i>Salm. potsdam</i> ...	5 (1)	
<i>Salm. dublin</i> ...	1 (1)	
Esch. coli "o" 26 ...	10	
Esch. coli "o" 55 ...	2	
Esch. coli "o" 111 ...	1	
Esch. coli "o" 128 ...	1	
<i>Cl. welchii</i> ...	22	
<i>Staphylococcus aureus</i> ...	6	
Faeces examined for helminths and protozoa ...		83
<i>Giardia lamblia</i> ...	7	
<i>Oxyuris vermicularis</i> ...	2	
<i>Ascaris lumbricoides</i> ...	1	
<i>Tænia saginata</i> ...	1	
Specimens of blood for Widal reaction (including agglutination tests for <i>Br. abortus</i>)		64
Blood-clot cultures from specimens submitted for Widal reaction ...	—	53
Agglutination tests for <i>Leptospira icterohæmorrhagiae</i> ...	—	10
Agglutination tests for <i>Leptospira canicola</i> ...	—	10
Urines examined for Leptospire ...	—	3
Widal Bunnell tests for glandular fever ...	23	53
Serological tests for syphilis :—		
Wassermann reactions ...	19	162
Flocculation tests—method of Bacteriology Department, University of Edinburgh ...	19	311
Flocculation tests—Kahn method ...	2	4
Flocculation tests—Kahn "verification" method ...	36	56
Cerebrospinal fluid for Wassermann reaction ...	—	1
Cerebrospinal fluid for Colloidal Gold test ...	—	1
Complement fixation tests for gonococcal infection ...	12	67
Complement fixation test for influenza ...	—	1
Sera examined for "cold agglutinins" in primary atypical pneumonia ...	—	2
Cerebrospinal fluid for virological examination ...	—	1
Faeces examined for Polio virus ...	—	5
Milk samples :—		
Bacterial counts ...	•	172
Tests for coliform bacilli ...	•	489
Phosphatase tests ...	•	336
Turbidity tests ...	•	23
Examinations for <i>Myco. tuberculosis</i> by animal inoculation ...	—	1
Examinations for blood ...	•	22
Examinations for organisms of the salmonella and dysentery groups ...	—	6
Total milk samples examined ...	525	
Ice-cream samples :—		
Bacterial counts ...	•	72
Tests for coliform bacilli ...	•	72
Total ice-cream samples examined ...	72	
Water samples :—		
Bacterial counts ...	•	115
Tests for coliform bacilli ...	•	311
Total water samples examined ...	311	
Washed milk bottles examined :—		
Bacterial counts of rinse water ...	—	3
Tests for coliform bacilli ...	—	3

							Positive	Total
Samples of home-produced liquid hen eggs examined :—								
	Bacterial counts	...	...	...	...	...	.	1
	Tests for coliform bacilli	...	...	...	...	...	.	1
Samples of imported egg examined for organisms of the Salmonella								
group	...	...	...	...	...	...	21	27
	<i>Salm. typhi-murium</i>	...	...	...	...	11		
	<i>Salm. bareilly</i>	...	...	...	...	9		
	<i>Salm. pullorum</i>	...	...	...	...	1		
Other food samples examined for pathogenic organisms :—								
	<i>Cl. welchii</i>	...	...	...	...	5	8	8
	<i>Staph. aureus</i>	...	...	...	...	3		
Samples of shore sand examined for pathogenic organisms :—								
Samples of tank water from bakery examined for organisms of the salmonella group								
	<i>Salm. dublin</i>	...	...	...	...	...	1	
Miscellaneous specimens examined for pathogenic organisms								
Rats examined for plague infection								
Total								
								21,42

* After concentration of specimen.

† Figures in brackets indicate number of cases.

DEPARTMENT OF VENEREAL DISEASES.

REPORT BY THE PHYSICIAN-IN-CHARGE.

In the year under review there has been a change in staffing which has been caused to secure a closer co-ordination of the work done in the Edinburgh hospitals with that done in Fife. This will secure economy and probably greater efficiency in prevention of disease.

Incidence of Disease.

The number of cases of syphilis has declined further, but gonorrhoea, 730 (males 500 : females 230) compares with 487 cases (males 318 : females 169) in 1956 and 688 cases (males 464 : females 224) in 1957. This upward trend in incidence of gonorrhoea is not confined to this city but is observed in most parts of Britain. In a few of the large cities of England the tendency has caused alarm, but the increase was attributed, in part, to the large number of coloured immigrants. This factor is not responsible in Edinburgh where there are very few coloured patients.

The incidence of non-specific urethritis in males remains about the same level and trichomonal infections in women are recognised and treated in even greater numbers. The latter may not be an actual increase in the disease but may be due to the tendency to refer more cases of genital discharge to the clinics.

Early Syphilis.

Contagious early syphilis has almost disappeared and only four such patients were diagnosed, one male and three females. The man was a sailor and contracted the infection either in Bombay or in the East end of London.

One woman was pregnant and had probably been infected in North Wales. The health of her baby was safeguarded by intensive ante-natal treatment and both mother and child are probably cured. Another case was a girl of 16 years, referred from a remand home. She had probably been infected by a sailor in Liverpool, but she had no clue to his identity. The third woman was a prostitute who had been treated many times for gonorrhoea and was treated for this disease during pregnancy. She acquired syphilis from some unknown seafarers in Leith shortly before her confinement. As she did not even know the name of the ship no action could be taken to trace these men, but she was admitted to hospital for isolation and intensive treatment.

Congenital Syphilis.

Seventeen patients were diagnosed but only one was under one year of age. He was the child of the prostitute who acquired syphilis shortly before confinement. The child has been treated and is recovering.

One boy age fourteen was a case from Glasgow who had been transferred to Bangour Mental Hospital. Unfortunately the diagnosis had been made so late that recovery of his mental faculties did not occur and he will be a permanent inmate of a home for mental defectives. It is a tragic feature of this case that though he had been normal up to about age 11, and though his mother and his school-teachers had insisted that he was not well and they sought professional advice, no effective medical action was taken until the brain was irreparably damaged.

All the other cases were diagnosed later in life and there can be no question in them of failure of our present methods of prevention of inherited syphilis. They serve to emphasise the necessity and value of such measures to prevent disease. The age groups were:—

25-34 years	... 1 case
35-44 years	... 7 cases
45 years and over	... 7 cases

Late Syphilis.

In the year 1958 the following were diagnosed:—

Cardiovascular syphilis	... 16
Neurological syphilis	... 25
Other late and latent syphilis	... 23

By appropriate treatment we can improve the condition of such patients and increase their expectation of life. Where appropriate we investigate the condition of other members of the family and so discover unsuspected disease.

It is anticipated that there will be a gradual slow reduction in the number of such cases.

Gonorrhoea.

The diagnosis of gonorrhoea was made in 500 males and 230 females. As noted above this is a definite increase in numbers, especially in males. It has long been obvious that gonorrhoea was not being reduced in the same way as syphilis, though it is spread in the same way and is cured by the same drugs. The answer appears to be that there is an undetected reservoir of infection in the population. Also many apparent "cures" are not complete but represent only symptomatic relief and the affected individuals are acting as carriers. This undiagnosed or uncured reserve of gonorrhoea is probably mostly in women, but there are undoubted male carriers of the infection. On the whole, men are

immediately alarmed if they observe any abnormality of the genito-urinary organs, while many women accept "female discharges" as an unfortunate disability of their sex, to be endured rather than cured. There is some danger, too, that busy doctors may prescribe one of the many antibiotics or some other convenient product of the persuasive pharmaceutical industry rather than arrange a fuller investigation. In many instances they have no grounds for suspecting venereal infection—indeed reference to our figures shows that quite a high proportion (22 per cent.) of female cases were infected by their husband and 13 per cent. of the males blamed their wife.

There is increasing evidence that gonorrhoea is becoming partially resistant to penicillin, which is still the drug of choice for treatment. The situation is not yet serious but it may rapidly get out of control. Fortunately other antibiotics can cure such cases, but this partial drug resistance may be a factor in making many patients apparently well but still contagious. As an appreciable proportion of patients disappear as soon as their symptoms are relieved, it is indeed probable that there are many such carriers of disease who are sexually promiscuous and very difficult to diagnose and treat. Part of the trouble was created years ago when irresponsible press articles spread the belief that "one-night treatment" meant certain cure. Some medical publications, especially in America, were the start of this fiction. The time seems to be appropriate for an increased effort to secure the more accurate diagnosis of genito-urinary infections that may be venereal, and to convey again to the public that a sense of security regarding gonorrhoea is ill-founded.

Ophthalmia Neonatorum.

A few cases have been notified, and in some that have come to the attention of the venereologist it is clear that laxity regarding the prophylaxis and treatment is prevalent. There have even been cases in teaching hospitals and no urgent action to secure a diagnosis and treatment. To illustrate this, a woman was infected by the husband very shortly before her confinement in a teaching hospital in Edinburgh; the disease was not diagnosed until the baby was about a week old and had "sticky eyes" for forty-eight hours. The baby had gonococcal ophthalmia and both parents had acute gonorrhoea. Fortunately there was no damage to vision.

Non-specific urethritis in Males.

There is still a considerable number of such cases. They are much more difficult to diagnose accurately and to cure than gonorrhoea, and to the patient they represent just as much danger and worry as gonorrhoea, though in some instances they are not of venereal origin.

Trials of new methods of treatment are continued but there has not been any conspicuous advance. There has been a small increase in the number of cases associated with chronic eye and joint diseases.

Trichomonal disease.

In the clinics we have long been familiar with this type of genito-urinary infection and there has been a gradual recognition that *trichomonas vaginalis* may not be a harmless parasite. It is not a harmless nuisance but a considerable menace and apart from its own symptoms and signs this type of infestation is often associated with gonorrhoea. It is clear too that it is widespread and that it is often transferred sexually. There are many other ways of transfer, mostly associated with defective hygiene and habits in the home. For example we have many instances where a mother infected her daughters by the use of a communal towel; a young girl is often infected by sleeping in the same bed or sharing the same bath as her parents or elder sister.

While methods of treatment are now much improved it is still a tedious condition to cure. There is great need for renewed emphasis on cleanliness and simple hygiene in the home, and very many houses and places of employment have a scandalous standard of W.C. and washing facilities.

Sociological.

Sociological information regarding the venereal diseases has again been compiled. We have asked all patients regarding the source of disease, and while some give no information or tell lies, the majority are co-operative and help to secure the attendance for diagnosis or treatment of other persons who may harbour the disease. In a group of 1,423 males, 31 per cent. attributed infection to a prostitute, 55 per cent. to an "amateur" and 13 per cent. to their marital partner. Quite often in the latter case the union is temporary and unblessed by Church. By contrast in 562 women attending for diagnosis 52 (9 per cent.) were believed to be prostitutes, 274 (48 per cent.) were promiscuous but unpaid and 236 (42 per cent.) were married and probably infected within wedlock. The police and prison authorities are extremely helpful in trying to secure the treatment of prostitutes who are known to be infected.

The areas in which the infection was alleged to be contracted was stated to be:—

	Men	Women
Edinburgh and Leith area ...	683	269
Other parts of Britain ...	302	82
Overseas	212	1

It is clear that a high proportion of our patients are infected elsewhere than in this area and the men get disease overseas. In this respect the clinic at Leith docks is very useful in being constantly available for seafarers.

The Age Groups.

The age groups of patients is best studied in relation to gonorrhoea as this group indicates a recently acquired infection. The 730 cases were distributed as follows and the percentage according to sex was also examined :—

			Under 1 year	1-4	5-14	15-24	25-34	35-44	45 and upwards
			3	2	0	312	280	92	41
Males	...	...	—	—	—	33%	45%	15%	6%
Females	...	...	—	—	—	63%	23%	8%	4%

This would indicate that a greater proportion of women than men in the 15-24 age group contract venereal disease and that in both sexes a small proportion over age 35 years are infected.

The number of patients in adolescent years has been studied further and are shown below :—

<i>Age</i>	<i>Male</i>	<i>Female</i>
15 years	0	29
16 years ...	3	55
17 years ...	10	29
18 years ...	16	54

The number of very young girls who have run the risk of venereal infection is disquieting. The difference between the sexes is explained in part by the large number of girls referred for investigation by remand homes. But quite a high proportion have a venereal infection and many others have lice or require other medical treatment as well as social help.

The influence of alcohol in the spread of venereal disease is more obvious, it is more often admitted, in men (72 cases) than in women (26 cases).

A considerable amount of time is devoted to persuading patients to continue treatment and tests until all tests have been completed, but in spite of this there are a considerable number of "defaulters". In the group of gonorrhoea cases, which are the most dangerous to the public health, there were 141 male and 44 female defaulters.

Non-Venereal.

Non-venereal cases represented a large proportion of the clinic work. Such cases are important, and often very difficult. There were 1,028 males and 218 females, a total of 1,246 cases. It is only by thorough examination and repeated tests in the laboratories that we can reassure such patients and also protect them and the public from potential disease.

Acknowledgments.

Once more I pay grateful tribute to all concerned in the year's work. As there were 20,667 out-patient attendances as well as much in-patient work the volume of work has been considerable. In 1958 we have had extensive alterations to the clinic and ward buildings, but in spite of many difficulties the patients have not been allowed to suffer. So I express my appreciation and thanks to all my medical, nursing, technical and clerical colleagues.

THE DOMICILIARY SERVICES.

HOME NURSING SERVICE.

The work of the District Nurses has continued on the same lines as previously, and although there has been nothing really spectacular, the visits to patients have continued to increase during the year. The comparative figures for 1957 and 1958 are of interest.

During 1958, 315,720 visits were paid to 10,040 patients, an increase of 8,779 visits. Of these figures 196,557 visits were paid to 4,371 new patients over sixty-five years of age.

There is an increasing amount of work required for the elderly and less for the young; for example, only 497 children under fifteen years of age received 3,649 visits during the year. With increasing longevity the trend of the work is now being diverted mostly to the nursing of the aged.

The nurses continue, not only to carry out the specific treatments, but to try and bring about some improvement in the total welfare of the patient and of the family in general. In many cases they try to stimulate the patients to act for themselves and they make the best use of the potentialities of the family.

Many twice-daily visits are paid, some because of serious illness, and others to help to rehabilitate them following paralysis, etc. Late evening visits are also increasing. Over the year 3,006 were paid between the hours of 6-30 p.m. and 12 midnight to give injections and general nursing to the very ill. It is interesting to note that tuberculosis visits diminished to 14,812.

The nurses' hours on duty increased to 179,075, this being 8,093 hours more than the previous year. This is accounted for by the different trend in domiciliary nursing; especially the marked increase in the number of the elderly chronic sick, requiring twice-daily visiting. Several patients when they return to work, continue to have their treatment carried out at home during the evening or, if they prefer it, treatment is given at the Central Home. This service is much appreciated by the patients as it allows them to plan their leisure accordingly.

Sighthill Health Centre:

During the year the treatment room has been staffed as before from 8-45 a.m. until 9 p.m. daily, and from 1 p.m. until 3-30 p.m. on Sundays. The nurse in attendance carrying out 8,050 treatments; these figures are not included in the visits for the domiciliary service, although the nursing staff is from the Central Training Home.

Miscellaneous.

Maximum use is made of all the statutory and voluntary services by the Institute, and the valuable help and co-operation received at all times has been much appreciated. Several of the Red Cross V.A.D's. have worked voluntar

periods during the past year, and apart from two weeks' holiday one lady has spent every Sunday morning helping to nurse the older patients, and her services have been very much appreciated. These links with the voluntary services have been vital in helping us to care for the health and happiness of the patients.

As usual, many talks on the work and lectures on home nursing were given to various women's organisations throughout the year.

The allocation of the second pool car for the use of the male nurses has been much appreciated. Many calls are made by the general practitioner for their services, and the use of the car does cut down on travelling time and they are able to cover a larger area. At present there are five male nurses on the staff who are of inestimable value to the service.

Tribute must be paid to Miss Gilmour, Superintendent of the Home Nursing Service, and her staff for the efficient way in which they perform their several duties and for their continued helpful co-operation.

HOME NURSING EQUIPMENT

Issue of Home Nursing Equipment during 1958

			Total No. Issued	Issued and Returned	Still on Loan
Air Beds ...	...	...	5	5	—
Air Rings ...	...	...	256	178	78
Bed Pans ...	...	...	317	215	102
Bed Cages ...	...	...	48	31	17
Bedsteads ...	...	...	20	7	13
Bed Rests ...	...	...	83	56	27
Blankets ...	...	...	58	17	41
Fracture Boards (Sets) ...	...	...	75	13	62
Mattresses ...	...	...	34	15	19
Mattress Covers ...	...	...	24	12	12
Pillows ...	...	...	48	12	36
Pillow Cases ...	...	...	31	10	21
Rubber Sheets ...	...	...	261	184	77
Sheets ...	...	...	68	17	51
Urinals ...	...	...	130	93	37
Wheel Chairs ...	...	...	30	16	14
Miscellaneous ...	...	...	32	18	14
			1,520	899	621

Total No. of persons issued with Home Nursing Equipment in 1958 1026*

No. of persons issued with Home Nursing Equipment in 1958 and still on loan at 31/12/58. ... 343

The cost of purchasing new equipment and of repairs and laundering £700

Amount received in payment of hire charges ... £40

*Decrease of 37 patients assisted as compared with 1957.

THE HOME HELP SERVICE.

At the beginning of the year there were 51 full-time and 155 part-time home helps in the service, equivalent to some 128 full-time helps. During the year there were 68 resignations, the main reasons for these being changes in home circumstances, illness and change of employment. It is this large turnover of staff which renders the administration of the service a sometimes difficult matter. Furthermore there is the constant need for recruitment, not always easy to accomplish. However, 79 home helps were recruited during the year and at 1st December the staff consisted of 210 home helps of which 44 were full-time and 166 part-time, in all an equivalent of 127 full-time helps.

During the year assistance was given to 1,550 cases, an increase of 154 over last year's cases. The service of a home help was given to 125 maternity cases, 12 cases of tuberculosis and 1,113 general cases including acute illness, the aged and the infirm. With regard to the elderly, i.e. those over 65 years of age, help was given to 473 such persons who were suffering from some acute general condition. As a rule the period of assistance might be called short-term. Long-term care was given in 179 instances to elderly chronically incapacitated individuals. Thus 652 elderly persons received the services of the home helps during the year.

Evening and week-end assistance has proved helpful in permitting elderly and infirm persons to be cared for in their own homes and some 52 have been so assisted during the year. In other cases it has been possible to arrange with relatives or neighbours to undertake the necessary supervision.

The night-sitter service has proved its worth in the very few cases (4) where such help has been sought. Normally night attendance is from 8 p.m. to 6 a.m.

The male home help has given excellent service for a few chronically incapacitated elderly men but, although authority exists for another male to be added to the home help staff there has as yet been no occasion to make this further appointment. It seems that it is only in the comparatively few instances that a male home help is specifically required, and the reasons for these special requests are usually readily understood.

At a meeting of the Medical Health Services Sub-Committee on 9th December, approval was given, and subsequently endorsed by the Health Committee at its meeting on 16th December, of a suggestion by the Medical Officer of Health that arrangements should be made within the existing home help service to allocate three or four selected home helps specifically to homes with young mothers where difficulties were being experienced and where extra help was needed following confinements. This interesting experiment was to be reviewed after a period of six months.

ALMONER.

Against a setting of a National Health Service now ten years in operation it is interesting to compare the function of the almoner as part of the domiciliary medical services now and as it was ten years ago. The National Health Service, accepted from its inception as a most significant social advance for the individual,

meant an opportunity of access, perhaps for the first time, to a doctor of his own choice and also an entitlement to a complicated variety of statutory social benefits. In this new bewildering machinery of State provision of help in times of varied needs much of the almoner's time was occupied in providing information, acting as an interpreter of intricacies of social legislation, and advising on the voluntary sources of help where gaps still remained in statutory provisions.

In 1949 it was reported that, although a certain amount of work in the sphere of prevention of illness and after-care was undertaken during the year, the bulk of the almoner's work had been concerned with maternal and child welfare. It was stated, however, that there was a definite indication of considerable scope for social work amongst cases of general illness and in that year 21 such patients were referred to the almoner by general practitioners. In the years that have followed there has come opportunity for more time to be spent in providing the type of help to the individual which a training in medical social work aims at equipping the almoner to offer. Her work must be based on an understanding of people, their needs, and the difficulties created if these are not met. It must aim at reaching the root cause of individual and family difficulties, whether these lie in personal inadequacy or undue social stress, and at helping people to achieve a better personal and social adjustment. The increasing acceptance of the psychosomatic factors in disease has accentuated the value of medical social work as a part of medical treatment.

Writing on "Social Work in General Practice", Miss Madge Dongray (*B.M.J.*, 1958, II) has given some account of her role as medical social worker attached to Darbishire House, Manchester University, a health centre where a group of four family doctors practise from the centre and serve approximately 12,000 patients in a densely populated part of the city. She stresses that apart from the patients who attend the doctors' surgeries actually presenting symptoms connected with emotional or social problems, many people choose their doctor as the person to seek out for advice on such difficulties. Miss Dongray goes on to state that in cases where the doctor chooses to call in the social worker to help with these difficulties there is in the relationship with the patient already the advantage of ready acceptance of a worker introduced by the doctor.

In the course of this year, 202 patients were referred directly by their general practitioners to the almoner attached to the Public Health Department. In an increasing number of cases a direct contribution was made to active medical treatment by the amelioration of social factors and help in emotional adjustments e.g. in cases of gastric ulcer, asthma and anxiety states. The almoner's help was also sought in cases of long-term illness where financial difficulties, signs of strain on relatives, discouragement on the part of the patient, required the introduction of appropriate help, either from statutory or voluntary sources. The main feature therefore, of the almoner's work during the past ten years has been the increase in the number of cases where help was requested by general practitioners.

Just as medical advice and treatment have become readily available since the introduction of the National Health Service, so has the social conscience about the social well-being of the individual increased. This can be interpreted from the extended spread of social service throughout the community. One remarkable feature in the public health sphere has been the increase of health visitor staff

from 41 in 1949 to 61 in 1957. The close contacts which health visitors can keep with sections of the community under their care as well as preventing much physical and social breakdown can ensure the introduction of appropriate help where this is felt to be required. This year, 108 cases were referred to the almoner by the health visiting staff.

Inevitable as it is under present economy that large sections of the community are in receipt of financial support from the National Assistance Board, it must be encouraging to its officers that the National Assistance Act, 1948, has widened the opportunities for constructive work to be done with their applicants. To some of the most socially isolated the officer of the National Assistance Board may provide the only reliable link. The co-operation of these officers frequently assists the almoner in her work.

Alongside the services which show statutory concern for the welfare of the individual, there exists the organisations which provide expression for the vast amount of voluntary effort being offered to help people in difficulties. The contributions made by organisations such as the Women's Voluntary Service, the Old People's Welfare Council, British Red Cross Society, Churches and numerous other organisations with specialised interests, are very considerable. All serve to spread some cover into the community and catch in those whose own resources, whether physical, psychological, or material, are lacking, but where much can be achieved in helping them to get more out of life. Close links are maintained by the almoner with the very numerous voluntary bodies in the city and immeasurable help obtained from them in her work.

It is generally accepted that people are becoming more verbal about their personal and emotional problems, but ignoring these expressions of social maladjustment does not cover up their presence. As mental illness becomes an ever increasing problem there is a need to trace backwards to the requirements of the anxious, the aggressive, those so easily labelled "unco-operative" who, in fact, are trying to give expression to the fact that they are up against something which they cannot tackle alone.

A recent publication of wide interest, "Essays on the Welfare State", by Professor R. M. Titmuss, deserves the attention of all public health workers.

During the year 464 patients were referred to the almoner, an increase of 21 over last year. The sources of referral of these cases were: general practitioners 202; health visitors 108; district nurses 13; other almoners 14; voluntary agencies 6; miscellaneous sources 47; while 74 made a direct approach themselves to the almoner. This last is an interesting and significant trend. In addition to these referred cases, the almoner also paid 255 home visits, an increase of 36 over last year's number.

MATERNITY AND NURSING HOMES.

One registration of a nursing home was cancelled during the year and one new registration was granted by the Health Committee. A nursing home gave up its activities for three months and returned the registration certificate, but the home was re-registered after certain changes in control had been made. A further nursing home was re-registered for an additional number of patients to be accommodated.

NURSING AGENCIES.

No changes occurred in the two nursing agencies during the year, both being licensed to carry on their respective functions.

SIGHTHILL HEALTH CENTRE.

During 1957/58, the fifth year of operation of the Health Centre, developments in its activities continued. The Centre formed the headquarters of the Sighthill ward x-ray committee during its period of preparation for the mass x-ray campaign held in Edinburgh in March and the facilities afforded the Committee at the Centre were greatly appreciated.

The Centre continues to draw professional visitors and students from all parts of the world, no less than 39 countries being represented in the visitors' book.

General Medical Service.

The number of family doctors practising from the Centre is now ten. The continued help from the health visitors, the almoner, the district nurses, the laboratory service, the various consultative clinics and the secretarial and receptionist staffs has proved invaluable to the practitioners in their efforts to care for their patients.

The presence of a visiting consultant in physical medicine enhances the value of the physiotherapy department, which is a valuable asset to the doctors at the Centre, although the pressure of cases on the physiotherapist occasions some delay in commencing treatment for the patients.

An increasing number of patients were seen at the psychiatric consultative clinic which functions four days each week. Patients are seen after discharge from hospital, while others are dealt with as out-patients.

Owing to staff shortages, clinical laboratory facilities were necessarily restricted for some time but the hours during which this service is provided were recently extended to include one evening each week until 8 p.m. An empty room close to the pharmacy has been converted into a testing room.

The sterile syringe service, under the supervision and control of the chief pharmacist, supplies syringes not only to the doctors practising at the Centre, but also to the district nurses working in the dressing rooms and to the Corporation poliomyelitis vaccination clinic at the High Street. An average of over 5,000 syringes per month were processed at the Centre.

Pharmaceutical Service.

After some two years of stability the working of the service was hampered by staff changes and shortages. Nevertheless, 22,422 National Health Service prescriptions were dispensed in the year, 95 per cent. of the patients using the pharmacy being on the lists of the doctors practising in the Centre.

Local Health Authority Services.

Local health authority activities during the year were maintained along the same lines as in previous years. A special poliomyelitis vaccination clinic was opened for about three months on Friday afternoons in order to overtake the children registered for such vaccination who resided in the Sighthill area.

In common with all the welfare foods distribution centres in the city there was an appreciable fall in the uptake figures for National Dried Milk, orange juice concentrate and cod liver oil compound, but the uptake of vitamin A and D tablets remained constant.

The toddlers' playground makes an important contribution to the community life of the area and the children attending benefit greatly from the scope and play accommodation available to them. The special twice-weekly afternoon sessions, too, adequately meet the demands for the care of infants and toddlers during the medical, dental or physiotherapy treatment of their mothers.

The two school dental service surgeries recorded a steady output of work and attendances remained at a satisfactory level. In oral surgery and orthodontia the two visiting consultants conducted regular clinics. Showcases and cupboards have now been installed in a room in the dental wing of the Centre to form a reference library of treated cases, with plaster casts and descriptions to illustrate the methods and results of treatment to correct irregularities of children's teeth. Some of these casts were demonstrated at a recent annual conference of the British Dental Association in Newcastle-upon-Tyne.

The oral hygienist continued her visits once-weekly to carry out treatment and propaganda work.

The Sighthill Old People's Health Club again had a successful year, the chiropody clinic in particular proving most beneficial to the members. Routine medical examinations were discontinued and health films and discussions severely restricted because of the preparations for and aftermath of the mass x-ray campaign.

Miscellaneous.

The Centre is much used by a number of voluntary organisations such as a social workers' group, Edinburgh Cripple and Invalid Children's Aid Society, Cerebral Palsy Group, Diabetic Group and the British Red Cross Society. It is patently obvious that the Centre is indeed the focal point of the local community.

MENTAL HEALTH SERVICES.

REPORT BY MEDICAL OFFICER FOR MENTAL HEALTH SERVICES.

During 1958 progress continued to be made in the development of the Mental Health Services of the city, both by expanding existing services and establishing new ones. These developments were in accordance with recommendations submitted to the Health Committee in April 1957, which were quoted in the annual report for that year.

Working Party.

The small technical working party consisting of medical representatives of the Regional Hospital Board, Local Executive Council and the Corporation, which was set up to consider problems associated with the co-ordinated development of the Mental Health Services of the city, has continued to meet regularly and has invited guests with special knowledge to join in discussions of appropriate topics. The subject has proved to be a very complex one but good progress is being made and it is expected that a report will be submitted to the respective authorities during 1959.

MENTAL ILLNESS.

During 1958 the total number of applications for certification of patients was 287, of whom 246 were certified and removed to hospital. Comparative figures for the last few years are as follows :—

	1954	1955	1956	1957	1958
Number certified	237	239	287	265	246
Application withdrawn ...	64	49	50	60	41

The proportion of male patients among those certified was 41 per cent. This shows little change from preceding years. The age groups of those certified were as follows :—

Mental Illness—Certifications						
Ages	Males		Females		Total	
	1957	1958	1957	1958	1957	1958
Under 16 years	—	—	—	—	—	—
16-19 „	1	2	3	4	4	6
20-29 „	15	5	13	8	28	13
30-39 „	19	16	17	13	36	29
40-49 „	19	14	18	14	37	28
50-59 „	13	17	21	23	34	40
60-69 „	13	16	30	16	43	32
70-79 „	21	16	32	41	53	57
80 years and over ...	6	14	24	27	30	41
	107	100	158	146	265	246
Not Certified and Withdrawn ...	22	19	38	22	60	41
Total No. of Applications ...	129	119	196	168	325	287

The number of patients boarded-out was 12 (7 males and 5 females), being less than in 1957.

A seven per cent. reduction in the number of patients certified, combined with an eight per cent. reduction last year, has almost counter-balanced the twenty per cent. increase in 1956, and thus brought the total number to approximately the 1955 figure. It will be noted, however, that this year's decrease has taken place largely in the younger age groups, the total of those over 60 years of age having actually increased by four as compared with 1957, and a comparison with 1955 shows that, though the total numbers are similar, the age pattern differs. Thus, males and females over 60 years of age made up 19 and 34 per cent. of the total for 1958 respectively, accounting for 53 per cent. between them, and these figures compare with 15, 28 and 43 per cent. for the year 1955.

These figures again emphasize the close relationship between the geriatric and mental health problems, point to the necessity to develop community services necessary to reduce physical and mental breakdown among the elderly to a minimum, and indicate the need for adequate geriatric beds of all categories to provide, without undue delay, for those who require either treatment, re-habilitation or prolonged residential care.

Care and After-Care.

During the year a psychiatric social worker was appointed and she took over the duties of the social worker who joined the staff in 1957. She commenced her duties on a part-time basis, the rest of her time being occupied by a University research project concerning the follow-up of patients discharged from mental hospitals in this region. She has interviewed and visited the homes of patients referred by medical and other agencies, in co-operation with general practitioners, and has given advice to health visitors, when requested, on the management of patients in the community.

After-care by the local health authority of patients discharged from hospital continues to depend upon informal referrals for the sort of help the department can give, and, though the number of such referrals is comparatively small, liaison with the hospitals and general practitioners continues to be good.

It will be remembered that, in last year's report, the proposal to establish an out-patient psychiatric clinic in Niddrie Farmhouse was mentioned, and it was hoped that, in these premises, which would provide diagnostic, psycho-therapeutic and follow-up facilities for the staff of Rosslynlee Mental Hospital, it would be possible to see how the staffs of the hospital and local health authority, in co-operation with local general practitioners, could work together to provide a comprehensive community care and after-care service for that area. The clinic had, in fact, opened in January, and sessions have been held there weekly since then. Many of the patients attending have previously been in-patients in Rosslynlee, but others are new referrals by general practitioners. The fact that this clinic is situated within a reasonable distance from patients' homes has resulted in a number of patients attending who would find it difficult to travel as far as the hospital. It is agreed by members of the staffs taking part in this combined arrangement that it is of benefit to all concerned. It is, however, thought that more extensive use might be made of it and, to this end, a printed letter card is being circulated

to the general practitioners with patients in the area to facilitate the arrangements of appointments.

MENTAL HANDICAP.

RESIDENTIAL SERVICES.

The following table gives the comparative figures for various categories for 1957 and 1958 :—

Mental Defectives						
	Males		Females		Total	
	1957	1958	1957	1958	1957	1958
1. Waiting for admission to institutions of South-Eastern Regional Hospital Board as at 31st December ...	66	64	50	44	116	108
2. Number of Edinburgh admissions to above institution. ...	19	12	12	8	31	20
3. Re-certified at 16 years ...	1	3	2	4	3	7
4. New cases certified and placed under guardianship. ...	1	2	3	3	4	5
5. Removed from guardianship as no longer suitable for boarding-out ...	6	0	2	2	8	2
6. Removed from guardianship roll by death... ..	2	3	2	0	4	3
7. Under guardianship as at 31st December	55	54	89	90	144	144

Assessment Panel for institutional care.

In view of the length of the waiting list for admission to mental deficiency institutions, the Regional Hospital Board decided to set up an Assessment Panel to consider the relative urgency of patients' circumstances, so that admission would take place in the correct order as beds became available. This Panel consists of a Regional Board Administrative Medical Officer, the Regional Adviser in psychiatry, the Consultant Physician in mental deficiency and two representative Medical Officers of Health, Dr Seiler being one of them. This Panel held five meetings during 1958, starting in April. Some of the most urgent Edinburgh cases were admitted to institutions during the year but, as can be seen from the table, 108 patients are still waiting, of whom 21 are considered urgent. The provision of adequate accommodation to take at least the urgent cases is, therefore, still a pressing problem. During the year, a start was made to admitting suitable cases to mental deficiency institutions on an informal basis, when recommended by the Physician Superintendent of the Institution concerned.

Hostel for Mentally-Handicapped Adults.

The report on the Mental Health Services to the Health Committee in April 1957, recommended that, among other things, the question of providing hostel accommodation for high-grade mentally-handicapped adults be discussed with the other branches of the health service, in view of their probable joint interest. When Eversley House became available, the question of its possible joint use

for this purpose by the Corporation and the Regional Hospital Board was taken up with the Board. The suggestion was that a provision of this sort for male adults, who are capable of undertaking remunerative employment, would assist the discharge of certain patients at present in institutions and, by releasing beds, would allow for the admission of those in the community who are urgently requiring institutional care. It would also provide a useful stepping-stone from institutional care to complete discharge into the community, and would constitute an alternative to institutional care for mentally-handicapped adults in the community who have no satisfactory home but who require a stable background in which to mature. It is hoped that a satisfactory arrangement may be reached as a result of the discussions between representatives of the Corporation and Regional Hospital Board, though any scheme of this sort would require the approval of the Secretary of State. A Committee of the Scottish Health Services Council is considering the question of the provision of such hostels at the present time and is expected to report early in 1959.

Short-stay residential unit for mentally-handicapped children.

This unit, at Willowbrae House, started to operate in the summer of 1957 to provide short-stay residential care for mentally-handicapped children up to the age of 12 years during periods of domestic stress, or to allow parents a short respite from the strain of providing constant care. The facilities were used on a larger scale during 1958, and filled an undoubted need in the city. Comparative figures are as follows :—

	No. of children admitted	No. of admissions	Average length of stay
1957	15	17	16 days
1958	45	64	20 days

A similar service was started by the Scottish Association of Parents of Handicapped Children at the Stewart Home, Cove, Dunbartonshire, during 1958, and three Edinburgh children were sponsored by this department for short-stay care there. Parents are asked to contribute, according to their means, towards the maintenance cost of their children in either Willowbrae or the Stewart Home, the rate being assessed on a comparable basis.

NON-RESIDENTIAL SERVICES.

The roll of the five special schools and one special class for mentally-handicapped children in the community totals 390, though a further 99 children attend the junior occupation centre, and 5 more with multiple, including mental, handicaps are taken daily to a special unit within the education service.

Unit for severely handicapped children.

There are other children whose degree of retardation, usually combined with physical handicap, is such that they are unable to attend any of the above educational establishments. Some of them have been notified as "ineducable and untrainable", and others are "homebound" because, though not notified they are not yet fit to attend the occupation centre. It was envisaged in last year's report that a unit would be established at the Pleasance Trust to which suitable children of this type might be brought daily for simple forms of training, with a view to giving the child every opportunity to develop to its full potential and to providing some relief for the parents. During the first quarter of the year, two members of staff were appointed, and arrangements were made with the Hospital Car Service to transport the children to and from the unit, the staff acting as escorts. In the middle of April, the unit went into operation on a very small scale to allow for experience to be gained with this new type of service. Since that time, it has been open on weekdays between 2 and 5 p.m. and the number of children attending has risen from 2 to 12, between 5 and 12 years of age, some of whom come on a part-time basis. The degree of handicap of these children makes it necessary to restrict the numbers attending so that each can be given adequate attention, with a view to both training and physical care. There is no "teaching" as such, but the children are encouraged to feed themselves, to become toilet-trained, to become more mobile, and, in general, to adapt themselves more satisfactorily to society. Efforts are made to make coming to the centre an enjoyable experience, and this does seem to be the case with almost all the children. The parents are very co-operative, but it is felt that some have tended to underestimate their child's capabilities, and this has led to over-protection with the result that a child may come seemingly incapable of doing a thing whereas, in fact, he has never tried. Appropriate equipment and toys are used, and the staff have devised apparatus suitable to the children's individual needs. The present arrangements are now fully utilised and, as it is known that the needs in the city have not yet been fully met, the question is arising as to the provision of increased facilities, especially as the discharge rate is likely to be very slow. This matter will be considered early in 1959.

Sitter-in Service.

As mentioned in last year's report, a sitter-in service has been organised by the Edinburgh and District Branch of the Scottish Association of Parents of Handicapped Children, in co-operation with this department, in order to enable parents to go out together occasionally or to attend special functions in the knowledge that there is someone at home to look after their child. This has not been utilised to any extent, but it is thought that, though the need exists, parents are a little reluctant to take advantage of a service such as this until it has become well-established and this may take some time.

After-care.

The after-care of children who have left the special schools is undertaken on behalf of the Corporation, by the Edinburgh Association for Mental Welfare

which carries out home visits and supervision for as long as is considered necessary and, in co-operation with the Education Department and its Youth Employment Service, takes an active interest in the provision of clubs, employment, occupation centre facilities and holidays for those over school age.

Clubs are run for the former pupils of each of the special schools where activities include games, country-dancing and cobbling. For those who cannot undertake open employment, two senior occupation centres have been established under the Education Authority. The class for females, in Lauriston Place, now accommodates 33 persons, 14 of whom are attending full-time, and the activities here include cooking, laundering, needlework and dancing. The centre for males was transferred at the beginning of the year from the School of Building, Mountainbridge, to larger, more suitable and better equipped premises at Slateford. This, along with an extension in the staffing arrangements, has made it possible to expand the service, and the number attending has risen to 33, all of whom are on a part-time basis. A few who are unable to travel by themselves to the centre are brought by special transport for one full day each week. The activities here include woodwork, cobbling, rug-making and weaving and it is notable that, as in the female section, the absentee rate is very small. These classes are very valuable not only in giving instruction in specific skills and providing social training, but also in helping relatives by occupying the minds and time of these handicapped people for a number of hours each day. A small number of both males and females are still awaiting admission, but the premises allow for further expansion, and it is hoped that it will be possible to bring this about in 1959. A small committee, representing the Voluntary Association and the Education, Health and City Social Services departments, has been set up to select candidates for admission to the centres and consider other relevant matters. During the summer the boys from the senior class were again offered a holiday together to which a contribution was made by the parents. This time twenty of them went to a hutted camp at Kinross for a week. For the first time, the girls also went away together, twenty-four of them going to Ninemile Burn for a week. Both groups were under the supervision of members of the staff of the centres, and the arrangement was very much appreciated by both pupils and parents.

It is probable that the next step to be considered is the establishment of an industry centre in the city at which mentally-handicapped adults who are capable of open employment but are able to undertake more than purely occupational activities might work under sheltered conditions.

Co-ordination.

During 1958, every effort was again made to further co-ordination with other Corporation departments, and to co-operate with all statutory, voluntary and academic agencies engaged in mental health work. This is vital to the achievement of a complete mental health service.

WELFARE OF AGED AND HANDICAPPED.

The welfare of the aged and the handicapped in Edinburgh is carried out by the City Social Services Department who are responsible to the Welfare Committee, but medical duties are performed by doctors from the Public Health Department. These duties are concerned with the medical supervision in Homes provided for the aged, and with the confirmation or otherwise, from the medical aspect, of claims for supplementation. In addition, inspection of registered old persons' homes and compulsory removal of persons requiring care and attention to hospital or an old persons' home are carried out by medical officers in conjunction with the City Social Services Officer.

Residential Accommodation: A local authority must provide residential accommodation for persons requiring care and attention. Temporary accommodation must also be provided for evicted families and for victims of fire and flood. Part 3, Sect. 21, of the National Assistance Act requires that these types of accommodation are available. The overall responsibility for persons in either type of accommodation is that of the City Social Services Department. There are four homes provided by Edinburgh Corporation for persons requiring care and attention; they are (a) Glenlockhart, (b) Firrhill, (c) Edinholme, (d) Craigard. Accommodation is also available by arrangement with voluntary associations in various voluntary homes. **Glenlockhart**—this Home has accommodation available for 437 residents, both male and female. During 1958 there were 256 admissions, 121 discharges and 159 deaths. The average age on admission was 68·5 while the average at death was 78·5.

During the year, the health of the residents remained satisfactory and no epidemics of infectious diseases occurred.

The general medical supervision of the Home is the responsibility of the Public Health Department. However, each resident has his or her own general practitioner who attends during illness.

The full range of medical ancillary services are available, including those of a dentist, optician, chiropodist, physiotherapist and occupational therapist.

Many structural alterations progressed during the year, with several completed; as a result improved accommodation became available for female residents.

A considerable waiting list exists for both sexes, especially for women:—

Firrhill (16 male residents);

Craigard (22 female residents);

Edinholme (19 female residents).

These smaller Homes provide accommodation for the fittest residents—those who require little care and attention, and to a great extent are able to look after themselves without supervision.

Voluntary Homes: All homes run by voluntary bodies whose purpose is care and attention for the aged must be registered with the City Social Services Department. Each home is inspected annually, to determine that condition

satisfactory, by an officer from the City Social Services Department and the Assistant Medical Officer.

On December 31st, 1958, 28 homes were registered in which there is accommodation for 887 persons.

Temporary Accommodation : A section of Glenlockhart is used to provide accommodation for victims of fire or flood and for evicted families. During the year 30 women and 79 children were admitted for those reasons.

Murt Orders : In certain cases of extreme need, and as a last resort when persuasion fails, persons suffering from grave chronic disease or being aged, infirm or physically incapacitated and living in insanitary conditions, and who are not receiving proper care and attention, may be removed from their homes by applying to the Sheriff for implementation of Section 47 of the National Assistance Act.

Only three Orders were obtained during the year, of which two were admitted to Glenlockhart and one to hospital. None of the Orders was extended after the initial three weeks.

Welfare of Handicapped Persons : The Welfare Committee makes arrangements with the following organisations for the care of handicapped persons :—

- (a) Blind Persons—The Royal Blind Asylum and the Society for the Welfare and Teaching of the Blind.
- (b) Crippled Persons—The Edinburgh Cripple and Invalid Children's Aid Society.
- (c) Deaf and Dumb Persons—The Edinburgh Deaf and Dumb Society.

Apart from medical supervision of the four old persons' homes, many other duties are performed by the Public Health Department. The problems of the aged and handicapped are referred to this Department from many sources including family doctors, health visitors, relatives, almoners and the National Assistance Board. Each person referred is visited by an Assistant Medical Officer and their requirements assessed. In many instances, domiciliary services are all that is required to maintain an old person at home rather than being admitted to a Home. These services include provision of a home help, meals-on-wheels (M.V.S.); nursing aids and bedding may be supplied. The commonest problem encountered with old persons is loneliness, and every effort is made to introduce the aged to social clubs, church organisations, or, if the person is confined to the house, for them to receive regular visits from visitors of the Edinburgh and Leith Old People's Welfare Council or other voluntary bodies. In cases such as this, regular follow-up is carried out by the health visitor or Assistant Medical Officer. Close liaison is maintained between the Public Health Department and chronic-disease hospitals, almoner's department of the acute hospitals, the Livingstone Dispensary and general practitioners, to expedite the admission or transfer of cases to and from residential accommodation.

SANITARY SERVICES.

SANITARY DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH. May 1959.

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 1958.

Housing.

It is pleasing to report that during the year a commencement was made in real earnest to deal with the slum problem which has been held in abeyance since 1939, apart from schemes at Burns Street, Leith; Spey Street and Holyrood Square/Dumbiedykes Road.

The families in the latter scheme were all rehoused during 1958. Most of the tenements have been demolished and the site cleared of the many dilapidated structures used as stores and workshops. The demolitions have opened up a wonderful vista from Holyrood Road of the Salisbury Crags and when the multi-storied flats are erected, they will emphasise the need to proceed as speedily as possible with the clearance of all the outmoded and insanitary properties in the St. Leonard's Area of Comprehensive Development, which extends from Holyrood Road to St. Leonard's Lane.

Official Representations were made to the Housing Committee for two Clearance Areas.

The Greenside Row Clearance Area, which is situated in the low lying land behind Leith Street, contains 256 houses—87 one apartment, 159 two apartments, 10 three apartments. Many of the tenements in this Area are in a most uninhabitable condition. The external walls are very weather-worn and in some cases fractured. The staircases are dark and ill-ventilated; there has been excessive subdivision, resulting in dark, common lobbies, back-to-back houses, general disrepair of internal structure and inadequate sanitary facilities. Compulsory Purchase Orders were made on 4th December, 1958 and it is hoped that Confirmation from the Secretary of State will be obtained early in 1959.

The Carnegie Street, etc., Clearance Area is situated to the east of the Pleasance and includes houses in Carnegie Street, Dalrymple Place, Dumbiedykes Road, St. Leonard's Hill and Beaumont Place. There are 419 houses—91 on

apartment, 220 two apartments, 91 three apartments, 15 four apartments, 2 five apartments—in this Scheme. This Area contains many large tenements with both the external and internal structures showing evidence of considerable disrepair. Subdivision of the properties has created houses of the back-to-back type with water-closet accommodation used in common.

It is interesting to note that in this Area there were approximately 220 owners for the 419 houses. Many of the ownerships were in the hands of trustees and this caused considerable extra work for the Town Clerk's Department in obtaining the names of all the owners and the service of the necessary notices upon them. Compulsory Purchase Orders are to be made in January, 1959.

In furtherance of their slum clearance programme, the Town Council, on the request of the Housing Committee, agreed to rehouse 700 families per annum from unfit houses for the three-year period 1959/1961—a total of 2,100 families.

Housing (Scotland) Acts, 1919-1925.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population.</i>
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	<u>3,897</u>	<u>12,432</u>

Housing (Scotland) Act, 1930.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population.</i>
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	<u>1,447</u>	<u>4,660</u>

Housing (Scotland) Act, 1950.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population</i>
Burns Street, Leith, 1952	88	297
Calton Road, 1953	72	208
Spey Street, 1956	93	204
Totals	253	709
Grand total since 1923 ...	<u>5,597</u>	<u>17,792</u>

Town and Country Planning (Scotland) Act, 1947, and the Housing (Declaration of Unfitness) (Scotland) Regulations, 1948.

<i>Scheme.</i>	<i>No. of houses dealt with.</i>	<i>Population.</i>
St Leonard's (Dumbiedykes) Comprehensive Development Area, 1955	151 (unfit houses) 55 (not unfit)	
Totals ...	<u>206</u>	<u>546</u>

Individual Unfit Houses.

During the year 114 houses were dealt with in terms of Section 9 of the Housing (Scotland) Act, 1950, either by the making of Demolition Orders, Closing Orders or the acceptance of Statutory Undertakings from the owners.

In addition the owners of 18 houses 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 re-housed 62 families from unfit houses and the houses were subsequently closed.

The following table shows the number of individual unfit houses dealt with since 1923 :—

Housing (Scotland) Acts, 1919-1950.

	<i>No. of houses.</i>	<i>Population.</i>
Housing (Scotland) Acts, 1919-1925 ...	272	979
Housing (Scotland) Act, 1930	2,053	6,438
Housing (Scotland) Act, 1950	503	1,408
Total	<u>2,828</u>	<u>8,825</u>
Voluntary Undertakings from owners ...	349	1,116
Grand Total since 1923 ...	<u>3,177</u>	<u>9,941</u>

Overcrowding.

Certificates relative to overcrowding in dwelling houses were submitted to the House-letting Department on behalf of 1,929 applicants for Corporation houses, a decrease of 364 as compared with the previous year. The House-letting Department rehoused 989 families from overcrowded houses or overcrowded sub-let rooms, a decrease of 632 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 3,960 prospective Corporation tenants were examined by the district sanitary inspectors and lady inspectors and 13 or 0.33 per cent. of that number were found to be bug-infested. The number of bug-infested houses found continues to fall each year due in no small measure to the appreciation of the tenants of the efficiency of the modern insecticides including D.D.T. Since the scheme was put into operation 64,614 houses have been inspected and 4,477 or 6.93 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 bed-clothes 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, 3,940 fumigations have been carried out, including 19 for the year under report.

Housing (Repairs & Rents) (Scotland) Act, 1954, and Rent Act, 1957.

The Rent Act, 1957, came into force on 6th July, 1957. This Act permitted owners to increase the rent of dwelling-houses under £40 rental by 25 per cent. irrespective of any repairs having been carried out in the house or for the benefit of the house. This increase is known as the "rent increase." Where an owner already had a "repairs increase" under the 1954 Act he is permitted to increase the rent by a further 10 per cent. making a total increase of 50 per cent. If an owner has carried out repairs to the value of not less than three-fifths of the rent over a period of 12 months he may substitute a "repairs increase" for a "rent increase" but four months' notice of intention to do so must be given to the occupier. To obtain a "repairs increase" or "rent increase" the house has to be in good and tenantable repair and in no other respect be unfit for human habitation.

"Repairs" for the purpose of these Acts includes maintenance but does not include improvements, structural alterations or the provision of additional or improved fixtures or fittings.

If on receipt of a notice of increase, either "repair increase" or "rent increase," or at any time thereafter the tenant is not satisfied that either or both of the conditions justifying the increase of rent are fulfilled, he may apply to the local authority for a certificate of disrepair. When a certificate is granted the local authority must serve a copy on the landlord. 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 has 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.

During the year 73 applications were received for certificates of disrepair. Certificates were granted in 50 instances ; 19 were refused and 3 tenants withdrew their application. 17 applications were received from owners for revocation of certificates of disrepair and 17 were granted.

Appendix 15 shows the return of certificates issued by the local authority between 30th August, 1954 and 31st December, 1958.

GENERAL SANITATION.

Nuisances and Structural Defects.

During the year, 9,730 nuisances and structural defects in dwelling-houses and other premises were dealt with by the department. Of this total, 7,233 or 74·34 per cent. were discovered or reported upon by the district inspectors, 2,405 or 24·72 per cent. were notified by citizens and 92 or 0·95 per cent. were notified by other city departments. To bring these structural defects to the notice of the owners of the property concerned 325 Intimations of Existence of Nuisance in terms of the Public Health (Scotland) Act, 1897, were served. In 129 of these cases no appropriate action was taken and Statutory Notices had to be served to effect the required improvements.

New apparatus fitted in water closet apartments numbered 18 and a further 64 were improved or repaired. In 37 cases water closets and sinks were found to be in a dirty condition and were subsequently cleansed and 20 chokages were cleared.

Two new sinks were introduced into premises and 4 insanitary sinks were abolished. Fifty-nine repairs were carried out to sinks and surrounding wood-work. Choked sinks, wash tubs, etc., numbered 16 and there were 2 wash-hand basins renewed or introduced. Nine Intimations in terms of the Edinburgh Corporation Order, 1926, were served in connection with the renewal of sinks and water closets and since no action resulted in 4 of these cases, Statutory Notices had to be served.

Various repairs to drains, soil pipes, sink waste pipes and rain water conductors totalled 118 and there were 124 choked drains and 1 surface trap cleared. With regard to the domestic water supply it was found necessary to have 408 cisterns cleaned or covered while 77 cisterns were repaired or renewed. The number of houses temporarily without water supply due to burst pipes, etc., numbered 76. Notices served regarding the cleaning of water cisterns totalled 440.

Repairs to houses relating to floors, hearths, doors, walls, windows, coal bunkers, grates, ranges, boilers and ceilings amounted to 708.

General nuisances in connection with dwelling-houses and other premises totalled 6,314 including dirty houses, offensive smells, dampness, smoky vents, overcrowding, floodings, animals, accumulations of rubbish, manure, noise nuisances and infestations by rats, mice, bugs and other pests. Complaints of

tenants casting bread or garbage over windows in 78 instances necessitated the serving of 693 Notices cautioning them about this offence.

In the course of the year, 1,081 staircases were painted at the instance of the department. This was achieved by the serving of 10,920 Notices. Another cause of unsatisfactory conditions in stairs and passages was the neglect by persons to take their turn of sweeping and washing the stairs in 468 instances.

There were 59,427 inspections made in all during the year. Details of nuisances abated and defects remedied are given in Appendix 1 and inspections in Appendix 2.

Noise Nuisance.

Complaints under the heading of noise nuisance amounted to 77 during the year. Fifty-one of these complaints were the result of excessive noise from neighbours' houses and included television and radio sets, musical instruments and defective smoke dispersers. There were twenty-six complaints of noise from industrial premises and these included motor lorries, circular saws, factory machines, ice-cream machines, cigarette slot machines, and refrigerators in shops and night telephones at a taxi rank.

It was found generally that representations by the department on behalf of the complainers were received sympathetically and it was possible to improve matters so as to prevent cause for further complaints.

Places of Public Entertainment.

In the course of their duties, the district inspectors frequently inspected theatres, cinemas and other places of public entertainment to ensure that reasonable hygienic standards were being maintained. Any matters requiring attention were brought to the notice of the management who had them rectified.

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 20. 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 drains were being observed.

Common Lodging Houses.

Details of lodging houses and other houses controlled by the Bye-laws are given in Appendix 4. Regular inspection of these premises was carried out to ensure that the terms of the Bye-laws were being observed. One House-let-in-lodgings, 31 Clerk Street, closed during the year.

Hairdressers and Barbers.

There are 325 premises registered in the city as Hairdressers and Barbers which are inspected periodically by the district inspectors. With regard to equipment and cleanliness of shops it is pleasing to note that improvements continue to be made as a result of these visits.

RODENT AND INSECT CONTROL.

Rats and Mice.

The control of rats and mice is very important as they consume a large amount of valuable food annually, spread disease and damage property.

Inspections and surveys of shops, factories, farms, piggeries and other places were carried out in the various districts of the city. Where premises were found to be infested, occupiers were advised as to the best method of abating the nuisance and the necessary action to rat-proof the premises to prevent a recurrence. The close co-operation obtained by the Department from the occupiers is shown by the fact that no statutory notices required to be issued throughout the year.

The infestations notified to the department were more or less of a light nature although in two instances fairly heavy infestations were found. In one case evidence of rats was observed in the greenhouses, outbuildings and in the grounds of a market garden and in the grounds of the adjoining properties. Four-inch field drain pipes containing Warfarin baits were placed on the various runs throughout the area. A large quantity of bait was consumed during the first week then it gradually decreased until at the end of a further 2 weeks no more poison bait was taken. On subsequent visits to the area no fresh evidence was found and no rats have been seen by the occupier of the market garden.

In the second instance the presence of black rats for the first time was observed in premises situated near the centre of the city.

Again Warfarin was extensively used and a large number of dead rats were found.

Warfarin was also used against mice in dwelling houses, business premises and in institutions with very good effect.

The co-operation of the City Engineer's staff was of considerable value in having suspected drains investigated and the necessary repair work executed. Sewer manholes were again baited and on re-inspection good takes were observed.

Upon intimation being received from the Electricity Board that electricity junction boxes showed evidence of rats, poison baits were laid down.

Pamphlets on Rats and Mice on the Farm issued by the Department of Agriculture were distributed to all the farmers in the city. Circular letters were also sent to farmers drawing attention to their obligations under the Prevention of Damage by Pests (Thrashing and Dismantling of Stacks) (Scotland) Order, 1950.

The co-operation of the City Police was also secured in notifying the Department of farms where threshing was in operation.

Details of the number of premises visited, complaints and other matters dealt with, are shown in Appendix 9.

Disinfestation of Bug-infested Houses.

The number of bug-infested houses treated during the year was 50, comprising 64 apartments. Of this number 24 were treated as precautionary measures, being located in old buildings and in close proximity to previously known infestations. Opportunity was taken when such houses became vacant to spray them with a strong insecticide. The number of actual bug infestations was 40, as against 42 in 1957.

Beetles, Cockroaches, Wasps, Fleas, etc.

There was an increase of 89 over last year in the number of apartments, etc., treated for infestations of beetles, cockroaches, wasps, fleas and other insects, the number was 330 compared with 241 in 1957. There were 10 heavy infestations. The increase in numbers was due mainly to a number of school classrooms into which fleas had found their way, these were treated at the request of the School Medical Officer.

Insecticides.

The principal insecticides used during the year were Lindane liquid spray and D.D.T. and pyrethrum. These insecticides in varying strengths, have proved to be highly effective for the purpose for which they were required and were adopted after extended trial was made with the more or less recently discovered insecticides. The objects of the trial were to ascertain which of the modern insecticides was most effective, having regard to the ease of application, safety and cost. Lindane with a water base and D.D.T. and pyrethrum powder gave the most satisfactory results and are now in general use.

The table in Appendix 9 shows the number of apartments, etc., treated for verminous infestation in each ward, the total number being 394.

ANTI-FLY CAMPAIGN 1958

An Anti-Fly Campaign is undertaken every year during the summer months, when an attempt is made to assess the extent of the fly nuisance in the city. Flies normally make their first appearance towards the end of May with the numbers increasing steadily until September. The breeding season comes to an end during October when most of the adults are killed off by the cold weather, although survivors can be found in heated premises and swarms are sometimes discovered in the roof spaces of houses.

As has been the practice in recent years, an assessment of the extent of the problem was begun in May and throughout the summer it was noticeable that few flies were to be seen in the town area. Even in dwelling houses and shops a remarkably small number of flies were to be found. This reduction in the numbers in dwelling houses is an improvement which has been taking place steadily in recent years—no doubt due largely to advancing standards in domestic hygiene. Nevertheless, there are still too many potential breeding places out of doors and as satisfactory control depends upon the prevention of breeding, very particular attention was directed to known favourable sites, particularly piggeries, stables

and dungsteads. By regular attention to these places annually it is proving possible to keep the fly menace under control, although complete eradication is much more difficult with the wide range of breeding places available.

Treatment.

During the campaign the principal insecticides employed were .5 per cent Lindane and 10 per cent D.D.T. with Pyrethrum powder, whilst Aerosol fly sprays were also used effectively. Treatment of known breeding places and harbouring areas was commenced on 1st July and continued until the second week in October. During this period 222 premises received attention and 87 of these were given a second treatment, making a total of 309 treatments. This is a slightly lower number than the previous year, largely because of the wet weather which made it unnecessary to treat a number of open areas and yards on a second occasion.

Results.

The weather conditions during the summer months were unfavourable for fly breeding on a large scale and this probably accounts to some extent for the small number of flies found in dwelling houses and shop premises. Flies were, however, present in fairly large numbers in piggeries and dungsteads in the early summer and the fact that so few flies found their way into the town area can be due in large measure to the success of the control measures instituted. It is considered that the required attention given to potential breeding places during these annual campaigns, is having most satisfactory results.

Details of the number and types of premises treated are shown in Appendix 9A.

SMOKE ABATEMENT.

Another milestone along the road towards the abolition of smoke pollution from the atmosphere of our cities was reached on the last day of the year. The Clean Air Act, 1956, came into full operation in Scotland on December 31st, when the Secretary of State made regulations governing the permitted periods of smoke emission from industrial chimneys. With the control of smoke emission from domestic premises already making satisfactory progress through the medium of smoke control areas, a new and interesting phase in the drive for clean air is now developing.

To attain the final objective of the Clean Air Act, however, will mean several years of concentrated effort. Progress will be governed by the supply of smokeless fuels, the conversion or adaption of appliances and the number of smoke control areas that local authorities bring into operation. Much will depend upon the support of the general public together with an understanding on their part of the problems involved.

Industrial Smoke.

It is now generally realised by engineers and industrialists alike that fuel economy and smoke prevention go hand in hand and that the emission of excessive smoke from the chimneys of their boiler plants is a sure sign of fuel wastage.

The way to clean air and fuel efficiency is through the use of modern plant with mechanical firing equipment and the employment of skilled boiler operators. There are on the market several excellent mechanical stokers for solid fuel firing and where these are used, smoke emission is reduced to an absolute minimum by giving full attention to the requisites for good combustion.

Oil fuel has also come to the forefront in recent years as a source of industrial energy. The trend to oil is being stimulated by the fact that the combustion of oil can be, and indeed should be, a smokeless process.

Steady progress along these lines has been made in industry throughout the city during the past year and where departmental representations have been made the following works have been executed :—

	Type of Establishment			Technical Improvements
Private :	Baker and Restaurant	...	...	Underfeed stokers introduced.
	Printing Works	...	...	Oil-fired plant introduced.
	Factory	...	...	Underfeed stokers introduced.
	Factory	...	...	New boiler plant and chaingrate stoker.
	Foundry	...	...	New boiler plant oil-fired.
	Engineering Works	...	...	New boiler plant oil-fired.
	Factory	...	...	New boiler plant oil-fired.
Public :	Wash House	...	...	Mechanical stokers introduced.
	Baths	...	...	New boiler plant oil-fired.
	Hall	...	...	Mechanical stokers introduced.
	Offices	...	...	Mechanical stokers introduced.

Close watch of the various chimneys in the city was regularly kept and repeated visits of inspection were made to factories and other places as required.

Throughout the year, 67 observations, each of one hour's duration were made and 440 visits were paid to boiler houses with a view to minimising excessive smoke emissions.

Smoke Control Area.

The Secretary of State in exercise of the powers conferred on him by Section 11 of the Clean Air Act, 1956, confirmed the Edinburgh (Sighthill No. 1) Smoke Control Area Order, 1958, the text of which is as follows :—

The Corporation of the City of Edinburgh, in exercise of the powers conferred upon them by Section 11 of the Clean Air Act, 1956, hereby make the following order.

1. This order may be cited as the Edinburgh (Sighthill No. 1) Smoke Control Area Order, 1958, and shall come into operation on 1st January, 1959.
2. The Area in the City of Edinburgh comprising 138·5 acres or thereby and bounded on the south by Calder Road, on the north by the Glasgow and Edinburgh railway line, on the east by Saughton Road and on the west by Broomhouse Road, which area is delineated and coloured red on the map prepared in duplicate, sealed with the common seal of the said Corporation and marked "Map referred to in the Edinburgh (Sighthill No. 1) Smoke Control Area Order, 1958," is hereby declared

to be a smoke control area. One duplicate of the map is deposited in the offices of the said Corporation and the other is deposited in the offices of the Department of Health for Scotland, St Andrew's House, Edinburgh, 1.

Dated this first day of May 1958.

L.S.

IAN A. JOHNSON-GILBERT, Lord Provost.
W. BORLAND, Town Clerk.

1st July 1958.

Confirmed by the Secretary of State for Scotland.

L.S.

I. M. ROBERTSON, Assistant Secretary.

Department of Health for Scotland,
St. Andrew's House,
Edinburgh.

Extension of Smoke Control Area.

The preliminary survey work in connection with future developments in proposed smoke control areas in the city was carried out during the year. In the Sighthill and Central areas of the city, 3,506 visits were paid to premises for the purpose of estimating fuel consumption and costs involved in the adaptation and replacement of fireplaces.

Atmospheric Pollution.

Deposit Gauges.—The department continues to co-operate with the Department of Scientific and Industrial Research in order to ascertain the extent of atmospheric pollution within the city and for this purpose three deposit gauges stationed as follows show the degree of pollution in these areas :—

- (1) Seafield (Leith Hospital).
- (2) Glencorse (Reservoir).
- (3) Morningside (Astley-Ainslie Institute).

In Appendix 5 the City Analyst's reports give the respective monthly records of the total solids deposited in tons per square mile, the sub-division 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 of the atmosphere at the following sites :—

- 1 at Seafield.
- 1 at Astley-Ainslie Institute.
- 1 at Robb's Loan, Gorgie.

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.

Educational Measures.

Lectures on the domestic and industrial aspects of the smoke problem were given by the smoke abatement inspector to various interested associations. Evening classes were again held in the Heriot-Watt College and were well attended by boiler firemen and engineers.

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 25 shops in the city. The premises generally were found to be kept in a satisfactory manner, although in one instance 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.

HEATING APPLIANCES (FIREGUARDS) ACT, 1952.

This is an Act to prohibit the sale or letting of certain heating appliances without an effective fireguard and under the Heating Appliances (Fireguards) (Scotland) Regulations, 1953, it is necessary for fireguards to be fitted to gas fires, electric fires, and oil heaters which are so designed that they are suitable for use in residential premises and are of such a type that, without a guard, there is a likelihood of injury by burning.

The schedule to the Regulations states that a guard shall be so constructed and fitted that when it is subjected to the tests specified therein, it satisfies the following requirements :—

Probe Test.

1. (a) That when the special test probes are used on the heating appliance to which a guard is fitted, there is no manner in which the probe can, without applying undue pressure, be inserted through or round the guard so as to touch, in the case of a gas fire or oil heater, any heating element or any flame when the fire is burning, and in the case of an electric fire any heating element.

Fabric Burning Test.

- (b) That when the heating appliance has been burning for not less than 30 minutes and not more than 60 minutes there is placed on the guard approximately in the middle thereof and in such a manner as to reach from the top to the bottom of the guard a piece of dry flannelette 4" wide, the flannelette does not smoulder or ignite within 10 seconds after being so placed.

Strength of Guard.

2. The guard shall be so constructed and fitted that when the appliance is placed in a horizontal position it shall bear a load consisting of a flat disc 4" in diameter and 5 lbs. in weight on the guard midway between the fixing points and retained there for one minute without distortion. At the end of that period the weight shall be removed and the heating appliance shall then be capable of satisfying the probe test and the flannel test.

During the year several city firms retailing heating appliances were visited to ascertain whether the guards attached to the fires complied with the Act.

The approved tests were carried out on 192 fires and none failed to comply with the standards prescribed in the Regulations.

FACTORIES ACT, 1937-48.

The number of inspections of factories with mechanical power was 1,040 and of factories without power 94, a total of 1,134.

Improvements under Part I—Health (General Provisions) of the 1937 Act numbered 265, which included 55 in bakehouses.

Forty-four notices of sanitary defects requiring attention were received from H.M. Inspector of Factories in terms of Section 9 of the 1937 Act. I record my appreciation of H.M. Inspector's co-operation in matters of mutual concern.

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 Section 128(3) of the Factories Act.

A copy of the statement is shown on Appendix 6.

A detailed statement of improvements effected in factories is also shown in Appendix 7.

In addition to the improvements mentioned above, many adjustments were made to plans submitted to the Dean of Guild Court, to ensure that premises conformed to the requirements of the Act.

Bakehouses.

These continued to be regularly and frequently inspected with a view to maintaining a satisfactory standard of cleanliness. The statutory requirements as to painting, lime-washing, etc., were carried out by the occupiers where necessary.

SHOPS ACT, 1950.

Shops inspections carried out to ascertain if the provisions of the Act were being observed totalled 3,819.

Contraventions.

No court action was found necessary, as the several warning letters sufficed to secure compliance with the terms of the Act and Local Orders.

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 using 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.

A detailed statement in connection with the administration of the Shops Act is contained in Appendix 8.

Many improvements in regard to sanitary accommodation have been effected, as well as more satisfactory conditions for the assistants in regard to ventilation, lighting, heating, washing facilities, etc.

All plans in connection with shops which come before the Dean of Guild Court are scrutinised and, where necessary, the attention of petitioners is directed to the requirements of the Shops Act. The guidance of inspectors is often requested before plans are lodged, by those who contemplate carrying out alterations on the shops, with a view to incorporating improvements required by the Act.

FOOD HYGIENE.

In the continued absence of specific regulations under Section 13 of the Food and Drugs (Scotland) Act, 1956, to be made by the Secretary of State, it is never the less pleasing to report that a greater consciousness is being shown in many food establishments to the public demand for higher standards of food hygiene.

This has been effected in structurally improved premises presenting food displays under more spacious conditions, especially self-service, under orderly arrangements. Improved lighting facilities, natural and artificial, hygienically designed shop fittings, glass screening with refrigerated food cabinets are already contributing to the safeguarding of food and preventing aerial contamination by dust, flies and other means. This hygienic presentation of food invites public confidence and patronage. Attention is being paid to the necessity for scrupulous

cleanliness by shop assistants, particularly to the hands, and to the need for the wearing of clean overalls.

Objectionable habits in the wrapping of food are also being gradually eliminated. Pre-packed food is the greatest safeguard against the problems of the human factor causing contamination.

SALE OF FOOD AND DRUGS ACTS, ETC.

During the year, 1,579 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, 361 were statutory samples, which represented 59 different articles of food and drugs. Dr A. Scott Dodd, City Analyst, reported 7 or 1·94 per cent. as failing to comply with the legal requirements.

Milk.—Milk is so easily adulterated that it is necessary to take more samples of this commodity than of any other article of food. The number of statutory samples taken was 131 and of these 128 were reported to conform with the requirements of the Sale of Milk Regulations, 1901. The remaining 3 samples contained added water, two of which were also deficient in fat. Extraneous water found in the adulterated samples of milk varied from 4 to 46 per cent. and the deficiencies in fat varied from 21 to 31 per cent. The average fat and non-fatty solids content of all samples taken, including the adulterated samples, was 3·68 per cent. and 8·75 per cent. respectively, which is much in excess of the presumptive standards of 3 per cent. and 8·50 per cent.

Court proceedings were taken against 3 producers, each of whom pleaded guilty and fines totalling £60 were imposed. Employees were blamed in two cases for the presence of added water in the milk, while in the other case, the producer suggested that the pooriness of the milk was due, *inter alia*, to some of the cows being affected with mastitis.

Serious forms of milk adulteration, which were all too prevalent at the beginning of the century, were thought to have disappeared permanently but the two cases where the employees were blamed, and which occurred within a week of each other, could be placed in this category. One sample was taken while in course of delivery in the City from a farmer in the County of Midlothian. The consignment consisted of 98 gallons and was certified by the City Analyst to contain 2·35 per cent. fat and 7·83 per cent. non-fatty solids, a deficiency of at least 21 per cent. fat and an addition of 35 per cent. of added water, i.e. 34 gallons of added water in the consignment. The other sample was taken from a consignment of 144 gallons in course of delivery to a creamery by a milk producer in the city and was found to contain 2·06 per cent. fat and 6·65 per cent. of non-fatty solids a deficiency of at least 31 per cent. fat and an addition of at least 46 per cent. of added water. It was calculated that 66 gallons of the consignment was added water. This producer immediately sold his herd and on ceasing to use his premises for dairy purposes, his certificate of registration was automatically cancelled.

In the case where the pooriness of the milk was suggested to be due to the animals, the sample taken from a consignment of 124 gallons in course of delivery to a creamery in the city and was found to contain 3.40 per cent. fat and 8.16 per cent. of non-fatty solids. The non-fatty solids showed that the milk contained at least 4 per cent. of added water and this was confirmed by the freezing point test. At the request of this Department the farm was visited by the Sampling Officer for the County of East Lothian and the milking of the herd supervised at the evening and morning milkings. Samples of both milkings proved to be genuine milk. The sample taken from 52 gallons produced at the evening milking contained 4.52 per cent. of fat and 8.72 per cent. of non-fatty solids and had a freezing point (Hortvet) of -0.548°C ., while the sample taken after the morning milking from 55 gallons produced by the same cows contained 3.64 per cent. fat and 8.50 per cent. of non-fatty solids and had a freezing point (Hortvet) of -0.535°C . This was a good quality milk and ample proof that the cows were not at fault.

Channel Islands Milk.—With a view to ascertaining the quantity of milk fat contained therein, 35 samples of Jersey "Certified" Milk were obtained from various vendors in the city and submitted for chemical analysis. The City Analyst reported that, with the exception of 2 samples, all contained at least 4 per cent. of milk-fat. The fat content of the samples ranged from 3.63 per cent. to 6.12 per cent., giving an average of 4.63 per cent.

This type of milk is now regulated by the Milk and Dairies (Channel Islands and South Devon Milk) (Scotland) Regulations, 1958, made by the Secretary of State for Scotland in late December. These Regulations which prescribe a minimum standard of milk-fat content for the first time, came into operation on 2nd January, 1959. As from that date "Channel Islands", "Jersey", "Guernsey" and "South Devon" Milk sold for human consumption must contain not less than 4 per cent. milk-fat and must also conform to the requirements of the Milk (Special Designations) (Scotland) Order, 1951, and be appropriately labelled.

School Milk.—The milk supplied to the city schools under the Milk-in-Schools Scheme is of Tuberculin Tested (Pasteurised) grade. Of 86 samples taken, the average milk-fat content was 3.70 per cent., a very satisfactory result.

Margarine.—Early in May an advertisement for a named brand of margarine appeared in a local evening newspaper. The advertisement was clearly a contravention of the Labelling of Food (Amendment) (Scotland) Regulations, 1956, in that it included a picture suggestive of butter or the dairying interest, viz. five cows in a lush meadow. In addition it was stated inter alia that "Every packet of — Margarine is a rich store of summer goodness, Made in Wigtownshire, Scotland's Devon'." In view of this statement the matter was brought to the attention of the County Sanitary Inspector for Wigtownshire who communicated with the manager of the creamery concerned. The creamery manager disclaimed any responsibility for the advertisement, but arranged with the manager of the firm's advertising department in Glasgow to withdraw immediately, all advertisements of the same type as appeared in the Edinburgh newspaper.

Ice-cream.—The number of premises registered under the Ice-cream (Scotland) Regulations, 1948, at 31st December, 1958, for the manufacture, storage or sale of ice-cream was 212, thirteen fewer than last year, while the number of vehicles registered for the sale of the commodity was 134, a decrease of sixteen. The premises were frequently inspected and observations made of the methods of manufacture and handling employed and these were generally found to be satisfactory. Stances and vehicles were also kept under supervision.

There were 71 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, 71 samples were sent to the Professor of Bacteriology at Edinburgh University for examination. The results were as follows:—

(a) *Chemical Analysis.*—Of the 71 samples of ice-cream submitted for chemical analysis, 70 samples were obtained informally and one formally. The latter was found not to comply with the requirements of the Food Standards (Ice-cream) Order, 1953. Legal proceedings were taken against the manufacturer for selling ice-cream deficient in fat content. The accused pleaded guilty and a fine of £15 was imposed.

The average composition of all samples submitted for chemical analysis, including three sub-standard samples, was—fat 10.08 per cent.; sugar 15.71 per cent.; and milk solids other than fat 10.36 per cent., which is considerably above the minimum legal requirements of 5, 10 and 7.5 per cent. respectively.

(b) *Bacteriological Examination.*—Of the 71 samples submitted for bacteriological examination, 49 were considered satisfactory and the remainder unsatisfactory, 3 because they had a plate count of more than 100,000 bacteria per cc., 15 because of coliform organisms present in 1/100th of a c.c. and 4 because of a plate count of more than 100,000 organisms per c.c. with coliform organisms present. In each case where the result indicated an unsatisfactory ice-cream, a special investigation was made of the plant and advice was given. Following these visits of an advisory or directive nature, subsequent samples taken were found to be satisfactory.

Ice Lollies.—Ice lollies were investigated with special reference to the possibility of metallic contamination acquired during processing. Twenty-nine samples were purchased from various manufacturers and vendors and submitted for analysis. Dr A. Scott Dodd reported all the samples free from metallic contamination.

Mince.—Thirty-three samples of mince were purchased from various butchers' shops and 2 of these were reported as not conforming to the Public Health (Preservatives, etc., in Food) Regulations (Scotland). Legal action was taken against one offender who pleaded guilty and was fined £25.

Sausages.—Sixty-three samples of various descriptions were procured for chemical analysis. The City Analyst reported that, with the exception of 2 of these samples, the amount of preservative was within the limits sanctioned by the Public Health (Preservatives, etc., in Food) Regulations (Scotland) and that 43 of the samples were found to be entirely free from preservatives. One butcher

was prosecuted for selling pork sausages containing an excessive amount of sulphur dioxide and a fine of £5 was imposed.

Meat Pies.—There being as yet no prescribed standard for meat pies, this commodity was sampled with special reference to the meat content. Twenty small pies ranging in price from 3½d. to 10d. each were purchased from various suppliers and submitted for examination. The City Analyst reported that the filling of each pie in relation to the whole was found to range from 18 to 58 per cent. ; the meat content of the individual fillings to range from 33 to 77 per cent. ; and the meat content in relation to the pie to range from 10 to 30 per cent. Six of the samples had a meat content in relation to the pie of 25 per cent. or more and these were accepted as satisfactory, but the remainder were considered to be distinctly on the low side.

Whisky.—One sample of whisky was certified by the City Analyst to be 64·85 degrees proof, whereas according to the declared strength on the label attached to the bottle from which the sample was supplied it should have been 70 degrees proof. Legal action was taken against the vendor, who pleaded guilty and was fined £10. The explanation given on behalf of the accused was rather ingenious. It was alleged that a customer who had been drinking whisky and tonic water returned a glass full which was put, by a spare time barman, into a whisky bottle which had some whisky in it and which had attached to it the label of a well known proprietary blend. The bottle it was contended, was put aside under the counter by the manager, but in his absence another barman put it on the buffet and when the sampling officer called and asked for a particular proprietary blend of whisky, he was supplied from the bottle which had the tonic water and whisky in it. The explanation could not be accepted, in view of the fact that the sample was taken following an unsatisfactory test sample purchased previously and further because the analysis of the sample showed no evidence of tonic water.

Oranges.—Twenty-five oranges purchased of Spanish, Israeli, Cyprian, South African and Brazilian origin were analysed in order to detect the possible use of thiourea, which, when sprayed on the skins to suppress mould and rot, may penetrate into the juice. The sale of citrus fruit containing this chemical would be an infringement of the Public Health (Preservatives, etc., in Food) Regulations (Scotland). It was reported, however, that no orange had been so treated.

The Fertilisers and Feeding Stuffs Act, 1926.—Inspections were made of premises throughout the city where fertilisers and feeding stuffs are prepared for sale and consignment, and 7 samples of feeding stuffs and one 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 marking 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. It was found that, generally, the provisions of the Act and Orders were being complied with. Failure to have any of the required articles so marked at the time of visit was due to oversight or carelessness. In each case a subsequent visit proved that the warning had produced the desired effect.

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 13. This is the same number as at the end of 1957, but during the year, on a business being transferred to new premises, the relevant entry for the vacated premises was struck out of the register and, on the application of the firm, the local authority registered the new premises for the purposes of the Act. Twelve 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, curled hair, coir fibre, sisal, jute wadding, feathers and down 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, 1933, and Pharmacy and Medicines Act, 1941.—The number of applications received from persons and firms desirous of being registered by the local authority for the sale of poisons included in Part II of the Poisons List was 294. This is a decrease of 9 over last year. 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 and Dairies (Scotland) Act, 1914, was 715 at 31st December, 1958. In addition, 7 milk vending machines were registered. The occupiers of the registered premises hold licences under the Milk (Special Designations) (Scotland) Order, 1951, for the sale of the various grades of milk, viz. "Certified" "Tuberculin Tested," "Tuberculin Tested (Pasteurised)," "Pasteurised" and "Sterilised."

During the year, 443 samples of the various grades of milk were submitted for examination to the Bacteriological Department of the University to determine the cleanliness of the milk and, where the samples were of heat treated milk, tests were applied to determine the efficiency of the heat treatment. The results of the various tests are to be found in Appendices 10 and 11.

There are four high-temperature short-time pasteurising plants operating in the city and one establishment with a holder type pasteuriser, in addition, one firm is authorised to sterilise milk. The buildings and plants of the various firms were regularly inspected, when it was found that the buildings were of satisfactory

struction and kept in a clean condition and that the plants and ancillary equipment were maintained in very good condition and in a high state of cleanliness. The efficiency of these plants in heat-treating the milk is shown in the very satisfactory results obtained on samples of the processed milk; no sample of pasteurised milk failed the phosphatase test or sample of sterilised milk failed the turbidity test.

The results of the bacteriological examination of samples of "Certified" and "Tuberculin Tested" milk taken at creameries and shops show an improvement compared with those of the previous year. A note of the unsatisfactory results were in each case sent to the Medical Officer of Health or Sanitary Inspector for the area where the milk is produced and also, where appropriate, to the manager of the creamery in Edinburgh. A repeat sample was taken and in each case the results showed that an improvement had been effected.

New ways of increasing liquid milk sales are constantly being sought by the marketing side of the dairy industry. During the year, automatic milk vending machines became available in this country and 9 after registration and licencing were installed in the city, one at the Zoological gardens, two in canteens, two inside, and four outside shops. The machines hold, when fully loaded, 210 sealed half-pint cartons of "Pasteurised" milk, either plain or flavoured, and keeps them refrigerated at 35-40° F. and serves automatically on operation of coin and button selection mechanism. Samples taken from the machines for chemical analysis and bacteriological examination proved satisfactory.

During the year, 26 complaints of foreign material in the milk, and of dirty milk bottles were received from the public. These were investigated and in each case the necessary steps were taken to prevent a recurrence of the complaint.

PORT SANITARY INSPECTION

Shipping Arrivals

Vessels which arrived at Leith Docks and Granton Harbour from foreign ports numbered 1,392 representing 1,031,696 tons, while vessels which arrived from home ports numbered 870 representing 447,205 tons. Foreign fishing vessels numbered 50 representing 3,027 tons, while British fishing vessels numbered 1,124 representing 109,343 tons. The total number of ships, including steamers, motor and fishing vessels was 3,436 with a total tonnage of 1,591,271.

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 aboard ships lying within their district. In giving effect to this requirement, the boarding, inspection and revisits of vessels totalled 1,517 and the insanitary conditions dealt with were 715 necessitating 364 verbal intimations.

Of the many insanitary conditions dealt with, the lack of cleanliness in respect of the floors, bunks, internal partitions and ceilings of crews' quarters and the offensive state of 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 the galley stores and living quarters was dealt with by similar measures or the use of insecticides.

A detailed statement of the insanitary conditions is appended to this report.

Water.

The water supplied to the ships is identical to that of the city and is delivered by hydrants situated at the dockside. 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.

A report on the drinking water aboard the M.V. "King City" was received from the Barry Port Health Authority and the water tanks of this vessel were cleaned and cement washed whilst at this port. After refilling with fresh water a check sample was taken for bacteriological examination. This sample was found to be satisfactory. In 4 other cases it was necessary to request that water tanks be cleaned and cement washed.

Rat Destruction.

The total number of certificates granted during the year to masters of vessels was 109 of which 101 were exemption certificates. The total fees collected for these certificates was £308, 19s. In 6 cases it was necessary to request fumigation measures to be undertaken for the destruction of rats. Deratting Certificates were also issued to the S. S. "Helka" and M. V. "Queensbury" after the vessels had been satisfactorily treated with sodium fluoroacetate. The total number of rats killed on board ships in port and on quays and wharfs was 436.

Under the Prevention of Damage by Pests (Application to Shipping) Order, 8 Rodent Control Certificates were issued. The fees collected for these certificates totalled £6.

Rat destruction methods were undertaken in the dock area by the Dock Commission staff and during the year continuous Warfarin baiting and trapping was effective in destroying 332 rats.

During the past year the number of pigeons in the dock area showed a considerable increase. Feeding is available, caused by spillage of grain in the loading of vehicles at the grain elevators and of sacked grain and other suitable feeding stuffs in the sheds. A large number of the birds roosted and nested in the sheds and considerable fouling of floors and goods took place.

On the Dock Commission being informed of this nuisance, a firm, specialising in the extermination of pigeons, was employed and over a period of 6 weeks 5,500 pigeons were killed. The methods mainly employed were trapping and shooting.

Cleansing.

The Dock Commission continued to maintain a very high standard of cleanliness, the roads, sheds 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 Ministry of Transport Marine Surveyors and the various shipping companies and agents to whom this opportunity is taken of expressing my thanks for their co-operation.

Appendices contain a detailed statement of the port sanitary work.

PROSECUTIONS.

It was found necessary to institute legal proceedings in 51 cases in connection with the administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £116. Details of these prosecutions are given in Appendix 14.

STAFF.

I desire to express my cordial appreciation of the enthusiastic service rendered by all the members of the staff.

I am, My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

JAMES ROBERTSON, M.R.S.A. (Scot.),
Chief Sanitary Inspector.

APPENDIX 1.

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1958.

NATURE OF NUISANCE	WARDS																							TOTALS
	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	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
Water-Closets :—																								
Water-closets introduced ...	1	6	—	—	—	—	—	—	—	4	—	—	—	—	—	2	6	1	—	—	—	—	—	1
New apparatus substituted ...	2	21	2	—	—	—	—	—	—	1	—	—	—	1	8	3	1	—	—	—	—	—	—	—
Improved or repaired ...	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Water-closets and sinks in a filthy condition and cleansed ...	5	7	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Choked water-closets cleared ...	2	9	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
New bathrooms constructed ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sinks, Tubs and Wash-hand Basins :—																								
Sinks introduced ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Insanitary sinks abolished ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Earthenware sinks and tubs introduced ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Repairs (woodwork, etc.) ...	10	8	5	1	—	—	—	—	—	—	—	—	—	3	1	3	8	1	4	—	—	—	—	
Choked sinks, wash-tubs, etc., cleared ...	1	3	1	—	—	—	—	—	—	2	—	—	—	—	1	1	3	1	—	—	—	—	—	
Wash-hand basins renewed or introduced	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	
Drains :—																								
Choked drains cleared ...	10	14	6	1	1	1	4	2	7	4	1	—	—	9	23	2	12	4	15	—	—	—	—	
Choked surface traps cleared ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Drains repaired or renewed ...	1	2	2	—	—	—	—	—	1	—	—	—	—	—	3	1	—	—	1	—	—	—	—	
Soil pipes repaired or renewed ...	2	7	2	—	—	—	—	—	—	—	—	—	—	2	7	—	—	—	3	—	—	—	—	
Sinks, etc., waste pipes repaired or renewed	4	12	9	—	—	—	5	—	—	—	—	—	—	4	—	2	7	1	16	—	—	—	—	
Rain water conductors repaired or renewed	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Water Supply :—																								
Cisterns found dirty ...	38	21	20	9	—	25	4	5	10	20	2	17	17	57	8	16	11	21	18	8	3	8	39	
Cisterns found without covers ...	3	1	3	—	—	—	—	—	3	1	—	—	—	2	—	1	—	2	3	5	—	—	—	
Cisterns repaired or renewed ...	8	28	3	—	—	—	—	—	—	2	—	—	—	1	—	2	7	3	3	1	—	—	—	
Water pipes repaired or renewed ...	2	12	1	—	—	—	—	—	—	1	—	—	—	—	7	5	2	3	3	1	—	—	—	
Houses temporarily without water supply due to burst pipes, etc. ...	16	24	—	—	—	—	—	—	—	1	—	—	—	—	9	1	1	13	10	—	—	—	—	
Repairs to Houses :—																								
Floors, hearths, doors, walls, etc., repaired	17	23	7	3	1	—	2	2	9	9	1	—	—	5	18	7	4	5	15	2	—	—	—	
Windows and skylights repaired ...	45	34	26	3	—	3	9	1	26	1	—	4	—	4	11	10	14	3	34	—	—	—	—	
Coal bunkers repaired or provided ...	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Grates or ranges repaired or substituted ...	13	—	2	1	—	—	—	—	1	1	1	—	—	—	2	4	—	2	6	—	—	—	—	
Wall and ceiling plaster repaired ...	37	49	11	6	3	3	16	3	14	2	—	—	—	5	28	11	30	5	12	2	—	—	—	
Defective roofs repaired ...	—	5	5	—	—	—	2	3	1	—	—	—	—	—	—	1	7	5	3	—	—	—	—	
Boiler of kitchen range renewed ...	3	—	—	1	—	—	2	1	1	—	—	—	—	—	1	1	1	5	12	2	—	—	—	
Boiler of kitchen range renewed ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

APPENDIX 1.—continued.

NATURE OF NUISANCE	WARDS																							TOTALS
	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																								
Collinton																								
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																								

Nuisances Abated in Houses and other Premises :—	767	635	366	135	90	107	230	128	146	454	80	80	199	375	720	409	395	318	1668	789	211	305	1123	9,730
Floors and bedding of houses in a dirty condition ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bad smells in houses and shops due to escapes of gas, dead vermin, etc. ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Smoke in houses due to foul or defective vents ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dampness in houses ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Overcrowded families rehoused ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Houses and shops flooded from defects in flat above ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Animals or birds kept in or in close proximity to dwellings ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stairs, Passages, etc. :—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Staircases painted	114	55	58	42	—	23	48	1	12	62	9	4	34	101	86	77	28	32	44	26	74	68	83	1,081
Stairs and passages in a dirty condition and cleansed by tenants	35	30	32	8	4	8	27	4	2	15	12	8	22	18	57	34	39	14	21	5	13	46	14	468
General :—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premises infested by rats and mice	30	7	18	14	29	8	7	39	23	22	19	12	18	36	36	32	18	45	36	12	14	20	15	510
Premises infested by bugs, fleas, beetles, etc. ...	14	14	8	3	2	2	10	2	2	13	3	1	6	5	14	8	6	10	11	3	4	6	2	149
Areas, back greens, roofs, cellars and vacant houses cleansed	152	25	28	—	3	4	7	6	1	70	1	4	3	26	166	50	37	83	1199	662	51	15	877	3,470
Accumulations of manure near dwellings removed	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Disused cellars cleansed and closed	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	4
Tenants casting garbage over windows	10	5	7	1	1	4	9	1	1	2	—	—	—	5	8	5	6	1	3	1	2	3	3	78
Noise nuisances abated	7	5	6	—	3	2	7	7	—	10	—	—	1	4	6	5	5	1	1	1	1	5	—	77
Miscellaneous nuisances removed	21	14	19	4	7	9	20	17	2	11	4	4	15	15	30	18	23	9	13	3	2	17	5	282
TOTALS	767	635	366	135	90	107	230	128	146	454	80	80	199	375	720	409	395	318	1668	789	211	305	1123	9,730

Nuisances Abated in Houses and other Premises:—
 Floors and bedding of houses in a dirty condition ...
 Bad smells in houses and shops due to escapes of gas, dead vermin, etc. ...
 Smoke in houses due to foul or defective vents ...
 Dampness in houses ...
 Overcrowded families rehoused ...
 Houses and shops flooded from defects in flat above ...
 Animals or birds kept in or in close proximity to dwellings ...
Stairs, Passages, etc.:—
 Staircases painted ...
 Stairs and passages in a dirty condition and cleansed by tenants ...
General:—
 Premises infested by rats and mice ...
 Premises infested by bugs, fleas, beetles, etc. ...
 Areas, back greens, roofs, cellars and vacant houses cleansed ...
 Accumulations of manure near dwellings removed ...
 Disused cellars cleansed and closed ...
 Tenants casting garbage over windows ...
 Noise nuisances abated ...
 Miscellaneous nuisances removed ...

TOTALS ...

...

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APPENDIX 3.

NOTICES.

Notifications of existence of nuisance served	325
Notifications served in connection with the renewal of sinks and water-closets ...	9
Notices to remove nuisances served at the instance of the Local Authority ...	129
Notices served in connection with the renewal of sinks and water-closets ...	4
Notices delivered cautioning persons against casting garbage over windows ...	693
Notices served on occupiers failing to take due rotation of stair-washing and sweeping	142
Notices served for the cleaning of dirty areas, cellars, etc.	119
Notices served in connection with the painting of common staircases	10,920
Notices served in connection with the cleansing of water cisterns	440
Total	<u>12,781</u>

SUMMARY.

Complaints by citizens	2,405
Complaints by other departments	92
Nuisances discovered and reported by District Inspectors	7,233
Total nuisances dealt with by Department	<u>9,730</u>

APPENDIX 4.

COMMON LODGING-HOUSES.

WARD	ADDRESS	ACCOMMODATION	
		Males	Females
	EDINBURGH		
1	75 Grassmarket	374	—
1	3 Guthrie Street	168	—
1	1 Pleasance	144	—
1	85 West Port	62	—
1	3 Merchant Street	—	72
1	5 and 7 Vennel	—	128
	LEITH		
19	5 Parliament Street	168	—
	Totals	916	200

FARMED-OUT HOUSES.

WARD	ADDRESS	No. of Houses	No. of Occupants
1	18 Blackfriars Street	15	46
	Totals	15	46

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
	Totals	2	278

APPENDIX 5.

ATMOSPHERIC POLLUTION—MONTHLY RECORD OF DEPOSITS
1958.

Month	Station	Rainfall in Inches	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Total Solids
January ...	1. Seafield ... ..	...	...	...	...
	2. Glencorse	1.65	1.30	3.11	4.41
	3. Astley Ainslie Institute ...	1.34	4.29	2.80	7.09
February	1. Seafield	1.26	6.94	3.45	10.39
	2. Glencorse	1.81	1.06	1.50	2.56
	3. Astley Ainslie Institute ...	2.01	5.12	3.53	8.65
March ...	1. Seafield	1.26	26.04	7.58	33.62
	2. Glencorse	1.93	1.71	3.63	5.34
	3. Astley Ainslie Institute ...	2.40	6.09	11.87	17.96
April ...	1. Seafield	1.10	4.03	5.48	9.51
	2. Glencorse	2.05	1.64	1.75	3.39
	3. Astley Ainslie Institute ...	1.65	3.29	3.70	6.99
May ...	1. Seafield	1.89	6.63	5.15	11.78
	2. Glencorse	2.60	2.33	3.90	6.23
	3. Astley Ainslie Institute ...	2.09	7.75	4.64	12.39
June ...	1. Seafield	2.25	4.71	4.60	9.31
	2. Glencorse	3.59	4.24	3.94	8.18
	3. Astley Ainslie Institute ...	2.36	15.57	6.09	21.66
July ...	1. Seafield	4.85	6.60	6.57	13.17
	2. Glencorse	6.90	3.29	5.37	8.66
	3. Astley Ainslie Institute ...	5.71	7.92	6.30	14.22
August ...	1. Seafield	2.99	4.67	3.32	7.99
	2. Glencorse	3.23	1.64	2.91	4.55
	3. Astley Ainslie Institute ...	3.43	6.23	2.45	8.68
September	1. Seafield	2.40	4.16	4.03	8.19
	2. Glencorse	3.55	2.43	5.03	7.46
	3. Astley Ainslie Institute ...	2.92	4.70	2.84	7.54
October ...	1. Seafield	0.83	1.42	1.73	3.15
	2. Glencorse	1.46	1.16	1.61	2.77
	3. Astley Ainslie Institute ...	1.02	2.14	1.42	3.56
November	1. Seafield	0.91	2.07	2.30	4.37
	2. Glencorse	1.30	0.75	1.54	2.29
	3. Astley Ainslie Institute ...	1.14	4.50	1.49	5.99
December	1. Seafield	2.29	7.01	8.74	15.75
	2. Glencorse	4.73	1.75	7.35	9.10
	3. Astley Ainslie Institute ...	4.06	5.60	7.13	12.73

APPENDIX 5A.

MEASUREMENT OF SULPHUR CONTENT IN THE ATMOSPHERE
BY THE LEAD PEROXIDE METHOD EXPRESSED AS MILLI-
GRAMMES OF SO₃ PER DAY PER 100 SQUARE CENTIMETRES.

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Seafield	1.83	1.05	0.86	0.74	0.70	0.37	0.27	0.32	0.38	0.84	1.14	1.26
Astley Ainslie Institute ...	1.08	1.03	0.63	0.55	0.47	0.38	0.26	0.26	0.24	0.63	0.96	1.06
Robb's Loan, Gorgie ...	1.27	0.89	1.41	0.75	0.68	0.47	0.48	0.44	0.42	0.56	0.92	1.25

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	201	94	...	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,943	988	18	...
(iii) Other Premises in which Section 7 is en- forced by the Local Authority (excluding out-workers' premises)	43	52	1	...
Total	2,187	1,134	19	...

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) ...	81	78	...	25	...
Overcrowding (S.2) ... ..	...	...	...	...	...
Unreasonable temperature (S.3)	...	...	...	...	...
Inadequate ventilation (S.4) ...	1	1	...	...	...
Ineffective drainage of floors (S.6)	2	2	...	...	...
Sanitary conveniences (S.7)—					
(a) insufficient	18	14	...	6	...
(b) unsuitable or defective ...	152	146	...	10	...
(c) not separate for sexes ...	10	10	...	3	...
Other offences (not including offences relating to homework)	14	14	...	...	...
Total	278	265	...	44	...

3. Outwork (Sections 110 and 111).

Number of outworkers in August lists (<i>i.e.</i> , these residing in Edinburgh)	12
Nature of work :—	
Making wearing apparel	12

APPENDIX 7.

FACTORIES ACTS, 1937 AND 1948—STATEMENT FOR 1958.

INSPECTIONS MADE 1,082

DEFECTS REMEDIED. HEALTH (GENERAL PROVISIONS) :—

Cleanliness—

Accumulations of dirt and refuse removed	10
Floors cleaned	6
Walls and ceilings cleansed (whitewashing, colourwashing, painting, varnishing or washing down)	62

Ventilation—

Improvements effected in general ventilation	1
---	---

Drainage of floors—

Means provided for	2
---------------------------	---

Sanitary Conveniences—

Absence of sanitary accommodation ; water-closets introduced ...	5
Additional water-closets introduced	7
Separate accommodation for sexes provided	10
Urinals introduced	2
New apartments constructed or reconstructed	16
W.C. or urinal removed to more sanitary situation	1
W.C. or urinal substituted	35
W.C. abolished owing to unsuitability or disuse	1
Intervening ventilated spaces provided	9
Separate and screened approaches provided	2
Notices provided indicating convenience for each sex	2
Lighting (natural) provided or improved	8
Lighting (artificial) provided	15
Ventilation provided or improved	4
Walls and ceilings found dirty and limewashed, etc.	40
Floors found dirty and cleaned	13
Appliances found dirty and cleaned	6
Choked water-closets cleared	4
Repairs to appliances, roofs, floors, walls, ceilings, doors, windows, etc.	4

265

Miscellaneous—

Sinks or washhand basins introduced or substituted	20
Appliance repaired	1
Main water supply introduced	6
Hot water supply introduced	6
General repairs to roofs, walls, ceilings, floors, windows, etc.	5

38

Total 303

Bakehouses (defects in Bakehouses included in above statement)—

Walls and ceilings of bakehouses limewashed, painted, varnished or washed down	10
Storerooms limewashed, painted or washed down	3
Water-closet apartments or cloakrooms painted or washed down	3
Floors of bakehouses and storerooms cleaned	8
Stair steps and passages cleaned	4
Windows cleaned	2
Sanitary appliances found dirty and cleaned	4
Accumulations of dirt and refuse removed	4
Bakehouse tables and utensils cleaned	5
Shelving, cupboards, racks, etc., cleaned	5
Baking machines and steam presses cleaned	1
Insect pests exterminated	3
Rats and mice infestation—nuisance abated	3

Total 55

APPENDIX 8.

SHOPS ACT, 1950—STATEMENT FOR 1958.

INSPECTIONS MADE :—

Retail Shops, Wholesale Shops and Warehouses	...	...	...	...	3,819
Number of evenings on duty to check observance of Evening Closing Orders	...	...	...	...	6

CONTRAVENTIONS REGARDING HOURS OF EMPLOYMENT, CLOSING ORDERS, ETC. :—

Hours of employment of young persons	...	...	...	...	1
Weekly Half-holiday for assistants	...	...	...	...	3
Failure to observe Half-holiday Orders and Closing for Weekly Half-holiday	...	...	...	...	32

NOTICES, ETC. :—

Failure to affix Form <i>re</i> Assistants' Half-holiday	...	...	...	...	157
Failure to affix Abstract of Act <i>re</i> hours of employment, etc.	...	...	...	...	30
Failure to keep record of actual hours worked and intervals allowed	...	...	...	...	30
Failure to affix form re-hours of employment	...	...	...	...	15
Failure to display Notice where shop is open for the carrying on of a certain Trade or Business (<i>i.e.</i> , Mixed Shops)	...	...	...	...	10
Failure to affix Notice <i>re</i> seats for female shop assistants	...	...	...	...	109

HEALTH AND COMFORT PROVISIONS :—

Ventilation—Improvements effected	...	...	...	...	18
Lighting—Improvements effected	...	...	...	...	25
Heating—Means provided or Improvements effected	...	...	...	...	25
Suitable facilities provided where meals are taken in premises	...	...	...	...	4

WASHING FACILITIES :—

Water supply introduced	...	...	...	...	4
Main water supply provided	...	...	...	...	11
Sinks or wash-hand basins introduced	...	...	...	...	54
Sinks removed to more sanitary situation	...	...	...	...	2
Hot water supply provided	...	...	...	...	77
Repairs to appliances	...	...	...	...	4

SANITARY ACCOMMODATION :—

Water-closets introduced	...	...	...	...	16
New water-closet apartments constructed or re-constructed	...	...	...	...	30
Water-closets substituted (or replacements)	...	...	...	...	5
Water-closets removed to more sanitary situation	...	...	...	...	5
Separate sanitary accommodation provided for sexes	...	...	...	...	9
Intervening ventilated spaces provided	...	...	...	...	35
Lighting and/or ventilation provided or improved	...	...	...	...	28
Repairs to appliances, walls, ceilings, floors, windows, etc.	...	...	...	...	29
Dirty water-closets—cleansed or limewashed	...	...	...	...	6

Miscellaneous repairs, etc., in shops	5
---------------------------------------	-----	-----	-----	-----	---

CLEANLINESS :—

Dirty walls and ceilings—painted or limewashed	...	...	...	...	33
Dirty floors, etc.	...	...	...	...	11
Accumulations of refuse removed	...	...	...	...	17
Other nuisances remedied	...	...	...	...	7

INTIMATIONS, ETC. :—

Intimations served under Shops Act	...	...	...	...	6
Letters sent under Shops Act	...	...	...	...	34

PROSECUTIONS :—

(a) Convictions	...	...	...	...	...	Nil
(b) Fines imposed	...	...	...	...	...	Nil

APPENDIX 9.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The following report was sent to the Department of Agriculture. The figures include surveys under the Act:—

	Local Authority	Dwelling houses	Business	Agri-culture	Total
No. of Properties inspected					
(a) Notification ...	8	382	80	4	474
(b) Otherwise ...	12	—	1,909	128	2,049
Total	20	382	1,989	132	2,523
No. of Properties found infested ...	20	382	241	61	704
No. of Properties cleared	15	364 (including 41 previous year)	223 (including 30 previous year)	15	617

Number of items of repair carried out ...	26
Electricity junction boxes treated ...	34
Sewer manholes treated ...	78
Notices served under Prevention of Damage by Pests Act, 1949	—
Total visits made ...	5,512

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	28	11	14	15	30	9	7	38	17	23	17	12	21	32	34	29	17	38	31	7	11	21	12	474
Infestations abated	30	7	18	14	29	8	7	39	23	22	19	12	18	36	36	32	18	45	36	12	14	20	15	510
Visits made ...	56	42	41	58	85	22	24	128	79	65	62	30	48	116	142	165	43	163	123	37	39	65	36	1,669

* 71 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 394.

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 ...	9	13	3	—	—	—	—	—	—	1	—	—	2	—	3	—	2	—	6	1	—	—	—	40
Suspected and Precautionary	4	7	2	1	—	—	—	—	—	1	—	—	1	—	—	—	2	1	4	—	—	—	1	24
Other Insects	16	35	7	4	2	2	13	6	2	23	8	8	17	5	12	17	5	17	25	15	11	7	73	330
Total ...	29	55	12	5	2	2	13	6	2	25	8	8	20	5	15	17	9	18	35	16	11	7	74	394

Certified	...	...	...	...	...	...	...	76
Tuberculin Tested (Bottled)	...	...	...	...	...	...	...	11
Tuberculin Tested (Pasteurised)	...	...	...	...	...	...	...	119
Tuberculin Tested (Pasteurised—School)	...	...	...	...	...	...	...	86
Pasteurised	...	...	...	...	...	...	...	127
Sterilised	...	...	...	...	...	...	...	24
								443

APPENDIX 11.

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	119	118	...	1
T.T. Pasteurised (School) ...	86	86	...	...
Pasteurised	127	126	...	1
Sterilised	24	24	...	...

Certified and Tuberculin Tested Milks.

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	CLASSIFICATION OF FAILURES		
			Plate Count	Coliform Test	Plate Count and Coliform Test
Certified	76	67	1	8	...
Tuberculin Tested	11	10	1	...	...

APPENDIX 12.

PORT SANITARY INSPECTION.

Annual Statement—Year 1957.

Ships boarded and inspected	...	...	...	...	...	914
Re-visits made	...	...	...	...	...	603
Nuisances discovered	...	...	...	...	...	715
Nuisances abated	...	...	...	...	...	714
Communications written	...	...	...	...	...	6
Notices served	...	...	...	...	...	Nil
Verbal intimations	...	...	...	...	...	364
Ships fumigated or otherwise treated for vermin by owners	...	...	...	...	...	31
Fumigation Certificates granted	...	...	...	...	...	8
De-ratting Certificates granted	...	...	...	...	...	8
De-ratting Exemption Certificates granted	...	...	...	...	...	101
Rodent Control Certificates granted	...	...	...	...	...	8
Rats submitted for bacteriological examination	...	...	...	...	...	11
Found negative	...	...	...	...	...	11
Factory inspections and revisits	...	...	...	...	...	11
Fees collected	...	...	...	...	...	£314 19s
Rats exterminated	...	...	...	...	...	438

Nuisances Discovered.

Accumulations of garbage, refuse, etc.	...	...	...	...	218
Choked and defective scuppers	...	...	...	...	38
Choked and defective latrines	...	...	...	...	21
Choked and defective sinks	...	...	...	...	9
Choked and defective wash-basins	...	...	...	...	8
Dampness in quarters	...	...	...	...	3
Dirty floors, tables, decks, etc.	...	...	...	...	123
Dirty bunks and bedding	...	...	...	...	56
Dirty partitions and ceilings	...	...	...	...	27
Dirty lockers	...	...	...	...	39
Dirty and offensive bilges	...	...	...	...	4
Dirty fresh-water tanks	...	...	...	...	5
Dirty galleys, food stores, pantries, etc.	...	...	...	...	24
Dirty wash places	...	...	...	...	22
Foul closets and latrines	...	...	...	...	15
Foul sinks	...	...	...	...	16
Foul baths	...	...	...	...	6
Foul wash-basins	...	...	...	...	19
Presence of rats and mice	...	...	...	...	15
Presence of cockroaches	...	...	...	...	22
Presence of bugs	...	...	...	...	2
Miscellaneous	...	...	...	...	23

 715

APPENDIX 13.

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS, 1952.

Edinburgh Port Health Authority.

Amount of shipping entering the Port in 1958 :—

	Number	Tonnage
(1) Foreign	1,392	1,031,696
(2) Coastwise	870	447,205
Total	2,262	1,478,901

Total number of vessels subjected to measures of rat destruction in 1958.

“ A ”

No. of Vessels subjected to measures of Rat Destruction	On Ships		On Shore		No. of dead Rats found Infected with Plague	
	No. of Dead Rats recovered	No. of Rats examined bacteriologically	No. of Rats destroyed (other than on Ships)	No. of Rats examined bacteriologically	On Ships	On Shore
10	106	11	332	Nil	Nil	Nil

State species of rats found (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 HCN	No. of Dead Rats recovered	No. of Vessels in which poisoning, etc., was employed	No. of Dead Rats recovered	No. of De-ratting Certificates Issued	No. of De-ratting Exemption Certificates Issued
Nil	Nil	6	67	4	39	8	101

3. Number of vessels (included in (2) above) de-ratted before discharge of cargo :—

Nil

State briefly the nature of the cargo and the results of the measures taken.

APPENDIX 13—continued.

“ C ”

PRECAUTIONS AGAINST PLAGUE.

Particulars relating to vessels infected, or suspected, or from infected ports.

Date of arrivals 1958	Whether infected, suspected, or from infected ports	Measures of Rat Destruction	No. of Rats killed	Whether a Certificate of De-ratting issued	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 Form “ C ” subjected to measures of rat destruction.

No. of Vessels fumigated by SO ₂	No. of Rats killed	No. of Vessels fumigated by HCN	No. of Rats killed	No. of Vessels in which poisoning etc., was employed	No. of Rats killed	No. of De-ratting Certificates issued	No. of De-ratting Exemption Certificates issued	Remarks
Nil	Nil	6	67	4	39	8	101	Ropes and hawsers rat guarded.

APPENDIX 14.

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December, 1958

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
1	Failure to remove nuisance caused by disrepair of wall plaster in W.C. apartment.	Public Health (Scotland) Act, 1897, Section 20.	Burgh ...	Case Continued at Court Hearing. Work carried out.
2	Failure to remove nuisance caused by disrepair of stone sill and defective pointing of brickwork.	Do.	Do. ...	Do.
3	Failure to observe Weekly Half-Holiday.	Shops Act, 1950, Section 1 (1) ...	Do. ...	Admonished.
4	Do.	Do.	Do. ...	Do.
5	Do.	Do.	Do. ...	Do.
6	Do.	Do.	Do. ...	Do.
7	Do.	Do.	Do. ...	Do.
8	Do.	Do.	Do. ...	Do.
9	Do.	Do.	Do. ...	Do.
10	Label Falsely describing whisky ...	Food and Drugs (Scotland) Act, 1956, Section 6 (1).	Sheriff ...	Fined £10.
11	(1) Failure to provide running water in wash-hand basins. (2) Failure to repair cracked and leaking wash-hand basin.	Bye-Laws for Hairdressers and Barbers	Burgh ...	Fined £1.
12	Preservative in mince ...	Food and Drugs (Scotland) Act, 1956, Section 2 and Public Health (Pre-servatives, etc., in Food) Regulations (Scotland), Section 4.	Sheriff ...	Fined £25.
13	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Burgh ...	Case Deserted at Court Hearing. Work carried out.
14	Do.	Do.	Do. ...	Do.
15	Do.	Do.	Do. ...	Do.
16	Do.	Do.	Do. ...	Do.
17	Do.	Do.	Do. ...	Do.
18	Do.	Do.	Do. ...	Do.

APPENDIX 14—continued.

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1958—continued

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
19	Failure to remove nuisance caused by disrepair of (1) kitchen and bedroom windows, (2) wall plaster of bed closet.	Public Health (Scotland) Act, 1897, Section 20.	Burgh ...	Case Deserted at Court Hearing. Work carried out.
20	Adulteration of "Tuberculin Tested" Milk.	Food and Drugs (Scotland) Act, 1956, Section 2 and Section 28 (4).	Sheriff ...	Fined £5.
21	Failure to remove nuisance caused by defective bedroom floor.	Public Health (Scotland) Act, 1897, Section 20.	Burgh ...	Guilty, Order Made, Corporation contractor to carry out work. Account to be Rendered and Re-covered by City Collector.
22	Failure to remove nuisance caused by disrepair of (1) 1st flat kitchen window, (2) 2nd flat kitchen window.	Public Health (Scotland) Act, 1897, Section 20 and Section 16 (1).	Burgh ...	Case Deserted at Court Hearing. Work completed.
23	Failure to remove nuisance caused by disrepair of (1) window, flooring, wall plaster and joists of kitchen, (2) walls and ceiling of kitchen damp.	Public Health (Scotland) Act, 1897, Section 20.	Burgh ...	Case Deserted at Court Hearing. House now closed.
24	Failure to remove nuisance caused by walls of kitchen and bedroom being damp.	Do.	Do. ...	Case Deserted at Court Hearing. House voluntarily closed by owner.
25	Failure to remove nuisance caused by disrepair of ceiling of front room.	Do.	Do. ...	Case Deserted at Court Hearing. Work completed.
26	Adulteration of "Tuberculin Tested" Milk.	Food and Drugs (Scotland) Act, 1956, Section 2 and Section 28 (4).	Sheriff ...	Fined £25.
27	Do.	Do.	Do. ...	Fined £30.
28	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Burgh ...	Case Deserted at Court Hearing. Work carried out.
29	Do.	Do.	Do. ...	Do.
30	Do.	Do.	Do. ...	Do.
31	Do.	Do.	Do. ...	Do.
32	Do.	Do.	Do. ...	Do.
33	Do.	Do.	Do. ...	Do.

APPENDIX 14—continued.

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
34	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Burgh	Case Deserted at Court Hearing. Work carried out.
35	Do.	Do.	Do.	Case Continued at Court Hearing. Work in hand.
36	Do.	Do.	Do.	Admonished.
37	Do.	Do.	Do.	Case Continued at Court Hearing. Work in hand.
38	Do.	Do.	Do.	Do.
39	Failure to remove nuisance caused by the grate in the kitchen being in a defective condition.	Public Health (Scotland) Act, 1897, Section 20.	Do.	Case Continued at Court Hearing. Work in hand.
40	Failure to repair, cleanse and paint Common Stair.	Edinburgh Corporation Order, 1933, Section 144.	Do.	Case Deserted at Court Hearing. Work in hand.
41	Do.	Do.	Do.	Case Deserted at Court Hearing. Work in hand.
42	Do.	Do.	Do.	Case Deserted at Court Hearing. Work in hand.
43	Do.	Do.	Do.	Do.
44	Do.	Do.	Do.	Do.
45	Do.	Do.	Do.	Do.
46	Do.	Do.	Do.	Do.
47	Do.	Do.	Do.	Do.
48	Do.	Do.	Do.	Do.
49	Do.	Do.	Do.	Do.
50	Excessive preservative in pork sausages	Food and Drugs (Scotland) Act, 1956, Section 2, and Public Health (Preservatives, etc., in Food) Regulations (Scotland), Section 4.	Sheriff	Case Deserted at Court Hearing. Work in hand.
51	Deficiency of 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.	Do.	Fined £5.

APPENDIX 15.

HOUSING (REPAIRS AND RENTS) (SCOTLAND) ACT, 1954.

Return of Certificates issued by the Local Authority under Part II of the above Act between 30th August 1954 (the date of the commencement of the Act) and 5th July 1957.

I. Certificates of Disrepair issued under Section 18(1) of the 1954 Act.

	No. of Applications for Certificates	Granted	Refused	Withdrawn or still under consideration	No. of Applications for Revocation of Certificates •	Granted	Refused	Withdrawn or still under consideration
(a) Dwelling-houses which have been the subject of a notice of repairs increase of rent under Part II of the 1954 Act	298	76	203	19	57	55	1	1
(b) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increases of rent are recoverable under Section 2(1) (c) and (d) of the Increase of Rent and Mortgage Interest (Restrictions) Act, 1920	55	30	8	17	11	11	Nil	Nil

• Including applications for revocation of sanitary certificates issued under the pre-1954 Act procedure but still in force at 30th August 1954.

II. Housing (Repairs and Rents) (Scotland) Act, 1954 and Rent Act, 1957.

Return of Certificates issued by the Local Authority between 6th July 1957 (the date of commencement of the 1957 Act) and 31st December, 1958, in respect of dwelling-houses which have been the subject of notice of a repairs increase of rent under the 1954 Act or a 1957 increase.

Certificates of Disrepair Section 18(1) of the 1954 Act: Section 8(1) of the 1957 Act.

No. of applications for Certificates since 6/7/57	Granted	Refused	Withdrawn	Still under consideration	No. of applications for Revocation of Certificates since 6/7/57	Granted	Refused	Withdrawn	Still under consideration
288	181	89	17	1	30	28	Nil	Nil	2

III. Certificates of (i) repair and (ii) refusal to grant repair certificate issued under Section 20 and the Second Schedule of the 1954 Act.

No. of Applications for Certificates of Repair	Granted	Certificates of Refusal issued	Withdrawn or still under consideration	No. of Applications for Revocation of Certificate of Refusal	Granted	Refused	Withdrawn or still under consideration
4	2	2	Nil	Nil	Nil	Nil	Nil

VETERINARY SERVICES.

REPORT BY THE VETERINARY INSPECTOR.

MILK AND DAIRIES.

Milk and Dairies (Scotland) Act, 1914.—During the year 73 visits 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, 1958, there were 13 registered dairy herds within the city boundary. The total number of cows in these herds was approximately 450. During the year three certificates of registration were cancelled.

Milk (Special Designations) (Scotland) Orders, 1951 and 1952.—During the year 12 producers held licences for the production of designated milk; two of these related to "Certified" milk and ten to "Tuberculin Tested" milk. The "Certified" licences were held by Messrs N. N. Little & Sons in respect of milk produced at Braehead Mains and Cammo Home Farm, Barnton.

Bacteriological Examination of Milk.—During the year 68 routine samples of milk were examined :—

	Samples taken
Certified	11
Tuberculin Tested	51
Non-designated	6
	<hr/> 68

Certified Milk.—The standard laid down in the above Orders for Certified Milk is that the bacterial count should not exceed 30,000 bacteria per ml., and *B. coli* should be absent from 0.1 ml. All samples complied with the above Orders.

Tuberculin Tested Milk.—The standard laid down for T.T. milk is that the bacterial count should not exceed 200,000 bacteria per ml., and *B. coli* should be absent from 0.01 ml. Five samples failed in respect of excess bacterial count and the presence of *B. coli*, and five failed the *B. coli* test.

City Byres.—When the Milk and Dairies (Scotland) Act, 1914, came into operation in 1925 there were 105 certificates of registration issued to dairymen in the city in respect of their byre premises. A large percentage of those dairymen bought freshly calved cows, usually of the Shorthorn breed, at Gorgie Market and in all there were over 4,000 cows in byres in the city. They were fed largely

ton brewers draff and in summer this was supplemented by cut grass from rented fields on the outskirts of the city, *e.g.* Hermiston and Craigentenny. The fields had been heavily manured and the strong growing grass, after cutting, was carted to the dairy premises and fed to the cows in the green state. The cows were not allowed out of their stalls and by the time they had finished milking—roughly 9 months—they were fat enough to be sent for beef. Usually the carcasses were heavy and often very fat. The following table indicates the marked reduction in number of dairies since 1925 :—

1925	...	...	105	1942	...	...	39
1926	...	...	105	1943	...	...	40
1927	...	...	97	1944	...	...	39
1928	...	...	92	1945	...	...	38
1929	...	...	88	1946	...	...	35
1930	...	...	84	1947	...	...	31
1931	...	...	79	1948	...	...	28
1932	...	...	75	1949	...	...	28
1933	...	...	74	1950	...	...	27
1934	...	...	70	1951	...	...	26
1935	...	...	62	1952	...	...	23
1936	...	...	59	1953	...	...	16
1937	...	...	54	1954	...	...	16
1938	...	...	49	1955	...	...	16
1939	...	...	47	1956	...	...	16
1940	...	...	44	1957	...	...	16
1941	...	...	41	1958	...	...	13

This reduction has been due to many causes but the main ones are :—

1. Economics.

The city dairyman who had to buy in all his foodstuffs could not compete against his country rival who had grazing facilities for his animals in the summer months.

2. Closed by Local Authority.

Many of the premises were old and when pressure was brought on the owners to bring them up to bye-law standards, they were not prepared to meet the large expenditure.

3. Advance of housing—which meant that the steadings were pulled down.

By the closing of the premises this year of Messrs Binnie Ltd., at Bridgend and Mr J. Paris of Craigend, the old system of dairying has disappeared. It should be pointed out, however, that some of the remaining 13 premises have only limited grazing facilities, but they do have some, and cows which have milked well, instead of being sold for slaughter are retained in the herd for several lactations.

It is, however, very interesting to note that quite recently in the farming press there appeared an article describing the successful feeding, from the economic point of view, of cows in the summer, by means of cut grass—so called “zero” grazing—but the cutting, collection and feeding of the grass was fully mechanised.

Salmonella Typhi-murium Infection.—At the end of January there occurred an outbreak of food poisoning which affected a total of 102 people residing either in the city or in Midlothian. It was caused by *S. typhi-murium* which was traced to “Certified” milk produced by a herd in the County of Midlothian. Assistance was given by the Veterinary Inspector to the County Medical Officer in investigating this incident and in view of the size of the outbreak, it has been decided to publish the details elsewhere. Briefly, from the veterinary point of view, two cows and four calves died of the infection and eventually it was proved that 60 out of 110 cows at some time during the outbreak excreted the organism in their faeces. One animal was found to be excreting salmonella organisms in her milk.

INSPECTION OF MEAT.

The Fatstock Market Corporation Ltd., opened their new meat market at Gorgie Abattoir in October. The depot has a large, airy, well lit sales hall connected with an overhead runway with the slaughterhalls and is also linked up with three chill rooms, each capable of taking at least 100 sides of meat, as well as a smaller room capable of taking 100 quarters of imported chilled beef. Also cold storage space has been provided for 500 imported lambs. This ensures that all meat can be properly conditioned no matter what the weather is like. At the west end of the sales hall the most modern weighing and electrical loading equipment is provided. Since the Fatstock Marketing Corporation intends to bone-out manufacturing quality cows, a boning room has been provided, with a Sharp Freeze capable of freezing down two tons of cow beef daily, which can then be placed in a capacious holding room.

The Fatstock Marketing Corporation must be congratulated on their building such excellent premises.

Reference has been made quite frequently in past reports to the lack of chilling accommodation in the wholesale meat markets at Fountainbridge. In July of this year, the Central Meat Market in Ponton Street installed chilling accommodation to take 42 cattle and 140 lambs. There is no doubt that this chill room has been of tremendous value to the Meat Market and from the public health point of view seizures of meat and offal for decomposition have been much reduced. There is, however, still a great need for more chilling accommodation at the abattoir so that body heat can be dispelled quickly after the carcase has been dressed.

The number of animals passing through the abattoir during 1958 is shown in the following table :—

Oxen	...	...	...	...	...	28,698
Bulls	...	...	...	...	...	140
Cows	...	...	...	...	...	6,310
Heifers	...	...	...	...	...	3,243
						<hr/>
Calves	...	...	...	...	...	38,391
Sheep	...	...	...	...	...	4,910
Swine	...	...	...	...	...	191,834
						<hr/>
						42,194
						<hr/>
						277,329

Carcases and Offal Condemned in Abattoir.—Carcases partially or wholly condemned in the city abattoir weighed 90·13 tons. To this there falls to be added 118·67 tons (weight estimated) of condemned offal, making a total of 208·8 tons. Comparison between the weight of meat seized on account of tuberculosis with other non-tuberculous diseases shows that tuberculosis was responsible for 50·03 per cent. of all beef seized and destroyed and 0·62 per cent. of pork.

Tuberculosis.—As at December 1958, figures provided by the Animal Health Division of the Department of Agriculture show that 97·5 per cent. of cattle in Scotland are now attested. I append a graph indicating the weight of beef in pounds condemned annually from 1936 and the following table indicates the number of viscera seized for the years 1936 and 1958, for tuberculosis :—

Year		Lungs	Heads	Livers
1936	...	3,204	2,048	1,211
1958	...	786	439	277
Difference		2,418	1,609	934

A study of the graph shows that there has been a marked decrease in the weight of beef seized during the last 20 years and a comparison of seizures in 1958 with those of 1936 shows a decrease of 287,509 lbs. The table indicates the marked decrease in the number of viscera seized. Probably the figures could have been even more striking but for the fact that 3,901 Irish fat cattle (not tuberculin tested) were sent direct from the port of landing to Gorgie.

Number and weight of carcasses in the different classes of animals condemned at abattoir during 1958 :—

Class of Animals	Totally Condemned		Partially Condemned		Total Weight in lbs.
	Number	Weight in lbs.	Number	Weight in lbs.	
Oxen ...	39	20,162	617	33,833	53,995
Bulls ...	1	300	4	576	876
Cows ...	49	20,720	172	6,584	27,871
Heifers ...	8	3,555	48	2,275	5,263
Calves ...	70	3,388	15	147	3,535
Sheep ...	509	22,942	2,043	26,006	48,948
Swine ...	266	33,744	1,966	27,655	61,399
Total ...	942	104,811	4,865	97,076	201,887

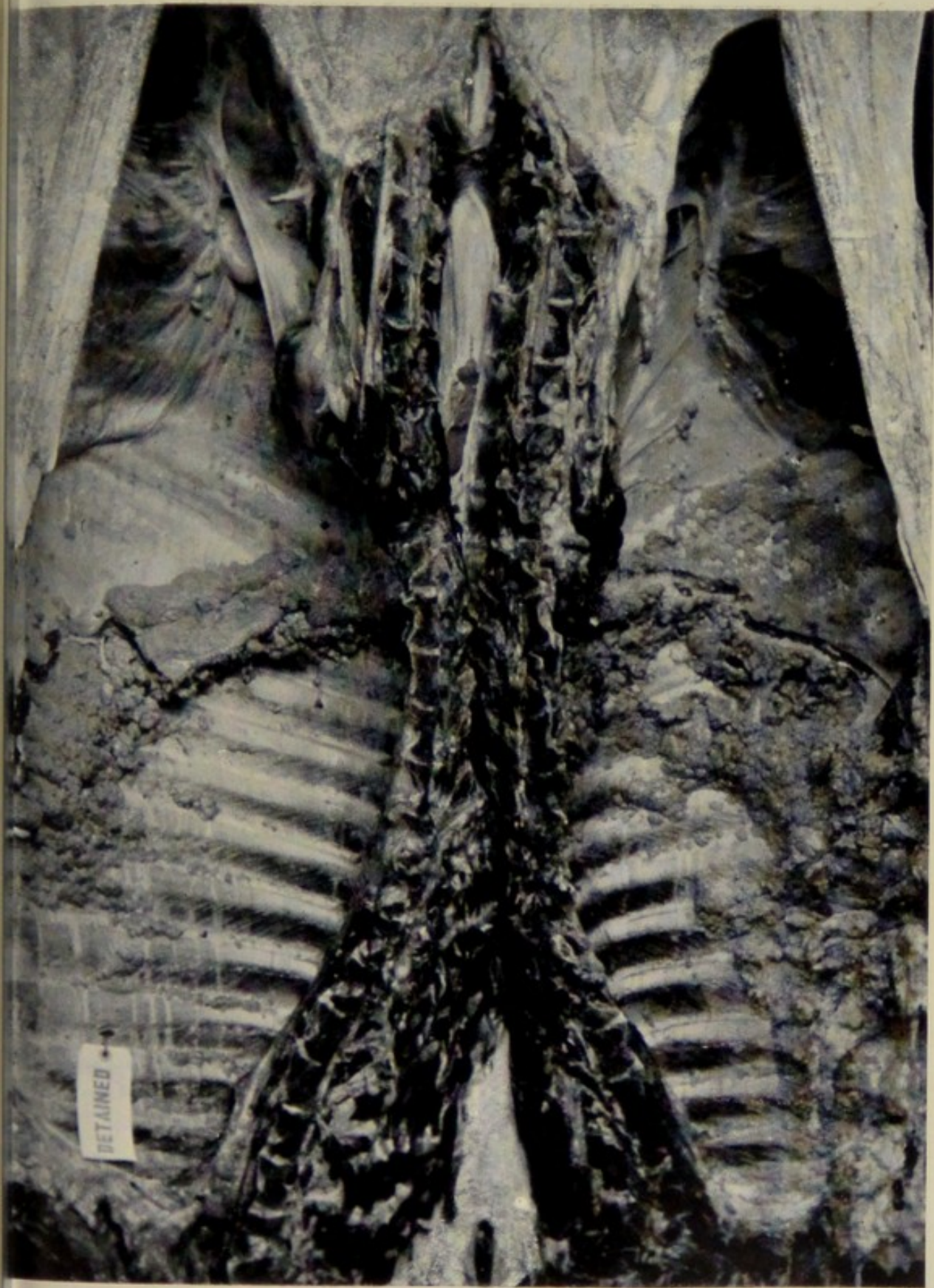
Comparison between tuberculous and non-tuberculous diseases as causes of condemnation in carcasses of animals slaughtered in abattoir during 1958 :—

By Numbers	CATTLE						Swine	Sheep	GRAND TOTAL	
	Oxen	Bulls	Cows	Heifers	Calves	TOTAL				
Tuberculous ... {	Total	25	1	2	1	—	29	2	—	31
	Partial	293	2	27	26	—	348	19	—	367
Total and Partial ...	318	3	29	27	—	377	21	—	398	
Non-tuberculous {	Total	14	—	47	7	70	138	264	509	911
	Partial	324	2	145	22	15	508	1,947	2,043	4,498
Total and Partial ...	338	2	192	29	85	646	2,211	2,552	5,409	

By Weight	Tuberculous (lbs.)	Non-tuberculous Disease (lbs.)	Percentages Tuberculous
Oxen	38,963	15,032	72.16
Bulls	506	370	57.76
Cows	2,589	24,715	9.48
Heifers	1,967	3,863	33.74
Calves	—	3,535	—
Sheep	—	48,948	—
Swine	378	61,021	0.62

Percentage incidence of tuberculosis in animals slaughtered at abattoir during 1958 :—

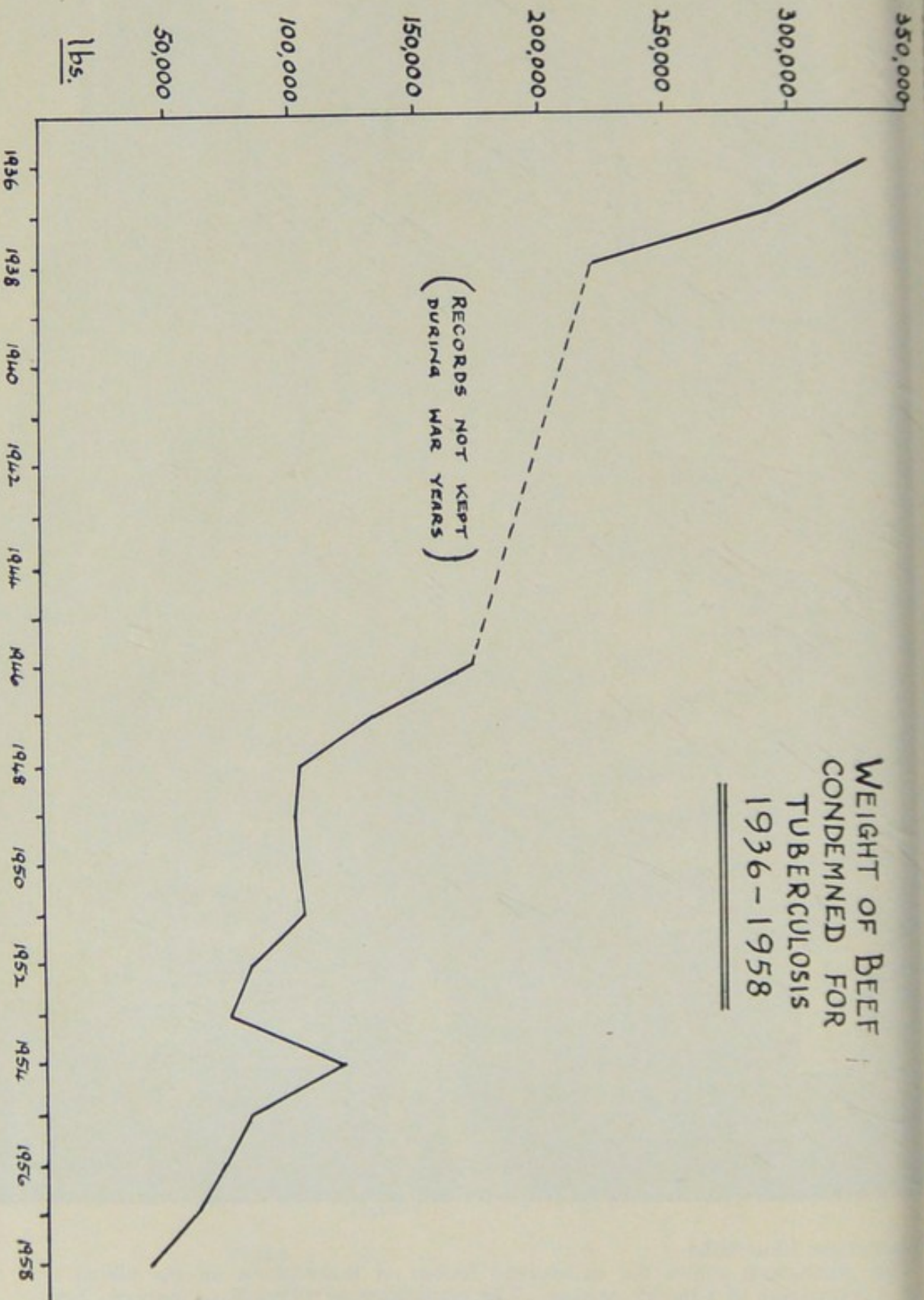
Cattle	{	Oxen	3.46	}	... 3.01
		Bulls	2.86		
		Cows	1.55		
		Heifers	1.94		
Swine	2.38



Tuberculosis Illustration—

This photograph shows the widespread lesions of tuberculosis on the pleura and peritoneum of a bovine carcass. The eradication of tuberculosis from our herds, although not reducing the necessity for careful routine meat inspection, will make this picture an increasingly rare one and will result in a great reduction in weight of beef seized for diseased conditions. (See graph.)

WEIGHT OF BEEF
CONDEMNED FOR
TUBERCULOSIS
1936-1958



Number of organs condemned in the different classes of animals at abattoir during 1958 (excluding organs of animals totally condemned) :—

Organs Condemned	CATTLE						Swine	Sheep	GRAND TOTAL
	Oxen	Bulls	Cows	Heifers	Calves	TOTAL			
LUNGS AND HEARTS :—									
Tuberculosis ...	643	2	70	42	—	757	26	—	783
Other Causes ...	1,530	16	162	42	12	1,762	7,471	3,434	12,667
BOWELS :—									
Tuberculosis ...	310	2	26	16	—	354	20	—	374
Other Causes ...	77	2	115	5	3	202	487	338	1,027
STOMACHS :—									
Tuberculosis ...	24	—	1	—	—	25	1	—	26
Other Causes ...	172	1	40	4	—	217	229	158	604
SPLEENS :—									
Tuberculosis ...	16	—	1	—	—	17	—	2	19
Other Causes ...	10	—	2	1	—	13	13	11	37
LIVERS :—									
Tuberculosis ...	221	1	10	16	—	248	5	—	253
Other Causes ...	7,796	8	745	92	23	8,664	2,323	6,804	17,791
KIDNEYS :—									
Tuberculosis ...	7	—	—	—	—	7	—	—	7
Other Causes ...	116	—	112	8	1	237	534	126	897
UDDERS :—									
Tuberculosis ...	—	—	—	—	—	—	—	—	—
Other Causes ...	—	—	507	1	—	508	442	26	976
HEADS :—									
Tuberculosis ...	347	2	40	20	1	410	953	—	1,363
Other Causes ...	520	2	28	28	1	579	136	17	732
SKIRTS :—									
Tuberculosis ...	50	—	2	—	—	52	—	—	52
Other Causes ...	754	—	96	14	1	865	—	23	888
TOTAL ...	12,593	36	1,957	289	42	14,917	12,640	10,939	38,496

Number of carcasses in the different classes of animals slaughtered during 1958 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	23	293	1	2	2	27	1	26	—	—	2	19	—	—
Emaciation and Oedema ...	6	12	—	—	16	6	—	—	26	—	34	8	294	150
Abscess and Sepsis	—	61	—	—	4	17	1	4	14	2	103	386	69	299
Septic Pneumonia and Septic Pleurisy	1	15	—	—	2	2	1	—	8	3	30	217	14	699
Pneumonia and Pleurisy ...	—	3	—	—	—	1	—	—	—	1	3	79	—	33
Peritonitis and Septic Peritonitis	2	31	—	1	3	26	—	—	5	1	15	227	9	140
Bruising and Fractures ...	—	45	—	—	—	34	1	8	—	8	2	318	13	272
Arthritis and Septic Arthritis	—	2	—	—	—	1	—	—	1	—	8	256	8	323
Mastitis and Lactating Udders	—	—	—	—	29	—	—	—	—	—	—	366	—	20
Acute Mastitis	—	—	—	—	6	—	—	—	—	—	—	—	11	—
Skin Tuberculosis	—	20	—	—	—	—	—	—	—	—	—	—	—	—
Actinobacillosis	—	135	—	1	—	16	—	7	—	—	—	—	—	—
Acute Enteritis	—	—	—	—	1	—	—	—	1	—	11	—	3	—
Tumours	—	3	—	—	2	3	—	—	—	—	3	2	10	12
Septic Metritis	—	—	—	—	1	—	2	—	—	—	7	—	19	—
Septic Pericarditis	—	—	—	—	—	—	—	—	—	—	7	1	6	—
Hernia	—	2	—	—	—	1	—	—	—	—	—	42	—	77
Melanosis	—	1	—	—	—	—	—	2	—	—	—	7	—	1
Nephritis	—	1	—	—	—	2	—	—	—	—	—	5	—	3
Dead, Moribund, Ill-Bled and Decomposed	2	—	—	—	—	—	—	—	1	—	15	—	112	—
Fat Necrosis	—	2	—	—	—	3	—	—	—	—	—	—	—	3
Uræmia	—	—	—	—	2	—	—	—	—	—	1	—	1	—
Gangrene	2	—	—	—	2	—	—	—	—	—	2	—	5	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	4	33	—	—
Toxæmia (Fevered)	1	—	—	—	4	—	2	—	5	—	26	—	32	—
Cysticercus Bovis	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Johnes Disease	—	1	—	—	4	4	—	—	—	—	5	—	1	—
Jaundice	—	—	—	—	—	—	—	—	10	—	—	—	—	—
Odour	2	—	—	—	—	—	—	—	—	—	2	—	1	—
Spondylitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Adenomatosis	—	—	—	—	—	—	—	—	—	—	—	—	—	10
Osteohæmatochromatosis ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Sarcocysts	—	—	—	—	—	—	—	—	—	—	—	—	1	—
	40	617	1	4	49	172	8	48	71	15	280	1966	609	204

Laboratory Report.—As in previous years routine bacteriological examination of bile samples from casualty animals has been carried out. This procedure is of great help in making a decision on their disposal. The majority of casualties are encountered during the winter months, pigs providing the largest numbers.

Summary of work.—Bile samples were taken from 1,122 animals and plated out on McConkey's medium. Routine blood smears were examined for anthrax from animals that had died in the lairage and the markets and from animals with enlargement of the spleen, noticed at the time of slaughter. No cases of anthrax were found. Films made from scrapings of intestinal wall were examined for Johnes' disease, smears from valvular lesions of the heart were stained by Gram's method and examined for erysipelotheix and staphylococcus. The majority were taken from pigs. Pus from abscesses was stained by Gram's method and *C. pyogenes* was most often found.

Cultures.—1,122 cultures were examined.
897 were negative.

The remainder were composed of :—

194 <i>B. coli</i> .	2 <i>Pasteurella</i> .
10 <i>Enterococci</i> .	2 <i>Salmonella</i> .
9 <i>Staphylococci</i> .	2 <i>Proteus</i> .
6 <i>Paracolon</i> .	

B. coli enterococci and proteus are commonly found in normal animal intestine and as such are not of great significance.

Staphylococci of a hæmolytic type were isolated from the udder of three cows and three ewes affected with acute mastitis and from two pigs and a ram with valvular lesions of the heart. These findings necessitated seizure of all nine carcasses.

S. cholerae suis was recovered from the gall bladder and the intestine of a cow and the carcass was condemned. This same organism was also isolated from the intestine and lungs of a bacon pig and although it only showed slight signs of fever, it also was condemned.

Cysticercus Bovis (Measly Beef).—The following table shows the incidence of *Cysticercus Bovis* during 1958 :—

Month	C. bovis	Number of Cattle killed
January	6	3,713
February	9	2,902
March	23	2,963
April	14	2,872
May	13	3,799
June	14	2,898
July	16	2,599
August	19	3,646
September	20	2,915
October	19	3,739
November	25	3,093
December	20	3,252

which means that there were 198 cases out of a total of 38,391 cattle, representing 0.52 per cent. of the total. There was one generalised case.

Actinobacillosis.—The number of cattle which showed Actinobacillosis was 369 which gives an incidence of 0.96 per cent. Of that number 195 had the disease in the structures of the head only.

Condemned Carcasses.—As in past years, all condemned carcasses 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.—Sales of fat cattle, sheep and pigs were held every Tuesday in the premises of Messrs John Swan and Messrs Oliver and Son Ltd. Messrs W. Bosomworth and Sons held their sales in the Corporation market.

The following table indicates the number of animals passing through the markets during 1958 :—

Cattle	...	...	...	...	...	20,033
Calves	...	...	...	...	...	3,438
Sheep	...	...	...	...	...	181,368
Swine	...	...	...	...	...	28,437
						<hr/> 233,276 <hr/>

The market for store stock was held on Wednesday of each week. The following table shows the number of animals passing through the store market :—

Cattle	...	...	...	...	...	27,647
Sheep	...	...	...	...	...	102,667
Swine	...	...	...	...	...	63,376
						<hr/> 193,690 <hr/>

The inspection of the markets was carried out on behalf of the Ministry of Agriculture and Fisheries throughout the year by the veterinary inspectors. Three cows and eight sheep were found suffering from diseased conditions and instructions given to the auctioneers to remove them from the market. Five weak calves were also found and they were removed to the abattoir for immediate slaughter.

INSPECTION OF OTHER FOODS.

Imported Egg.—During the year a total of 220 egg samples were taken and submitted to Edinburgh University Bacteriological Department for examination for the presence of salmonella.

Chinese Egg Albumen.—The recommended heat treatment process for the destruction of salmonella infection of crystalline albumen is to subject the crystals to a temperature of 130° F. for 6 days. As the albumen is imported in large tins weighing 100 lbs., it is necessary for the heat treatment to be prolonged for 10 days in order to ensure that the albumen in the centre is properly pasteurised. During the year 130 × 100 lb. cases and 333 × 50 kilo cases were treated by the Edinburgh Hygienic Co., and bacteriological examination of all samples following the treatment proved negative for the presence of salmonella.

Egg Albumen and Dried Egg imported from Denmark through Leith have been subjected to bacteriological examination before release from the docks. During the year thirty-eight consignments were received and six were positive for *S. typhi-murium*. All the six infected consignments were returned to Denmark.

Eighteen consignments of Frozen Egg Whites were imported from Holland during the year, and consigned to cold stores in the city. One consignment was positive for *S. bareilly*, but the infection was confined to four tins only which

were returned to Holland. In view of the fact that it is not possible to keep frozen egg in the docks a further thirteen consignments were sent direct to Cold Store in Glasgow, two consignments to Aberdeen and three to Dundee. Results of bacteriological examination carried out in these cities showed no evidence of infection.

Bulk Whole Egg.—Two firms were engaged in the breaking out of shell eggs and the freezing of the yolk and albumen in bulk for subsequent use in the Baking Industry. Throughout the breaking period weekly samples were taken; one sample being drawn at 10 a.m., one at 12 noon, and one at 3 p.m. These were submitted to the Edinburgh University Bacteriological laboratory for a bacterial count at 22° F. and 37° F., a *B. coli* estimation and lastly to determine whether any salmonella organisms were present. The total number of samples taken was 176 and the table below indicates the findings.

Premises	No. of Samples Taken	Average Bacterial Count at 22° F. per ml.	No. of Bacterial Counts at 22° F. over 1,000,000	Average Bacterial Count at 37° F.	Typical <i>B. coli</i> present	Salmonella
A	86	568,971	12	73,506	14	—
B	90	1,725,015	24	102,463	36	—

It is very comforting to note that no salmonella organisms were recovered from any of the samples. The high counts at 22° F. are primarily an indication of age, as even in cold storage bacterial counts tend to increase. There is, however, a marked difference between the counts at the two firms and investigation of the plant at B showed that a defective pump and filter were contributing causes. All parts of plant A were steam sterilised but in certain parts of plant B, chemical sterilisation had to be used. It is intended in the near future to make modifications in the latter plant so that steam alone can be used for all parts. Both firms did take all necessary precautions regarding the frequent changing of egg cups and breakers, the frequent washing of operative's hands and prompt freezing of the albumen yolk mixture.

Meat Contracts.—Periodic visits were made to School Meals Cooking Centres in order to check the quality of meat supplied by butchers. Samples of sausages were taken and submitted to the City Analyst to ensure they had the proper meat content. Forty-two visits were made by the officers of the veterinary section to various hospitals in the city, by arrangement with the Regional Hospital Board, to check the quality of meat supplied by the butcher-meat contactors.

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 not only examined a percentage of food exposed for sale but noted the 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.

Requests are still being received from shopkeepers who wish to obtain Condemnation Certificates for unsound foodstuffs so that they can claim from the wholesalers. As in past years, the chief commodity dealt with was tinned goods. During the year, 19,800 Condemnation Certificates were issued.

Approval of Meat Storage.—Article 15 of the Public Health (Meat) Regulations (Scotland), 1932, require 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. Four applications were received during 1958 and the storage accommodation provided in each case was satisfactory.

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 eight certificates were issued for the disinfection of straw.

Certain countries require a certificate stating that imported animal products are free from disease and 131 certificates were issued in respect of wool exported to Italy. Other countries require a certificate stating that the imported foodstuffs are sound and have been handled in a hygienic manner in this country. During the year seven certificates were issued in respect of dried fish to Cuba, Trinidad and Egypt; and 29 in respect of sausage skins to France, Italy and Sweden; 58 certificates were issued in respect of frozen fish (Squid) to Italy.

Number of Visits paid to Shops, etc., during 1958 :—

Fruit Markets	...	...	...	...	320
Provision Shops	...	...	...	...	2,776
Butchers Shops	...	...	...	...	817
Fish Markets	...	...	...	...	323
Live Stock Markets	...	...	...	...	312
Meat Sales and Cold Stores	...	...	...	...	1,784
Fruit Shops	...	...	...	...	760
Fish Shops	...	...	...	...	241
Restaurants	...	...	...	...	134
Cooking Centres and Canteens	...	...	...	...	40
Manufacturers' Premises	...	...	...	...	71
Bakeries, Baker's Shops	...	...	...	...	284
Householders	...	...	...	...	48
Miscellaneous Visits	...	...	...	...	139
					12,049

The weights of foodstuffs seized in markets, shops and other premises in the city during 1958 were as follows :—

					Weight in lbs.
Soup	...	...	...	...	3,353½
Milk	...	...	...	...	1,448½

Jam	...	...	...	...	803 $\frac{1}{2}$
Vegetables	...	...	...	...	18,371 $\frac{3}{4}$
Beef	...	...	...	...	12,972 $\frac{1}{2}$
Meat	...	...	...	...	13,174 $\frac{1}{4}$
Cooked Ham	...	...	...	...	17,516 $\frac{1}{4}$
Pork	...	...	...	...	10,534 $\frac{3}{4}$
Pork Tenderloins	...	...	...	...	2,423
Fruit (Fresh)	...	...	...	...	150
„ (Tinned)	...	...	...	...	23,319
„ (Dried)	...	...	...	...	60
Poultry and Game	...	...	...	...	1,694 $\frac{1}{4}$
Fish	...	...	...	...	3,247 $\frac{1}{4}$
Cheese and Cheese Spread	...	...	...	...	14,206 $\frac{1}{2}$
Eggs (Frozen)	...	...	...	...	556
Turkish Delight	...	...	...	...	112
Potato Crisps	...	...	...	...	217 $\frac{3}{4}$
Fat	...	...	...	...	159
Mutton	...	...	...	...	535
Salad Cream	...	...	...	...	9,530
Miscellaneous	...	...	...	...	3,607 $\frac{3}{4}$
					<hr/>
					139,993

Equal to ... 62 tons, 9 cwts., 3 qr., 21 lbs.

During October a consignment of tinned hams (3,088 lbs.) was condemned. The tins had obviously been left in store for some months (probably at too high temperature) and both gelatine and meat were discoloured and smelt strongly of Hydrogen Sulphide.

During the year, 2,423 lbs. of Yugoslavian pork tenderloins were seized. The tins contained three or four loins closely packed together and obviously a pack such as this is difficult to sterilise. The meat in the centre of the can was often found to be decomposing.

PORT FOOD INSPECTION.

The usual supervision was maintained at the docks to ensure the soundness of foodstuffs landed at the Port of Leith during 1958.

There was an unusual occurrence in the Docks in May. A container of Ammonium Bichromate exploded in one of the sheds in the docks and as a result fine green powder settled on all parts of the shed in the vicinity including a stack of freshly landed bacon. The bacon was wrapped in the usual close sacking but the carcasses in the top bales showed slight discolouration of the surface and where the sacks were stitched there was evidence of green staining. To move the bales with this coating would only have spread the powder and it was decided to suck the powder off the top by vacuum machine; to lay aside the top layer and to remove the rest to a bacon factory. The sacking of the top layer was destroyed and all sides which showed evidence of staining were trimmed off. It was fortunate that the chromate left a green stain. A total of 215 lbs. of trimmings were seized.

Imported foodstuffs inspected under the Public Health (Imported Food (Scotland) Regulations, 1937, during 1958 :—

Country of Origin				Foodstuffs		Number of Consignments	
Holland	...	...	Bacon	...	...	96	
			Butter	...	...	140	
			Cheese	...	...	140	
			Fresh Pork	...	...	4	
			Lettuce	...	...	110	
			Apples	...	...	131	
			Onions	...	...	126	
			Carrots	...	...	98	
			Canned Foods	...	...	1,325	
			Frozen Hen Egg Albumen	...	...	18	
			Dried Hen Egg Albumen	...	...	6	
			Pears	...	...	131	
			Potatoes	...	...	82	
			Eggs	...	...	140	
			Melons	...	...	36	
			Peaches	...	...	47	
			Cranberries	...	...	4	
			Lard	...	...	21	
			Cauliflower	...	...	11	
			Tomatoes	...	...	143	
							2,809
Denmark	...	...	Bacon	...	...	96	
			Butter	...	...	119	
			Eggs	...	...	116	
			Cheese	...	...	116	
			Marzipan	...	...	67	
			Pickled Veg.	...	...	46	
			Canned Foods	...	...	1,569	
			Egg Albumen	...	...	29	
			Red Cabbage	...	...	18	
			Potatoes	...	...	25	
			Carrots	...	...	38	
			Icing	...	...	42	
							2,281
Germany	...	...	Canned Meats	...	...	38	
			Potatoes	...	...	15	
							53
Belgium	...	...	Canned Foods	...	...	352	
			Carrots	...	...	51	
			Onions	...	...	86	
			Cabbage	...	...	57	
			Melons	...	...	22	
			Lettuce	...	...	14	
			Pears	...	...	44	
			Potatoes	...	...	48	
			Grapes	...	...	20	
			Jam	...	...	5	
			Biscuits	...	...	5	
			Confectionery	...	...	5	
							163
France	...	...	Lettuce	...	...	30	
			Carrots	...	...	13	
			Onions	...	...	71	
			Canned Foods	...	...	178	
			Beetroot	...	...	30	
							322
China	...	...	Egg Albumen	...	...	2	
							2
Malta	...	...	Potatoes	...	...	13	
							13

Cyprus	...	...	Potatoes	...	...	...	15	31
			Grapes	...	...	...	5	
			Carrots	...	...	...	11	
Australia	...	...	Flour	...	...	...	3	9
			Canned Meat	...	...	...	3	
			Canned Fruit	...	...	...	3	
Iraq	...	...	Raisins	...	...	...	4	5
			Prunes	...	...	...	1	
Albania	...	...	Grapes	...	...	...	1	1
Yugoslavia	...	...	Canned Meats	...	...	...	13	13
							5,702	

Imported foodstuffs condemned, rejected, or re-exported at the Port of Leith during 1958 :—

							Weight in lbs.
Chicory	...	...	...	...	...	...	480
Lard	...	...	...	...	...	...	364
Tea	...	...	...	...	...	...	118
Carrots	...	...	...	...	...	...	235,784
Beetroot	...	...	...	...	...	...	2,520
Tinned Chicken Fillets	...	...	...	...	...	...	1,800
Egg Albumen	...	...	...	...	...	...	3,920
Lettuce	...	...	...	...	...	...	868
Potatoes	...	...	...	...	...	...	135,016
Tinned Lucheon Meat	...	...	...	...	...	...	512½
Sweet Peppers	...	...	...	...	...	...	4,404
Marzipan Paste	...	...	...	...	...	...	56
							385,842½
Equal to	...	172 tons,	5 cwts.,	0 qrs.,	2½ lbs.		

Summary showing total diseased and unsound foodstuffs dealt with by the department in the city during 1958 :—

							Weight in lbs.
At abattoir—carcases	...	...	...	...	...	...	201,887
—offal (weight estimated)	...	...	...	...	...	...	265,831
In shops, warehouses, etc.	...	...	...	...	...	...	139,993
At Port of Leith	...	...	...	...	...	...	385,842½
							993,553½
Equal to	...	443 tons,	11 cwts.,	0 qrs.,	1½ lbs.		

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 carcasses, to control the conditions of transport of animals by land and sea, and for other similar purposes. The following diseases are subject to administrative control by means of Orders by the Ministry :—

Anthrax.

Foot and Mouth Disease.

Swine Fever.

Bovine Tuberculosis and Contagious Abortion (for certain purposes only).
 Fowl Pest.
 Atrophic Rhinitis.
 Parasitic Mange of Horses (1948).
 Sheep Scab (1952).
 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 eight 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 318 in 1957 to 167 in 1958. During the year four suspected cases were notified within the city boundary, but proved negative on investigation. Two infected cattle carcasses originating in Midlothian were destroyed at Seafeld Refuse Disposal plant.

Foot and Mouth Disease.—The number of confirmed cases of Foot and Mouth Disease (for the whole of Great Britain) dropped from the total of 184 in 1957 to 116 for 1958. This entailed the slaughter of 20,006 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 complimentary to the principal Foot and Mouth Disease Orders, have continued in operation, and observations and visits necessary for their enforcement have been made:—Importation of Hay and Straw Order; Foot and Mouth Disease (Packing Materials) Order; Importation of Carcasses and Animal Products Order; Importation of Meat etc. (Wrapping Material) 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.

The Diseases of Animals (Waste Foods) Order, 1957.—The above Order places the responsibility for inspecting and licensing of boiling plants on the local authority. In addition precautions must be taken to prevent the access of animals to unboiled swill and to prevent the mixing of uncooked with boiled swill. Swill must be boiled for at least one hour.

During the year 73 visits were paid to premises to inspect the boiling plants, and to ensure that raw swill was properly handled. Two licences were cancelled and three new licences granted and at 31st December there were 62 boiling plants in the city.

Swine Fever.—The number of confirmed cases in Great Britain rose from a total of 960 in 1957 to 1,263 this year. There were no outbreaks of Swine Fever in the city during 1958.

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, and Oliver and 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, 9,846 pigs were licensed from Swan's and 53,530 pigs from Oliver's necessitating the issue of 3,224 licences.

The Regulation of Movement of Swine Amendment Order, 1955, requires also the licensing of pigs from Fatstock Centres, and during the year, 28,437 pigs were licensed requiring the issue of 825 licences.

Bovine Tuberculosis.—As in 1957 no tubercular cows were found on routine inspection of city byres.

Fowl Pest.—There were 759 notified cases in Great Britain of this disease during 1958. No outbreaks occurred in the city.

Sheep Scab.—There have been no cases of Sheep Scab in Great Britain since 1952. The number of sheep dipped at the Corporation market in 1958 was 781.

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, 28 visits were paid to stock owners in the city by the Assistant Veterinary Inspector in order to ensure 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 14,135 Irish cattle were received under licence from ports and 1,032 licences were issued authorising movement of these cattle from the market. There were 231 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 3,901 fat Irish cattle and 107 sheep were licensed from the ports to Gorgie abattoir.

(2) **Dogs and Cats.**—The Importation of Dogs and Cats Order, 1938, 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 Ministry for the purpose. During the year, 45 dogs (no cats) were received and detained in the city in quarantine. They were maintained under observation and police supervision.

Sea Transport of Animals (Protection Order, 1957).—The trade in Export of Animals to the Continent has now ceased.

During the year, 14,891 sheep, 203 cattle, 79 ponies, 2 foals, 1 stallion and 190 pigs were landed at Leith Docks from coastwise vessels (mainly from Orkney and Shetland). The cleansing and disinfection of the vessels after landing of the animals were carried out under the supervision of the officers of the local authority.

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 has continued to provide facilities and labour at Gorgie markets for the cleansing and disinfection of road vehicles. During the year 4,242 vehicles were cleansed and disinfected, an average of 82 vehicles per week. The railway officials have satisfactorily discharged their obligation in the cleansing and disinfection of cattle trucks and approaches.

Market, 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 markets at Gorgie are well constructed for efficient and relatively easy disinfection. Regular supervision has been maintained and the work generally has been well done.

Pet Animals Act, 1951.—This Act controls the sale of pet animals and during the year 26 pet shops were licensed by the local authority. Ninety-six visits were made and no serious contraventions of the Act were encountered. No complaints of cruelty were received from the public.

Classes for Young Slaughtermen.—In December, four lectures and demonstrations were given to the apprentice slaughtermen. The subjects discussed included the legislation controlling the slaughter of animals and prevention of cruelty, modern methods of slaughter, hygiene and factors which prevent the onset of decomposition. The demonstrations mainly dealt with bacteria and their culture.

Farms.—The department has continued to provide the clinical services required in connection with the stocks at Roddinglaw and Bangour Farms.

Papers published.—The following paper was published during the year :—

“ Leptospirosis in Pigs ” in *Veterinary Record*.

With the co-operation of Dr. J. D. Coghlan, research work into the problem of leptospirosis in pigs has been continued. During the year it was reported that piggery workers from two farms in the city had contracted Canicola fever. On both farms, samples of pig blood tested showed a high agglutination titre to *S. canicola*, and leptospira were isolated from a pig kidney at the time of slaughter.

Police Stud.—Forty visits of inspection were paid to the Police Stud.

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.

CITY OF EDINBURGH PUBLIC HEALTH DEPARTMENT

Number of Employees at 31st December 1958.

	Medical Officers	Dental Officers	In-spectors	Admin. and Clerical Assistants, etc.	Health Visitors and Midwives	Nursing Staff	Almoner, Masseuse, Chiropractist, Oral Hygienist etc.	Home Helps	Domestic Staff	Porters and other Male Staff	Cleaners and other Female Staff	Total
I. PUBLIC HEALTH—												
Medical Officer's Department ...	8	...	...	31	1	1	1	...	...	...	...	42
Sanitary Service ...	...	...	39	2	...	...	...	...	...	...	1	42
Veterinary Service ...	...	...	10	2	...	...	...	...	...	...	...	12
Tuberculosis Service ...	1	...	...	3	14	11	...	...	4	1	...	34
Maternity and Child Welfare Service, includes Day Nurseries, Midwifery, Welfare Foods and Home Helps ...	†8	4	...	*34	82	190	1	*210	*94	12	...	635
Veneral Diseases Service ...	...	...	...	...	1	...	...	...	...	...	...	1
Motor Vans and Disinfecting Station	...	...	...	...	...	...	...	...	...	7	1	8
2. SCHOOL HEALTH SERVICE ...	†10	14	...	27	25	1	3	...	...	2	*8	90
	27	18	49	99	123	203	5	210	98	22	10	864

* 166 of the Home Helps, 47 of the Domestic Staff, 11 Clerical Assistants and 7 Cleaners are employed on a part-time basis.

† Includes 1 Medical Officer part-time School Health Service and Child Welfare Service.

INDEX.

	<i>Page</i>
Accidents—	
Child Deaths	40
Fireguards	134
Home	4, 128, 133
Guard That Fire Campaign	4, 128, 133
Association of Port Health Authorities	6
Bacteriological Services	16, 189
Births and Birth-rates	7, 25, 26, 30, 31, 39, 53, 54
Chiropody Service for Old People	5
Cigarette Cancer Campaign	5, 129
Clinics—	
Child Welfare	8, 59
Dental	66
Orthopaedic	42
School	80
Ultra-violet Ray	41, 59
Deaths and Death-rate	25, 26, 27, 28, 29, 30, 31
Cancer	33
Epidemic Diseases	25, 27
Infant and Child	25, 40, 54-58
Maternal	25, 38, 52
Principal Causes	27
Disinfection	145
Domiciliary Services—	
Almoner	11, 201
Home Helps	11, 201
Home Nursing, Q.I.D.N.	10, 198
Home Nursing Equipment	200
Midwifery	10, 37, 51
Nursing Agencies	204
Employees of Public Health Department	275
Edinburgh X-Ray Campaign	3, 74, 110, 146
Food Poisoning	180

INDEX—*continued.*

	<i>Page</i>
Health Centre, Sighthill	204
Health Committee	2
Health Education	14, 110
Club and Guild Meetings	129
Edinburgh Film Festival	13
Schools	130
Training	13
Health Visiting	9, 46, 6
Health Visitors' Training Course	4
Housing—	
Clearance Areas	21
Housing (Repairs & Rents) (Scotland) Act, 1954	217, 25
Number of Inhabited Houses	26, 3
Rehousing on Health Grounds	139, 17
Immunisation and Vaccination	14, 42, 173, 175, 176, 17
Diphtheria	72, 17
Persons proceeding overseas	17
Poliomyelitis	72, 17
Smallpox	17
Triple Antigen	50
Whooping Cough	17
Infectious Diseases	15, 48, 179, 185-18
Marriages	25, 27, 3
Maternity and Child Welfare Developments	34, 3
Maternity and Nursing Homes	20
Mental Health Services	17, 20
Mothers and Young Children	
Ante-natal and Post-natal Supervision	38, 5
Deafness in Infants and Young Children	4
Dental Care	45, 6
Infant Feeding Centre	8, 4
Mother and Baby Homes	45, 6
National Survey of Perinatal Mortality	4
Nurseries	8, 42, 59, 6
Ophthalmia Neonatorum	8, 4
Puerperal Fever and Puerperal Pyrexia	38, 5
Staphylococcal Infections in families	4
National Assistance Act, 1948—	
Handicapped Persons	21
Nurseries and Child Minders	43, 6
Nursery Nurses Hostel	4

INDEX—continued.

	<i>Page</i>
Population	25, 26, 31
Age Distribution	26
Density	25
Wards	31
Port Food Inspection	267
Port Health Supervision	172
Port Sanitary Inspection	233, 248
Psychiatric Clinic	9, 36
Publications by staff	20, 273
Radiation	6
Research	20, 48, 49
Retirals	10, 19, 34
Sanitary Services	18, 214
Anti-fly Campaign	221, 246
Atmospheric Pollution	241
Bakehouses	226
Bug Infestation of Houses	217, 221
Factories Acts, 1937-48	226, 242
Food Hygiene	227
Hairdressers and Barbers	220
Heating Appliances (Fireguards) Act, 1952	225
Housing	32, 214, 254
Inspections	238
Lodging-Houses	219, 240
Milk Supervision	228, 232, 246
Noise Abatement	219, 236
Notices Served	239
Nuisances and Structural Defects	218, 236
Offensive Trades	219
Pet Animals Act, 1951	225
Prosecutions	251
Rodent and Insect Control	220, 245
Sale of Food & Drugs Acts	228
Shops Act, 1950	227, 244
Smoke Abatement	222
Smoke Control Areas	223
School Health Service	12, 63
Aurist	103
Audiometric Testing	65, 77, 105
B.C.G.	12, 73, 98, 99

INDEX—continued.

School Health Service— <i>continued</i> —								<i>Page</i>
Class Inspections	...	...	...	...	...	...	...	73, 86, 98
Clinics	...	...	...	...	...	...	...	80
Dental Inspection and Treatment	...	...	...	...	...	...	...	13, 65, 68, 97
Hand Washing and Drying	...	...	...	...	...	...	...	71
Heights and Weights	...	...	...	...	...	...	...	93, 95
Infectious Diseases	...	...	...	...	...	...	...	70, 106
Meals	...	...	...	...	...	...	...	71
Medical Inspection and Treatment	...	...	...	...	...	...	...	66, 76, 80, 88, 94
Mothercraft Instruction	...	...	...	...	...	...	...	79, 85, 96
Nursing	...	...	...	...	...	...	...	70
Orthopaedic	...	...	...	...	...	...	...	107
Physically Handicapped	...	...	...	...	...	...	...	84, 96, 108
Pre-Apprenticeship Examination	...	...	...	...	...	...	...	86
School Population	...	...	...	...	...	...	...	66
School Sanitation	...	...	...	...	...	...	...	66
Special Schools and Classes	...	...	...	...	...	...	...	83, 96, 109
Tuberculosis	...	...	...	...	...	...	...	12, 64, 73
Vision Testing of Young Children	...	...	...	...	...	...	...	64, 74, 100, 101
Sighthill Health Centre	...	...	...	...	...	...	...	204
Staff	...	...	...	...	...	...	...	23, 274
Toddlers' Playgrounds	...	...	...	...	...	...	...	44, 61
Tuberculosis, Prevention	...	...	...	...	...	...	...	136
B.C.G. Vaccination	...	...	...	...	...	...	...	12, 139
Laundry Service	...	...	...	...	...	...	...	138
Mass Radiography	...	...	...	...	...	...	...	110, 146
Rehousing	...	...	...	...	...	...	...	139, 171
School Children	...	...	...	...	...	...	...	64, 73, 98
Statistics	...	...	...	...	...	...	...	140-145
Venereal Diseases	...	...	...	...	...	...	...	16, 193
Veterinary Services	...	...	...	...	...	...	...	18, 256
Diseases of Animals Acts	...	...	...	...	...	...	...	269
Importation of Animals	...	...	...	...	...	...	...	271
Inspection of Meat	...	...	...	...	...	...	...	258
Inspection of other Foods	...	...	...	...	...	...	...	264
Milk and Dairies	...	...	...	...	...	...	...	256
Port Food Inspection	...	...	...	...	...	...	...	267
Vital Statistics (<i>see also</i> Births, Deaths, Marriages, Population)	...	...	...	...	...	...	...	7, 25, 26, 28
Voluntary Organisations	...	...	...	...	...	...	...	19, 35, 45, 60
Ward Statistics	...	...	...	...	...	...	...	26, 31, 58, 141, 236
Welfare Foods	...	...	...	...	...	...	...	8, 44, 61
Welfare of Aged and Handicapped	...	...	...	...	...	...	...	212



ROYAL BUREAU OF STATISTICS

ANNUAL REPORT

OF THE

HEALTH DEPARTMENT

FOR THE YEAR

1959

BY THE

CHIEF OFFICER OF HEALTH

INDEX—continued

Public Health Service—continued

Child Inspections	10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000
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